Technical Proposal

RFP 2011-03

Virginia Medicaid/FAMIS Plus/FAMIS Dental Benefits Administrator for the *Smiles For Children Program*

Response Submitted By:

[DentaQuest]

Proven Experts In Dental Program Administration

January 18, 2011
What they’re saying about...

In the past it was a constant struggle to work with Medicaid directly. DentaQuest has made a positive impact on the program. The program is very user friendly and very much in tune with our office needs. DentaQuest has been a large part of our satisfaction with the **Smiles For Children** VA program. It is my recommendation that DMAS and the Commonwealth of VA continue to contract DentaQuest as the administrator of the program.

**Ralph L. Anderson, DDS, FACD**
**Richmond, VA**
**(Peer Review Committee Member)**

I would like to express my appreciation for having DentaQuest administer the **Smiles for Children** program. Having one dental company to deal with for all Medicaid and Medicaid HMO children has streamlined so many processes. DentaQuest staff is very knowledgeable and very helpful whenever we need to contact them. Thank you again and I look forward to many more years of working with everyone at DentaQuest Dental.

**Renee Halterman,**
**Accounts Receivable Manager**
**Central Virginia Health Services, Inc.**
**New Canton, VA**

I have been dealing with DentaQuest for many years and have found them to be very professional and helpful with filing claims and resolving any problems that may occur. The phone center is very convenient and easy to use. Filing claims on-line has reduced work time and is very simple and self-explanatory. Overall, I think DentaQuest/Doral has provided our office with a great service.

**Tina Evans,** **Financial Manager**
**Central Virginia Orthodontics**
**Lynchburg, VA**

I would like to recommend DentaQuest be retained as the administrator for the **Smiles For Children** dental program. My office has participated with DentaQuest for many years and I have seen continuous improvement over this time. DentaQuest has truly mastered the requirements necessary for running a successful program in the Commonwealth of Virginia. They should be retained as the administrator of this program for its continued success.

**Lee Watson, DMD, MA**
**Springfield, VA**
What they’re saying about...

We have been very pleased with the working arrangement that we have with DentaQuest. The representatives that help us are very knowledgeable, very friendly and very helpful. When there is a question involved, they help to solve the problem. DentaQuest is prompt with payments and with EOBs. I hope you will continue the state contract with DentaQuest. In my opinion, if someone is doing a great job, let them continue.

Joan Humphreys, Insurance Coordinator
General Dentistry for the Family
Blacksburg, VA

DentaQuest does an exceptional job in administrating the Medicaid/Smiles For Children program in Virginia. The staff of DentaQuest takes the time to address my calls and concerns. The Virginia team is always available and more than willing to assist with any help that we need. I am confident that the same level of excellence will continue in the future. I would like to see the success of this program continue with my recommendation to retain DentaQuest as the administrator of the Virginia/Smiles for Children program.

Drs. Atkins, Maestrello & Associates
Richmond, VA
(Dr. Atkins – DAC Member)

A special thanks to DentaQuest Smiles For Children for securing toothbrushes and dental information to promote improved dental care in our youth in 2008-09 and 2010-2011. I appreciate your support of Extension efforts to improve the nutrition and health status of our local youth.

Sarah D. Burkett, MAT, CFCS
Senior Extension Agent – Food Nutrition & Health
Virginia Cooperative Extension
Pulaski, VA

Just wanted to tell how much I appreciate all of the good service that you provide the DentaQuest providers. Every contact is met promptly and courteously. I have also enjoyed the provider education seminars which were run efficiently. Many thanks for all of your good work serving the dental community.

Dee Nelms
Angus Dentistry
Midlothian, VA
CHAPTER ONE: EXECUTIVE SUMMARY

DentaQuest, LLC (DentaQuest) is pleased to respond to this Request for Proposal (RFP) issued by the Department of Medical Assistance Services (DMAS or the Department). As the incumbent administrator of the Smiles For Children dental program, which serves Medicaid and Family Access to Medical Insurance Security (FAMIS) recipients throughout the Commonwealth of Virginia, DentaQuest welcomes this opportunity to present initiatives it will implement to meet the Department’s goals for the program. These initiatives will build upon the many accomplishments DentaQuest has already achieved in partnership with DMAS and a host of local oral health partners since 2005. We are eager to elevate this already successful program to the next level of success.

As requested in the RFP, this executive summary will:

1. Demonstrate our understanding of project requirements;
2. List our qualifications to continue as the DMAS contractor; and
3. Discuss our overall approach to managing the Smiles For Children dental program, including a summary of the contents of our proposal.

Part 1: Understanding of Project Requirements

Because we have been administering the Smiles For Children program since 2005, we are very familiar with its scope of requirements. Unlike other dental benefits administrators that will be submitting proposals, DentaQuest will provide evidence that it clearly understands the complexity of the Smiles For Children program. Throughout this response, we will provide information that reinforces the decision by DMAS to select DentaQuest as its Dental Benefits Administrator (DBA) in 2005, and suggests that DentaQuest is uniquely qualified to meet the Department’s goals under a new contract.

The Smiles For Children program was identified in 2010 by the Centers for Medicare & Medicaid Services (CMS) as one of eight states operating a model Medicaid dental program. The success of the Smiles For Children program has been lauded at national meetings of organizations including the National Association of State Medicaid Directors, the American Dental Association, the National Academy for State Health Policy, the National Oral Health Conference, the Medicaid Managed Care Congress and the National Association of Dental Plans.

DMAS recently submitted its annual 2010 Report on Smiles For Children to the Chairmen of the Virginia House Appropriations and Senate Finance Committees and the Department of Planning and Budget. The report highlights the numerous accomplishments of the Smiles For Children program, including increased utilization and an expansion of both the general and pediatric dentist networks. Information from this report will be referenced in this RFP response because it provides a kind of public report card measuring DentaQuest’s performance to date. Another organization, MPRO, the external quality review organization contracted by DMAS to conduct a review of DentaQuest’s contractual requirements for the Smiles For Children program, gave DentaQuest an audit score of 96% for its performance.
DentaQuest understands all project requirements expressed in this RFP and provides details in Chapter 2 and Chapter 3 - Section 4 regarding its ability to deliver on the following project requirements:

- Expanding the Department’s dental provider network, including recruiting, contracting and credentialing with providers, with particular emphasis on pediatric dentists and other dental specialists and dentists in rural and underserved areas;
- Increasing member utilization of dental services and, in particular, pediatric dental services;
- Processing service authorization requests;
- Processing claims and submitting encounter data;
- Promoting the dental program;
- Conducting provider and member outreach activities;
- Resolving member and provider services issues; and
- Interfacing with the Virginia Medicaid Management Information System.

In addition, DentaQuest is committed to achieving the Commonwealth's objective of increasing access to and utilization of high quality dental services through an expanded network of dental providers, as well as achieving all other objectives identified in the RFP. To meet program requirements, DentaQuest will propose a number of new initiatives that are described in this executive summary, as well as in Chapter 2 and Chapter 3 - Section 4.

Section 4.5.7 of this RFP allows proposers to offer optional services at an additional cost. In response, DentaQuest will introduce benefit designs for the adult population and pregnant women over 21. However, please note that the great majority of our new initiatives will be included in our base cost proposal.

While we are proud to have participated in the tremendous success of the Smiles For Children program, we share the Department’s goal of continued improvement. We are eager to continue our partnership with the Commonwealth of Virginia and take the Smiles For Children program to a greater level of success.

Part 2: Qualifications to Serve as the DMAS Contractor for the Project

DentaQuest is the third largest administrator of dental programs (government and commercial plans) in the nation. We serve 12 million Medicaid, CHIP and Medicare recipients in 24 states and the District of Columbia, and 2 million commercial members in the Massachusetts and the Mid-Atlantic regions. We administer statewide dental carve-out programs on behalf of six state Medicaid programs and more than 50 Medicaid managed care organizations.

In Chapter Two, we will highlight our success as the DBA in other states. We will also highlight the many advantages of our dental home program and introduce our prevention-focused approach to program management.
DentaQuest is part of a larger enterprise whose mission is to improve oral health. Other business units comprising the DentaQuest enterprise include:

**DentaQuest Foundation**

The DentaQuest Foundation is committed to reducing health disparities and increasing access to dental care for the underserved. It provides grant support for organizations seeking to improve oral health and serves as a facilitator for discussions on oral health policy.

**DentaQuest Institute**

The DentaQuest Institute creates and transfers knowledge that supports improvements in the effectiveness of oral health care delivery. The Institute’s *Safety Net Solutions* program advises community health centers and other safety net dental providers on issues such as improving dental practice management, prevention-focused health care models, new technologies, and portable oral health programs.
DentaQuest Oral Health Center

The mission of the Oral Health Center is to build a model dental practice delivering cost-effective, appropriate dental care using evidence-based treatments tailored to the dental needs of the patient, and to share best practices through the work of the Institute.

Our Accomplishments in Virginia

When DentaQuest was initially chosen to administer the Smiles For Children program in 2005, its primary objectives were to:

1. Increase provider participation;
2. Increase pediatric dental utilization;
3. Simplify program administration for providers;
4. Achieve operational efficiency; and
5. Become an active participant in the Virginia oral health community.

DentaQuest has met and exceeded the Department’s objectives in each of these areas.

1. Growth in Provider Participation

As of December 31, 2010, 1496 dentists participated in the Smiles For Children program. This number represents 24% of the 6,335 Virginia licensed dentists, and a 141% increase in the number of providers contracted since July 1, 2005. Please note that we exceeded DMAS’ goal of 1,300 participating providers. Specialty provider participation has increased by approximately 180%. The chart below shows the growth in the provider network since DentaQuest began administering the program in 2005.
Active participation (providers submitting claims) has dramatically increased. In 2005, less than half of the 620 participating providers submitted claims. As of November 30, 2010, over 81% of participating providers submitted claims.

In 2005, six Virginia counties (Brunswick, Charles City, Highland, Madison, Prince George and Poquoson) did not have a participating provider. In 2010:

- Brunswick County has 3 participating providers
- Charles City County has 4 participating providers
- Highland County has 1 participating provider
- Madison County has 3 participating providers
- Prince George County has 2 participating providers
- The City of Poquoson has 2 participating providers

We are pleased to report that provider satisfaction among *Smiles For Children* dentists has remained at 94% for the past two years. Testimonials appearing throughout this RFP and letters contained in Tab A attest to a high degree of provider satisfaction.

2. Growth in Pediatric Dental Utilization

One of the critical goals of the *Smiles For Children* program was to increase pediatric dental utilization, and we are pleased to report that the number of children accessing quality dental care in Virginia has steadily increased. As the chart below indicates, 43% of children ages 0-20 utilized dental services in State Fiscal Year (SFY) 2010 compared to 24% when the program started, and 51% of children ages 3-20 utilized dental services in SFY 2010 compared to 29% when the program started. (Source CMS EPSDT 416 Report produced on SFY reporting time frame. Figures are based on claims received through August 19 2010).

![# of Children Receiving Service](chart.png)
HEDIS scores – a nationally recognized measure tracking the percentage of members 2-21 years of age who had at least one (1) dental visit during the measurement year – in Virginia are equally strong. In 2008, 55.17% of members had at least one dental visit, well above the national HEDIS Medicaid average of 44.17%. The percentage of Smiles For Children members with at least one dental visit ranked between the 75th and 90th percentile of HEDIS scores nationally.

3. Simplification in Program Administration for Providers

Participating in a Medicaid dental program can be administratively burdensome for providers. Over the past five years, DentaQuest has removed barriers that in the past have dissuaded Virginia dentists from participating. Here are ways we have made it easier for providers to participate:

- **Streamlined Administration:** In 2005, DentaQuest, in partnership with the Department, implemented a series of improvements to simplify the administration of the previous dental program including:
  
  - Streamlining the provider credentialing and enrollment process;
  - Simplifying prior authorization and utilization management requirements;
  - Enabling providers to submit claims via multiple avenues; and
  - Providing timely eligibility and claims status information.
- **Broken Appointment Strategies:**

  - **Direct Deposit (Electronic Funds Transfer):** DentaQuest offers direct deposit to *Smiles For Children* providers free of charge. This service provides benefits to both DMAS and the provider community such as the elimination of forged, counterfeit and altered checks, lost or stolen checks, faster provider reimbursement, and decreased administrative costs for both providers and the program.

  - **More Communication:** To ensure *Smiles For Children* providers receive timely program updates, we send regular email blasts and messages to personal URLs as well as quarterly provider newsletters.

  - **Provider Forums:** We have created a variety of provider forums to capture provider input. These include:

    - **Virginia Peer Review Committee** – This committee includes five Virginia practicing dentists: (Ivan Schiff, DDS; Surya P. Dhakar, DDS; Zachary P. Hairston, DDS; Jacqueline Carney, DDS; Ralph Anderson, DDS) and is chaired by Ivan Schiff DDS, our current Virginia dental director. Dr. James Thommes, DentaQuest’s vice president of clinical management (resume in Tab B), also sits on this committee that meets twice a year, or more frequently as needed.

    - **DentaQuest Internal Peer Review Committee** – This committee is chaired by Dr. Thommes. It is made up of a rotating group of individuals including internal dental directors, Supervisor of Utilization Review Mary Jo Blank, RDH, and an external dental consultant. It also includes participation by a general dentist and representatives of dental specialties including a periodontist, orthodontist, pediatric dentist, and oral surgeon. The committee meets three times a month to evaluate utilization review issues, complaints and grievances, and any other issues that may affect providers.
**Virginia Dental Advisory Committee (DAC)** – This committee was established by DMAS in 1998. Since 2005, DentaQuest has actively participated in the committee’s deliberations and updates the committee on program activities at each meeting.

**Organized Dentistry** - DentaQuest has developed collaborative relationships with organized dentistry at national, state, regional and community levels. At the national level, DentaQuest works with the American Dental Association, the National Dental Association and the Hispanic Dental Association. To ensure partnerships are developed with providers in Virginia, DentaQuest works collaboratively with the Virginia Dental Association (VDA) and the Old Dominion Dental Society (ODDS). Each of these organizations operates in various areas of the state. The Virginia Dental Association has 8 components and the Old Dominion Dental Society has 3. To ensure we fully understand the characteristics of the various geographic regions, DentaQuest works with each individual component. At the community level, we have established collaborative relationships with dental study clubs.

DentaQuest has also developed relationships with specialty groups such as the Virginia Academy of General Dentistry, the Virginia Society of Pediatric Dentists, and the Virginia Commonwealth University School of Dentistry.

4. Achievement in Operational Efficiency

Effective DBAs excel at processing claims, answering member and provider inquiries, handling grievances and appeals, and properly authorizing services. In SFY 2010, DentaQuest met or exceeded performance standards in each of these areas.

- **Claims Activity**: More than 99% of all claims received were processed within 30 calendar days, exceeding the contractual standard stating that 90% of clean claims are paid within 30 calendar days of receipt. DentaQuest also exceeded the claims payment accuracy goal of 97%. In SFY 10, the average claim payment accuracy rate was 99.83%.

- **Call Center**: In SFY 10, DentaQuest’s call center received a total of 54,087 member calls. The contractual standard states that 95% of calls must be answered. We answered 99% of the calls. Only one percent of calls were abandoned. The average hold time in queue prior to abandonment was 1:07 minutes. According to the standard, the wait time in the queue should not be longer than 3 minutes for 95% of the incoming calls.

<table>
<thead>
<tr>
<th>Function</th>
<th>DQ meets Requirement</th>
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<tbody>
<tr>
<td>Claims</td>
<td>✓</td>
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<tr>
<td>Member Calls</td>
<td>✓</td>
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<tr>
<td>Providers Call</td>
<td>✓</td>
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<tr>
<td>Call abandonment rate</td>
<td>✓</td>
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<tr>
<td>Grievances</td>
<td>✓</td>
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<tr>
<td>Appeals</td>
<td>✓</td>
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In SFY10, DentaQuest’s call center received a total of 38,329 provider calls. 99% were answered with an average speed of answer of 14 seconds, exceeding a standard stating that 95% of calls must be answered. Only one percent of calls were abandoned. The performance standard requires that the wait times in the queue should not be longer than 3 minutes. DentaQuest’s average wait time was substantially less at 45 seconds.

- **Grievances and Appeals:** The average turnaround time for resolution of grievances was 19 days for member grievances, 8 days for provider grievances, and 3 days for state grievances. The contractual standard for resolution of grievances is 30 days. The average turnaround time for resolution of appeals was 11 days for member appeals, 10 days for provider appeals, and 15 days for state appeals, exceeding the standard of 30 days.

In Chapter 2 and Chapter 3 - Section 4, we will highlight our performance in other areas including claims processing, call center management, credentialing, quality, and data exchange.

5. **Active participation in the Virginia oral health community**

Community involvement at the grassroots level is vital to a successful dental program. We have worked shoulder to shoulder with Virginians to demonstrate our commitment to improve oral health. Following are examples of DentaQuest’s community involvement.

- **Mission of Mercy (MOM).** Each year DentaQuest staff attends various MOM events across the state, including Eastern Shore, Middle Peninsula, Piedmont, Northern Virginia, Roanoke and Wise County. We provide volunteer support, monetary support, and in-kind contributions such as oral health literature, toothbrushes, and magnets.

- **Head Start and Dental Home.** In February 2010, Virginia launched its American Academy of Pediatric Dentistry (AAPD) Head Start Dental Home Initiative. DentaQuest is part of the Leadership Advisory Team. We plan to expand this initiative in Virginia in 2011, and will provide details of our plan in Chapter 2 and Chapter 3 - Section 4.

- **Virginia Oral Health Coalition (formerly Virginians for Improving Access to Dental Care).** DentaQuest has participated in the Virginia Oral Health Coalition since 2005, and has been instrumental in helping it achieve the goals contained in its five-year state plan. To support the coalition’s success in improving the oral health of Commonwealth residents, DentaQuest sponsored the 2009 Oral Health Summit with a donation of $2,500. As a member of the newly formed Virginia Oral Health Coalition, DentaQuest participates as a founding member. In November 2010, the DentaQuest Foundation, an independent organization supported by DentaQuest, approved the Virginia Oral Health Coalition’s application for a $150,000 grant to create a staffed non-profit organization to deliver improved oral health to all Virginians through policy change, public awareness, and new initiatives.
In addition, we have worked with a host of other community organizations listed below.

<table>
<thead>
<tr>
<th>Roanoke Community Based Health Care Coalition</th>
<th>Department of Education, School Health Institute at Longwood University</th>
<th>Carillion Roanoke Community Hospital</th>
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<tbody>
<tr>
<td>Virginia Rural Health Association</td>
<td>Virginia Academy of Family Physicians</td>
<td>Delta Dental Smart Smiles</td>
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<tr>
<td>Blue Ridge Perinatal Council Pediatric Symposium</td>
<td>Virginia Association of Free Clinics</td>
<td>National Association of Social Workers-Virginia Chapter</td>
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<td>Henrico Child Health Coalition</td>
<td>Virginia Public Health Association</td>
<td>Virginia Health Care Foundation</td>
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<tr>
<td>American Academy of Pediatrics –Virginia Chapter</td>
<td>Virginia Community Healthcare Association</td>
<td>Virginia Academy of General Dentistry</td>
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<tr>
<td>Virginia Commonwealth University School of Dentistry</td>
<td>Virginia Department of Health</td>
<td>PTA (Parent Teacher Association)-Virginia Chapter</td>
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Part 3: Overall approach to the project and a summary of the contents of the proposal

DentaQuest is proud of its contributions to the *Smiles For Children* program and eager to build on its success. While another vendor might be consumed by implementing the program from scratch, including such tasks as data transfer, provider contracting, claims set-up and staff development, DentaQuest has a plan to strengthen the program on Day One of the new contract. It involves a series of new program features that focus on preventive care, a focus we refer to as our Preventistry™ approach (Preventistry approach). It also involves the next generation of our dental management methods. We will touch on both of these program enhancements briefly in the executive summary, and discuss them in detail later in the RFP.

**DentaQuest’s Preventistry Approach**
DentaQuest’s Preventistry approach to program management in Virginia will be evidenced through the implementation of:

- A dental home program that promotes a long-term relationship between dentists and patients
- Prevention programs that support improved oral health outcomes
- Wellness programs that explore the link between oral and overall health

**Preventistry Approach - Dental Homes**

The timing of a child’s first preventive dental visit has a significant effect on dental-related expenditures, and DentaQuest’s dental home program will promote dental visits at an early age. Its components are consistent with those published by the American Academy of Pediatric Dentistry (AAPD), which defines a dental home as the delivery of comprehensive, continually accessible oral health care to children in a family-centered way. Our experience in implementing dental homes in Illinois and Maryland, where DentaQuest also serves as the dental benefit administrator for the statewide Medicaid population, will support the success of a dental home program in Virginia.

DentaQuest’s Preventistry Approach & Dental Home Model are proprietary.
The following illustration provides an overview of DentaQuest’s dental home model:

Below is a *Smiles For Children* dental home program logo idea we developed for the Department’s consideration.

**Preventistry Approach - Prevention Programs**
Preventistry Approach - Wellness Programs

DentaQuest tracked the incidence of restorative work on first and second molars in the Smiles For Children program over a 12-month period. The following chart reveals that over $18M was spent on restorative care that might have been prevented through the timely placement of sealants. DentaQuest’s dental sealant initiative will result in fewer cavities among Smiles For Children members and fewer incidences of more expensive, restorative work. This dental sealant initiative is detailed in Chapter Two.

Preventistry Approach - Wellness Programs

DentaQuest’s Dental Management Function

DentaQuest’s Dental Management Function is proprietary
Introducing the Windward℠ Operational Platform (Windward platform)

DentaQuest’s Preventistry approach and dental management initiatives will be powered by the Windward platform. It has been designed to accommodate changes occurring in the health care sector. It is configured to support the complex and continually changing requirements of Medicaid dental programs. The IT platforms used for medical or commercial-based programs are not a match for the demands of government-sponsored dental program administration. DentaQuest dedicated more than 100 IT personnel to develop its state-of-the-art operating engine. DentaQuest designed the Windward platform using state-of-the-art technology that positions us for future growth. The Windward platform makes it easier than ever for providers and members to participate in government-sponsored programs.

The Windward platform will be implemented in Virginia in early 2011. Currently, 15 DentaQuest clients in 6 states – accounting for 4.1M members – are live on the Windward platform. We are processing approximately 80,000 claims per week, and our auto-adjudication rate is trending steadily over 90%.
Here is some of the feedback we have received from providers regarding their experience with the Windward platform.

<table>
<thead>
<tr>
<th>Just a quick note regarding (your new) website. I am satisfied with the Windward system. It is easy to log on to. It is also easy to navigate to find eligibility, pre-auths, etc. Our office has found it to be most satisfactory.</th>
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<tbody>
<tr>
<td>Linda L. Crockett, Financial Manager</td>
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<td>CCFDC, New Mexico</td>
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</table>

I personally have been very pleased with the new services DentaQuest offers. We are able to get the information faster and it helps us make split second decisions in some cases on a patient while they are in the office, which saves us from having to reschedule them and risk them not coming back in for treatment.

Ginny Stith
South Carolina

**Summary**

DentaQuest is gratified by the role it has played in the success of the *Smiles For Children* program and honored to have become part of Virginia’s oral health community. The success of the *Smiles For Children* program is a combined effort of DentaQuest, the Department, the Dental Advisory Committee (DAC), and multiple stakeholders throughout the state.

We appreciate the trust placed in us by the Virginia DAC, the Governor, the General Assembly, organized dentistry, community groups and Department staff, and will reward that trust by making a strong dental program even stronger. We look forward to the prospect of continuing on as the *Smiles For Children* program administrator with confidence and a great sense of resolve.
CHAPTER TWO:
CORPORATE QUALIFICATIONS
AND EXPERIENCE
In my opinion, DentaQuest has been outstanding in all aspects of its administration of the *Smiles For Children* dental program. The key to retaining providers and attracting new ones is to continue with the existing efficiently administered program. Years ago I declined to participate with the Medicaid dental program because of the problems associated with it. DentaQuest has exceeded my expectations of participating in this program.

Raymond F. Mallinak, DDS
Martinsville, VA

My office has participated with DentaQuest for many years and I have seen continuous improvement over this time. DentaQuest has truly mastered the requirements necessary for running a successful program in the Commonwealth of Virginia. The efficiencies that DentaQuest provides to claims processing are phenomenal. They should be retained as the administrator of this program for its continued success.

Lori S. Wilson, DDS, MPH
Augusta Regional Dental Clinic
Fishersville, VA

We have always found DentaQuest to be the best choice in dental administration. DentaQuest has done a superb job of administering the current dental program, and I am confident that the same level of excellence would continue in the future. I strongly recommend that you continue the relationship with DentaQuest as the administrator for the *Smiles for Children* dental program.

Randy Adams, DDS
Richmond, VA
(DAC Member)

This letter is intended to serve in full support of the staff at DentaQuest and the excellent working relationship that we have. I will quickly add that this has been a quality that has been present for some time and while I may be just now expressing my feelings, the favorable actions of DentaQuest have been ongoing. As I close I will say I am one of those dentists that have been on board for some time and I remember how things were before DentaQuest. I am quite pleased with the professional service I am receiving and expect to continue the excellent relationship for some time in the future.

Zachary P. Hairston, DDS, PC
Danville, VA
(DAC Member/Peer Review Committee Member)
Our office has been very pleased with DentaQuest. We have always been very satisfied with the processing of our dental insurance claims and payments. The web portal for providers has been extremely helpful to check for patient eligibility, filing pre-authorizations and processed claims. Our calls to customer service on particular claims have always been answered by courteous and friendly staff.

**Todd E. Pillion, DDS**  
**Jayson C. Smith, DMD**  
**Bristol Pediatric Dentistry, PLLC**  
**Bristol, TN**

We have been a provider for the *Smiles For Children* for a little over 4 years. We have a very good rapport with our Virginia DMAS Provider Relations Group. They have been most helpful in navigating the Medicaid system. They have held multiple seminars to update us on the yearly Medicaid changes. DentaQuest has done an exceptional job in the State of Virginia. They should be retained as the program administrator for the success of the Medicaid Dental System.

**Deborah Kulnis, Office Administrator**  
**Kulnis Orthodontics**  
**Suffolk, VA**

We are writing to express our appreciation of the services provided by Doral Dental (DentaQuest) in handling Virginia Medicaid. I have been a provider of Medicaid services for 28 years and have seen the good Medicaid has provided for my patients. In the past it was a constant struggle to work with Medicaid directly. DentaQuest has made a very positive impact on the program. We plan on continuing our relationship with Medicaid. DentaQuest has been a large part of our satisfaction with the program.

**James L. Gates, DDS**  
**Justin L. Gates, DDS**  
**Marion, VA**

Since June 2005 my office has been a participant in the *Smiles For Children* dental program administered by DentaQuest. We have found DentaQuest to be the best choice in dental administration of the *Smiles For Children* program. Their administrative requirements are less burdensome as compared to other companies and their staff is always polite and willing to assist with our concerns. It is encouraging to note that DentaQuest runs the Virginia *Smiles For Children* like a “well oiled machine.” I strongly recommend that you continue the relationship with DentaQuest as the administrator for the Smiles For Children dental program.

**Girish Banaji, DDS, PC**  
**Fairfax, VA (DAC Member)**
Chapter Two: Corporate Qualifications and Experience

Chapter Two shall present the Offeror’s qualifications and experience to serve as the Contractor. Specifically, the Offeror shall describe its:

1. Organization Status:

   a) Name of Project Director for this Contract;

   **DentaQuest Response:**

   Cheryl P. Harris, MSHA  
   Virginia Project Director  
   DentaQuest, LLC  
   7400 Beaufort Springs Drive  
   Suite 300  
   Richmond, VA 23225

   b) Name, address, telephone number, fax number, and e-mail address of the legal entity with whom the contract is to be written;

   **DentaQuest Response:**

   DentaQuest, LLC  
   12121 North Corporate Parkway  
   Mequon, WI 53092  
   Phone: (262) 834-2506  
   Fax: (262) 834-3760  
   steven.pollock@dentaquest.com

   c) Federal employer ID number;

   **DentaQuest Response:**

   20-0390099
d) Name, address, telephone numbers of principal officers (president, vice-president, treasurer, chair of the board of directors, and other executive officers);

**DentaQuest Response:**

President:  
Steven J. Pollock  
12121 N. Corporate Parkway  
Mequon, WI 53092  
262-834-3506

Treasurer:  
Jim Collins  
465 Medford Street  
Boston, MA 02129  
617-886-1640

Secretary:  
Myra Green  
465 Medford Street  
Boston, MA 02129  
617-886-1672

Assistant Treasurer:  
Gordon Johnson  
465 Medford Street  
Boston, MA 02129  
617-886-1243

e) Name of the parent organization and major subsidiaries;

**DentaQuest Response:**

DentaQuest, LLC’s parent company is Dental Service of Massachusetts, Inc. Major subsidiaries and independent affiliated organizations are listed in the chart below.
f) Major business services;

DentaQuest Response:

DentaQuest, LLC, formerly known as Doral Dental USA, LLC, was established in 1993 for the sole purpose of administering dental benefits within the government sector. Doral joined the DentaQuest family of companies in 2004. DentaQuest is headquartered in Boston and offers benefits and administration for government and commercial entities across the country. DentaQuest also supports the DentaQuest Foundation and the DentaQuest Institute.

DentaQuest serves 14 million members in 24 states and the District of Columbia. Of those members, 12 million are enrolled in government programs including Medicaid, CHIP and Medicare. DentaQuest manages statewide carve-out contracts for six Medicaid programs, and has contracts with over 50 managed care clients for government programs. Major business services include:

1. Utilization Management
2. EPSDT & Member Outreach Programs
3. Financial Analysis
4. Generation and Mailing of Denial Service Notices
5. Fraud and Abuse Detection
6. Claims Processing
7. Check Production and Mailing
8. Quality Improvement
9. Member Wellness
10. Encounter Data Transmissions
11. Grievance Resolution/Investigation
12. Access Studies
13. Satisfaction Surveys
14. Reporting
15. Dental Analytics
16. Utilization Oversight Program
17. Network Management Consulting
18. Customer Service

g) Legal status and whether it is a for-profit or a not-for-profit company;

DentaQuest Response:

DentaQuest, LLC is a for-profit limited liability company.

h) A list of board members and their organizational affiliations;
**DentaQuest Response:**

The members of the Board of Managers of DentaQuest, LLC are:

- Fay Donohue, President and CEO of Dental Service of Massachusetts, Inc. and DentaQuest, LLC
- Terry Conner – Retired
- Thomas Galligan III – Retired
- Donald LeClair, DMD – Practicing Dentist

i) Current organization chart; and  
j) Any Specific licenses and accreditation held by the Offeror.

DentaQuest, LLC holds a private review agent (PRA) license from the Commonwealth of Virginia and holds various licenses in other jurisdictions not relevant to this proposal. Our current organizational chart appears in question e (above).
2. Corporate Experience:

Question

a) Offeror’s overall qualifications to carry out a project of this nature and scope.

**DentaQuest Response:**

DentaQuest is the third largest government dental benefits administrator in the United States, serving 12 million members in government programs in 24 states and the District of Columbia. We specialize in providing benefits to the underserved, including Medicaid, Medicare and CHIP populations. The chart below represents our membership growth since inception.

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**Lives Covered**

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DentaQuest is qualified to carry out a project of this nature and scope as a result of:

1) Unmatched statewide dental carve-out experience, and  
2) Best-in-class service and program functionality.

*Unmatched statewide dental carve-out experience in serving the Medicaid population*

In addition to administering the *Smiles For Children* program, DentaQuest contracts with several other states as the DBA for statewide Medicaid programs. Within the past five years, these contracts include:

- State of Illinois – 2,666,052 members  
- State of Tennessee – 743,959 members  
- Commonwealth of Massachusetts – 1,271,368 members  
- State of Idaho (in partnership with Blue Cross of Idaho) – 205,043 members  
- State of Maryland – 536,481 members  
- State of South Carolina – 743,808 members
The summaries below provide a snapshot of our accomplishments with respect to provider participation and member access in each of our dental carve-out markets.

**Idaho**
- RFP Issued: 2006
- DentaQuest Awarded Contract: 2007
- Beginning Access: 38%
- Current Access: 68%
- Beginning Provider Participation: 476
- Current Provider Participation: 620

**Massachusetts**
- RFP Issued: 2005
- DentaQuest Awarded Contract: 2007
- Beginning Access: 36%
- Current Access: 58%
- Beginning Provider Participation: 600
- Current Provider Participation: 2090

**Illinois**
- RFP First Issued: 1999
- DentaQuest Awarded Contract: 1999
- Re-contracted: 2006
- Beginning Access: 20%
- Current Access: 53%
- Beginning Provider Participation: 869
- Current Provider Participation: 2587

**South Carolina**
- RFP Issued: 2009
- DentaQuest Awarded Contract: 2009
- Implemented Date: August 2010
- Program data pending

**Maryland**
- RFP Issued: 2008
- DentaQuest Awarded Contract: 2009
- Implementation Date: July 2009
- Access 1998: 20%
- Access trending to: 60%
- Beginning Provider Participation: 632
- Current Provider Participation: 1038

**Virginia**
- RFP Issued: 2005
- DentaQuest Awarded Contract: 2005
- Beginning Access: 29%
- Current Access: 51%
- Beginning Provider Participation: 620
- Current Provider Participation: 1496
Achievements in Dental Carve-out Markets

The following brief case studies highlight DentaQuest’s success in administering statewide dental programs.

The State of Illinois

DentaQuest has administered the Illinois Medicaid and SCHIP dental program since 1999. Our responsibilities include claims processing, customer service, utilization management, member outreach, network development, reporting and reconciling claim data with the Illinois Medicaid Management Information System (MMIS).

In 2010, DentaQuest processed an average of 45,125 claims per week. 99.58% of claims were paid within a 30-day timeframe. DentaQuest has made significant strides in encouraging Illinois providers to submit their claims electronically. Electronic claims now account for 74% of all claim submissions.

DentaQuest increased the provider panel from 869 providers at the onset of the program to the current 2,587 providers. The percentages of Medicaid-enrolled children who made a visit to the dentist in 1999 were less than 20%, and today HEDIS scores are trending over 53%.

In the latest provider satisfaction survey performed in Illinois, dentists gave DentaQuest a high satisfaction rating. They were particularly pleased with the responsiveness of provider representatives, the quality of the office reference manual, and the user-friendliness of the provider web portal. In 2008, DentaQuest negotiated competitive pricing at nine dental labs located throughout the state. This afforded Illinois dentists a less expensive alternative.

Illinois Dental Home

Over the past three years, DentaQuest has engaged in a number of initiatives to promote the dental home concept in Illinois. These include:

- Participation on the leadership committee of the IL AAPD/Head Start Dental Home Initiative
- Member education regarding the importance of establishing a dental home in the annual member brochure
- “Hold messages” in rotation on the DentaQuest interactive voice response system
- Provider education regarding the dental home concept via a quarterly newsletter, annual provider training seminars, and regular postings on the provider web portal

In 2007, DentaQuest implemented its Regional Oral Health Advocate (formerly Dental Champion) Program in Illinois. DentaQuest contracts with one dentist in each of seven regions in Illinois to serve as Regional Oral Health Advocates for Illinois’ Medicaid Dental Program. They assist in recruitment efforts of nonparticipating providers throughout Illinois, particularly in rural areas, and encourage increased participation among enrolled providers.
DentaQuest collaborates with the State to educate professionals about the importance of maintaining optimum oral health and providing access to members in underserved areas of the State. DentaQuest representatives present educational seminars at a variety of professional organizations and advocacy group meetings including the Illinois Primary Health Care Association, the Illinois School Nurse Association, the American Academy of Pediatric Dentists, the IL Chapter of the American Academy of Family Physicians, ARC of Illinois, and IFLOSS.

**The Commonwealth of Massachusetts**

The Massachusetts dental program was implemented in February 2007. Since that time, the provider network has more than tripled, increasing from 600 to 2090 providers. In 2010, DentaQuest processed an average of 35,776 claims per week for Massachusetts – 100% of which were paid within a 30-day timeframe. Electronic claims accounted for almost 80% of all claim submissions in 2010, up from 55% in 2007. In addition, DentaQuest has passed all of the Commonwealth’s criteria for certification of their MMIS system and is currently awaiting CMS approval.

Member access has increased 67% in the last four years, trending from 36% at the start of the program to the current rate of almost 60%.

In a 2010 survey, 75% of providers said they were satisfied with DentaQuest’s performance and 83% said they were likely to continue their participation in the network. Providers who responded to the survey said the accessibility of DentaQuest’s provider web portal, the ability to obtain accurate patient eligibility information, and the quality of the office reference manual were critical factors to program participation.

The Commonwealth recently renewed DentaQuest’s contract for another two years and requested that DentaQuest prepare a cost containment proposal to preserve the success of the program in the face of tightening budgets. DentaQuest will employ predictive models of program management to achieve the Commonwealth’s goals.

**The State of Idaho**

*Idaho Smiles* was launched in September 2007 to provide dental services to Idaho’s Medicaid Basic Plan participants. This group consisted of low-income children, working age adults and pregnant women. DentaQuest contracted with Blue Cross of Idaho for services similar to those provided in its other statewide dental programs. In 2010, a new RFP was issued by the Idaho Department of Health & Welfare, and once again DentaQuest and Blue Cross of Idaho were awarded the contract. The 2010 contract expanded coverage to include the “Enhanced Plan” special needs population, in addition to the Basic Plan.

Provider participation has increased nearly 30%, from 476 in 2007 to the current number of 620 providers. In 2008, DentaQuest processed an average of 6,167 claims each week – 99.97% of which were paid within a 30-day timeframe. Provider education has helped increase the number of dentists submitting claims electronically. Electronic claims now account for 52% of all submissions.
Access for children has increased by 79% in just three years, with HEDIS scores rising from 38% in 2007 to the current rate of 68%.

In a 2008 survey, 81% of providers said they were satisfied with DentaQuest’s performance and 95% said they were likely to continue their participation in the network. Idaho Smiles providers listed timeliness and accuracy of payments, and accessibility of the provider web portal as being their most important issues.

**Idaho Oral Health Plan**

In 2009, the Idaho Oral Health Alliance (IOHA) formed a committee to develop a 5-year oral health plan. DentaQuest’s Idaho Executive Director, NaDene Palmer, served as a member on this committee that submitted a plan focusing on prevention and access.

A second committee was formed to document baseline oral health data. DentaQuest provided utilization and cost data to support oral health grant applications and program improvements.

**The State of Maryland**

In January 2009, the Maryland Department of Health and Mental Hygiene (DHMH) awarded DentaQuest the contract to serve as Medicaid Dental Benefits Administrator. The program went live July 1, 2009.

DentaQuest provides services including claims processing, customer service, utilization management, member outreach, network development, reporting and data reconciliation.

DentaQuest has been operating in Maryland since 1998, and prior to the contract award, DentaQuest subcontracted with five health plans to provide dental services to 450,000 Medicaid children and adults.

In the first year of the new Maryland Healthy Smiles Dental Program, DentaQuest grew the provider network 49%, from 632 providers to 939 providers. As of November 2010, 1038 providers participate. Utilization rates are trending at almost 60% for the program’s first year.

DentaQuest supports the Fluoride Varnish Provider Program in Maryland. 333 medical providers participate, and DentaQuest has processed 22,087 claims for fluoride varnish for 15,029 members between 0-3 years old.

DentaQuest has implemented the first two phases of the dental home program in Maryland. Phase one involved creating top-of-mind awareness about the dental home program with oral health stakeholders through meetings, community-based events and classroom instruction. In phase two, we encouraged provider collaboration and endorsement. The program is now in phase three, which introduces dental home assignments. The dental home program is proceeding on schedule in Maryland. It may serve as a model for the dental home program DentaQuest will be implementing in Virginia.
DentaQuest has partnered with the Maryland State Dental Association to support a Western Maryland Access to Care event in early 2011. The goal is to bring additional visibility and support to this area, which has been designated as a Health Professional Shortage Area (HPSA).

**The State of South Carolina**

The South Carolina Department of Health and Human Services (SCDHHS) contracted with DentaQuest in 2009 to provide comprehensive management of the Healthy Connections Medicaid dental program. DentaQuest was tasked with improving utilization management and implementing waste, fraud and abuse programs while improving clinical outcomes.

DentaQuest began administering the dental program in August 2010. Since that time, we have implemented cost saving measures in collaboration with SCDHHS, while preserving high access to care for members. Over 40% of eligible HEDIS members have had a dental visit.

Over a three-month period, DentaQuest has adjudicated more than 329,668 claims totaling almost $36.7 million. The state has realized savings of more than $14 million as a result of DentaQuest’s stringent oversight methods. The chart below shows savings accrued in the first three months of the Healthy Connections program.
DentaQuest’s Best-In-Class Functionality: Innovations in Management of Medicaid Dental Programs

DentaQuest meets the evolving needs of Medicaid dental program administration. Solutions we develop for one client benefit all clients. Because we administer so many Medicaid programs, we have encountered a number of challenges that have led to innovative solutions. These solutions have resulted in operational upgrades, improved member outreach, and more stringent cost containment methods. The Smiles For Children program benefits from program innovations developed over the past 17 years.

Our most recent program innovations are listed below.

Clinical Algorithms

DentaQuest employs rigorous clinical standards to adhere to with DMAS coverage requirements. All authorizations are subjected to a number of validity checks by benefit examiners. These are also known as algorithms, which consist of several "yes or no" decision points. Each response to a question forces a sequenced movement toward a clinical decision whether to approve or deny a claim. DentaQuest’s algorithms are developed by licensed dentists, dental hygienists and other dental professionals. They are continuously evaluated for appropriateness and accuracy, and new algorithms are introduced when appropriate.

Real-Time Processing

DentaQuest’s real-time auto-adjudication process eliminates costly rework. Claims are auto-adjudicated as they are loaded into DentaQuest’s system via Electronic Data Interchange, Optical Character Recognition, and manual entry. Adjudicated claims are then either routed to the appropriate processor for handling, or they drop immediately to the payment cycle (as paid or denied). DentaQuest’s workflow takes each treatment line through the adjudication process to determine claim outcome based on flexible business rules configured for each client.

Web Portals

DentaQuest’s web portals offer providers, members and clients immediate access to critical information. They are easy to use and accessible from any location. Providers can access tools to submit claims, enter prior authorization requests, verify member eligibility and check payments. Members can look up benefit information and find a dentist. All portals are available 24/7.

Real-Time Imaging

DentaQuest organizes documents using real-time imaging solutions that can be retrieved within seconds. DentaQuest uses an EMC SAN-based solution to accommodate its claims image storage and retrieval system. The SAN storage is replicated in real-time to an offsite EMC SAN, another secure corporate data center several hundred miles away.
**Information Management**

DentaQuest’s business intelligence tools provide flexible data integration and develop benchmarks for improved decision-making. DentaQuest analyzes data to understand the drivers behind rising dental costs e.g., - is it behavior of a new dentist, a switch from preventive to restorative services? We also analyze disease management programs to determine cost effectiveness. Our tools allow us to easily perform provider profiling, ensuring that contractual standards are met and opportunities for provider improvement are identified.

**Safety Net Solutions**

The DentaQuest Institute’s *Safety Net Solution* (SNS) project, is designed to improve the performance of dental programs in Federally Qualified Health Centers/ Community Health Centers (FQHC/CHC) implementing new technology (electronic dental records/practice management and digital radiology), improving dental practice management and business operations, and developing portable oral health programs. SNS strategies help FQHCs/CHCs determine their efficiency, productivity and revenue, providing additional financial resources to stabilize dental operations - an essential step for quality improvement and sustainability.

The DentaQuest Institute makes recommendations regarding issues such as policies for managing no-shows and emergencies, new scheduling systems, clinical protocols to standardize services to patients, financial and productivity goals, and other issues that permit FQHCs/CHCs to provide access to care.

Currently, the DentaQuest Institute is working in 18 states with 90 *Safety Net Solutions* project sites. We have amassed results for 22 sites that have completed implementation, and have 12 months of data to report. Accomplishments include:

- An average increase in gross productivity per site of $752,000+
- 13% increase in patient access
- 18% increase in net revenue

The DentaQuest Institute recently gave a presentation to Virginia Community Health Center CEOs and senior administrators, and received strong interest in employing *Safety Net Solutions* programs for their health centers. We are eager to help them chart the next steps. *Smiles For Children* members visiting these health centers in Virginia will benefit from the *Safety Net Solution* initiatives.

**Wellness Programs**

...
Healthy Beginnings Program – Provides member and provider education regarding the importance of proper dental care for infants and children.

Emergency Room Outreach Program – Educates members about the importance of proper preventive care and ER alternatives in emergency situations.

One Less Worry Program – Explores the link between periodontal disease and diabetes.

Question

b) The Offeror shall describe the background and success of the Offeror’s organization and experience in performing service authorization services and utilization review, specifically implementing state, local or regional programs.

DentaQuest Response:

DentaQuest’s Dental Management Program

Using History as a Guide
Our dental management team analyzes a continual flow of program data to make recommendations to the Department regarding the effectiveness of the *Smiles For Children* program.

The following areas of program management influence the cost of care:

- **UR/Fraud and Abuse** – Our internal utilization review team employs proven methods to monitor the incidence of fraudulent behavior occurring in the Virginia provider network. This keeps the cost of care in check and safeguards the health of program members.

- **Benefit Design** – Our dental experts act as consultants with the Department to develop cost-effective benefit designs that provide a high quality of dental care for members.

- **Network Composition** – By carefully regulating the composition of the Virginia network in terms of size, specialty and inclusion of certain dental practices, we can help contain program costs.

- **Patient Management** – By identifying the highest users through analysis of *Smiles For Children* utilization data, we can manage member care in ways that improve health outcomes, change behaviors and lower the cost of care.

- **Provider Management** – Shifting the focus of providers to treat not only up to the benefits, but also to the member's expressed needs - including referrals to dental specialists - will lower the cost of care.

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Our **Network Management** team analyzes the provider network and makes recommendations regarding network composition, reimbursement, benefit design and utilization management programs. For example, this team identifies providers to be added or removed from the network, and recommends which providers require further review.

Our **Clinical Management** team considers individual cases requiring review before a final determination is made. They develop clinical algorithms, ensure consistency in decision-making, and manage fraud and abuse investigations.

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*DentaQuest's Dental Management Function is proprietary*
The following chart shows the various relationships within our dental management function.
The Dental Management Leadership Structure

Utilization Management

The primary focus of utilization management is the appropriate payment of federal and state dollars for medically necessary treatment to the patient. This maximizes the efficiency of state-allocated funds. Our approach to utilization management integrates several aspects of cost oversight.
DentaQuest subjects all claims to a number of validity checks by benefit examiners. These are also known as algorithms, which consist of several "yes or no" decision points. These algorithms are based on the clinical criteria and guidelines as applied to the current American Dental Association’s Code of Dental Terminology. Each response to a question forces a sequenced movement toward a clinical decision whether to approve or deny the claim. DentaQuest’s algorithms are developed by licensed dentists, dental hygienists and other dental industry professionals. They are continuously evaluated for effectiveness and new algorithms are added when necessary.

Over the years, DentaQuest has created hundreds of system edits to prevent over-utilization, fraud and abuse. These edits are the result of 18 years of continuous feedback from clients operating Medicaid and CHIP dental programs. DentaQuest has worked closely with the Commonwealth and other clients to develop unique, dental-specific edits.

**Utilization Review**

Utilization review, which occurs after services have been provided, works closely with utilization management. Utilization review functions as a safety net to uncover anomalies that could not be foreseen during initial review stages. Utilization review ensures that members are administered only medically necessary services covered under state guidelines, so overtreatment and unnecessary provider billing do not occur.

After payments are made to providers for claims submitted, reports can be generated for the top providers according to dollar volume, treatment codes and other factors to identify outliers and unusual billing patterns. When the results of a utilization report raise suspicion of inappropriate activity – such as excessive up-coding, re-treatment patterns, or insufficient radiographs – providers are contacted by clinical auditors. Patient charts and general office practices are also carefully reviewed.

After completion of the audit, the first step is education in the form of a behavior modification letter. If this fails to correct behavior, a Peer Review Committee contacts the provider to reinforce the seriousness of the situation and discuss potential removal from the program.
**Utilization Oversight Program**

DentaQuest’s Utilization Oversight Program (UOP) benchmarks quality components by individual office and by provider group practices.

Practice thresholds are set by market, and providers who deviate outside the standard are monitored more closely for appropriateness of care. The UOP provides us with a means to correct possible inappropriate billing practices before more extensive measures become necessary. It is also a method to educate providers and their staff on proper protocols and procedures.

As the following chart below, UOP has yielded positive results for one of our large Medicaid managed care clients. DentaQuest was able to pinpoint a segment of providers (Group A) who exceed normal practice standards in several areas, including cost per patient, stainless steel crowns and x-rays.

<table>
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<th>Utilization Oversight Program</th>
<th>Provider Analysis and Data Analytics</th>
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<tr>
<td>Measurement</td>
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<td>Services Per Patient</td>
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<td>X-ray Cost Per Patient</td>
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<td>7.3</td>
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<tr>
<td>Percent of Network</td>
<td>5%</td>
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The following chart reflects changes to practice patterns after corrective measures were employed. Through reports generated by the UOP, DentaQuest has a means to correct potentially inappropriate billing practices before more extensive measures become necessary.
Utilization Review is Working in Virginia

As the incumbent, we wish to show how our authorization service and utilization review methods work in Virginia. One example involves a concerted effort among the Smiles For Children program, members of the Dental Advisory Committee, and members of the Virginia Dental Association and Old Dominion Dental Society. It produced a prepayment review plan to reduce costs without affecting the quality of care. Five areas were adjusted to reflect standards of care issued by the American Association of Pediatric Dentistry. As a result of these initiatives, the Smiles For Children program has realized an approximate savings of $398,984.

Prepayment review is now required for the following procedures:

- **PANORAMIC FILM**: The age of panoramic radiographs D0330 changed from 0-20 to ages 6-20.

- **D4210 – GINGIVECTOMY/GINGIVOPLASTY (four or more contiguous teeth or bounded teeth spaces per quadrant)**: Periodontal charting and preoperative radiographs with claim for prepayment review is now required.

- **D4211 – GINGIVECTOMY/GINGIVOPLASTY (one to three contiguous teeth or bounded teeth spaces per quadrant)**: Periodontal charting and preoperative radiographs with claim for prepayment review is now required.

- **D4341 – PERIODONTAL SCALING AND ROOT PLANING (four or more teeth per quadrant)**: Periodontal charting and preoperative radiographs with claim for prepayment review is now required.

- **D4342 – PERIODONTAL SCALING AND ROOT PLANING (one to three teeth per quadrant)**: Periodontal charting and preoperative radiographs with claim for prepayment review is now required.
Fraud and Abuse Detection

DentaQuest supports DMAS standards when monitoring compliance with billing and allowable reimbursements for dental services. DMAS conducts reviews of DentaQuest business practices to ensure proper fraud oversight. Multiple measures have been taken to identify fraudulent billing activities among **Smiles For Children** providers, such as:

- Routine monitoring of claims data to identify providers with unusual patterns of claim submissions
- Monitoring claim payment accuracy
- Employing data mining techniques and benchmark reporting
- Conducting chart reviews to reconcile services billed and rendered

In 2010, 307 member record reviews were conducted. During SFY 2010, $88,337.92 was identified as overpayments and a recovery process was initiated. Since July 2005, DentaQuest has recovered $379,499.20. Any potentially fraudulent activity is referred to the DMAS Program Integrity Division and the Virginia Board of Dentistry.

Below is the **Smiles For Children** process map for authorization determinations.
Question

c) The Offeror’s knowledge of the Medicaid/FAMIS Plus and/or FAMIS member populations and the communities.

DentaQuest Response:

DentaQuest has served as the administrator of the Smiles For Children program since 2005. We have an extensive knowledge of the Virginia Medicaid/FAMIS Plus and/or FAMIS member populations and their communities.

We know the eligibility criteria of each group because we have shared eligibility files for all participants; we know their oral health needs because we have managed their care; and we know their special needs because we have provided care management and follow-up services for the more difficult cases. However, the best evidence of our knowledge of the Smiles For Children membership is the results we have achieved in increasing access to care.

As the following chart reflects, the number of children ages 0-20 who received dental services increased from 275,501 in FY 2009 to 314,914 in FY 2010. This translates into 43 percent of children in this age group utilizing dental services in FY 2010 (compared to 40 percent last year, and 24 percent when the program started). Further, utilization of dental services among children ages 3-20 increased from 262,010 in FY 2009 to 298,734 in FY 2010, resulting in a utilization rate of 51 percent in FY 2010 (compared to 48 percent last year, and 29 percent when the program started). The cumulative increases in utilization since the program began represents an approximate 128 percent increase in children ages 0-20, and 120 percent increase in the number of children ages 3-20 receiving needed oral health care.
Interacting in Member Communities

DentaQuest employs member outreach specifically designed for the *Smiles For Children* population. During SFY 2006 to 2010, DentaQuest staff participated in 100+ outreach events reaching 34,000+ participants. They provided dental program information, oral health literature and one-on-one interaction with members and their caregivers on the importance of regular preventive care. These events included presentations to groups, booth displays at health events, sponsorships, committee memberships, and provision of oral health supplies.

DentaQuest has formed partnerships with over 27 organizations in Virginia. These organizations include *Smiles For Children* members, community leaders, and child advocacy groups. Promotional items, such as toothbrushes and educational materials, were provided to over 9,500 attendees at organizational events.

Reaching *Smiles For Children* members throughout the Commonwealth is also made possible by collaboration between DMAS and community-based organizations, community leaders, child advocacy groups and multiple oral health stakeholders. We have worked shoulder to shoulder with Virginians to demonstrate our commitment to improve oral health care. Here are a few examples.

- **Mission of Mercy (MOM).** Each year, DentaQuest staff attends various MOM events across the state, including Eastern Shore, Middle Peninsula, Piedmont, Northern Virginia, Roanoke and Wise counties. We provide volunteer support, monetary support, and in-kind contributions such as the distribution of oral health literature, toothbrushes and magnets.

- **Head Start and Dental Home.** In February 2010, Virginia launched its American Academy of Pediatric Dentistry (AAPD) Head Start Dental Home Initiative. DentaQuest is part of the Leadership Advisory Team. We plan to expand this initiative in Virginia in 2011.

- **Virginia Oral Health Coalition (formerly Virginians for Improving Access to Dental Care).** DentaQuest has participated with the Virginia Oral Health Coalition since 2005 and has been instrumental in helping the it achieve the goal stated in its five-year state plan. In addition, we have worked with a host of other community entities including the following:
| Roanoke Community Based Health Care Coalition | Department of Education, School Health Institute at Longwood University | Carillion Roanoke Community Hospital |
| Virginia Rural Health Association | Virginia Academy of Family Physicians | Delta Dental Smart Smiles |
| Blue Ridge Perinatal Council Pediatric Symposium | Virginia Association of Free Clinics | National Association of Social Workers-Virginia Chapter |
| Henrico Child Health Coalition | Virginia Public Health Association | Virginia Health Care Foundation |
| American Academy of Pediatrics – Virginia Chapter | Virginia Community Healthcare Association | Virginia Academy of General Dentistry |
| American Academy of Pediatrics – VA Chapter | Virginia Department of Health | Virginia PTA (Parent Teacher Association)-Annual Conference |

### Northern Shenandoah Valley Regional Commission

DentaQuest understands that Virginia is characterized by shifting geographic patterns and cultural and ethnic diversity. To maximize participation by all members, we analyze data at state, county and city levels. This permits us to implement strategies that address cultural norms, delivery of care patterns and ethnicities. For example, members in the Northern Shenandoah Valley Regional Commission were having difficulty accessing care. A detailed analysis was performed taking into account pediatric dental utilization for the area, population characteristics, and the history of members requesting assistance with appointment coordination. Using this data as a base for its outreach and network strategies, DentaQuest was successful in increasing the access to care in the area.

### Targeted Outreach

DentaQuest will continue to conduct regionally located and regularly scheduled outreach activities to support an increase in the utilization of dental services. We will continue to identify populations, service areas, and outreach activities to reach eligible members. We will work with a diverse number of community-based organizations that interface with *Smiles For Children* members, including:

- **State and County Health Departments** - Virginia Department of Health on Bright Futures, Bright Smiles for Babies, and school health programs.


■ **Community Health Events** - DentaQuest will participate in various health events that target the *Smiles For Children* population located in Tidewater, Northern Virginia, Richmond/Petersburg, Charlottesville, Roanoke and Abingdon/Far South Western Virginia. We will create a booth display with educational materials, toothbrushes, and dental floss.

■ **At-risk Population**: Because these groups cannot be reached by traditional outreach methods, DentaQuest has created special outreach initiatives to increase their access to dental services. For example:

- For non-English speaking members, DentaQuest will continue to translate member educational materials to Spanish in written and audio format. We also participate in health events that are focused on immigrant populations.

- For visually impaired members and low literacy members, DentaQuest will continue to maintain educational materials on audiotape for distribution.

- For special health care needs members, we will continue to develop articles for member newsletters to educate caregivers on effective oral health techniques.

■ **Child Development Centers** - Many childcare centers do not have an established oral health program such as the one developed by Head Start. DentaQuest will continue to fill this void by making oral health literature available to child care centers across the state. DentaQuest will continue to collaborate with the Virginia Department of Health /Division of Dental Health to identify child development centers that are receiving dental screenings in order to detect centers that are not being served.

■ **Teens** - A May 2000 article in the *Los Angeles Times* entitled, “Teenagers: the lost souls of the health-care system,” focused on the limited medical services directed at teens. A lack of dental care is also a major issue for this age group. In response, DentaQuest has developed a pilot project with a high school to increase dental services for children ages 14-19. A secondary focus encourages teens to consider occupations in the dental field.

■ **Give Kids A Smile** - In celebration of February as Dental Health Month, DentaQuest will continue to collaborate with the Virginia Dental Association for Give Kids a Smile Day. This annual event is aimed at focusing attention on the importance of good oral health care and its relationship to overall health. We will continue to distribute literature and provide supplies to attendees of this event.
Give Kids A Smile Day

Please see Tab D which contains our approved plan and the semi-annual report submitted to the Department outlining the scope of DentaQuest’s outreach activities.

Question

d) For each experience with operating, managing, or contracting for the provision of service authorization services or other human services, the Offeror shall indicate the contract or project title, dates of performance, scope and complexity of contract, and customer references (see below).

DentaQuest Response:

DentaQuest has included a chart of this information in Tab W (also referenced in Transmittal Letter.)
Question

e) Any other related experience the Offeror feels is relevant shall be included.

DentaQuest Response:

Our Preventistry approach to program management

Dental Home Program

- Provider collaboration and endorsement underscore the pivotal role dentists play in the dental home process.
- Member outreach materials dispel misconceptions about oral health. Created at a sixth grade reading level, they are sensitive to cultural, literacy and language barriers.
- Technology automatically assigns dental homes to members according to a predetermined list of variables such as member history and a provider's capacity level. Technology is also used to track the interface between patients and dentists to determine the effectiveness of dental homes.

DentaQuest's Dental Home Model is proprietary
Our dental home is implemented in five phases over a three-year period. These phases are spelled out in the diagram below.

DentaQuest's Dental Home Model is proprietary
Dental Home: Phase One

Phase One activities set the tone for the dental home program among primary audiences including members and their families, providers, community partners, and volunteers. The goal is to create top-of-mind awareness about the dental home program through meetings, community-based events and classroom instruction.

It is important to note that Phase One is well underway in Virginia. Due to the many organizations we have collaborated with throughout the past 5 years, we have a base with which to begin our dental home education and endorsement campaign. We will target both member and provider groups including:

- Roanoke Community Based Health Care Coalition
- Virginia Rural Health Association
- Head Start Association and the Health Advisory Committee
- Department of Education, School Health Institute at Longwood University
- Virginia Association of Free Clinics
- Virginia Public Health Association
- Virginia Community Healthcare Association
- Virginia Oral Health Coalition
- Virginia Department of Health
- Virginia Academy of Family Physicians
- American Academy of Pediatrics
- Virginia Academy of General Dentistry
- Old Dominion Dental Society
- Virginia Dental Association and Mission of Mercy Events
- Virginia Healthcare Foundation – Toothtalk
- Federally Qualified Health Centers
- Virginia Society of Pediatric Dentistry

We will begin to augment our educational materials to include messages about the benefits of the dental home.

**Dental Home:**
ambassadors for the program. The voices of well-respected professionals increase the likelihood of wider participation.

■ Provider collaboration and endorsement. A Provider Advisory Board is created so dentists can have input into the dental home process. Individual dentists and those in group practices will have opportunities to participate in educational seminars and webinars to make their participation in the dental home program a seamless process that easily integrates into their practice. Visits by local staff will be regularly scheduled, and staff will be available for individualized assistance.

■ Member communications. A synchronized member messaging campaign is launched to generate awareness about the benefits of a dental home. The importance of preventive care is emphasized in member call scripts and appears in a variety of materials, including member handbooks and informational postcards.

■ Network assessment. We assess the number of providers who have agreed to participate in the dental home program. We engage in additional recruiting if the number of participating dentists does not meet dental home requirements. We emphasize that there will be no additional administrative burden as a participating dental home provider.

Dental Home: Phase Three

In Phase Three, we introduce dental home assignments and the notification process. We make sure that each child is assigned a dental home either through self-selection or through an automatic assignment process.

■ Dental home assignment. The dental home assignment process would be based on a variety of criteria that would be approved by DMAS. For example:
  ƒ Has the member previously been assigned to a primary care dentist (PCD) (based on previous eligibility data)
  ƒ Has the member been treated by a PCD in the past (based on historical claims data)?
  ƒ Has an eligible family member (someone at the same address) previously been treated by a PCD?
  ƒ Which providers are closest to the member's residence?
  ƒ Does the PCD have age ranges for the provision of services?
  ƒ What is the provider's capacity level (based on the number of members the provider has agreed to accept)?

■ Assignment notification process. Members and providers are notified of their dental home assignments in ways that are easily accessible.
  o Members - The name and phone number of the PCD
  o Providers - Assignment reports are easily viewable on DentaQuest's provider web portal. These reports are updated monthly.

Dental Home: Phase Four

DentaQuest's Dental Home Model is proprietary
In Phase Four, activities begun in previous phases are supplemented by three new initiatives: 1) primary care physician training, 2) enhanced outreach initiatives, and 3) wellness programs.

**Primary care physician (PCP) training.** To increase utilization of dental services, we educate PCPs about the dental home process and encourage them to administer fluoride varnish to members. Training for PCPs includes:
- Intermediate oral evaluation
- Caries risk assessment
- Fluoride varnish application
- Dental anticipatory guidance
- Referrals to a dental home

To promote dental home referrals, DentaQuest prints imitation “prescription pads” with tear off sheets that PCPs can hand out to members at the time of a medical visit. Information on the sheets include our customer service phone number and website address. Members are encouraged to establish a dental home and visit a dentist every six months.

**Enhanced outreach initiatives.** More than 51 million school hours are lost each year due to dental related illnesses. Dental caries is the most common chronic disease of children age 5-17. Many children, especially adolescents, do not see a dentist for regular dental care and some have never visited a dentist in their life.

To increase dental utilization among this age group, DentaQuest collaborates with professional, community-based, and faith- and advocacy-based organizations to increase oral health awareness and program participation. Enhanced outreach initiatives include:
- Additional Ambassador Program training
- Dental screening events
- Health fair participation
- Preconception/prenatal care coordination
- Targeted outreach initiatives
- Teen initiatives - We encourage teens to consider occupations in the dental field. DentaQuest develops presentations and collateral materials highlighting vocational possibilities in the dental profession, including opportunities in the local region.

**Wellness programs.** It is also in Phase 4 that we would begin to introduce our more advanced wellness programs. These evidence-based programs address issues such as the link between gum disease and the incidence of low birth weight babies, and the link between gum disease and diabetes. Importantly, these programs also lower the overall cost of healthcare. The following is a brief overview of our wellness programs.

- **Healthy Beginnings** – Provides member and provider education regarding the importance of proper dental care for infants and children. Its purpose is to instill good oral health habits at an early age.

DentaQuest's Dental Home Model is proprietary
• Emergency Room for Dental – Educates members about the importance of proper preventive care and emergency room alternatives in emergencies.

• One Less Worry – A program exploring the link between periodontal disease and diabetes. Evidence suggests that by reducing the bacteria found in gum disease, seven out of nine diabetic patients need less insulin to control their blood sugar levels.

DentaQuest's Dental Home Model is proprietary
**Dental Home:**

In Phase Five, we measure the performance of the dental home program against initially established goals. We work collaboratively with the Department to develop specific performance measurements. However, we also use established methods to gauge the success of the program, including:

- Pediatric dental utilization – CMS EPSDT 416 report
- HEDIS scores, indicating utilization of dental services
- Dental home related questions within annual provider and member satisfaction surveys

**Preventive Programs: The Dental Sealant program**

Dental caries is the most common chronic childhood disease, five times more common than asthma and almost 100% preventable. Here are some quick facts about caries:

- Decay most often (about 90% of the time) occurs in the deep grooves on the biting surfaces of molars
- Preventing decay not only improves oral health but also reduces the cost of care
- It is estimated that up to 50% of all restorative costs are paid on permanent molars

The following chart illustrates the cost of restorative work on first and second molars in the *Smiles For Children* program over a 12-month period.

The chart reveals that over $18M was spent on restorative care that might have been prevented through the timely placement of sealants. The cost of dental restorations is not the only cost associated with dental caries when you consider that 1) once a tooth is restored, there are replacement costs approximately every 8 years, and 2) if cavities go untreated, there could be additional medical and emergency room costs.

Sealants are most effective when placed within two years of tooth eruption. For first molars, that means sealants should be placed at ages 6-7. Sealants should be placed on second molars at ages 12-13.

According to the American Dental Association, caries reduction in children with sealants ranges from 86% in year one to 79% at two years.

The charts at the right illustrate current sealant placement rates in the *Smiles For Children* dental program. Note that:

- Only 28% of 6- and 7-year-olds who visited the dentist received sealants on their first molars.

DentaQuest’s Dental Home Model is proprietary
Only 18% of 12- and 13-year-olds who visited the dentist received sealants on their first molars.

The dental sealant initiative will emphasize the timely placement of dental sealants with a goal of increasing placement rates to 50% or better. Long-term benefits of the Dental Sealant Initiative include:

- More sealants will result in fewer cavities and less restorative work.
- There are long-term health benefits to the members.
- There are cost benefits to the Department.

DentaQuest's Dental Home Model is proprietary
Question

f) The Offeror shall indicate whether the Offeror has had a contract terminated for any reason within the last five years.

DentaQuest Response:

Please see the chart in Tab W (also referenced in Transmittal Letter.)

Question

g) The Offeror also shall indicate if a claim was made on a payment or performance bond. If so, the Offeror shall submit full details of the termination and the bonds including the other party’s name, address, and telephone number.

DentaQuest Response:

DentaQuest has not had any claims made on performance bonds.
3. References

Question

a) Two customers or participants who will substantiate the Offeror’s qualifications and capabilities to perform the services required by the RFP.

DentaQuest Response: DentaQuest is pleased to provide the following four references to the Department. These references are especially relevant because these entities (three state agencies and one managed care organization) understand the challenges inherent in a statewide government dental program. They will attest to our ability to manage large Medicaid dental programs similar in size, scope and complexity of the *Smiles For Children* program. Please note we have included additional references in Tab W.

ATTACHMENT IX – REFERENCES

Reference Form:

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DentaQuest's client references are confidential
ATTACHMENT IX – REFERENCES
RFP 2011 – 03

Reference Form:

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| Number of contractor staff assigned to contract:    |                                   |
| Annual value of contract:                           |                                   |

DentaQuest’s client references are confidential
b) Two customers or participants who can attest to the Offeror’s experience with interface files for data loads.

**DentaQuest Response:**

**ATTACHMENT IX – REFERENCES**

**RFP 2011 – 03**
**Reference Form:**

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*DentaQuest’s client references are confidential*
ATTACHMENT IX – REFERENCES  
RFP 2011 – 03

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DentaQuest’s client references are confidential
**Question**

c) Contact information for all service authorization contracts for Medicaid/FAMIS Plus or FAMIS products and any Virginia based non-Medicaid groups the Contractor chooses to include, held by the Offeror at any time since January 1, 2004.

**DentaQuest Response:**

Please see Tab W for contact information for all service authorization contracts. Please note that we have included additional references for Medicaid clients, as well as references for some of our Virginia-based non-Medicaid groups. DentaQuest has administered high quality dental programs to businesses, unions, municipalities, associations and individuals in Virginia since 1980. DentaQuest, then known as Consumer Dental Care, began operations as a dental HMO. In 2001, Consumer Dental Care of Virginia was acquired by DentaQuest Ventures, Inc. An aggressive expansion of products followed soon after, and in 2002 DentaQuest of Virginia began offering PPO-based dental plans.

Our commercial dental plans have been implemented by thousands of Virginia organizations such as The City of Falls Church, Fairfax County Firefighters, Southern Management Corp., Jim Koons Automotive and Vie de France.

**4. Financial Stability**

**Questions**

The Offeror shall submit evidence of financial stability. The Offeror should submit one of the following financial reports:

a) For a publicly held corporation, a copy of the most recent three years of audited financial reports and financial statements with the name, address, and telephone number of a responsible person in the Offeror's principal financial or banking organization, or

b) For a privately held corporation, proprietorship, or partnership, financial information for the past three years, similar to that included in an annual report, to include, at a minimum, an income statement, a statement of cash flows, a balance sheet, and number of years in business, as well as the name, address, and telephone number of a contact in the Offeror's principal financial or banking organization and its auditor.

**DentaQuest Response:**

Please see Tab F for evidence of financial stability.
CHAPTER THREE:
TASKS & TECHNICAL APPROACH
It is with pleasure that I write this letter of support for DentaQuest to continue to operate Virginia’s dental program for Medicaid and CHIP children and Medicaid adults with oral health emergencies. DentaQuest has transformed this program since it came to Virginia several years ago. You and your team have endeared yourselves to dentists, advocates and Virginia’s safety net organizations because of your competence, collaborative spirit and genuine interest in improving access to dental care in Virginia. DentaQuest has been a very positive addition to Virginia and made a big difference in the various efforts that occur here to increase and improve access to oral health care. We are proud to count DentaQuest as a partner and hope that it will continue to have a presence in Virginia for many years to come.

Deborah D. Oswalt
Executive Director
Virginia Health Care Foundation

I have had the pleasure of working with the Smiles For Children/DentaQuest program as the insurance manager for the past 5 years. While navigating such a large state-run corporation such as Medicaid can be daunting, I can say with absolute confidence that my experience with DentaQuest has been easily accessible, clear and uncomplicated. With more and more families suffering during this economic crisis and having to rely on state run services, it is a gift to them and to providers such as ourselves to be able to have an insurance company that is modern, attainable and most importantly straightforward to deal with.

Jennifer M Tyler, Insurance Manager
Central VA Oral & Facial Surgeons
Charlottesville, VA

I cannot thank DentaQuest enough for your generous support of the Virginia Healthcare Association’s annual Leadership and Education Conferences. By exhibiting, DentaQuest provides much needed information to our members who provide dental services in medically underserved areas of Virginia. Again, many thanks to DentaQuest and we look forward to working with you all in 2011!

Andrea Arthur, Coordinator of Resource Development
Virginia Community Healthcare Association
Richmond, VA

A special thanks to DentaQuest Smiles For Children for securing toothbrushes and dental information to promote improved dental care in our youth in 2008-09 and 2010-2011. I appreciate your support of Extension efforts to improve the nutrition and health status of our local youth.

Sarah D. Burkett, MAT, CFCS
Senior Extension Agent – Food Nutrition & Health
Virginia Cooperative Extension
Pulaski, VA
What they’re saying about...

We have participated with the *Smiles For Children* program for one year and would like to express our gratitude for the exemplary manner that DentaQuest runs the program. The website and provider portal is user friendly and provides a proficient way to submit patient claims. We always receive friendly and informative help from the customer and provider representatives. The authorization process for special hospital cases is always handled proficiently. Thank you for all of your help this year in getting our office on board with DentaQuest.

**Tricia Winfree, Office Manager**  
**Richmond Oral and Cosmetic Surgeons**  
**Midlothian, VA**

My office has been a participant in the *Smiles For Children* dental program administered by DentaQuest since its inception. We have always found DentaQuest to be the best choice in dental administration. Their administrative requirements seem less burdensome as compared to other companies and their staff is always polite and willing to assist with our concerns. I strongly recommend that you continue the relationship with DentaQuest as the administrator for the *Smiles For Children* dental program.

**Gerald I Frank, DDS**  
**Alexandria, VA**

I am writing on behalf of Doral (DentaQuest) and the Virginia staff. I would like to express my extreme satisfaction with their handling of the *Smiles For Children* program. As a practicing Oral Surgeon, it has been my pleasure to serve the underserved because DentaQuest has taken the administrative headache out of treating these patients.

**Scott R. Goodove, DDS**  
**Oral & Maxillofacial Surgeon**

We are sending this letter to let you know the great job DentaQuest is doing. Since they have taken over the Virginia Medicaid, or claims are paid on a timely manner and the whole program seems to run more effectively. We are happy with the service DentaQuest is giving us.

**Robert D. Kilgore DMD and Staff**  
**Wise, VA**
CHAPTER THREE: TASKS AND TECHNICAL APPROACH

Question:

The Offeror shall fully describe how it intends to meet all of the tasks required in Section 3 of the RFP and technical proposal requirements listed in Section 4 of this RFP. DMAS does not want a “re-write” of the RFP requirements. Specifically, the Offeror shall describe in detail its proposed approach for each of the required tasks listed in Section 3 and technical proposal requirements in Section 4 including any staff, systems, procedures, or materials that will be used to perform these tasks. This includes how each task will be performed, what problems need to be overcome, what functions the staff will perform, and what assistance will be needed from DMAS, if any.

Note: DMAS welcomes new and innovative approaches to dental services. While fully addressing the dental objectives in Sections 3 and 4 of this RFP, the Offeror may also include alternate approaches for DMAS consideration. Additional services can be addressed as long as a separate line item for the associated costs is submitted with the proposal. (Refer to Attachment X – Enhanced Benefits)

DentaQuest Response:

4.1 Enrollment and Eligibility Verification

4.1.1 Enrollment

The local Departments of Social Services (DSS) offices enroll individuals into Medicaid on a daily basis. In addition, individuals can be enrolled into Medicaid for retroactive dates of service. The Department is responsible for the enrollment of members with the Contractor. For the purposes of this contract, all Medicaid/FAMIS Plus/FAMIS eligible individuals are considered enrolled with the Contractor. Reference the Dental Office Reference Manual (ORM) Chapter 2 for additional information on Medicaid eligibility. The ORM is located at http://www.dmas.virginia.gov/dental-providers_home.htm under Dental Provider Information.

Eligibility and enrollment verification must be based upon VAMMIS on-line eligibility information as this represents the most up-to-date eligibility information. Enrollment shall begin at 12:01 a.m. on the effective date that the member is enrolled with the Contractor and shall end at 12:00 midnight on the date that the member is disenrolled pursuant to the criteria in Department policy and/or Department rules and regulations.

DentaQuest Response:

DentaQuest currently receives the 834 version 4010 enrollment file on a weekly basis via the fiscal agent’s encrypted web portal. This process ensures enrollment begins at 12:01 a.m. on the effective date that the member is enrolled with DentaQuest, and ends at 12:00 a.m. on the date that the member is disenrolled pursuant to the criteria in Department policy and/or Department rules and
regulations. In addition, if the Department deems that there is an update that needs to be processed before the next scheduled weekly enrollment process, a dedicated resource is available to process these urgent enrollments immediately based on VAMMIS on-line eligibility information.

All files passing through BizTalk undergo standard error processing and logging functionality. They are then loaded into our eligibility system. The eligibility system integrates the data in real-time with the claims processing system to ensure current eligibility is used for all processing and customer service inquiries.

DentaQuest is working closely with the Department we both move to the 834 5010 version. DentaQuest has presented timelines and testing periods to complete the CMS-mandated transition process.

### 4.1.2 Health Care Reform

The Contractor shall accept additional enrollment from the Department which may result from state and federal health reform initiatives.

**DentaQuest Response:**

The Affordable Care Act, passed by Congress and signed into law by the President in March 2010, enacted health insurance reforms that lower health care costs, expand health care coverage, and enhance the quality of care for all Americans.

Even though oral health was not the primary focus of health reform, the new law contains several policies that will affect the provision of dental care. These include:

- The expansion of Medicaid to include 16 million new enrollees, some of who may access dental coverage
- A requirement that all qualified MCOs selling individual or small group insurance must offer an essential health benefit package that includes pediatric dental benefits
- The ability of stand-alone dental plans to offer dental coverage on state exchanges alongside qualified MCOs

These sweeping changes are accompanied by a great deal of uncertainty. With the prospect of increasing enrollment, states will continue to struggle to contain health care costs, including those related to dental.

States will also have to ensure proper management for members experiencing fluctuating incomes. There may be times when certain members are covered under Medicaid one month, and under a health exchange plan another month. A single dental benefits administrator capable of handling both Medicaid and health exchange plans will prevent disruption of services to members experiencing financial uncertainty.

DentaQuest is prepared to accept additional membership that may result from the health reform law. Our flexible system is capable accept increased membership. We will not need to make any system changes in order to accommodate expanded membership from these programs.
As Virginia, like all states, struggles to contain program costs in the face of reduced funding, DMAS can count on DentaQuest’s advanced technology and knowledge-based solutions to support the continued success of the Smiles For Children dental program.

4.1.3 Disenrollment

The Department is responsible for the disenrollment of members from the Contractor. The Contractor shall not disenroll members. The Contractor may, however, provide the Department with any information it deems appropriate for Department use in making a decision regarding loss of eligibility or disenrollment of a particular member. The Contractor cannot grieve disenrollment actions taken by the Department.

DentaQuest Response:

In accordance with the current DMAS contract, DentaQuest does not disenroll members. The records of members who have become disenrolled by the Department are submitted on a weekly basis via 834 enrollment files transmitted by the fiscal agent. We will follow the same protocol in the new contract term.

4.1.4 Eligibility Verification

The Contractor shall verify eligibility through the Contractor’s access to the Department’s VAMMIS. The Contractor shall be responsible for the provision of all services covered under this RFP (including but not limited to call center services, outreach, member materials, service authorization, claims processing, etc.) and resulting Contract for eligible members if in VAMMIS regardless of their current status.

DentaQuest Response:

A number of DentaQuest employees have access to the VAMMIS system and routinely verify eligibility on-line. Our customer service enrollment specialists verify eligibility in real-time for the call center staff. Claims processing staff also have VAMMIS access to resolve eligibility related claims payment issues.

4.1.5 Dental Care Outside of Eligibility Effective Dates

Except where required by this Contract with the Department or by applicable federal or state law, rule or regulation, the Contractor shall not make payment for the cost of any dental care provided prior to the effective date of the member’s Medicaid/FAMIS Plus or FAMIS eligibility begin date or prior to the begin date with the Contractor. Additionally, the Contractor shall not make payment for the cost of any dental care after the effective date of the disenrollment, except for orthodontic cases initiated prior to the date of disenrollment. The Contractor shall make payment for the cost of any covered services obtained on or after 12:01 a.m. on the effective date of member’s Medicaid/FAMIS Plus or FAMIS eligibility begin date and on or after the begin date of the Dental Administrator Contract.
DentaQuest Response:

Verification of member eligibility is a core feature of our claims processing system. All member eligibility is used in real-time to determine if the dental service was performed during a period of member eligibility. DentaQuest’s electronic eligibility process easily captures the information necessary to ensure appropriate processing of claims. We use standard beneficiary eligibility history as well as Third Party Liability (TPL) attributes such as carrier codes, policy number and effective dates for other insurance when determining the payment of claims. This information is updated in real-time and captured as part of the electronic eligibility load. Claims for dates of service outside of the member’s enrollment period are denied.

For orthodontic cases, DentaQuest pays the balance of any remaining treatment as long as the appliances are placed in the member’s mouth prior to the member’s date of disenrollment.
4.2 Member Materials And Communications

The Contractor shall design, produce and distribute (to include all distribution costs such as postage) various types of member materials, including but not limited to brochures, provider directories, fact sheets, notices, or any other material necessary to provide information to members as agreed upon and required by the Contract resulting from this RFP. In response to this RFP, the Offeror must submit copies and examples of materials utilized in contracts of a similar scale to the requirements outlined in this RFP.

The Contractor may distribute additional materials and information, other than those required by this Section, to members in order to promote health and/or educate members. Any cost added services provided above the base requirements (described in Section 4.2) must be listed separately in the Offeror’s Cost Proposal. All materials sent to members and member communications including form letters, mass mailings and system generated letters, whether required or otherwise, shall require written approval by the Department prior to dissemination as described herein and shall be designed and distributed in accordance with the minimum requirements as described in this RFP. Letters sent to members in response to an individual query do not require prior approval. The required member materials include the following:

4.2.1 Member Information (Addresses components of Education elements listed in 7.1.1)

The Offeror shall specify within its response to this RFP how it plans to educate members about the Smiles For Children program and the participating provider network, and how the Offeror will disseminate such information to members. Member information must be sent to members at a 6th grade reading level and within 30 days of enrollment.

Member information materials shall, at a minimum, be in accordance with all applicable requirements described in this RFP. The member materials shall include information about preventive dental services for children under age 21 and provide notice that preventive services are available at no cost and without cost sharing responsibilities. Additionally, the material must list the Contractor’s toll-free telephone number combined with a statement that the member may contact the plan regarding questions and to obtain appointment assistance including for appointments with specialty providers. The material should also advise the member how to obtain emergency and urgent dental care services.

DentaQuest Response:

Providing dental benefits is only part of the process in ensuring optimal health for the Commonwealth’s children. Being informed about those benefits is the other part. DentaQuest ensures that all members are well informed about their dental benefits. Within 30 days of enrollment, members are mailed a handbook that shows the providers participating in the network. It also contains information about free preventive dental services, the toll-free number for assistance in locating a provider, how to obtain an appointment, how to obtain assistance for both general and specialists, and information on how to obtain emergent/urgent dental services. The member handbook is written at a 6th grade reading level to ensure all members understand how to use their dental benefits. The member handbook is also available upon request through the toll-free
customer service line, on the DentaQuest and DMAS websites, and is available upon request in other languages and formats as needed.

DentaQuest has placed educational materials on its website site, and is available for downloading. Topics include information for all stages in life, including:

- Baby teeth
- Tongue piercing
- Braces
- Bottled Water
- Brushing Tips
- Flossing
- Wisdom Teeth
- Dental care for teens

A complete listing of these topics appears in section 4.2.4. We have also created a poster that outlines, by age, why dental services are important and what is being done to prevent dental disease. It is entitled “When to See the Dentist-What the Dentist Will Do”.

DentaQuest distributes materials at all community events and has developed order forms for participating providers to order for distribution. DentaQuest also works with various MCOs and other community organizations to develop educational articles for newsletters.
Educational Support for Pregnant Women

Over the past ten years, there has been compelling evidence connecting the periodontal (gum) disease in pregnant women to increased incidence of pre-term, low-birth-weight (PTLBW) births. While research continues to secure larger sample sizes, there is general acceptance of the medical/dental relationship between periodontal disease and PTLBW births. Evidence has shown that pregnant women with periodontal disease are seven times more likely to experience a PTLBW birth. When women with periodontal disease receive treatment for the disease, the increased likelihood of PTLBW births drops in half, to just 3.5 times.

Data shows that each case of pre-maturity can add an additional $25,000 to $55,000 in immediate medical costs, and up to $250,000 over a child’s lifetime. When allowing for future health care
increases, this amount will continue to far exceed any investment in preventive dental protocols aimed at pregnant women.

In order to raise awareness of the potential consequences associated with periodontal disease, DentaQuest will implement the **Smiling Stork** program in Virginia to educate women of childbearing age about:

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

DentaQuest will mail packets to providers describing the Smiling Stork program’s objectives and emphasizing the importance of screening pregnant women for periodontal disease. The packets will include the program’s clinical guidelines and protocols for screening and treating pregnant women. They will also include articles about the link between periodontal disease and PTLBW babies. Also included will be a copy of the Smiling Stork member materials (shown at right).

The Smiling Stork program is showing positive results. One of DentaQuest’s clients experienced an 18% increase in the number of pregnant members receiving treatment or a cleaning after receiving the educational materials. In addition, 67% of pregnant members with periodontal disease in this market who received the materials had a dental treatment or cleaning.

The chart below indicates the average results experienced by four of our clients in 2009. The number of members who received a cleaning after receiving education increased by 71.43%, and the number who sought treatment increased by 106.35%
4.2.2 Provider Listing

The Contractor shall provide all members (or heads of households) with a provider listing, sorted by region and specialty, and listing all satellite offices if possible, within thirty (30) days of initial enrollment (at the same time the member material described in 4.2.1 is distributed), and upon request. Such list shall include current provider name, address, telephone numbers, office hours, languages spoken, specialty and whether or not the provider is accepting new patients. This list shall be updated on the web site as providers are added or terminated and made available at all times electronically and in written format.

DentaQuest Response:

DentaQuest makes it easy for members to locate a provider. We made the Member Handbook and Provider Directory more user friendly in 2009 by employing geo-coding to identify the 30 closest general and pediatric dentists to a member’s home. It is our experience that the more user friendly the tool, the more likely it is to be used. Please see Tab E to view a copy of this geo-coded provider directory, which is sorted by region and specialty.

A comprehensive list of Smiles For Children providers is available to members on the DMAS web site, and this list is updated monthly. Providers listed in this directory are sorted by city and county. Members may request a hard copy of this provider directory by contacting DentaQuest’s customer service line. Smiles For Children members have access to information including provider name, address, telephone numbers, office hours, languages spoken, specialty, and whether or not the provider is accepting new patients.

An interactive provider directory is available to all members on the DentaQuest web site where members can search for the closest participating provider. Searches can be entered by address or other geographic information, as well as by language or special needs. This Find A Dentist tool has the most up to date provider information and is available to members 24/7.

4.2.3 Pediatric Dental Utilization Post Card

As described in Section 4.20.13 of this RFP, the Contractor shall develop and maintain a pediatric dental care tracking system. This tracking system shall monitor a member’s level of compliance with
preventive dental care in accordance with The American Academy of Pediatric Dentistry (AAPD) recommendations regarding the periodicity of professional dental services for children. Where the member’s utilization is not compliant with AAPD standards, the Contractor shall send a post card educating the member on what services are needed to bring their dental treatment up-to-date and how to obtain the dental services identified. Each Offeror must submit an outline of this process with its proposal. The Offeror should include copies of any sample post cards it has used for like purposes for its other business products.

**DentaQuest Response:**

DentaQuest monitors the level of compliance achieved by program members with respect to AAPD recommendations for the periodicity of dental services. Here’s our process for determining which members to target for outreach.

1. A report is run based on claims history for members not utilizing services within specified period (i.e. 6 months, 9 months, 12 months).
2. Members are sorted based on geographic area.
3. We determine areas with a network capable of supporting an increase in utilization of services (one semi-rural area and three urban areas).
4. Postcards are mailed to members.
5. Reports are run 6 months after a mailing to determine if services were accessed as a result of the mailing.

Members who have not received age-appropriate preventive care are targeted to receive a reminder postcard. The postcard stresses the importance of dental care and indicates that it is time to visit a *Smiles For Children* provider. It is printed in both English and Spanish and includes the toll-free customer service number. Please see Tab D, which contains an activity report containing data associated with an August 2008 – March 2009 outreach campaign. Also in this tab are samples of mailers urging members to obtain dental care, including the very first member mailer containing cartoon art with kids in mind.

The most recent postcard mailing and outbound calling campaign targeted approximately 16,000 members. As a result, 5,446 children received dental care. Experience has taught us that multiple modes of communication produce improved results. Half of the members receiving the postcard received follow-up phone calls. The calls stress the importance of good oral health, explain the covered benefits available, and provide assistance in finding a dentist or making an appointment.
4.2.4 Prior Approval Process for Member Materials

The Offeror shall submit a detailed description of any materials it intends to use and a description of any activities prior to implementation or use. This includes but is not limited to all policies (including confidentiality) and manuals, advertisement copy, brochures, posters, fact sheets, video tapes, story boards for the production of videos, audio tapes, letters, and any and all other forms of advertising as well as any other forms for the facilitation of public contact such as to encourage participation in health fairs and/or telemarketing scripts.

All materials submitted by the Contractor shall be accompanied by a plan that describes the Contractor’s intent and including procedures for the use of the materials. All written material submitted by the Contractor shall be submitted on paper and on electronic file media. Materials developed by a recognized entity having no association with the Contractor that are related to management of specific oral health diseases or general oral health improvement shall be submitted for approval prior to use; however, an electronic file for such materials may not be required. The electronic files, when required, shall be submitted in a format acceptable to the Department. Electronic files submitted in formats other than those approved by the Department cannot be processed.

The Department shall review the Contractor’s materials and either approve, deny or return the plan and/or materials (with written comments) within thirty 30 calendar days following their date of submission.

Once the Department has approved materials, the Contractor shall submit one (1) electronic copy of the final product to the Department Dental Program Manager. Problems may not be evident from the materials submitted, but may become apparent upon use. The Department reserves the right to notify the Contractor to discontinue or modify materials, or activities after approval.

DentaQuest Response:

Member education is essential in ensuring optimal oral health for Virginia children. DentaQuest has distributed education materials to more than 34,000 *Smiles For Children* members, including a member handbook and directory, advertisement copy, brochures, a poster, fact sheets, and letters. DentaQuest received prior approval from DMAS before dissemination of these materials.

DentaQuest will always submit a detailed description of all materials, in hard copy and electronically, including details for intended use and distribution following the guidelines outlined by DMAS. Please see Tab E for materials that are currently approved by DMA for distribution. Below is a log of approvals of our series entitled Oral Health Matters.
<table>
<thead>
<tr>
<th>Item</th>
<th>Target Audience</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby Teeth are Important</td>
<td>Parent/Guardian</td>
<td>Approved 10.18.05 by DMAS and printed</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>Expecting Mothers</td>
<td>Approved 10.18.05 by DMAS and printed</td>
</tr>
<tr>
<td>Good Oral Health Begins at Birth</td>
<td>New Parents/Guardians</td>
<td>Approved 10.18.05 by DMAS and printed</td>
</tr>
<tr>
<td>Dental Dos</td>
<td>Parent/Guardian</td>
<td>Approved 10.18.05 by DMAS and printed</td>
</tr>
<tr>
<td>Brushing Tips</td>
<td>All Members</td>
<td>Approved 10.18.05 by DMAS and printed</td>
</tr>
<tr>
<td>Healthy Teeth and Gums</td>
<td>All Members</td>
<td>Approved 10.18.05 by DMAS and printed</td>
</tr>
<tr>
<td>Sealants</td>
<td>Parent/Guardian</td>
<td>Approved 10.18.05 by DMAS and printed</td>
</tr>
<tr>
<td>Fluoride</td>
<td>Parent/Guardian</td>
<td>Approved 10.18.05 by DMAS and printed</td>
</tr>
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<td>Approved 10.18.05 by DMAS and printed</td>
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<tr>
<td>Snack Facts</td>
<td>Parent/Guardian</td>
<td>Approved 10.18.05 by DMAS and printed</td>
</tr>
<tr>
<td>Pacifiers</td>
<td>Parent/Guardian</td>
<td>Approved by DMAS 12-21-05 and printed</td>
</tr>
<tr>
<td>Checking Your Child's Teeth</td>
<td>Parent/Guardian</td>
<td>Approved by DMAS 12-21-05 and printed</td>
</tr>
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<td>Tobacco</td>
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<td>Wisdom Teeth</td>
<td>Teens</td>
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</tr>
<tr>
<td>Dental Care For Teenagers</td>
<td>Teens</td>
<td>Approved by DMAS 12-21-05 and printed</td>
</tr>
<tr>
<td>Bottled Water</td>
<td>Parent/Guardian</td>
<td>Approved by DMAS 12-21-05 and printed</td>
</tr>
</tbody>
</table>
4.2.5 Written Material Guidelines

- All materials shall be worded at a 6th grade reading level, unless the Department approves otherwise.
- All written materials shall be clearly legible with a minimum font size of 12 pt. unless otherwise approved by the Department.
- All written materials shall be printed with an assurance of non-discrimination.
- The following shall not be used on communication material without the written approval of the Department:
  
  a. The Seal of the Commonwealth of Virginia;
  
  b. The word “free” can only be used if the service is at no cost to all members.

- All documents and member materials shall be translated and available in Spanish. Within ninety (90) days of notification from the Department all documents designated by the Department must be translated and available to each Limited English Proficiency group identified by the Department constituting five percent (5%) or more of the Department population.
- All written materials shall be made available in alternative formats upon request for persons with special needs or appropriate interpretation services shall be provided by the Contractor.
- To assure that members have access to current policies and procedures, the Contractor shall provide the Department with an updated electronic version of the member handbook on a monthly basis. The member handbook shall be sent to the Department in PDF format and the Department will post the updated version on the **Smiles For Children** website for member use. The Contractor shall also mail the member an updated member handbook upon request. The cost of design, printing, and distribution (including postage) of all member materials shall be borne by the Contractor. The Contractor shall comply with all Federal postal regulations and requirements for the mailing of all materials. Any postal fees assessed on mailings sent by the Contractor in relation to activities required by this RFP due to failure by the Contractor to comply with Federal postal regulations shall be borne by the Contractor and be at no expense to the Department.

**DentaQuest Response:**

Readability is crucial to a member’s understanding of the importance of good oral health, knowledge of their dental benefits, and how to access those benefits. All member materials are worded at a 6th grade reading level (as evidenced by Flesch-Kincaid scoring, please see Tab E) and are clearly legible in a 12-point font or larger. Member materials are printed with the assurance of non-discrimination and do not bear the Seal of the Commonwealth of Virginia. The word “free” is only use when services come at no cost to the member. All member materials are translated into Spanish by a certified translation service and are available in alternative formats upon request.
The member handbook and provider directory are updated on a monthly basis to ensure all in-network providers are included. Members are mailed a handbook and directory within 30 days of enrollment. Members can request an updated copy of the handbook and provider directory or they can view the handbook and use the “Find A Dentist” function on the DentaQuest website. A PDF-formatted member handbook and directory are sent to the DMAS by the 15th of every month.

DentaQuest adheres to all requirements governing the production of *Smiles For Children* member materials. The member materials in Tab E demonstrate DentaQuest’s compliance with these requirements.

### 4.2.6 Failure to Comply with Member Material and Communication Requirements

All services listed in Attachment I shall be provided as described and the materials must adhere to the listed requirements. Failure to comply with the communication limitations/standards contained in this RFP, including but not limited to the use of unapproved and/or disapproved processes and communication material, may result in the imposition by the Department of one or more of the following sanctions which shall remain in effect until such time as the deficiency is corrected:

i. Revocation of previously authorized communication methods;

ii. Application of sanctions as provided in Attachment III of this RFP.

**DentaQuest Response:**

DentaQuest understands the nature of the sanctions that would be imposed for failure to comply with the Department’s communication standards.

**A Note about Dental Home**
We will also educate dental providers about the dental home program. Below are proposed samples.
4.3 Establish and Maintain Telephone Call Center Requirement

The Contractor shall provide and maintain a toll-free telephone call center, using the Smiles For Children unique and dedicated toll-free telephone number 1-888-912-3456. The call center is not required to be within the borders of the Commonwealth of Virginia; however, the Contractor must provide the capacity for the Department to timely monitor calls remotely from DMAS offices at no cost to the Department. The Offeror’s proposal must include a description of methods to enable the DMAS Contract Monitor to perform routine monitoring of calls for all populations covered under the contract resulting from this RFP. Offeror shall enumerate the geographical locations of its firm at the national, regional, and local levels, as applicable. Offeror shall identify all locations that will be used to support a resultant contract and the operations handled from these locations (particularly note any Virginia-based locations that will be used). Offeror should clearly identify any overseas locations, which may be used to support the resultant contract or any related transactions. The call center shall be available Monday through Friday, except on holidays as defined by the Department. The Offeror shall submit as part of its proposal the holidays currently recognized in its normal business practice. The hours of operation must be at least from 8:00 a.m. to 6:00 p.m., Eastern Time. As it is anticipated that the majority of the inquiries and requests for the dental program shall be received through the call center, DMAS requires a highly effective and responsive operation.

Call Volume during SFY 09 and SFY 10:
SFY 09: 52,674 calls were received from members and 42,814 calls were received from providers. SFY 10: 54,087 calls were received from members and 41,998 calls were received from providers. Call volume may change with the Medicaid expansion in 2014 that is part of the overall federal health care reform effort. The Department will provide further information as soon as it is available. The Contractor shall install, operate, monitor and support an automated call distribution system that has the capability to accept service authorization requests via direct data entry. The Call Center is to be utilized for the following general functions:

- Complete service authorization decisions and to handle grievances, appeals and reconsiderations.
- Provide technical and clinical support functions for providers and members who request assistance on how to complete the functions described under this RFP.
- Provide general information about the program in response to inquiries.
- Provide assistance to members in locating a participating dental provider.
- Accurately respond to questions regarding covered services.
- Handle member/provider inquiries, grievances and appeals.

Communication and Language Needs: The Contractor shall ensure that varying communication and language needs are addressed. This applies to all non-English speaking members and is not limited to prevalent languages. The member cannot be charged a fee for translator or interpreter services. The Virginia Relay service for the deaf and hard-of-hearing must be used when appropriate. The Call Center shall provide professional, prompt, and courteous customer service. Telephone staff shall greet the caller and identify themselves by name when answering. The Contractor shall establish and maintain an adequately staffed Call Center and shall ensure that the staff treats all callers with dignity and respect the caller’s right to privacy and confidentiality. The Contractor shall process all incoming telephone inquiries for dental services in a timely, responsive, and courteous manner.
The Contractor agrees to relinquish ownership of the toll-free numbers upon contract termination, at which time the Department shall take title to these telephone numbers. Any amount owing on these numbers shall be the sole obligation of the Contractor.

**The Call Center shall:**

- Provide a sufficient number of properly functioning toll-free Voice and Telecommunication Device for the Deaf (TDD/TTY) (telephone typewriter or teletypewriter) telephone numbers/lines (instate and out-of state) for members, providers, and other responsible parties to call for dental care and other program services as described in this RFP.
- Ensure that personnel responding to inquiries and requests are fully trained and knowledgeable about Virginia Medicaid standards and protocols.
- Have the capacity to handle all telephone calls at all times during the hours of operation; have the upgrade ability to handle any additional call volume. Any additional staff or equipment needs, including the cost of addressing such needs, shall be the responsibility of the Contractor. The Contractor is responsible for adequate staffing and equipment during high peak times.
- Provide sufficient telecommunications capacity to meet the State’s needs with acceptable call completion and abandonment rates as specified in the performance standards. This capacity must be scalable (both increases and decreases) to demand in the future.
- Provide assistance to licensed dentists participating in the SFC dental network during all hours of call center operation by responding to dental related questions requiring clinical interventions, reconsiderations and consultation. Provide dental support for responses to service authorization and prepayment review requests.
- Effectively manage all calls received by the automated call distributor and assign incoming calls to available staff in an efficient manner.
- Provide detailed analysis of the quantity, length, and types of calls received, and the amount of time required to initially answer them.
- Track the number of callers encountering busy signals or hanging up while on hold.
- Track the amount of time callers are placed on hold.
- Make certain that Contractor staff is responsive, helpful, courteous and accurate when responding to inquiries, and that they maintain member confidentiality. The Contractor will be responsible for a Quality Assurance program implemented to sample calls and follow up on calls to confirm the quality of responses, and caller satisfaction. The Contractor is responsible for reporting on the outcomes of the Quality Assurance program, and for any training required to maintain the highest level of quality.
- Design and implement a management call tracking and reporting capability including an electronic record to generate a synopsis of all calls and to provide a complete audit trail of communication to the call line from providers, members, and other interested parties.
- Provide complete on-line access by the State to all computer files and databases supporting the system for applicable dental programs.
- Develop, maintain, and ensure compliance with Medicaid confidentiality procedures/policies, including HIPAA requirements, within the call line unit.
- Provide a greeting message (when necessary) and educational messages approved by the Department while callers are on hold.
- Install and maintain a telephone line in a way allowing calls to be monitored by a third party for the purposes of evaluating Contractor performance and including a message informing callers that
such monitoring is occurring. Call monitoring by a third party, for accuracy and quality of information, must be available at the call center location.

- Ensure that telephone interpreter services are accessible via the toll-free number and that providers/members will not have to hang up to access these services.
- Report on the busiest day by number of calls for assessment purposes.
- Provide detailed weekly reports of abandonment rate, wait time, service levels, etc. The reports should segregate member and provider information and generate cumulative weekly information as required in Attachment XIV.
- Measure the number of calls in the queue at peak times.
- Provide adequate staff to handle service authorization and prepayment review requests received by direct data entry.
- Provide reports on the number of service authorizations and prepayment review requests received by direct data entry.
- Provide TDD/TTY access to the call center.
- Make referrals of non-network providers to appropriate staff to assist with the network application process.
- Make referrals to staff having MMIS access when providers or members question eligibility status.

DentaQuest Response: (Addresses components of Call Center elements listed in 7.1.1. Also addresses components of 7.1.1 Auditing elements listed in 7.1.1.)

DentaQuest takes great pride in the level of customer service it provides Smiles For Children members and dentists. We respect the dignity of all callers and guard their right to privacy.

DentaQuest’s Customer Service System

Our customer service system functions as a customer relationship management tool that supports inquiries from Department staff, members, providers, and others received via telephone and through other mediums such as the provider web portal, email, interactive voice response, and data imaging systems. In addition to inquiry logging, tracking, and follow-up resolution functionality, the customer service system arms representatives with all the information needed to serve members and providers. It provides access to member eligibility, provider network status, member claims and authorizations, member benefits, and provider locations.

When customer service representatives receive calls to locate a provider, they enter the member’s home or office address and are presented with a list of providers using geo-centric mapping. A multitude of search features in the customer service system permit customer service representatives to fine-tune the search to the exact needs of the member. These include practice specialty, special needs assistance, languages spoken, board certification, and other search criteria. Provider lists are displayed to the representative from closest to farthest, allowing the representative to identify the nearest provider. Provider results are also detailed to reflect information the member might be interested in, such as hours, handicap accessibility, and directions.

Upon completion of the service call, representatives can identify the provider names given to the member and log other important information pertaining to the call. By logging provider locations given during the call, DentaQuest tracks the number of times a provider’s information has been given out to prevent overloading an individual provider with new patient referrals. The module records all member and provider service calls, provides unique service incident tracking and
reporting, supports full follow-up and referral routing workflows and reporting, and performs all customer service call center statistical and management reporting. Enrollment specialists with access to VAMMIS are available to assist with eligibility status inquiries.

Call Center staff provides information about the application process to providers. Additional assistance is provided by the network development specialists to non-network providers inquiring about the application process.

Other ways DentaQuest ensures superior service for *Smiles For Children* members and providers include:

**Who We Hire:** When hiring call center representatives, DentaQuest seeks candidates with a minimum of six months prior experience in a call center environment. Seventy-five percent of our current staff has more than 18 months of prior call center experience.

**Training:** DentaQuest conducts training for all departments, including its call center, to assure familiarity with program policies and guidelines. Customer service representatives can explain *Smiles For Children* rules for obtaining services, assist members in finding a provider, and field member questions about complaints and grievances.

**How We Ensure Quality:** DentaQuest’s quality assurance controller audits each call center representative seven times per month through the Witness Monitoring System. An individual quality score is given for each call. This system allows the quality assurance controller to listen to calls and record the representative’s desktop to ensure the calls are being handled appropriately. The quality scores are tracked and used for evaluation purposes. Each representative is expected to achieve a minimum service level of 96%. Our phone system includes a message informing callers that call monitoring is occurring. It states: “To provide you with the best service, your call may be monitored or recorded for quality purposes.”

**Handling Call Volume Influxes:** DentaQuest varies its staffing to accommodate peak call times. We monitor usage in real-time, and can quickly adjust staff to accommodate influxes in call volumes. Historically, DentaQuest experiences increased volumes at the beginning of each year and immediately following a member mailing. To handle this increased volume, DentaQuest uses temporary help and back up from other departments.

DentaQuest does not currently report on the busiest day by number of calls for assessment purposes, as required in this RFP; however this report will be added to existing reporting requirements.

**Call Tracking and Recording:** We monitor customer service inquiries and track call volumes and types of call, by client. DentaQuest’s phone statistics are monitored in real-time through the Avaya Center View system. The software monitors operations and collects data from the data switch. This data is then organized into reports that help DentaQuest manage its call center facilities and personnel. The data tracked includes calls received, calls answered, average answer time, busy rate, hold time, abandonment rate and percent of calls answered. In addition, we are able to report information pertaining to the type of call through our call tracking system. This information helps us identify potential educational opportunities.
Ensuring Confidentiality of Records: DentaQuest complies with all privacy and security provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended by the HITECH Act of 2009 and the Balance Budget Act of 1997. Our HIPAA policies and procedures address training, security and member rights. DentaQuest’s complete policies and procedures, including HIPAA, may be found on the CD in Tab V.

Call Center Support

Our Mequon and Grafton, WI locations provide call center support for program participants. Cheryl Harris, DentaQuest’s Virginia Project Director, monitors call center and other operational activities from her office in Newport News, VA. DentaQuest additionally houses corporate offices in Boston, MA and Coral Gables, FL. Both offices are capable of providing additional call center support, if required. However, DentaQuest’s Wisconsin-based facilities can easily accommodate the call volume represented by the Smiles For Children program and have the capacity to take on additional volume from membership resulting from Medicaid expansion in 2014.

DentaQuest’s Automatic Call Distribution System

One of the primary means of providing customer service is our toll-free call center, where Smiles For Children participants and providers can connect with call center staff at 1-888-912-3456. Our Automatic Call Distribution (ACD) system evenly distributes incoming calls and performs the following functions:

Directs call to a group

- Incoming telephone lines are assigned to ACD groups
- Member services:
  - Locate a dentist
  - Eligibility information
  - Benefits information
  - Multilingual capacity
  - More complex issues
- Provider services:
  - Eligibility information
  - Benefits information
  - Claims information
  - Authorization information

Distributes call to an agent

- ACD monitors the activity of every agent in each group. If only one agent is available in that skill, ACD sends the call to that agent; however, if more than one agent is available, ACD refers to the group’s agent selection method.

Tracks call data for reports

- ACD monitors system and agent performance by tracking the following:
- Number of incoming calls on each line
- Length of time each call spends in queue
- Number of calls answered by agents or abandoned by callers before they are answered
- Amount of agent time spent on various ACD activities

DentaQuest’s ACD system promptly answers and distributes the call to the first available customer service representative. Call hold time is monitored, and staff availability is rerouted based on queue data.

ACD permits DentaQuest to generate reports with statistics on all incoming calls, including the amount of time a call has been holding, and the number of busy signals or abandoned calls. These reports are regularly analyzed to direct appropriate adjustments to call center resources.

The call center is accessible Monday through Friday, 8:00 am to 6:00 pm Eastern Time, except on holidays as defined by the Department. Call center staff use the following greeting on the dedicated member line:

“Thank you for calling Smiles For Children. This is ________, how may I help you?”

On-hold messaging can be developed to include educational messages approved by the Department.

DentaQuest recognizes the following holidays in its normal course of business: New Year’s Day, President’s Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, and Christmas.

**Special Needs Assistance**

DentaQuest is equipped to assist members with limited English proficiency (LEP) and other special needs. Our call center is staffed with both English and Spanish representatives, and we contract with Certified Languages International to accommodate the needs of non-English and non-Spanish speaking members. This professional language company specializes in phone interpreter services and provides translation in more than 150 languages, and their representatives are knowledgeable about medical and insurance terminology. Members will never be charged a fee for translator or interpreter services.

DentaQuest uses the Virginia Relay service for the deaf and hard-of-hearing when appropriate. In addition to this service, we staff a dedicated TTY line during business hours to assist hearing impaired callers. Staffing includes a live representative during business hours. All Call Center staff is trained on handling relay calls. After business hours, a message can be left for response the next business day.

DentaQuest agrees to relinquish ownership of toll-free numbers upon contract termination, at which time the Department would take title to them. We understand that the amount owed on these numbers would be the sole obligation of DentaQuest.
Call Center Metrics

DentaQuest provides the Department weekly and monthly reports containing a variety of call center statistics. These include:

- Weekly Call Wait Time Report - Members
- Weekly Call Wait Time Report - Providers
- Monthly Member calls to Representatives / ACD System
  - Total calls
  - ACD calls
  - Abandoned calls
- Monthly Provider calls to Representatives / ACD System
  - Total calls
  - ACD calls
  - Abandoned calls
- Monthly Member Call Log
- Monthly Provider Call Log
- Monthly Member Call Center Response Time
- Monthly Provider / Member Calls Requiring Call Back
- Monthly Request A Dentist Report
- Monthly Appointment Assistance / Coordination of Care Report
- Quarterly Appointment Survey Summary
  - Emergency Treatments
  - Urgent Treatments
  - Routine Treatments

Reports in the new contract period will adhere to the format indicated in Attachment XVI of this RFP.

System Monitoring

The Department has access to DentaQuest’s Customer Service Module and can review call logs, claims history and other data relating to Smiles For Children members. Our current policy is to send six random member and provider call recordings to the Department each month for review. We currently restrict the use of live monitoring due to our network security policies, however should the Department desire an alternative monitoring method, DentaQuest can recommend ways that the Department can monitor calls as a remote user.

DentaQuest’s customer service module tracks calls from providers, members and other interested parties. Our CentreVu Call Management System evaluates incoming calls and produces reports as required based on call data. Calls can be randomly monitored through the Witness Quality Monitoring System and sent to the Department as needed.

HIPAA Compliance

DentaQuest complies with all privacy and security provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended by the HITECH Act of 2009, and the Balanced Budget Act of 1997. DentaQuest’s HIPAA policies address training, security, and member
rights. Call Center staff is trained in HIPAA requirements and are retrained on an annual basis. Our quality assurance processes monitor compliance with corporate confidentiality polices as well as all HIPAA requirements.

4.3.1 Call Center Performance Standards

The Contractor is responsible for meeting the following performance standards and is required to provide reports demonstrating performance as follows:

- The call center shall be available to respond to inquiries and service authorization requests, except for prior written approved down time.
- The Contractor shall provide sufficient staff, facilities, and technology so that ninety-five percent (95%) of all call line inquiry attempts are answered. The total number of busy signals and abandoned calls measured against the total calls attempted shall not exceed five percent (5%) per week.
- Calls must be answered within three (3) rings or fifteen (15) seconds. If an automated voice response system is used as an initial response to inquiries, an option must exist allowing the caller to speak directly with an operator. The wait time in the queue should not be longer than 3 minutes for 95% of the incoming calls.
- All call line inquiries that require a call back, including general inquiries and service authorization requests, shall be returned within one business day of receipt one hundred percent (100%) of the time.
- In responding to telephone messages, the Contractor shall have a tracking system in place to identify who returned the call, record when the call was returned, the nature of the call and document the outcome of the call.
- The call center shall respond to members seeking assistance in locating a dentist. The contractor shall report either Emergency, Urgent or Routine need. The report shall include Member Name and Medicaid ID#, Provider Name and Location, Call Date, Urgency Status, Resolution Date and Number of Days to Resolve. Ninety–five (95%) of Emergency Calls shall have an appointment scheduled within 24 hours. Ninety–five (95%) of Urgent Calls have an appointment scheduled within 48 hours. Ninety–five (95%) of Routine Calls shall have an appointment scheduled within 6 weeks.
- Records of call center response times identified in Attachment XIV of the RFP shall be kept by the Contractor and reported to the Department weekly and monthly. At a minimum the report shall identify the total call volume, wait time (in seconds), and the abandonment percentage rate as further described in this Section.

Because call center performance is critical to the success of this project, the Offeror shall describe in detail how it will train staff to perform their duties accurately and efficiently and how it will monitor these standards and perform corrective actions when necessary. Additionally, the Contractor shall notify the Department of any variance from the contractual requirements as outlined in this RFP and must provide am written plan for corrective action addressing the deficiency at the time of notice. The corrective action plan shall include a work plan and date of resolution and shall be submitted within 5 business days of the discovery.

In response to this RFP, the Offeror shall submit call center performance data for contracts of a similar scale as outlined in this RFP.
DentaQuest Response:

DentaQuest meets and exceeds the following call center performance standards set by the Department.

- **Requirement:** Ninety-five percent of call line inquiry attempts are answered. The total number of busy signals and abandoned calls measured against the total calls attempted shall not exceed five percent (5%) per week.

  DentaQuest commits to meeting all requirements specified under this contract. In 2010, for 50 out of 50 weeks the abandonment rate was less than 5%. The average abandonment rate was 0.5% during those weeks. Please see Tab G to view the Monthly Member Call Center Response Time Report, which contains data regarding abandonment rates.

- **Requirement:** Calls must be answered within three (3) rings or fifteen (15) seconds. If an automated voice response system is used as an initial response to inquiries, an option must exist allowing the caller to speak directly with an operator. The wait time in the queue should not be longer than 3 minutes for 95% of the incoming calls.

  DentaQuest’s automated voice response system answers all calls on the first ring. It allows a caller to select self-service options 24 hours per day as well as options to seek assistance with a live representative during the program hours of operation. From January 2010 through October 2010, the call center’s average percent of calls answered within 3 minutes was 98.7% for member calls and 99.2% for provider calls. Please see Tab G to view the Monthly Member Call Center Response Time Report, which contains data regarding answering times.

- **Requirement:** All call line inquiries that require a call back, including general inquiries and service authorization requests, shall be returned within one business day of receipt one hundred percent (100%) of the time.

  100% of call line messages from Smiles For Children providers and members are returned within one business day by call center staff. DentaQuest Policy and Procedure 100.005 - Communication Response Rate for Telephone Calls – states that DentaQuest staff must return all telephone calls within one business day of receipt of the call. Callbacks are logged in our customer service module and tracked. DentaQuest is developing options to improve this process, not only to track phone messages, but also incoming faxes and letters, so that we can report on turnaround times.

- **Requirement:** In responding to telephone messages, the Contractor shall have a tracking system in place to identify who returned the call, record when the call was returned, the nature of the call and document the outcome of the call.

  Telephone messages and return calls are logged in DentaQuest’s customer service module and appear in the member/provider record. Type of inquiry, contact person, representative making the call, and the date/time of the return call are included in the call log.

- **Requirement:** The call center shall respond to members seeking assistance in locating a dentist. The contractor shall report either Emergency, Urgent or Routine need. The
report shall include Member Name and Medicaid ID#, Provider Name and Location, Call Date, Urgency Status, Resolution Date and Number of Days to Resolve. Ninety-five (95%) of Emergency Calls shall have an appointment scheduled within 24 hours. Ninety-five (95%) of Urgent Calls have an appointment scheduled within 48 hours. Ninety-five (95%) of Routine Calls shall have an appointment scheduled within 6 weeks.

Call center staff responds to all members seeking assistance in locating a dentist. Please see Tab G, which contains a recent sample of our monthly Request A Dentist Report. It contains data relating to urgency status and the number of days required for resolution. Under the terms of the new contract, DentaQuest will include Medicaid ID numbers in this report.

DentaQuest meets appointment scheduling standards set by the Department. The following chart shows year-to-date statistics in 2010 regarding appointment scheduling for emergency, urgent and routine care.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting time – emergency care</td>
<td>95% of offices see member within 24 hours</td>
<td>99%</td>
<td>98%</td>
<td>100%</td>
<td>98%</td>
<td>99%</td>
</tr>
<tr>
<td>Waiting time – urgent care</td>
<td>95% of offices see member within 48 hours</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Waiting time – routine care</td>
<td>95% of offices see member within 6 weeks</td>
<td>95%</td>
<td>98%</td>
<td>100%</td>
<td>96%</td>
<td>97%</td>
</tr>
<tr>
<td>Provider app TAT</td>
<td>TAT less than 60 calendar days</td>
<td>11</td>
<td>12</td>
<td>15</td>
<td>10</td>
<td>12</td>
</tr>
</tbody>
</table>

Performance With Similar Contracts

DentaQuest administers Maryland’s Healthy Smiles Medicaid program, which is similar in size (536,000 members) and scope to the Smiles For Children program. The following chart contains Healthy Smiles call center performance data for the first eleven months of 2010, broken out by provider and member calls.
### MD Healthy Smiles - Provider
#### 3rd Quarter 2010 Telephone Summary Report

<table>
<thead>
<tr>
<th>Measurement Description</th>
<th>Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Calls Received</td>
<td>15670</td>
</tr>
<tr>
<td>Number of Calls Handled</td>
<td>15449</td>
</tr>
<tr>
<td>ASA</td>
<td>165</td>
</tr>
<tr>
<td>Calls Answered by Live Rep within 30 seconds</td>
<td>13309</td>
</tr>
<tr>
<td>Calls Answered by Live Rep within 120 seconds</td>
<td>14929</td>
</tr>
<tr>
<td>Calls Answered by Live Rep within 180 seconds</td>
<td>15154</td>
</tr>
<tr>
<td>Calls Answered by Live Rep in over 180 seconds</td>
<td>295</td>
</tr>
<tr>
<td>Abandonment Rate</td>
<td>1.4%</td>
</tr>
<tr>
<td>Average Time Prior to Abandonment</td>
<td>1:53</td>
</tr>
<tr>
<td>Percent of Calls Answered</td>
<td>99%</td>
</tr>
<tr>
<td>Percent of Calls Answered within 30 seconds</td>
<td>97%</td>
</tr>
<tr>
<td>Average Length of Call</td>
<td>3:33</td>
</tr>
</tbody>
</table>

### MD Healthy Smiles - Member
#### 3rd Quarter 2010 Telephone Summary Report

<table>
<thead>
<tr>
<th>Measurement Description</th>
<th>Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Calls Received</td>
<td>79901</td>
</tr>
<tr>
<td>Number of Calls Handled</td>
<td>78938</td>
</tr>
<tr>
<td>ASA</td>
<td>178</td>
</tr>
<tr>
<td>Calls Answered by Live Rep within 30 seconds</td>
<td>67418</td>
</tr>
<tr>
<td>Calls Answered by Live Rep within 120 seconds</td>
<td>75472</td>
</tr>
<tr>
<td>Calls Answered by Live Rep within 180 seconds</td>
<td>77094</td>
</tr>
<tr>
<td>Calls Answered by Live Rep in over 180 seconds</td>
<td>1844</td>
</tr>
<tr>
<td>Abandonment Rate</td>
<td>1.2%</td>
</tr>
<tr>
<td>Average Time Prior to Abandonment</td>
<td>1:30</td>
</tr>
<tr>
<td>Percent of Calls Answered</td>
<td>99%</td>
</tr>
<tr>
<td>Percent of Calls Answered within 30 seconds</td>
<td>96%</td>
</tr>
<tr>
<td>Average Length of Call</td>
<td>4:13</td>
</tr>
</tbody>
</table>
Training

DentaQuest employees receive general as well as program-specific training to fulfill contract requirements. General training includes courses on customer service, utilization management, quality, diversity training, HIPAA, and fraud and abuse. Specific training includes the responsibilities associated with each contract. Call center staff have been thoroughly trained about the customer service requirements associated with the Smiles For Children program.

Here’s an overview of our general training regimen:

- **Orientation** - New employees review DentaQuest’s policies and procedures, benefits, employment practices and company guidelines via an employee handbook. In addition, employees participate in a round robin orientation process that provides an opportunity to learn what other departments do and how it affects their specific job and department. Orientation is inclusive of market-specific information. Staff for the Smiles For Children program have attended this orientation.

- **Customer Service and Call Center Representatives** - Training for new staff includes a four-week partner program. Each new employee works one-to-one with a training specialist. At the end of the training period, managers meet with new employees to discuss the training process and to test the employee. All employees are required to attend a Dental 101 course that provides a greater understanding of dental terminology. Additionally, employees explore customer service principles to understand why it is so critical to our business. Both internal and external customer service interactions are demonstrated by means of face-to-face and phone simulations. This course is followed by Customer Service 102, which provides techniques to improve the attitude one brings to customer service.

4.3.2 Call Center Reporting

**DentaQuest Response:**

DentaQuest meets Smiles For Children reporting requirements and commits to meeting all such requirements under the new contract. Please see Section 4.3 for a complete listing of call center reports submitted to the Department by DentaQuest. Flexible reporting permits DentaQuest to respond to new ad hoc reports requested by the Department.

All incoming calls for both members and providers are logged within the customer service module. These call logs are kept within the member/provider history record within the system and can be accessed and reviewed as needed.

DentaQuest reports outcomes of quality improvement measurements to the Department. Please see Tab 1 to view QI/UM Committee Meeting minutes for March and June, 2010.

Smiles For Children calls will be randomly monitored through the Witness Quality Monitoring system and sent to DMAS on a timely basis as requested.

Please see Section 4.20.11 for information regarding grievances and appeals reporting methods.
4.4 Staffing Requirements

Introduction

Since the inception of the *Smiles For Children* program in 2005, DentaQuest staff has become an integral part of Virginia’s oral health community. This is a source of pride among the local and extended DentaQuest team. In this section, we will introduce you to the Virginia-based DentaQuest staff and detail their scope of activities in support of the *Smiles For Children* program.

Meet the Local DentaQuest Team

**Cheryl Harris – Virginia Project Director (2005-present)**

Cheryl manages the administration of the *Smiles For Children* program including provider recruitment and member outreach. She serves as DentaQuest’s representative on the Virginia Dental Advisory Committee, the Virginia Oral Health Coalition and the Virginia Rural Health Association Access Council. The *Smiles For Children* program has thrived under Cheryl’s administration, as the following accomplishments attest:

- From SFY 06 to 10, the provider network increased by **124%**.
- From SFY 06 to 10, pediatric dental utilization has increased by **128%** for children ages 0-20.
- DentaQuest achieved a rating of **96%** by MPRO, an external review organization.
- 96% of dentists and hygienists rate DentaQuest’s training sessions as excellent or good.
- A broken appointment tracking system was implemented to address provider concerns about missed appointments.

Cheryl Harris and Waradah Eargle proudly display the t-shirts and tote bags designed for the NOVA MOM event.
Kristen Gilliam – Virginia Outreach Coordinator (2005-present)

Kristen measures the effectiveness of outreach initiatives aimed at increasing pediatric dental utilization among Smiles For Children members. She conducts seminars throughout Virginia to educate members, providers and community groups about the goals of the program. Kristen also provides case management for members requiring special assistance.

- Pediatric dental utilization among Smiles For Children members has increased 88% under Kristen’s leadership. Recently, Kristen was appointed to serve as the Chair of the Public Awareness Committee for the Virginia Oral Health Coalition.

Kristen was instrumental in developing the broken appointment tracking system to help alleviate the incidence of missed appointments.

Steve Pollock, DentaQuest’s president, joins Kristen Gilliam (center) and Cheryl Harris at the Wise MOM event.

- Bridget Hengle – Virginia Provider Relations Representative (2008 to present)
- Waradah Eargle – Virginia Provider Relations Representative (since March, 2010)

Bridget and Waradah are responsible for expanding the provider network and maintaining a high level of satisfaction among dentists participating in the Smiles For Children program. Bridget oversees provider participation in the central, eastern and southwest counties. Waradah oversees the northern and northwest counties. They regularly conduct face-to-face meetings with providers to gauge their satisfaction with the program and probe for ways for DentaQuest to enhance its level of service.

Bridget was instrumental in developing the broken appointment tracking system to help alleviate the incidence of missed appointments.
Meet the Extended DentaQuest Team

Lori Howley – Director of State Contracts (2005 to present)

Although Lori’s home base is not Virginia, she’s very involved in the *Smiles For Children* program. She works closely with Daniel Plain, DMAS dental program manager, and was responsible for the initial implementation of the contract in 2005. Lori provides leadership for the Virginia-based team. She attends DAC meetings and is part of the DAC quality sub-committee. Lori volunteers at the Mission of Mercy- Wise project every year.

Steve Pollock – President (2005-present)

Steve was involved in the implementation of the *Smiles For Children* program in 2005. The success of the program is a great source of pride for Steve, and he frequently references it in addresses to DentaQuest employees. Steve stays abreast of the progress of the program, and each year he volunteers at the Mission of Mercy Wise project.

Jacque Clouse – National Outreach Specialist

Jacque would manage the dental home program in Virginia. She has worked with the Virginia-based team to become familiar with the Commonwealth’s oral health environment. Jacque has been involved in dental home implementations in other states, and is enthusiastic about the prospect of a dental home program in Virginia.

Carol Leonard – Account Representative

In her role as account representative, Carol works with Lisa Bilik to perform tasks including provider data reconciliation, report design and analysis, interpreter invoicing and reconciliation, and project management. She also works with Dr. Marjorie Chema in handling claims and authorization exceptions to policy process, ensuring that approvals are updated, claims are paid, and providers are notified.
Scope of Activities

Cheryl, Kristen, Bridget and Waradah spend a lot of time on the road in service to *Smiles For Children* program participants. Given their commitments to members, providers and the Department, they log over 5,000 miles per year.

In 2010, DentaQuest staff participated in 27 events in numerous cities. The breadth of their activities is captured in the following chart.

<table>
<thead>
<tr>
<th>Event</th>
<th>Focus</th>
<th>Frequency</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start Health Advisory Committee</td>
<td>Member</td>
<td>Quarterly</td>
<td>Kristen</td>
</tr>
<tr>
<td>Henrico Child Health Coalition</td>
<td>Member</td>
<td>Semi-Annual</td>
<td>Kristen</td>
</tr>
<tr>
<td>Virginia Social Work Conference</td>
<td>Member</td>
<td>Bi-Annual</td>
<td>Kristen</td>
</tr>
<tr>
<td>Virginia Head Start Conference</td>
<td>Member</td>
<td>Annual</td>
<td>Kristen, Cheryl</td>
</tr>
<tr>
<td>Department of Education School Health Institute</td>
<td>Member</td>
<td>Annual</td>
<td>Kristen, Cheryl</td>
</tr>
<tr>
<td>Virginia Academy of Family Physicians</td>
<td>Member</td>
<td>Bi-Annual</td>
<td>Kristen, Cheryl</td>
</tr>
<tr>
<td>American Academy of Pediatrics-Virginia Chapter Conference</td>
<td>Member</td>
<td>Annual</td>
<td>Kristen, Cheryl</td>
</tr>
<tr>
<td>Virginia Association of School Nurses Conference</td>
<td>Member</td>
<td>Bi-Annual</td>
<td>Kristen, Cheryl</td>
</tr>
<tr>
<td>Virginia Parent Teacher Association Conference</td>
<td>Member</td>
<td>Bi-Annual</td>
<td>Kristen, Cheryl</td>
</tr>
<tr>
<td>Give Kids A Smile Day</td>
<td>Member and Provider</td>
<td>Annual</td>
<td>Cheryl, Kristen, Bridget, Waradah</td>
</tr>
<tr>
<td>Toothtalk-Virginia Healthcare Foundation</td>
<td>Member and Provider</td>
<td>Semi-Annual</td>
<td>Kristen</td>
</tr>
<tr>
<td>Virginia Oral Health Coalition</td>
<td>Member and Provider</td>
<td>Quarterly</td>
<td>Cheryl, Kristen</td>
</tr>
<tr>
<td>Mission of Mercy-Northern Virginia</td>
<td>Member and Provider</td>
<td>Annual</td>
<td>Kristen, Waradah, Cheryl</td>
</tr>
<tr>
<td>Mission of Mercy-Eastern Shore</td>
<td>Member and Provider</td>
<td>Bi-Annual</td>
<td>Cheryl, Kristen, Bridget, Waradah</td>
</tr>
<tr>
<td>Mission of Mercy-Gloucester</td>
<td>Member and Provider</td>
<td>Bi-Annual</td>
<td>Cheryl, Kristen, Bridget</td>
</tr>
<tr>
<td>Mission of Mercy-Roanoke</td>
<td>Member and Provider</td>
<td>Annual</td>
<td>Kristen, Bridget, Cheryl</td>
</tr>
<tr>
<td>Virginia Community Healthcare Association</td>
<td>Member and Provider</td>
<td>Annual</td>
<td>Kristen and Bridget</td>
</tr>
</tbody>
</table>
Focus on Outreach

In SFY 2010, DentaQuest staff participated in 23 distinct outreach events. These included group presentations, displays at health events, committee membership events, and sponsorship events. As a result of DentaQuest’s direct participation in outreach events, more and more Smiles For Children members are accessing dental services.

Contributions of the Greater Enterprise

Cheryl and her team might be the most visible DentaQuest employees, but they receive the full support of the DentaQuest enterprise. This support comes in various forms.

- **Consultative Support**

  **Dr. James Thommes**, DentaQuest’s vice president of clinical management, has been very involved with the Smiles For Children program. He’s a member of the Virginia Peer Review committee and presents recommendations to the Department pertaining to alternative benefit designs. They are aimed at reducing program costs while maintaining a high standard of care for Smiles For Children members.

- **Volunteer Support**

  Each year since 2006, DentaQuest sends a team from its corporate office in Wisconsin to assist at MOM events. These employees take a great deal of pride in this annual trip to Virginia, and each year our MOM regulars are joined by new volunteers. In 2010, our volunteer team included Fay Donohue, DentaQuest’s CEO, and Dr. Ralph Fuccillo, president of the DentaQuest Foundation.
2010 DentaQuest Team: Standing next to Dr. Terry Dickerson (left) are DentaQuest team members Dr. Ralph Fuccillo, Kristen Gilliam, Cheryl Harris, Steve Pollock, Lori Howley (DentaQuest’s Director of State Contracts), Bridget Hengle.

The 2010 MOM event in Wise was a moving experience for DentaQuest CEO Fay Donohue (left).

- **Financial Support**

In November 2010, the DentaQuest Foundation approved a $150,000 donation to the Virginia Oral Health Coalition to support its evolution into an organized, staffed nonprofit organization.

In addition to volunteer support, DentaQuest has contributed financial support to the MOM events in Virginia. To date, these contributions total $102,000.
4.4.1 Office Location

**DentaQuest Response:**

DentaQuest, LLC
7400 Beaufont Springs Drive
Suite 300
Richmond, VA 23225

DentaQuest, LLC
11815 Fountain Way
One City Center, Suite 300
Newport News, VA 23606

4.4.2 Staffing Plan

1. A full-time administrator (Project Director)
2. Sufficiently trained and experienced full-time support staff
3. Experienced, sufficiently trained administrative and clinical full-time
4. Provider Relations Director, and provider relations staff
5. A full-time Virginia based Outreach Coordinator and/or outreach staff
6. A dentist who is licensed in and physically located in the Commonwealth of Virginia to serve as Dental Director
7. A staff of qualified, medically trained personnel
8. A quality assurance coordinator
9. A person who is trained and experienced in information systems, data processing and data reporting
10. Sufficiently trained and experienced full-time staff to maintain a toll-free Member or Customer Services function
11. The Contractor shall appoint a staff person to be responsible for communicating with the Department regarding provider service issues.
12. The Contractor’s staffing plan shall include the materials and methods used (on-going) for training staff

**DentaQuest Response:**

1. Staffing Plan

Below is a comprehensive staffing plan, which includes individuals assigned to perform the duties and services outlined in the RFP, along with the estimated amount of time they are dedicating to the performance of these duties. Tab B includes an organizational chart and each team member’s resume and job description.

DentaQuest has 34 FTEs dedicated to the administration of the *Smiles For Children* program. DentaQuest does not enter into subcontracting arrangements for operations pertaining to the *Smiles For Children* program.
Note: * Identifies staff holding the required positions outlined in section 4.4.2.b of the RFP. The resumes include two professional references per the RFP specifications.

<table>
<thead>
<tr>
<th>Key Smiles For Children Position</th>
<th>Name &amp; Title*</th>
<th>Overview of Responsibilities</th>
<th># of FTs</th>
<th>Hours Per Week Devoted to Virginia Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company President</td>
<td>Steve Pollock President (Wage)</td>
<td>Steve provides leadership to the management team overseeing the success of the Virginia contract.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Project Director &amp; Administration Staff</td>
<td>Cheryl Harris* Virginia Project Director (Wage)</td>
<td>Cheryl serves as liaison between Department and DentaQuest staff, and is responsible for coordinating all aspects of the contract. <a href="mailto:Cheryl.Harris@dentaquest.com">Cheryl.Harris@dentaquest.com</a> 757-926-5212</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Kristen Gilliam* Virginia Outreach Coordinator (Wage)</td>
<td>Kristen is responsible for developing strategies to increase EPSDT screening rates. <a href="mailto:Kristen.Gilliam@dentaquest.com">Kristen.Gilliam@dentaquest.com</a> 804-327-6837</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Jacque Clouse National Outreach Coordinator (Wage)</td>
<td>Jacque is responsible for developing outreach strategies for increasing dental access rates, EPSDT and oral health awareness.</td>
<td>.10</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Lori Howley Director of State Contracts (Wage)</td>
<td>Lori oversees all aspects of the state carve-out markets and works with Cheryl Harris to assure the success of the Smiles For Children program.</td>
<td>.10</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Carol Leonard Account Executive</td>
<td>Carol works perform tasks including provider data reconciliation, report design and analysis, interpreter invoicing and reconciliation, and project management.</td>
<td>.25</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Communication Specialist (Wage)</td>
<td>Administration of member and provider fulfillment, outreach initiatives and wellness programs.</td>
<td>.50</td>
<td>20</td>
</tr>
</tbody>
</table>
| **Dental Directors** | Dr. Zachary Hairston*  
Virginia Dental Director  
(Wage) | Dr. Hairston provides oversight on all aspects of clinical operations, including coordination of plan design, peer-to-peer access, and direction of the dental training program.  
zphdds@comcast.net  
434-792-0700 |
|----------------------|-----------------------------------------------|--------------------------------------------------------------------------------|
|                      | Dr. Kathie Arena*  
Dental Director  
(Wage) | Dr. Arena serves as an in-house dental expert. She oversees Wisconsin-based benefit examiners.  
Kathie.Arena@dentaquest.com  
262-241-7140 Ext. 43188 |
|                      | **1** | **40** |
| **Accounting & Finance** | James Collins*  
Chief Financial Officer  
(Wage) | Jim is responsible for the company’s financial plans and policies, and its accounting practices  
James.Collins@greatdentalplans.com  
617-886-1640 |
|                      | Lillian Zarella*  
Billing Manager  
(Wage) | Lillian manages the billing process across the enterprise.  
Lillian.Zarella@greatdentalplans.net  
617-886-1022 |
<p>|                      | <strong>.05</strong> | <strong>2</strong> |
|                      | <strong>.05</strong> | <strong>2</strong> |</p>
<table>
<thead>
<tr>
<th>Service Authorizations &amp; Appeals &amp; Claims Processing</th>
<th>Guy Mandel* Director of Operations (Wage)</th>
<th>Guy oversees the customer service and claims departments. <a href="mailto:Guy.Mandel@dentaquest.com">Guy.Mandel@dentaquest.com</a> 617-886-1406</th>
<th>.10</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angie Metzger* Director of Operations (Wage)</td>
<td>Angie oversees appeals and utilization management. <a href="mailto:Angie.Metzger@dentaquest.com">Angie.Metzger@dentaquest.com</a> 262-834-3504</td>
<td>.10</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Carolyn Clark* Utilization Management Manager (Wage)</td>
<td>Carolyn trains and supervises complaints and grievance specialists. She monitors performance standards and develops internal processes to achieve those standards. <a href="mailto:Carolyn.Clark@dentaquest.com">Carolyn.Clark@dentaquest.com</a> 262-241-7140 Ext. 41398</td>
<td>.25</td>
<td>10</td>
<td></td>
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<tr>
<td>Kara Flaig* UM Assistant Supervisor (Wage)</td>
<td>Kara evaluates contract requirements for clinical protocols. <a href="mailto:Kara.Flaig@dentaquest.com">Kara.Flaig@dentaquest.com</a> 262-241-7104 Ext. 73309</td>
<td>.25</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Claims Processors (Hourly)</td>
<td>Claim and authorization intake and processing.</td>
<td>9.5</td>
<td>380</td>
<td></td>
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<tr>
<td>Reimbursement Benefit Auditor (Hourly)</td>
<td>Submit remittances to providers by running exception reports and reviewing and correcting claim issues prior to issuing the remittance.</td>
<td>1</td>
<td>40</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Reporting</th>
<th>Paul Kieckhafer* Reporting Supervisor (Wage)</th>
<th>Paul manages a team of reporting specialists who create reports conforming to client expectations. <a href="mailto:Paul.Kieckhafer@dentaquest.com">Paul.Kieckhafer@dentaquest.com</a> 262-241-7140 Ext. 43732</th>
<th>.10</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Reporting Specialist (Hourly)</td>
<td>Responds to incoming report requests, schedules report development, and produces reports based on contractual agreements.</td>
<td>.25</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Clinical Staff</td>
<td>Mary Jo Blank* Utilization Review Supervisor (Wage)</td>
<td>Mary Jo oversees the utilization review process, performing data analysis, identifying and tracking trends, and investigating fraud and abuse. <a href="mailto:Maryjo.Blank@dentaquest.com">Maryjo.Blank@dentaquest.com</a> 262-241-7140 Ext. 43752</td>
<td>.10</td>
<td>4</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-----</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>UR Specialist (Hourly)</td>
<td>Provides analysis regarding utilization review, and fraud and abuse.</td>
<td>.50</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Jessica Swick* Lead Benefit Examiners – Virginia (Hourly)</td>
<td>Jessica reviews pre-authorization of major dental services, and approves or denies those services based on medical necessity. <a href="mailto:Jessica.Swick@dentaquest.com">Jessica.Swick@dentaquest.com</a> 262-241-7140 Ext. 73330</td>
<td>.50</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Benefit Examiners (Hourly)</td>
<td>Review pre-authorization of major dental services, and approve or deny services based on medical necessity.</td>
<td>4.5</td>
<td>180</td>
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<table>
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<tr>
<th>Provider Services</th>
<th>Marcel Tetzlaff * Director of Provider Services (Wage)</th>
<th>Marcel ensures that the Virginia network meets contractual requirements and state regulations. <a href="mailto:Marcel.Tetzlaff@greatdentalplans.com">Marcel.Tetzlaff@greatdentalplans.com</a> 262-834-3590</th>
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<tbody>
<tr>
<td></td>
<td>Bridget Hengle* Provider Relations Representative (Wage)</td>
<td>Bridget initiates recruitment calls and qualifies providers. She contacts providers when contractual changes occur. <a href="mailto:Bridget.Hengle@dentaquest.com">Bridget.Hengle@dentaquest.com</a> 804-327-6833</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Waradah Eargle* Provider Relations Representative (Wage)</td>
<td>Waradah initiates recruitment calls and qualifies providers. She contacts providers when contractual changes occur. <a href="mailto:Waradah.Eargle@dentaquest.com">Waradah.Eargle@dentaquest.com</a> 804-441-0536</td>
<td>1</td>
<td>40</td>
</tr>
</tbody>
</table>
| **Quality Assurance Coordinator** | Kerry Feutz*  
Quality Compliance Program Manager (wage) | Kerry oversees DentaQuest’s quality compliance program. She manages quality programs to ensure they meet regulatory and accreditation requirements.  
Kerry.Feutz@dentaquest.com  
262-834-3576 | .05 | 2 |
|---|---|---|---|---|
| **Information Systems** | Jim Burns*  
Electronic Data Interchange Manager (Wage) | Jim handles Virginia eligibility files, billings, duplicate claims and third party liability issues, as well as reporting duties.  
James.Burns@greatdentalplans.com  
262-834-3579 | .50 | 20 |
| **Customer Service Member Services & Provider Services** | Dana Schmitt*  
Senior Customer Service Manager (Wage)  
Member and Provider Call Center Representatives (Hourly) | Dana oversees all functions of the customer service department including call center, provider services, member services and outreach for complaints and grievances.  
Dana.Schmitt@dentaquest.com  
242-7140 Ext. 73528  
Experienced customer service representatives who are trained to assist Smiles For Children members and providers. | .25 | 10 |
| **Training** | Mary Cherwin*  
Customer Service Trainer (Wage) | Mary trains all new and existing call center employees dedicated to the Smiles For Children program.  
Mary.Cherwin@dentaquest.com  
262-241-7140 Ext. 73526 | .05 | 2 |
| **Dental Management Team** | **Kevin Klein**  
Senior Vice President of Dental Management (Wage) | **Kevin oversees national network services. He also manages a clinical team, which sets the clinical and quality expectations for the organization.** | .05 | 2 |
|---------------------------|--------------------------------------------------|---------------------------------------------------------------------------------|-----|---|
|                           | **Dr. James Thommes**  
Vice President of Clinical Management (Wage) | **Dr. Thommes recommends clinical guidelines.** | .05 | 2 |
|                           | **Dr. Rob Compton**  
Vice President of Business Intelligence & QA (Wage) | **Dr. Compton provides analysis of traditional cost and quality management systems.** | .05 | 2 |
|                           | **Dr. Doyle Williams**  
Chief Dental Officer (Wage) | **Dr. Williams provides high-level oversight in all aspects of clinical and provider management.** | .05 | 2 |
|                           | **Dr. Ken Hammer**  
Director of Provider Management (Wage) | **Dr. Hammer contributes to the development of benefit programs.** | .05 | 2 |
|                           | **Total FTE’s** | **34** | | |

**Question 12: Staff Training (Addresses components Staffing elements listed in 7.1.1)**

As part of its comprehensive approach to program implementation, DentaQuest conducts training for all departments, including its call center, to assure familiarity with program policies and guidelines. Customer service representatives can explain *Smiles For Children* rules for obtaining services, assist members in finding a provider, and field member questions about complaints and grievances.

DentaQuest conducts mandatory annual training programs for all employees, including new employees, temporary employees, interns and consultants. These programs include training in the following areas:
• **Fraud and Abuse** – All new employees must complete training within 30 days from the date of hire, and an annual all-employee review is conducted during the second quarter. DentaQuest’s training department tracks attendance at fraud and abuse training sessions.

• **Protected Health Information (PHI) and Health Insurance Portability Act (HIPAA)** – All new employees must complete training within 30 days from the date of hire, and an annual all-employee review is conducted during the second quarter. DentaQuest’s training department tracks attendance at PHI and HIPAA training sessions.

• **Dental Directors and Benefit Examiners Training** - DentaQuest ensures that all new dental directors and benefit examiners will have 100% of their determinations audited until their performance is 95% accurate. DentaQuest employs a clinical auditor who is responsible for performing random daily audits in the utilization management department. The auditor reviews clinical and administrative decisions to assure appropriateness and consistency, auditing an average of 25 (5%) authorizations per week for each benefit examiner. Benefit examiners are required to attend training if their audit score is less than 95%.

All benefit examiners and dental directors who participate in benefit determinations attend a quarterly review session in which a minimum of 10 actual cases per staff person are reviewed and assessed. A score of 90% is required to pass. Opportunities for improvement are identified through these evaluations and additional training is provided as needed.

Each customer service representative is blind-monitored seven times per month. Blind monitoring is defined as listening to a call from start to finish without the representative having knowledge that the call is being monitored. The Quality Assurance Specialist is responsible for monitoring the calls and keeping a running monthly total of how many calls have been monitored for each representative.

• **Customer Service Training** - DentaQuest’s quality assurance controller monitors each call center representative seven times per month through the Witness Monitoring System. An individual quality score is given for each call. This system allows the quality assurance controller to listen to calls and record the representative’s desktop to ensure the calls are being handled appropriately. The quality scores are tracked and used for education and evaluation purposes. Each representative is expected to achieve a minimum service level of 96%.

DentaQuest’s Customer Service Trainer, Mary Cherwin, conducts regular training for the customer service representatives who serve the *Smiles For Children* members and providers. The current *Smiles For Children* training presentation and quiz can be found in Tab H.

**Question 13: Contact Information**

**Virginia Project Director**  
Cheryl Harris  
757-926-5212  
Cheryl.Harris@dentaquest.com

**Virginia Dental Director**  
Dr. Zachary Hairston  
434-792-0700  
zphdds@comcast.net
4.4.3 Licensure

DentaQuest Response:

DentaQuest understands that it is responsible for assuring that all persons, whether they are employees, agents, subcontractors, providers or anyone acting for or on behalf of DentaQuest, are legally authorized to render service under applicable state law and/or regulations.
4.5 Provision of Covered Benefits

4.5.1 Medicaid/FAMIS Plus and FAMIS Children

The Contractor shall provide or arrange for all medically necessary diagnostic, preventive, restorative, and surgical and orthodontic dental procedures, administered by, or under the direct supervision of a dentist. Additionally, coverage is available for orthodontics to Medicaid/FAMIS Plus individuals under 21 when an orthodontic treatment plan is approved prior to the member attaining 20 1/2 years of age, and treatment is initiated prior to the member attaining 21 years of age, or when orthodontic treatment is the result of facial hemiatrophy or congenital birth defects (if member was covered by the Department at birth). For FAMIS members, coverage is available for orthodontics under age 19 when an orthodontic treatment plan is approved prior to member attaining 18 and ½ years of age. The Contractor shall follow the Department’s established coverage criteria for orthodontic procedures and shall pay at least 40% of the Department’s allowable reimbursement at banding. The Contractor shall continue to provide reimbursement for orthodontic treatment quarterly or monthly up to the Department’s established rate of reimbursement. Orthodontic care shall be paid in full regardless of loss of Medicaid/FAMIS Plus and FAMIS eligibility, as long as the member was eligible on the date of banding. Coverage criteria and guidelines are detailed in the Office Reference Manual available on-line at http://www.dmas.virginia.gov/dental-providers_home.htm (refer to section 1).

DentaQuest Response:

DentaQuest is responsible for arranging medically necessary dental care for Smiles For Children members. We have successfully increased the number of members visiting the dentist. 43% of children ages 0-20 utilized dental services in SFY 2010, compared to 24% when the program started. And 51% of children ages 3-20 utilized dental services in SFY 2009, compared to 29% when program started. This has been accomplished in part due to an increase in the provider network (141%) and the implementation of a host of outreach initiatives. Details about the provider network may be found in Section 4.8, and outreach initiatives may be found in Section 4.7.

Orthodontia is a medically necessary covered benefit for Medicaid/FAMIS Plus and FAMIS members. Medicaid/FAMIS members must be approved for orthodontia before age 20 ½ and FAMIS members before age 18 ½.

A full orthodontia case is reimbursed at $3,509.22. 40% of that amount - $1403.70 - is paid to the provider at the time of banding. Providers are then eligible for three additional quarterly payments of $701.84 to be submitted and paid at least 90 days apart. If the member loses eligibility, DentaQuest will still pay the provider any remaining balance as long as the member was eligible on the date of banding and continues treatment. The provider would submit a claim to DentaQuest billing a D8999 with a narrative of the circumstances.

4.5.2 Adults

Limited medically necessary oral surgery coverage and associated diagnostic services are available for members 21 years of age and older when performed by a participating dentist and only when the...
service is one that is either generally covered under Medicare and/or is medically necessary. Examples of medically related covered services for adults include removal of cysts and tumors not related to the teeth, biopsies for suspected malignancies, repair of traumatic wounds, and extraction of teeth for severe abscesses complicating a medical condition or contributing to poor general health. The Contractor shall make referrals to other non-Medicaid dental assistance resources when applicable.

**DentaQuest Response:**

As the incumbent administrator of the *Smiles For Children* dental program, we are deeply familiar with the medical necessity guidelines for oral surgery coverage and associated diagnostic services for members 21 and older.

Extractions for adults must be medically necessary, complicating the patient’s general health and documented by the dentist or medical provider.

Medically necessary extractions may be considered for the following conditions:

- Radiographic evidence of periapical infection, an abscess associated with a tooth, severe caries or fracture making the tooth non-restorable.
- Severe periodontal infection which causes acute pain, loss of appetite or weight due to pain or infection.
- Exacerbates a medical condition or compromises medical management, such as diabetes or a heart valve condition.

All services for adults require pre-payment review. The ORM outlines the required documentation needed for each service. At our annual training sessions, we educate providers on the parameters that need to be met in order to perform services on members over 21.

When appropriate, DentaQuest makes referrals to Donated Dental Services through the Virginia Dental Association, free clinics, and Mission of Mercy for members over 21.

**4.5.3 Pregnancy and Oral Health**

The Offeror shall provide to the Department a plan indicating how dental care providers will be informed on the management of oral health conditions typically seen during pregnancy and how outreach to pregnant members (under age 21) will be performed to educate members on the importance of nutrition, good oral health, and accessing dental care during pregnancy. The Contractor shall assure compliance with future requirements of federal initiatives such as CHIPRA and/or other federal/state health care reform activity.

**DentaQuest Response:**

Oral health education for pregnant women under 21 years of age is essential for two reasons. First, data indicates that severe periodontal disease may be associated with pre-term low birth weight babies. DentaQuest will stress the importance of good oral health care during pregnancy to members, including emphasis on accessing covered services. Second, oral health education during pregnancy provides an opportunity to educate women on the value of establishing good oral health
h Habits for their babies. When good oral health habits begin at an early age, the incidence of childhood dental disease can be greatly reduced.

Over the past ten years there has been compelling evidence connecting the presence of periodontal (gum) disease in pregnant women to increased incidence of pre-term, low-birth-weight (PTLBW) births. While research continues to secure larger sample sizes, there is general acceptance of the medical/dental relationship between periodontal disease and PTLBW births. Evidence has shown that pregnant women with periodontal disease are seven times more likely to have a PTLBW birth. When women with periodontal disease receive treatment for the disease, the increased likelihood of PTLBW births drops in half, to just 3.5 times.

In an effort to raise awareness of the potential consequences associated with periodontal disease, DentaQuest will implement its

DentaQuest's Wellness Programs are proprietary
DentaQuest will mail packets to providers describing the Smiling Stork program’s objectives and the importance of screening pregnant women for periodontal disease. The packets will include the Smiling Stork program’s clinical guidelines and protocols for screening and treating pregnant women, and articles on the link between periodontal disease and PTLBW babies. Also included will be a copy of the Smiling Stork member materials.

The Smiling Stork program is showing positive results. One of DentaQuest’s clients experienced an 18% increase in the number of pregnant members receiving treatment or cleaning after receiving the educational materials. In addition, 67% of pregnant members with periodontal disease who received the education had a dental treatment or cleaning.

The chart on the following page indicates the average results experienced by four of our clients in 2009. The number of members who received a cleaning after receiving the materials went up by 71.43%, and the number who sought treatment by 106.35%.

DentaQuest continues to educate women following the birth of their babies through its Healthy Beginnings program. The program helps new moms care for their babies, and encourages them to begin practicing good oral health immediately. Statistics show the rate of baby bottle decay is increasing in spite of an increased focus on the importance of preventive dental care. Baby bottle decay, also known as early childhood caries, affects underprivileged children more than other demographic populations. Various surveys of Head Start programs report that baby bottle caries was prevalent in 11-53% of the children surveyed. 75% of all children have had their first cavity by age five. A large percentage of Medicaid-eligible children do not receive preventive dental services, resulting in a higher percentage of tooth decay in this population. The Healthy Beginnings program provides education to members in order to:

- Demonstrate the importance of proper dental care for infants and children
- Provide education to parents/caregivers about how to prevent baby bottle caries
- Provide parents/caregivers with tools to locate a dentist for proper preventive dental care

DentaQuest’s Wellness Programs are proprietary
Providers will receive a letter explaining the program objectives and the importance of proper dental care beginning at birth. The mailing will also include research articles and policies related to baby bottle tooth decay.

DentaQuest will mail a birthday card on their first and second birthdays to the parent or caregiver. The cards include age-appropriate dental care instructions and information on how to contact a Smiles For Children provider.
In addition to these initiatives, DentaQuest targets pregnant women through the following initiatives:

1. Division of Women & Infants Health
2. Women, Infants & Children Program
3. Virginia Department of Health Resource Mothers Program

Identify pregnant members under 21 by working managed care organizations and health departments

1. Gain support from primary care providers, obstetric and gynecological providers, and support staff
2. Solicit participation from the provider community
3. Employ case management
4. Communicate to the pregnant member

Develop and distribute educational packets to expectant mothers at health events. Packets to include:
1. Educational materials on topics such as pregnant women and oral health, why baby teeth are important, oral health begins at birth, and brushing tips
2. Adult toothbrush
3. Child toothbrush
4. Xylitol gum
5. Gauze squares with instructions for use on babies' gums

4.5.4 Pediatric Periodicity Requirements

The Contractor shall ensure that pediatric dental services are provided as medically necessary to children under the age of twenty-one, in accordance with EPSDT federal regulations as described in 42 CFR Part 441, Subpart B, and the Omnibus Budget Reconciliation Act of 1989, whether or not such services are covered under the Department’s state plan and without regard to any service limits otherwise established in this RFP. This requirement shall be met by either direct provision of the service by the Contractor or by referral in accordance with 42 CFR 441.61. Pediatric dental utilization shall be in accordance with The American Academy of Pediatric Dentistry (AAPD) recommendations regarding the periodicity of professional dental services for children, and EPSDT guidelines for dental, as detailed in Attachment II to this RFP.

DentaQuest Response:

DentaQuest worked diligently over the past five years to increase the number of members receiving pediatric dental services. We educate providers on the importance of EPSDT through a provider
newsletter and through annual training sessions. The provider office reference manual contains the full periodicity schedule in Section 14.

We engage in broad outreach initiatives to encouraging members to visit a dentist. These initiatives are outlined in Section 4.7. DentaQuest also created an educational piece entitled, “When to See the Dentist – What the Dentist Will Do.” It educates parents and caregivers on the types of services children should receive beginning at six months of age through the teenage years. The document is located in Tab D.

As illustrated in the chart below, there has been a significant increase in compliance with EPSDT guidelines as a result of DentaQuest’s comprehensive outreach program and strong provider network.

<table>
<thead>
<tr>
<th>Age group</th>
<th>SFY 2005</th>
<th>SFY 2010</th>
<th>Percent increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>24%</td>
<td>45%</td>
<td>88%</td>
</tr>
<tr>
<td>3-20</td>
<td>29%</td>
<td>54%</td>
<td>86%</td>
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</table>

DentaQuest employs two mechanisms to measure the effectiveness of the outreach program and compliance with the periodicity schedule: the CMS EPSDT 416 Report, and the Periodicity Compliance Report. On a quarterly basis we compile a pediatric participation report which demonstrates dental utilization for members 0-20 and 3-20. This report is based on CMS 416 reporting metrics. Please refer to Tab D for examples of our pediatric participation report.

The Periodicity Compliance Report is intended to gauge Smiles For Children member compliance with state and federal EPSDT guidelines. Reports were compiled for each state fiscal year (SFY 06-09). Report analyses indicate a significant upward trend in member compliance with EPSDT guidelines in each year of the Smiles For Children program since its implementation in July 2005. Please refer to Tab D for examples of the periodicity compliance report and executive summary.

### 4.5.5 Coordination of Transportation Services

Non-emergency transportation to covered dental services is a covered service for Medicaid/FAMIS Plus members and is the responsibility of the member’s MCO or the Department’s contracted transportation vendor for Medicaid/FAMIS Plus FFS children. Non-emergency transportation is not covered for FAMIS children enrolled in an MCO. FAMIS children enrolled in the Department’s FFS FAMIS program may receive transportation services through the Department’s contracted transportation vendor. Transportation services are covered under a separate contract by the Department with the member’s MCO or the Department’s contracted transportation vendor for Medicaid/FAMIS Plus FFS children. The primary responsibility for transportation belongs to the custodial parent or guardian of a child. Transportation can be provided by the contracted vendor if
the parent or guardian does not have a car, if the parent/guardian has to work or if the member is in foster care. Questions pertaining to eligible transportation services should be directed to the contracted broker. In cases where the Contractor is made aware that transportation issues are preventing access to dental services, is a barrier to dental access, the Contractor shall notify the MCO or the FFS Transportation Contractor to coordinate transportation services. If a general question or complaint is received by the Contractor, the caller should be referred to the appropriate party for resolution. The Contractor shall also notify the Department when the MCO or FFS transportation vendor fails to respond to or resolve a transportation related issue.

**DentaQuest Response:**

When a member contacts DentaQuest in need of transportation, the customer service representative provides the phone number to the member’s MCO or LogistiCare if the child is enrolled in fee-for-service Medicaid. While DentaQuest is not responsible for arranging transportation, we work with LogistiCare to coordinate it when needed.

For all trips 60 miles and greater, LogistiCare contacts DentaQuest to confirm that the appointment with the scheduled provider is the closest option. In cases when the services being provided require a prior authorization, LogistiCare contacts DentaQuest to confirm that the authorization has been approved before they transport the member.

DentaQuest also works with LogistiCare when a member presents a complex case, or emergent or urgent dental care is need. Our outreach coordinator, Kristen Gilliam, often locates providers for complex cases. Once she helps the member schedule an appointment, Kristen conducts a three way call with the member and LogistiCare to ensure the member secures transportation to the dental office.

DentaQuest includes a transportation complaint form on page A-18 in the office reference manual. DentaQuest encourages providers to complete this form when issues arise as a result of transportation services. Providers are instructed to fax the form to the correct LogistiCare regional office and to DMAS.

Please refer to Tab D for a full description of the transportation process.

**4.5.6 Medical Necessity**

The determination of medical necessity shall be made on a case-by-case basis. The Contractor shall not employ, and shall not permit others acting on their behalf to employ utilization control guidelines or other quantitative coverage limits, whether explicit or de facto, unless supported by an individualized determination of medical necessity based upon the needs of each member and his/her medical history. The Contractor shall have the ability to place tentative limits on a service; however, such limits shall be exceeded when medically necessary based on a patient’s individual characteristics. The Contractor shall not require service authorization on any pediatric preventive dental services. Any procedures used to determine medical necessity shall be approved by the Department and shall be consistent with the following definition:

4.5.6.a Services or supplies provided by an institution, physician, or other provider that are required to identify or treat a member’s illness, disease, or injury and which are:
i. Consistent with the symptoms or diagnosis and treatment of the member's illness, disease, or injury;
ii. Appropriate with regard to standards of good dental practice;
iii. Not solely for the convenience of a member, dentist, physician, institution or other provider;
iv. The most appropriate (in terms of cost and effectiveness) supply or level of service that can safely be provided to the member and that is sufficient in amount, duration, or scope to reasonably achieve their purpose. When applied to the care of an inpatient, it further means that services for the member's medical symptoms or condition require that the services cannot be safely provided to the member as an outpatient; and
v. When applied to members under 21 years of age, services shall be provided in accordance with EPSDT requirements including federal regulations as described in 42 CFR Part 441, Subpart B, and the Omnibus Budget Reconciliation Act of 1989.

**DentaQuest Response:**

DentaQuest adheres to the above definition of medical necessity when making benefit determinations. Clinical criteria used are based on procedure codes as defined in the American Dental Association’s Code Manual, and also reflect generally accepted dental standards. Clinical criteria has been reviewed and approved by DMAS. DentaQuest does not require authorization on pediatric preventive dental services. Only comprehensive orthodontic treatment and hospital operating room cases require prior authorization. The office reference manual clearly shows the authorization requirements, if any, for each code. Additionally, results of the audit conducted by MPRO confirm that DentaQuest does not impose prior authorization requirements on pediatric preventive dental services.

For members under age 21, DentaQuest ensures that when a service is required to correct, improve or ameliorate a child’s dental condition, consideration is given under EPSDT. Services deemed necessary in accordance with EPSDT standards are approved even if the service is not available under the Smiles For Children program, to the general Smiles For Children population. Results of the audit conducted by MPRO confirm that DentaQuest applies EPSDT standards in its review of pediatric dental services.

4.5.6.b The Contractor shall be responsible for determining “medical necessity” in accordance with 38.2-3418.12 of the Code of Virginia for dental services rendered in a non-dental office setting. To ensure timely access for members requiring these services and efficiency to the dental providers, the Contractor shall serve as the central point of contact for the dental provider, medical facility, medical anesthesiologist, MCO, the Department, and any other required provider. The Contractor shall render a decision (approve, deny, or pend) as expeditiously as the member’s dental condition requires and within 2 business days of receipt. The Contractor shall consider alternate service delivery mechanisms for OR anesthesia. Additionally, all of the following requirements must be included in the Contractor’s prior approval process for these types of procedures:

i. The dental provider must submit the request for authorization directly to the Contractor.

ii. Once the Contractor has reviewed and approved the case based upon medical necessity, the Contractor coordinates anesthesia and hospitalization authorization for non-dental
services with the Department and the MCOs, within the respective MCO’s provider
network. (The Department’s MCO contracts require the MCO to respond to the DBA’s
request for authorization within 2 business days of receipt of the request.) The DBA’s
proposal should describe the methods available through the Contractor for
communicating/coordination with the MCOs, including fax, telephone, and web-based
formats.

iv. Denial of authorization must be made in direct consultation with the submitting
provider and the Dental Director.

v. Claims related to the facility and anesthesia services rendered in a non-dental setting shall
be handled as follows:
   a. MCO Members
      i. If the dental provider performs the anesthesia services in a nondental
         setting, all dental and anesthesia services are handled by and billed to the
         Dental Contractor. In such cases, facility charges shall be billed directly
to the MCO.
      ii. If the dental provider does not perform the anesthesia services for dental
         services provided in a non-dental setting, the dental services are handled
         by and billed to the Contractor. In such cases, both facility and anesthesia
         charges are billed directly to the MCO and within the MCO provider
         network.
   b. FFS Members/MEDALLION
   c. For Medicaid/FAMIS Plus and FAMIS eligible individuals who are not enrolled
      in an MCO on the date of service (served by the Department’s FFS program) the
      Contractor must ensure that the facility and anesthesia and any required medical
      providers participate in the FFS Medicaid program.

DentaQuest Response:

Operating room cases are performed under a variety of circumstances. DentaQuest outlines these
circumstances in provider office reference manual Section 15.05, and also maintains a policy (policy
number 500.012A, located in Tab V) on these as well. All operating room cases must be pre-
approved.

Smiles For Children providers submit prior authorization requests to DentaQuest. We serve as the
central point of contact for the provider, medical facility, medical anesthesiologist, MCO, DMAS
and any other required provider. Our dental director reviews the case for medical necessity, and
renders an approval or denial of the dental services. Once DentaQuest has approved the case, we
coordinate authorization for non-dental services (e.g. - facility and anesthesia) with DMAS and the
MCO as appropriate, within the MCO’s provider network.

Claims related to the facility and anesthesia services rendered in a non-dental setting are handled as
follows:

A. Managed Care Organization (MCO) Members

- If the dental provider performs the anesthesia services in a non-dental setting, all
dental and anesthesia services are submitted to and paid by DentaQuest. In such
cases, facility charges should be submitted directly to the MCO.
If the dental provider does not perform the anesthesia services for dental services provided in a non-dental setting, the dental services are submitted to and are paid by DentaQuest. In such cases, both facility and anesthesia charges are billed directly to the MCO and within the MCO provider network.

**B. Fee For Service (FFS) Members**

1. For Medicaid/FAMIS Plus and FAMIS eligible individuals who are not enrolled in an MCO on the date of service (served by the FFS program), facility, anesthesia and any required medical providers must participate in the FFS Medicaid program. If the dental provider performs the anesthesia services in a non-dental setting, all dental and anesthesia services are submitted to and paid by DentaQuest. In such cases, facility charges are submitted directly to DMAS.

2. If the dental provider does not perform the anesthesia services for dental services provided in a non-dental setting, the dental services are submitted to and are paid by DentaQuest. In such cases, both facility and anesthesia charges are billed directly to DMAS and within the DMAS provider network.

4.5.6c The Contractor shall adjudicate all requests/claims received from dental providers submitted using CDT codes. Any requests or claims received by the Contractor for medical/oral surgical procedures with CPT codes such as osteotomies, fractures, lacerations, excisions of bony/soft tissue lesions, TMJ surgery and any associated diagnostic services, shall be forwarded by the Contractor to the appropriate medical coverage entity (MCO or the Department) for review, approval and/or payment. For MCO members, the request must be forwarded for review/payment to the member's MCO. For FFS members, the request must be forwarded using the appropriate CPT code for review/payment to the Department. The Contractor shall provide notice to the requesting dental provider and the member that such requests have been forwarded to the appropriate entity for medical review. The Contractor shall offer assistance to members and providers to assure that coordination of these benefits occur timely and efficiently. This requirement does not preclude the dental provider, when rendering a medical service, from submitting requests (using the appropriate CPT code) for medical/oral surgical treatment review directly to the appropriate MCO or to the Department.

**DentaQuest Response:**

DentaQuest’s claim adjudication and claim management system were designed to accommodate medical and clinical appropriateness of services. Base rules take into consideration various federal and DMAS-specific requirements.

The claim management system’s rules are highly flexible and user configurable. They fall into one of the following categories:

1. Procedure rules: determine covered and non-covered services
2. Procedure payment rules: determine alternate benefits and possible ADA code switches
3. Bundling and unbundling rules: bundles multiple procedures to a single procedure based on criteria set in the rule.; unbundles a single procedure code to multiple procedures based on
criteria set in the rule. This allows us to assure appropriate clinical and medical appropriateness and protects against overpayment, depending on the services being performed.
4. Step therapy: A procedure based rule that will deny/disallow a submitted procedure based on the absence of procedures in the patient’s history that meet clinical or benefit rule criteria.
5. Benefit history cross check: History cross check is a procedure based rule that will deny/disallow a submitted procedure based on the existence of defined procedures in the patient’s history.
6. Clinical history cross check: History cross check is a procedure based rule that will deny/disallow a submitted procedure based upon the existence of defined procedures in the patient’s history. Clinical cross check rules are not likely to vary by client, and are intended to enforce clinically appropriate treatment (for example, a pulled tooth cannot be filled).

The **Smiles For Children** program was configured in our system with rule sets that allow us to appropriately adjudicate claims based on DMAS’ standards for medical necessity and other specific conditions. The rule sets are applied at the procedure code and rule type-level, based on a hierarchy during adjudication. For example:

1. Special benefit rule sets that would apply to special program exceptions such as EPSDT
2. Provider network rule sets that manage provider fee reimbursements
3. Rule exceptions specific to **Smiles For Children**
4. Base rule sets which manage time and benefit limitations and frequencies.

   The base rule set contains the most inclusive set of rules. Every product has a set of base rules. All **Smiles For Children** rules are built on these standards.

From time to time, DentaQuest receives CPT claims. When this occurs, our office services department monitors removes any HCFA forms/ CPT code claims. These claims will not be processed unless they are from the Bristol Surgery Center.

DentaQuest staff researches each claim in VAMMIS to determine the appropriate MCO for the member. The claim is faxed to the MCO with a fax cover. A letter will be sent to the provider indicating the claim has been sent to the MCO, and that the provider should expect a determination from them. The MCO will notify the member if the claim is denied.

**4.5.7 Optional Services**

The Department is interested in the Offeror’s capabilities and expertise with the following optional services (Enhanced Benefits). These services may be implemented at some point within the duration of the contract resulting from this RFP. If the Offeror is interested in operating any of the following initiatives, information in the Offeror’s technical proposal must describe the Offeror’s abilities, experience, and method(s) for accomplishing the selected services at a reasonable cost to the Commonwealth. The Offeror’s cost shall be submitted in the cost proposal (Attachment X), separate from the technical proposal, for each of these optional services.

**Innovative Strategies**

The Offeror may describe innovations that can be implemented that would benefit Virginia’s dental program. List all states, specifically state Medicaid programs as well as commercial payers, where these innovations have been implemented and describe the quantitative evidence to support the
outcomes and success. This may include real-time provider question submission and response via
the Internet of clinical questions, provider chat room capability for dental issues, cost savings
initiatives, enhanced web/Internet based strategies for claims submission and payment in order to
support SFC providers and initiatives.

Service Authorization
The Offeror may propose additional automated functions to streamline the service authorization
process. Automated functions must include the Offeror’s solution for necessary interface to other
systems. The Offeror’s automated function must comply with the Health Insurance Portability and
Accountability Act (HIPAA) and other applicable federal and state privacy and security laws and
regulations. In addition, the Offeror must ensure that any proposed systems and/or business
solutions, including files and data transfer format of the Offeror’s internal system, will comply with
Electronic Data Interchange (EDI), and Security requirements throughout the Contract period.

Quality Improvement
The Offeror may propose additional quality measurement strategies supporting improvements in
incidence of oral pathology and associated treatment beyond requirements set forth in section
4.12. Measurement strategies outlining the effect of any specific program changes implemented may
be a part of the submission. Provider chart audits may be included as part of the review process.

Individual Tracking Assessment
The Offeror may propose a program which will identify and follow the oral progression of
individuals identified by the Department or the Offeror. The assessment process will begin with the
initial evaluation of the member through treatment into a stable dental health environment without
new or reoccurring preventive strategies. This would allow assessment of preventive and restorative
strategies.

Pregnancy and Oral Health
The Offeror may propose a program for outreach and the administration of dental benefits for all
pregnant women. As part of this RFP, the Offeror shall prepare a completely separate technical and
cost proposal to provide outreach, education, and access to dental services for eligible pregnant
women age 21 and over. In the instance where the Offeror’s technical proposal for pregnant women
is the same as that proposed for the child/limited adult population described above, the Offeror
may include a clear reference to that effect. The Offeror must however include separate pricing in
the cost proposal for pregnant women over age 21.

Adult Dental Services
The Offeror shall submit a program for the provision of adult dental services for all members over
age 21. The program shall include routine preventive and restorative care and shall included
cleanings, exams, x-rays, fillings, and crowns. Braces should not be considered a part of the befit
package. Included with these optional services shall be a network development strategy and
timelines which support federal health care reform initiatives. The program shall also describe
applicable commercial adult benefit programs and results. Pricing shall include a program using
current adult enrollment and projected increased health reform enrollment for adults.
DentaQuest Response:

DentaQuest innovations have strengthened the Smiles For Children program. Over the course of our contract, we have implemented a number of the optional services suggested in Section 4.5.7. Please see below for examples, and note that these services are included in DentaQuest’s base price.

Current optional services

Innovations

1. **Member appointment scheduling assistance**
   When calling the customer service line, members can request assistance in scheduling a dental appointment. Customer service representatives responding to these calls arrange appointments while the member waits on the line. If an appointment cannot be scheduled at the time of the call, the case is transferred to a member placement specialist for further assistance. DentaQuest secures an appointment for the member within 48 hours of the initial request. In addition, reminder calls are placed to members prior to their appointments.

   Since 2005, DentaQuest has scheduled 162,127 appointments for Smiles For Children members.

2. **Ensuring members in southwestern Virginia receive OR dental services**
   Located in a rural area of the state, Bristol Oral Surgery Center is the primary ambulatory surgery center in southwestern Virginia that can provide anesthesia/deep sedation services to Smiles For Children members. Bristol Surgery Center provides about 90% of the outpatient anesthesia treatments for children from the region. While DentaQuest does not process CPT codes, we made operational and systematic modifications to accommodate DMAS’ request to process CPT code 41899 for OR anesthesia rendered at Bristol Surgery Center. This modification ensured that Bristol Oral Surgery remained a Medicaid provider.

3. **Creating a reimbursement process for interpretation services**
   Providers are required to honor Title XIX of the Social Security Act, which prevents them from discriminating against members with limited English proficiency. At the onset of the program, providers found it difficult to obtain and cover the costs of an interpreter. DMAS decided to reimburse providers for the interpreter services. DentaQuest assisted DMAS in creating the reimbursement process. We also verify that provider submissions are accurate and disperse payments to providers.

Service authorization process

Convenient, easy to use web portal
All Smiles For Children providers have access to our free web portal, which allows them to submit authorization requests electronically. They can also use the portal to check if the authorization has been approved. Our 2010 provider survey indicates that 93% of our providers have found the web portal easy to use.
Quality improvement

Collaborating with the Dental Advisory Committee
For the past five years, Cheryl Harris has been actively involved with the Virginia Dental Advisory Committee (DAC). The DAC works on a number of initiatives, including quality improvement. Cheryl is a member of the quality improvement sub-committee. She assesses proposed initiatives and provides recommendations on new ideas.

New initiatives
DentaQuest is prepared to take the *Smiles For Children* program to the next level of success. While other vendors would work to implement the program from the ground up, DentaQuest would immediately begin implementing new strategies that will strengthen an already successful dental program. DentaQuest will offer the following services to DMAS:

- State-of-the-art operational platform

Some dental administrators might consider these services optional benefits, but we regard them as facets of our base dental program. The chart below provides an overview of these services.

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental home</td>
<td>We have developed a five-phase dental home plan for <em>Smiles For Children</em> that is detailed in Chapters 2 and 3 – Section 4. Our program will promote dental visits at an early age. Within the dental home, DentaQuest will implement its full envelope of wellness programs.</td>
<td>No additional cost</td>
</tr>
<tr>
<td>Dental management program</td>
<td>DentaQuest’s team of clinical and network development experts ensure medically necessary services are provided in an appropriate manner by qualified dental providers, while controlling dental costs. Building on the success of our programs, we have created a dental management program. The goal of this program is to analyze the interactions between providers and</td>
<td>No additional cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### New operational platform

A significant enhancement to the *Smiles For Children* program will involve an extensive upgrade to our operational platform. DentaQuest dedicated more than 100 IT personnel to develop this state-of-the-art operating platform. DentaQuest designed Windward as a scalable platform using state-of-the-art technology that positions us for future growth and flexibility. The Windward platform takes program administration to the next level by making it easier than ever for providers and members to participate in government-sponsored programs. The new platform will be implemented in Virginia in early 2011.

Information about the advantages of the Windward platform appear throughout the RFP.

No additional cost

### Adult and pregnant women benefits

In addition to these base optional services, we also propose an adult benefit and benefits for pregnant members over 21. Please reference the separate proposals, which are included in the RFP materials, for a full description of these optional services.

These members would be eligible for cleanings, exams, X-rays, fillings, periodontal and crowns, in addition to the current covered benefits. The benefits for both adults and pregnant women will be identical; however, the pregnant women will have increased frequency on diagnostic, preventive and periodontal services.
4.6 Access to and Availability of Care

The Contractor shall arrange for the provision of all dental services described as covered in this RFP. The Contractor shall maintain under contract, a statewide provider network, including general and pediatric dentists and dental specialists, at geographical locations that meet the accessibility requirements outlined in this RFP.

**DentaQuest Response:**

DentaQuest details its ability to arrange for the provision of services throughout the RFP. Detailed information about our provider network can be found in Section 4.8 of this response.

4.6.1 Access to Care

The Contractor shall maintain a network of dental providers with a sufficient number of providers who accept new Medicaid/FAMIS Plus and FAMIS members within each geographical location in the Commonwealth. The Offeror shall document in its proposal its standards for appointment waiting times and how it will provide access to services for urgent and emergency dental and oral conditions or injuries without requiring service authorization.

Where there is not a participating provider within the contract access standards, the Contractor must provide care coordination services, as described in Section 4.12.10 of this RFP, to assist the member in accessing timely services from the nearest participating provider available.

Additionally, the Contractor must notify the Department of any variance from the network requirements as outlined in this RFP and must provide a plan for corrective action that addresses the network deficiency and includes the requirements described in Section 4.8 of this RFP.

**DentaQuest Response:**

**Access Standards**

DentaQuest’s provider network consists of 1,496 providers at 2,992 locations. 99.9% of **Smiles For Children** members have access to a provider within the required mileage criteria of 30 miles in urban areas and 60 miles in rural areas.

At times, members are unable to find a provider within the mileage criteria. In these rare instances, our customer service representative completes a request a dentist (RAD) electronic form which is forwarded to our member placement department. A member placement specialist locates a provider who can perform the required services. The specialist then contacts the office directly to verify participation and appointment availability. Next, the member is contacted via telephone, with the provider’s office on the line, and assists in scheduling an appointment. Once an appointment is secured, the member placement specialist closes the RAD. All RAD activity is documented in the member call log.
If there are no providers available, the provider relations representative will consult DentaQuest’s secondary network. This is a list of participating providers who prefer not to be published in the provider directory or who may have limited office capacity, but are willing to see members on a case-by-case basis upon referral from DentaQuest.

When a RAD is necessary, DentaQuest works expeditiously to place members within the required mileage. We provide a report to DMAS of the number of RADs per month. As you will see in the report sample in Tab G, in October, 2010, there were 24 member placement requests. On average, we placed these members within 1.03 days.

**Access To Services For Urgent And Emergency Dental**

Providers are not required to submit a prior authorization in an urgent or emergency situation. Emergency dental care consists of treatment to alleviate pain and swelling, and to stop bleeding that would lead a prudent layperson to reasonably expect that the absence of immediate care would result in serious impairment to the dentition, or would place the person’s oral health in serious jeopardy.

No payment is made until all appropriate clinical documentation has been reviewed by our dental consultant. DentaQuest maintains documentation of all efforts to assist members with obtaining emergency treatment at no cost to them.

**Appointment Standards**

Appointment standards are outlined in the provider ORM, as well as the provider contract.

DentaQuest requires its providers to achieve the following appointment standards:

- Routine appointment within six weeks
- Urgent appointment within 48 hours
- Emergency appointment within 24 hours

The network is surveyed on a quarterly basis to ensure providers are following standards for appointment wait times. They receive additional training if they do not meet the standards.

The chart below illustrates the goal and performance for each appointment type. As you will see, DentaQuest is exceeding DMAS’s expectations.

<table>
<thead>
<tr>
<th>Type of appointment</th>
<th>Goal</th>
<th>DentaQuest’s performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine</td>
<td>95% of offices will see member within six weeks</td>
<td>99% of offices surveyed will see a member within six weeks</td>
</tr>
<tr>
<td>Urgent</td>
<td>95% of offices will see member within 48 hours</td>
<td>100% of offices surveyed will see a member within 48 hours</td>
</tr>
<tr>
<td>Emergency</td>
<td>95% of offices will see member within 24 hours</td>
<td>97% of offices surveyed will see a member within 24 hours</td>
</tr>
</tbody>
</table>
Addressing Network Deficiencies
DentaQuest performs gap analysis of the network to identify deficiencies. Please refer to Tab J for a sample gap analysis. If a deficiency is identified, we create a time and action recruitment plan and present it to DMAS for approval. We use several methods of recruitment, which are outlined in Section 4.8.

4.6.2 Provider Choice
Each member shall be permitted to obtain covered services from any general dentist, pediatric dentist, or other dental specialist participating in the Contractor’s network accepting new patients.

DentaQuest Response:
In accordance with our agreement with DMAS, it’s DentaQuest’s policy to allow members to select an in-network provider of their choice. DentaQuest informs members of this policy on page 13 of the member handbook. Please refer to Tab E for a copy of the member handbook. Members may refer to this handbook, contact DentaQuest’s customer service line, or use the DentaQuest website to locate an in-network provider.

4.6.3 Referral Requirements
The Department prefers (does not require) that a patient be evaluated (and referred as appropriate) by a general or pediatric dentist before seeking orthodontic treatment services.

DentaQuest Response:
As a general rule, the DentaQuest’s customer service staff encourages members to see a general or pediatric dentist before seeing an orthodontist or any type of specialist. If the member prefers, we will assist them with finding an orthodontist.

4.6.4 Contract Time and Distance Standards
The Contractor shall maintain under contract a network of dental providers to provide the covered services specified in Attachment I statewide. The Contractor shall make services and service locations available and accessible so that patient transport time to dental providers will not exceed thirty (30) minutes, except in rural areas where documented community standards will apply. The Contractor shall ensure that a member is not required to travel in excess of thirty (30) miles in an urban area and sixty (60) miles in a rural area to receive services from a dentist or dental specialists, unless the member so chooses. An exception to this standard may be granted when the Contractor has established, through utilization data provided to the Department, that a normal pattern for securing dental care services within an area falls beyond the prescribed travel distance.

DentaQuest Response:
DentaQuest maintains a network consisting of 1,496 providers at 2,992 locations. 99.9% of Smiles For Children members have access to a provider within 30 miles. On average, the three closest provider options are within 5.5 miles of the member’s home.
<table>
<thead>
<tr>
<th>Average distances</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average distance to 1st closest provider</td>
<td>3.7 miles</td>
</tr>
<tr>
<td>Average distance to 2nd closest provider</td>
<td>4.4 miles</td>
</tr>
<tr>
<td>Average distance to 3rd closest provider</td>
<td>5.2 miles</td>
</tr>
</tbody>
</table>

### 4.6.5 Appointment Standards

The Contractor must comply with appointment standards defined in this contract.

i. Emergency services as defined in Section 1.2 (Definitions),

ii. Urgent dental condition as defined in Section 1.2 (Definitions), and

iii. Routine dental care.

**DentaQuest Response:**

DentaQuest surveys its network on a quarterly basis to ensure providers are meeting the required appointment standards. Please refer to Section 4.6.1 for DentaQuest’s performance in meeting appointment standards.

### 4.6.6 Monitoring Access to Care

The Contractor shall establish a system to monitor access to care to ensure that the access standards set forth in this Contract are met. The Contractor shall be prepared to demonstrate to the Department that these access standards have been met or must take corrective action when there is a failure to comply.

**DentaQuest Response:**

DentaQuest closely monitors access to care using the following monthly reports. They are also used to determine network adequacy:

- **GeoAccess:** This report provides a detailed overview of DentaQuest’s network. It includes the number of members who have access to care in the required mileage criteria, and average distances to the three closest provider options.

- **Appointment assistance/coordination of care:** This report provides a detailed overview of the number of calls made to the appointment assistance line. It is organized by county and includes calls made by members and providers, as well as appointments scheduled for members or with providers on behalf of members.

- **Dental network summary:** This report provides a snapshot of the current dental network. It also includes the number of newly enrolled providers, accessibility of the provider network, members with desired access, credentialing stats, terminations, and recruitment activities.

- **Request a dentist:** This report details the number of special provider requests. Provider requests are sometimes needed when a member cannot find a provider within the required mileage criteria, or if the member presents special needs.
- **Grievance log**: The grievance report will note any member grievances related to accessing care. Should DentaQuest notice access issues in certain areas, DentaQuest will analyze the provider network in those areas to determine if recruitment is necessary.

- **Monthly dental report**: This report shows the number of providers accepting new patients (number with open panels) and the number of providers accepting existing patients only (number with restricted panels, EPO).
4.7 Outreach Activities

4.7.1 Contractor's Outreach to Increase Pediatric Dental Utilization

The Contractor shall conduct regionally located and regularly scheduled outreach activities designed to inform members about the availability of dental services and to significantly increase the number of children receiving services. The results of the outreach activities should be measurable and support the overall goal of increasing awareness of and/or utilization of dental services. Within 45 calendar days of execution of this RFP, the Contractor shall submit an outreach plan. The Contractor shall identify the target population, service areas, specific outreach activities scheduled for completion and include copies of any materials to be released to members. The outreach plan shall be updated at least annually. The proposed plan and any related material is subject to approval by the Department. The Department shall have thirty (30) calendar days to review material and provide notice of approval or notice to make changes. The cost of design, printing, and distribution (including postage) shall be borne by the Contractor. The Contractor shall attend and participate in the Mission of Mercy projects with the Virginia Dental Association as directed by the Department. The Contractor will coordinate outreach through Boys and Girls Clubs in addition to other organizations designated by the Department. The Department may require the Contractor to coordinate its efforts with outreach projects being conducted by the Department or other state agencies. The Contractor shall submit a semi-annual report to the Department identifying results of its outreach activities including revisions to the outreach plan determined during the reporting period.

The Contractor shall comply with all Federal postal regulations and requirements for mailing of all materials. Any postal fees assessed on mailings sent by the Contractor in relation to activities required by this RFP due to failure by the Contractor to comply with Federal postal regulations shall be borne by the Contractor at no expense to the Department.

Failure to comply with the requirements of this Section may result in the application of intermediate sanctions or liquidated damages as provided in Attachment III of this RFP.

DentaQuest Response:

Since the inception of the Smiles For Children program in 2005, DentaQuest has initiated a variety of outreach activities that raised awareness of the importance of oral health and increased the number of members obtaining dental services. We developed a comprehensive plan that has been approved by DMAS and is updated annually. Our goal was to increase access to and improve the quality of oral health care for Smiles For Children members. The following statistics testify to our success in meeting this goal.

Increases in Access

As the chart below indicates, 43% of children ages 0-20 utilized dental services in SFY 2010, compared to 24% when the program started; and 51% of children ages 3-20 utilized dental services in SFY 2010, compared to 29% when program started.
Participation in outreach at the grass roots level

During state fiscal years (SFY) 2006-2010, DentaQuest staff participated in 100+ outreach events in Virginia reaching 34,000+ participants. We provided *Smiles For Children* dental program information, oral health literature, and one-to-one interaction about the importance of regular preventive care. Results of each event are reported to DMAS in an event summary. As a result of DentaQuest’s participation in outreach events, more *Smiles For Children* members are accessing needed dental services. These events included presentations to groups, booth displays at health events, committee memberships, and provision of oral health supplies. DentaQuest has formed partnerships with 27 organizations within the community. These organizations encompass *Smiles For Children* members, community leaders, and child advocacy groups.

Developed innovative approaches to achieve success

The development of the Periodicity Compliance Report represented a significant milestone in SFY 2010. The report is intended to gauge *Smiles For Children* member compliance with state and federal EPSDT (Early, Periodic Screening, Diagnosis and Treatment) guidelines. Reports were compiled for SFY 06-09. Report analyses indicate a significant upward trend in member compliance with EPSDT guidelines during each year of the *Smiles For Children* program since its implementation in 2005.

Implemented targeted outreach campaign

DentaQuest developed an outreach postcard campaign that achieved a positive outcome. More than 5,000 members obtained dental care, including 1632 children 2-6 years old, 1917 children 6-12 years old, and 1507 children 12-18 years old.
DentaQuest rebranded its member materials and developed a “When to see the Dentist” poster. This document has been very well received at all Outreach events.

**The DentaQuest Outreach Plan – Moving Forward**

DentaQuest will continue to conduct regional outreach activities to increase utilization of dental services. We will identify the target population, service areas, and specific outreach activities. We will additionally include copies of any materials to be released to members.

As we work with the Department to bring some of the new concepts cited in this RFP to fruition, we will incorporate the dental home program. Below is a chart showing existing and planned outreach initiatives for the *Smiles For Children* program.

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### Smiles For Children Outreach

DentaQuest will employ a number of strategies to educate members on the importance of good oral health, inform them of covered services, and teach them how to access dental services. These strategies will include:

- Partnerships with community-based organizations, professional organizations, health departments, and managed care organizations
- Postcard and outbound calling campaigns
- Member outreach and education
- Provider outreach and education
- At-risk population initiatives
- Head Start collaboration
- Pre-natal education for females under 21 years of age
- Teen-focused program
- Dental Health Month activities
- Collaboration with the medical community
- Broken appointment initiatives
- Mission of Mercy involvement
- Adult population case management
- Dental home program

**Primary Target Audience:** *Smiles For Children* members’ under age 21 and their parents/caregivers.

<table>
<thead>
<tr>
<th>Initiative #1: Collaboration with community-based organizations, professional organizations, health departments, and managed care organizations</th>
<th>A diverse number of community-based organizations interface with <em>Smiles For Children</em> members. DentaQuest will continue to collaborate with them via presentations, booth displays at health events, sponsorships, committee memberships, and provision of oral health supplies.</th>
</tr>
</thead>
</table>
Timing: Ongoing Since 2005

DentaQuest and *Smiles for Children* Booth

### Specific Groups:

**Collaborate with Virginia Department of Health**
DentaQuest will collaborate with the Virginia Department of Health on the following programs: Women, Infant, & Children program; Bright Futures; Bright Smiles for Babies; and the School Health Program. DentaQuest will continue to participate in events sponsored by health departments.

**Collaborate with Professional Organizations**

**Collaborate with Community Groups**
DentaQuest will participate on various committees affiliated with community-based organizations. Groups that DentaQuest will interact with include Head Start Health Advisory Committee, Virginia Department of Social Services, Richmond Mayor’s Youth Academy, the Dental Advisory Committee, Blue Ridge Perinatal Council, Virginia Oral Health Coalition, Virginia Parent Teacher Association, and Roanoke Community Based Healthcare Coalition.

**Participate in Community Health Events**
DentaQuest will participate in various health events that target the *Smiles For Children* population. The level of participation will consist of a booth display containing DentaQuest educational materials, toothbrushes, and dental floss.

**Collaborate with Managed Care Organizations**
DentaQuest will provide oral health educational materials for member welcome packets and author oral health articles for inclusion in quarterly, semi-annual, and annual newsletters.

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**Initiative #2: Post Card & Outbound Calling Campaign**

Timing: Ongoing Since 2008

DentaQuest will mail post cards to parents/caregivers whose children have not received dental services, stressing the importance of dental visits. They are designed to motivate members to call DentaQuest for assistance in locating a dentist in their area.
The post card mailing will target areas with a large number of members in 4 different regions of the state.

- Central Virginia
- Tidewater
- Northern Virginia
- Southwest Virginia

This will be coupled with an outbound calling campaign.

Initiative #3: Member Education

Timing: Ongoing Since 2005

DentaQuest will continue to develop and distribute oral health literature to members and community-based organizations. DentaQuest will also work with various Virginia Medicaid managed care organizations to include educational articles for their quarterly newsletters.

DentaQuest has created an educational material site on its web site, which allows for downloading of oral health literature. DentaQuest will make educational materials available at all community events and make order forms available to dentists so participants may order materials.

Poster

**Keep Your Kids Smiling**

Dental services for children enrolled in Medicaid, FAMS and FAMIS Plus are provided through the Smiles For Children program. The Smiles For Children program encourages good oral health. The program recommends regular checkups with your child’s dentist. You should schedule your child’s first visit with the dentist after the first tooth breaks through the gums. No matter what, the first visit should be no later than 12 months.

There are no costs or copayments for covered dental services through the Smiles For Children program. Your child is covered for all medically necessary dental services. The services must be provided by a participating dentist.

For information about Smiles For Children or to find a dentist in your area, call DentaQuest toll-free at 1-888-970-3442.
Initiative #4: At-risk Populations

By focusing on at-risk populations, DentaQuest reduces disparities in access to dental care. Because these groups cannot be reached by traditional outreach methods, DentaQuest has developed special outreach initiatives for these individual groups in an effort to increase their access to dental services.

For example:

- For non-English speaking members, DentaQuest will continue to translate member educational materials to Spanish in written and audio format. We also participate in health events that are focused on immigrant populations.

- For visually impaired members and low literacy members, DentaQuest will continue to maintain educational materials on audiotape.

- For special needs members, we will continue to develop articles for member newsletters to educate caregivers on techniques for members with special health care needs.

Initiative #5: Head Start Collaboration

Timing: Ongoing Since 2005

DentaQuest will provide assistance to ensure all Head Start children

Initiative 6: Prenatal Care and Coordination

Timing: 2011

Oral health education for pregnant women less than 21 years of age is important for two reasons. Data indicates that severe periodontal disease may be associated with pre-term low birth weight babies. DentaQuest will stress the importance of good oral health care during pregnancy to enrollees, including emphasis on accessing covered services. Our Smiling Stork promotes oral health education during pregnancy and
provides an opportunity to educate women on the value of establishing good oral health habits for their babies. With good oral health habits beginning at an early age, the incidence of childhood dental disease can be greatly reduced.

DentaQuest will collaborate with community agencies that provide services to pregnant women under 21, such as the Virginia Department of Health-Women, Infants, & Children Program, and the Virginia Department of Health-Resource Mothers Program.

**Initiative 7:**
**Teens**

Timing: Ongoing Since 2005

A May 2000 article in the Los Angeles Times titled, “Teenagers: the lost souls of the health-care system,” focused on the limited medical services directed at teens. The lack of dental care is a major issue facing this age group.

In response, DentaQuest has developed a pilot project with a high school to increase dental services for children ages 14-19. A secondary focus of the project encourages teens to consider occupations in the dental field.

DentaQuest distributes a survey to select students who will assess their current oral health care habits, knowledge of oral health care, and interest in dental careers. We also make these students aware of the importance of dental-related careers. Teen oral health packets are also given out that includes information on:

- Do You Drink Bottled Water, Taking Care of Your Teeth While You Have Braces, Retainers, Bulimia Nervosa and Your Teeth, Dental Emergencies, Grinding Teeth, Tobacco Use=Unhealthy Mouth, Think Twice About Tongue Piercing, Keep Your Breath Fresh, Take Care of Your Teeth While Playing Sports, Consider a Career in Dentistry.

**Youth Groups and Dental Career**

DentaQuest staff has given presentations to youth groups, councils, and advisory boards to enlist their support for improving the oral health habits of teens. These include the Youth Advisory Council and Boys and Girls Club of
America. DentaQuest also attends school functions to help teens explore the many career options available in the dental field and increase minority representation in dentistry.

**Initiative # 8: Dental Health Month**

**Timing:** Ongoing Since 2005

**Give Kids A Smile Day**

In celebration of February as Dental Health Month, DentaQuest will collaborate with the Boys and Girls Club of Metro Richmond and the Northern Virginia Dental Society for “Give Kids a Smile Day”. This annual event focuses attention on the importance of good oral health care and its relationship to overall health.

**Initiative #9: Dental Reminder Notices**

**Timing:** Ongoing Since 2005

In an effort to increase EPSDT dental services, DentaQuest supplies dental reminder notices to primary care physicians for distribution to *Smiles For Children* members at the time of a medical visit. These notices were developed to emphasize the importance of oral health as an integral part of the child’s overall health. This program will be expanded to include additional distribution sites.

We will distribute to Virginia Academy of Family Physicians Conference, American Academy of Pediatrics-Virginia Chapter Conference, Virginia Association of School Nurses Conference, PCPs upon request, community-based and health department staff for inclusion in WIC (Women, Infant & Children) welcome packets, and Head Start.

**Initiative #10: Broken Appointments**

**Timing:** Ongoing Since 2008

Broken appointments are a major concern for dentists, DentaQuest, the Virginia Dental Association, the Old Dominion Dental Society, and DMAS. We understand the impact broken appointments have on a dental practice. The broken appointment project will arm *Smiles For Children* providers with tools to decrease the incidence of broken appointments.

DentaQuest’s Broken Appointment Strategy is proprietary

**Initiative #11:**

DentaQuest has been a strong supporter of MOM events in
### Mission of Mercy (MOM) Events

**Timing:** Ongoing Since 2006

Virginia. Each year DentaQuest participates in MOM events on the Eastern Shore, Middle Peninsula, Piedmont, Northern Virginia, Roanoke and Wise County. We provide physical support, monetary support and in-kind contributions such as oral health literature, toothbrushes, and magnetic post-it notes. At the Wise MOM, DentaQuest operates a “snack shop” for all dental volunteers. In addition, DentaQuest staff endeavors recruit additional providers for the event.

### Initiative #12: Adult Population

**Timing:** 2011

**Smiles For Children** adult members face many challenges when trying to access dental care. Many providers are unwilling to treat adults due misconceptions about available dental benefits. DentaQuest will work to eliminate barriers to accessing care faced by adult members. We will educate providers about adult benefits, develop a secondary network of providers to treat adult members, and provide adult case management services as necessary.

### Initiative #13: Dental Home

**Timing:** 2011

Children who establish dental homes experience improved oral and overall health. DentaQuest’s dental home program components are consistent with those published by the American Academy of Pediatric Dentistry (AAPD), which defines a dental home as the delivery of comprehensive, continually accessible oral health care to children in a family centered way. A dental home provides coordinated care and referrals to other dental specialists when necessary.

DentaQuest’s dental home program aligns with its mission to improve the oral health outcomes of the neediest children in the country. Our goal is to implement a dental home program that increases access, increases preventive visits, lowers costs and improves the quality of oral health care.

DentaQuest’s embraces the AAPD dental home model and expands on it to maximize the number of children regularly accessing dental care. It includes aggressive education and outreach efforts, a far-reaching circle of community involvement, and systematic methods to assure that each child is assigned a dental home.

It will be rolled out over a 3-year timeframe outlined in Chapter 2 of this response.

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Please see Tab D, which contains our approved an example of the semi-annual report submitted to the Department outlining the scope of DentaQuest’s outreach activities.
4.7.2 Appointment Assistance

The Contractor shall make reasonable efforts to assist members in obtaining appointments for covered services, including facilitating member contact with a participating dental provider to establish an appointment. Contractor shall provide special assistance to individuals calling to express their difficulty in accessing an appointment with an in-network provider. This special assistance includes following-up with the member (and when necessary the dental provider) to make sure that the member receives an appointment for the needed services within the contract appointment and distance standards. The Contractor shall track and report to the Department monthly the number of requests for assistance to obtain an appointment, including the city/county area, % of requests per city/county area and the average length of time required to assist the member(s).

Where there is not a participating provider within the contract access standards, the Contractor must provide assistance to the member in accessing timely services from the nearest participating provider available including coordinating/calling transportation services when needed. Additionally, the Contractor must notify the Department of any network deficiencies and must provide a detailed, written plan for corrective action with a timeline that addresses the network deficiencies.

**DentaQuest Response:**

DentaQuest’s customer service system functions as a customer relationship management tool to support inquiries from Department staff, providers and others received via telephone and other mediums such as the web portal, email, IVR, and data imaging systems. In addition to inquiry logging, tracking, and follow up resolution functionality, the customer service system allows the representatives to have all of the information necessary to service beneficiaries and providers at their fingertips. The customer service system provides access to beneficiary eligibility, provider network status, beneficiary claims and authorizations, beneficiary benefits and locate-a-provider functionality. When customer service representatives receive telephone calls to locate a provider, they enter the member’s address and are presented with a list of providers using geo-centric mapping coordination to provide the closest providers based on the input parameters. A multitude of search features in the customer service system permits customer service representatives to fine-tune the search to the exact needs of the member. These search features include dental specialty, special needs assistance, languages, board certification and others. Provider lists are shown to the representative from closest to furthest, allowing the representative to quickly identify the nearest provider. Provider results are detailed to reflect much of the information the beneficiary would be interested in, such as office hours, handicap accessibility, and an easy to read map of the office location.

Upon completion of the service call, the representative can identify provider names given to the beneficiary and note any other data pertaining to the phone call. By logging information as to which provider locations were provided during the call, DentaQuest can track and report information regarding how many times a provider’s information has been given out to prevent over loading an individual provider with new patient referrals. The module records all beneficiary and provider service calls, provides unique service incident tracking and reporting, supports full follow-up and referral routing workflows and reporting, and performs customer service call center statistical and management reporting.
If members require special assistance making an appointment due to geographic or special healthcare needs, DentaQuest’s member placement specialists locate providers who can accommodate their needs. These member placement specialists will assist members with making appointments. DentaQuest will also place reminder phone calls prior to the appointment to any member for which DentaQuest’s member placement specialists has assisted in scheduling the appointment.

Additionally, Kristen Gilliam, DentaQuest’s Virginia outreach coordinator, provides assistance to members expressing difficulty securing an appointment with an in-network provider. She locates a provider willing to see the member, sets up the appointment with the provider office, and confirms the appointment with the member. At times, she also coordinates transportation for the member. In the most difficult cases, DentaQuest staff works with Dr. Terry Dickinson, executive director of the VDA, to locate a provider.

The Request a Dentist Report lists calls received by members seeking dental services by urgency status, and details the average number of days taken to resolve the member’s issue.

4.7.3 Non-compliant Members

The Contractor shall establish an outreach program for dealing with individuals identified by dental providers as being non-compliant with treatment or who have missed appointments. The program, at a minimum, shall follow up with members who miss appointments, and also members who are not compliant with routine cleanings, follow-up treatment, or good oral hygiene practices. Follow up shall include written correspondence, telephone calls, and/or face to face meetings with the member. An outline of this program describing activities conducted to address non-compliance and methods for measuring and monitoring performance outcomes must be provided with the Offeror’s proposal and also as a quarterly report by the Contractor.

DentaQuest Response:

To track non-compliant members, DentaQuest will employ two processes; a pediatric dental utilization post card, and a broken appointment tracking initiative. As described in section 4.2.3, members who have not received age appropriate preventive treatment are targeted for a reminder postcard. The postcard stresses the importance of dental care and indicates it is time to visit a Smiles For Children provider. A follow-up report is run 6 months after the mailing to assess if these members have accessed care as a result of the mailing.
4.7.4 Coordination with Public Health

The Contractor shall work closely and cooperatively with the State and Local Health Department(s) to accomplish the goals of their Public Health Dental Programs. Identification of eligible children with urgent dental needs as well as identification of children with unmet needs will require Contractor to arrange care for these eligible children according to the access standards identified in Section 4.6 of this RFP. Close coordination between the Division of Dental Health of the Virginia Department of Health and the Contractor will be necessary to facilitate referral arrangements.

DentaQuest Response:

In collaboration with other Virginia-based organizations, DentaQuest has employed an Access Program to increase utilization of dental services. It has been successful in increasing access from 29% for children ages 3-20 at program startup, to 51% in SFY 2010. The dental home access program for 2011 includes new approaches to ensure the achievement of good oral health.
A large portion of our current and new action plans revolves around coordination with the state and local health departments to ensure awareness of EPSDT oral health services. These efforts include presentations to groups, booth displays at health events, committee memberships, sponsorships and provision of oral health supplies at appropriate events. DentaQuest has years of experience in working directly with the state and local health departments on various dental initiatives. It is through the combined efforts of public health entities and public health programs that DentaQuest demonstrates its leadership capacity.

DentaQuest has developed an excellent working relationship with the Commonwealth’s dental director, Dr. Karen Day of the Virginia Department of Health (VDH). We work closely with Dr. Day on various VDH oral health initiatives.

VDA Booth Display

4.7.5 Coordination with Other Entities

The Contractor shall work closely and cooperatively with external and community entities, including but not limited to case management providers in local communities, community services organizations, advocacy groups, dental providers, managed care organizations, transportation vendors, schools, health departments, local departments of social services, family members, and other interested parties, when such parties are working on behalf of the member in relation to securing needed dental care for the member. The Contractor’s response shall comply with HIPAA and Medicaid confidentiality requirements, and at minimum shall include following up with the member or the member’s responsible party in relation to the issue/need communicated by the interested party.
DentaQuest Response:

In its mission to bring dental care to as many Smiles For Children members as possible, DentaQuest reaches out to organizations focused on oral health, preventive health, dental education and increasing access to care. These organizations include state and local dental associations, primary care associations, social service clubs, Boys and Girls Clubs, and Head Start. Please see a Community Partnerships document in Tab O, which lists the names of Virginia organizations included in our oral health initiatives. Also included in this tab is a document entitled Virginia Market Relationships. It lists the names of individuals we work with in various organizations throughout Virginia.

4.8 Network Development and Provider Relations Requirements

Medicaid/FAMIS Plus and FAMIS members’ access to dental care is highly dependent on a reliable network of dental providers who are treated respectfully for their work. The Contractor shall have an effective and efficient program for recruiting dentists to join the Contractor’s provider network on an ongoing basis. As described in Section 4.8.6, the Department’s Medicaid agreement shall be included as part of the Contractor’s provider credentialed packet. The Contractor’s recruitment program shall include strategies to address barriers to provider participation throughout the Commonwealth, but should also reflect targeted efforts for the rural areas of the Commonwealth, and for members with special treatment needs. The Contractor shall report the provider recruitment activities initiated, (including what, when, where and how) to the Department on a monthly basis, and must include a network analysis reflecting recruitment/retention totals by region. The Contractor shall coordinate its efforts with the dental provider community, including the Virginia Dental Association and the Old Dominion Dental Society. The DMAS Dental Provider Listing is available on the Department’s website at http://dmasva.dmas.virginia.gov/Content_pgs/dnt-home.aspx. Contractor shall educate providers to follow practice guidelines for preventive health services identified by the Department consistent with The American Academy of Pediatric Dentistry (AAPD) recommendations regarding the periodicity of professional dental services for children, and with EPSDT program requirements. (See http://www.aapd.org and Attachment II of this RFP.) Practice guidelines for pediatric dental utilization includes timely provision of exams, cleaning, fluoride treatment, sealants and any medically necessary referral for treatment of child members.

DentaQuest Response: (Addresses components of Network Development and Maintenance elements listed in 7.1.1)

When DentaQuest began administering the dental program in 2005, there were only 620 providers in the network. Since that time, DentaQuest’s network has grown to 1,496 providers, an increase of 141%. We have also increased the amount of dental specialists in our network by 180%.

The number of providers in network is one barometer for success. However, the number of providers actually treating members is even more important. When Smiles For Children began, fewer than half of participating dental providers submitted claims. As of 2010, over 81% of the network is submitting claims.
The following chart illustrates the steady growth of the network since 2005.

Provider Recruitment
DentaQuest continues to recruit general, specialty and rural providers on an ongoing basis. Each year, we create a recruitment plan to accomplish this goal (please reference Tab J to view a copy of the plan).
This map offers a snapshot of the provider network. It shows that most members have access to a provider within 15 miles. The area surrounded by the blue circle includes Roanoke, Vinton and Salem, where DentaQuest is aggressively recruiting providers to treat adult members.

We have pinpointed areas with the greatest need for providers. Recruitment efforts are focused in Roanoke, Vinton and Salem. With one of the highest unemployment rates in the state, Roanoke and its surrounding counties are in need of additional providers who can treat adults. Please refer to Tab J for a list of the providers we are targeting for this project.

Provider mailings and meetings
With every recruitment effort, we first analyze the target area using GeoAccess reports. We also take into consideration factors such as member access, the number of member placement requests, and the pool of dentists in the area.

DentaQuest mails each non-participating provider a packet of information that includes:

- Introduction letter
- Application
- W-9 form
- Contract
- Informational survey
- Information on direct deposit
- An application for direct deposit
- Information on broken appointments
- A “Take 5” brochure, which encourages even the busiest offices to take on just five Smiles For Children families.

Our provider relations representatives, Bridget Hengle and Waradah Eargle, contact each office to set up face-to-face appointments. Every new provider who contracts with us receives a thank you packet that includes:

- Hand-written thank you card
- Business card for their provider relations representative
- Provider office reference manual
- Guide on how to use the provider web portal
- Explanation of the benefits for members over 21
- Brochure on how to reduce broken appointments
- Orthodontia guide

Please refer to Tab L for samples of these materials.

In addition to sending this packet to non-participating providers in Roanoke, Vinton and Salem, DentaQuest also sent a letter to all participating providers encouraging them to open their practice to adults. As a result of this mailing, 66 providers at 55 locations have agreed to treat members over 21. Please refer to Tab N to review a copy of the provider letter.

Here are other ways DentaQuest recruits dentists:
1. **Meeting with VDA and ODDS**

Since the inception of the *Smiles For Children* program, DentaQuest has worked closely with the Virginia Dental Association and Old Dominion Dental Society. Our combined efforts have been instrumental in growing the provider network. The first provider recruitment letter sent in 2005 was jointly sponsored by DentaQuest, the VDA, the ODDS and DMAS. DentaQuest meets regularly with the VDA and ODDS to discuss strategies to increase provider participation.

2. **Attending Annual Dental Society Conferences**

Each year, DentaQuest participates as a vendor at the ODDS and the VDA’s annual conferences. At the 2010 VDA conference, DentaQuest’s collected provider email addresses and fax numbers, and distributed “Dental Hero” buttons (Shown above) to providers and VDA board members. They were encouraged to have their colleagues to visit DentaQuest’s booth to learn more about the *Smiles For Children* program. As providers visited our booth, DentaQuest’s local Virginia team provided a handout on the benefits of becoming a “Dental Hero” for the *Smiles For Children* program. Following the event, we received a total of 40 applications in July alone. To see a sample of the Dental Hero handout, please see Tab O.

Our chief dental director, Dr. Doyle Williams will be a featured speaker at the 2011 ODDS annual conference. In conjunction with the presentation, providers in attendance will receive free continuing education units. As with the VDA conference, DentaQuest will provide information about the program to interested providers. We will also be collecting email addresses and fax numbers from participating providers.

Other annual conferences DentaQuest participates in include the Virginia Academy of General Dentistry and the Virginia Society of Pediatric Dentistry.

ODDS is the Virginia local chapter of the National Dental Association (NDA). DentaQuest has worked with the NDA since 2008. Carrie Fritz, our manager of provider relations, Carrie Fritz, is a NDA corporate roundtable representative. She works with executive members to help increase membership, market the association, assist with fundraising, and oversee committees addressing member needs. Carrie will speak at the Student Leadership Meeting in January and the New Dentist Conference in July of 2011.

In 2010, DentaQuest was chosen as the Corporate Partner of the Year Award, and Carrie was chosen as the Phenomenal Corporate Woman of the Year.

3. **Attending Dental Society Component And Study Club Meetings**
DentaQuest regularly attends VDA, ODDS component, and study club meetings to recruit providers. Our provider relations representatives, Bridget Hengle and Waradah Eargle, deliver presentations about DentaQuest and the *Smiles For Children* program. On average, Bridget and Waradah present at 20 different components and study groups per year.

We have successfully recruited providers as a result of these presentations. For example, Bridget visited the Northern Shenandoah Valley Study Club two years ago. She provided an overview of the dental program and distributed “Take 5” brochures to the 29 attendees (Please see Tab J for samples of the “Take 5” brochure, which encourages dentists to treat at least five children). Eight providers requested applications.

Prior to Bridget’s visit, the Northern Shenandoah Valley area was in need of additional providers. Warren County had no providers and the city of Winchester had five, all of which were general dentists. Within several months of the recruitment presentation, the numbers of participating providers increased in both areas – Warren to three and Winchester to twelve. Today, the numbers continue to grow. Below is a summary of the current provider network in those areas. We have also diversified the network by recruiting orthodontists, oral surgeons and a pediatric provider.

<table>
<thead>
<tr>
<th>Provider type</th>
<th>Number of providers located in Warren</th>
<th>Number of providers located in Winchester (city)</th>
<th>Total in the area</th>
</tr>
</thead>
<tbody>
<tr>
<td>General dentists</td>
<td>2</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Orthodontists</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Oral surgeons</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Pediatric</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Bridget made a recruitment presentation to the Southwest Dental Society as part of our recruitment initiative in the Roanoke, Vinton and Salem. This presentation encouraged providers to participate and challenged our existing providers to refer a colleague. The Roanoke Dental Society posted DentaQuest’s provider recruitment presentation, application and introduction letter on its website, making it easy for society members to join the network.

### 4. Advertising In Dental Society Newsletters

DentaQuest regularly places advertisements in the VDA and ODDS dental society newsletters. For example, the February/March issue of the Northern Virginia Dental Society’s newsletter included our advertisement, along with an article about the *Smiles For Children* program and DentaQuest’s “Take 5” program. This publication reached 1,200 dentists. The VDA recently sent a conference brochure that contained a *Smiles For Children* advertisement to 10,000 providers. Annually, an advertisement is placed in the ODDS annual conference journal. Please refer to Tab O for samples of these and other advertisements.
5. Leveraging relationships with key oral health stakeholders

Dr. Terry Dickinson, executive director of the Virginia Dental Association, and member of the Dental Advisory Committee and the Virginia Oral Health Coalition, has been an invaluable resource over the past several years as we continue to grow the network.

Bridget, DMAS Dental Program Manager Dan Plain, and Dr. Dickinson are currently developing strategies to increase the number of providers who will treat members over age 21 in Roanoke, Vinton and Salem. Dr. Dickinson provided us with leads on dentists who may be interested in joining the program. Bridget visited the offices, distributed applications and spoke to them about the program. Additionally, Dr. Dickinson is working with DentaQuest and DMAS to begin discussions with Carilion Clinic, a large hospital-based dental clinic in Roanoke that currently treats children under age 21. Our goal is to have Carilion open its practice to members over age 21.

Bridget is also in discussions with the Roanoke Department of Health. It previously had a dental clinic but closed its doors two years ago. We are working with the DOH to determine the possibility of reopening the clinic for members over 21.

DentaQuest has cultivated relationships with other dental and community-based organizations in Virginia. Our local presence permits us to promote the mission of the Smiles For Children dental program. We work with organizations in various ways including attending annual meetings, hosting recruitment sessions, and providing advertisements about the Smiles For Children program for their publications.
Some of the organizations we’ve worked with include:

- Virginia Academy of General Dentistry
- Virginia Society of Pediatric Dentistry
- Tuesday Dental Fellowship Club
- Metropolitan Academy of Dentistry
- Virginia Commonwealth School of Dentistry
- Henrico Child Health Coalition
- Roanoke Community Based Health Care Coalition
- Southwest Virginia Community Health Systems
- Virginia Association of School Nurses
- Virginia Rural Health Association
- Northern Virginia Dental Society

**Reporting**

DentaQuest provides a weekly report to DMAS regarding recruitment and credentialing activities. We also offer a network analysis reflecting recruitment and retention totals by region. A sample of the weekly provider application and monthly dental network summary report may be found in **Tab J**. We also submit monthly GeoAccess reports that detail member access by county. A sample of this report can also be found in **Tab J**. Annually, DentaQuest provides a dental provider network summary and dental summary report. The dental summary report includes an analysis of the number of practice locations accepting new members and the number that are not. Sample reports can be found in **Tab J**.

**Rural Recruitment Strategies**

We are redoubling our efforts to present to rural dental study clubs and societies. We are also placing advertisements in the newsletters of rural dental society components.

To further increase our rural provider network, we host recruitment events at the Virginia Commonwealth School of Dentistry. We begin to give recruitment presentations approximately 18 months before graduation. From that point until graduation, we send communications to the dental students. Two months prior to graduation, each student receives the provider recruitment packet.

**Rural Recruitment Success**

In 2005, DMAS identified 21 cities and counties considered rural. At the time, there were no participating providers in any of these areas. Further, there was no provider pool to recruit from in five of the counties. However, despite these challenges, 19 of the 21 counties had access to providers in contiguous counties or cities within 30 miles. The other two counties had access to providers within 60 miles.

Since that time, DentaQuest has recruited providers in nine of the rural areas (noted in green on the following chart). We are now 100% compliant in all of the areas, with the exception of Winchester where 99.9% of members have access to a provider within 30 miles. All members in that city have access to a provider within 60 miles.
<table>
<thead>
<tr>
<th>City or county</th>
<th>Is there a pool of providers available?</th>
<th>2005 Access to provider within 30 miles</th>
<th>2010 Access to provider within 30 miles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alleghany</td>
<td>Yes</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Amelia</td>
<td>Yes</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Appomattox</td>
<td>Yes</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Bath</td>
<td>No</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Bland</td>
<td>Yes</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Buena Vista (city)</td>
<td>Yes</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Charles City</td>
<td>Yes</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Clarke</td>
<td>Yes</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Craig</td>
<td>Yes</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Cumberland</td>
<td>Yes</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Greensville</td>
<td>No</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Henry</td>
<td>Yes</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Highland</td>
<td>No</td>
<td>34% (100% access within 60 miles)</td>
<td>100%</td>
</tr>
<tr>
<td>King George</td>
<td>Yes</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Patrick</td>
<td>Yes</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Rockbridge</td>
<td>Yes</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Shenandoah</td>
<td>Yes</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Surry</td>
<td>No</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Sussex</td>
<td>No</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Warren</td>
<td>Yes</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Winchester (city)</td>
<td>Yes</td>
<td>1% (100% access within 60 miles)</td>
<td>99.9% (100% access within 60 miles)</td>
</tr>
</tbody>
</table>

We meet with DMAS at least bi-monthly to discuss progress in our rural recruitment efforts.

**Offering Providers Administrative Ease**

We have overcome objections relating to disenchantment with government programs by easing the administrative burden of providers. During our annual provider meetings, we receive feedback on how to simplify the program. Following are the steps we have taken to encourage participation:

- **Provider web portal**
  Providers enjoy a multitude of benefits offered on the web portal, including:
  - Member eligibility verification
  - Eligibility verification rosters
  - Interactive direct data entry claim submission
  - Interactive direct data entry prior authorization request submission
  - Claims and prior authorization status inquiry
  - Online documentation links (i.e., office reference manual, provider directory in searchable document and downloadable document formats)
  - Unlimited browser options – users not limited to Internet Explorer
  - Display of payment release dates – providers can easily track payments
  - Easy-to-read menu
  - Email form for streamlined communication
  - Remittance statements are available for 12 months
The portal is organized by provider office login, and requires authentication credentials for use of secure features. It is VeriSign™ Secured, allowing DentaQuest to offer claim status information on all claims submitted, in progress, adjudicated and awaiting payment, or paid. DentaQuest’s provider web portal meets accessibility standards set forth by the Americans with Disabilities Act.

In 2011, DentaQuest will be upgrading the provider web portal with new capabilities. Providers will be able to:

- Submit claims and pre-authorizations with attachments and X-rays free of charge
- View the status of a claim much more quickly – usually within 24 hours
- Communicate with DentaQuest via secure messaging

In addition, there will be added security to give staff different levels of access to information.

Many of our Virginia providers (57%) already take advantage of the web portal to submit claims.

DentaQuest’s Broken Appointment Strategy is proprietary
Minimal prior authorization requirements
DentaQuest understands that burdensome prior authorization requirements can prevent providers from participating in a Medicaid dental program. When we first began administering the contract in 2005, we worked closely with DMAS to determine authorization protocols. We agreed that no services, with the exception of orthodontia and hospital operating room cases, would require a prior authorization. This allows providers to offer same day treatment for many services. Completing treatment on the same day helps alleviate the potential for member “no shows” or cancellations of follow up appointments.

Flexible panel options
In a typical Medicaid dental program, providers are required to treat members of all ages from any part of the state. To make the Smiles For Children program more attractive to our providers, we allow them to limit their patient load by population and area of the state. For example, some providers may only want to treat members under 21 in their county. Others are willing to see any member from surrounding counties. DentaQuest allows Smiles For Children providers to determine how to accommodate members into their practice.

Direct deposit
Direct deposit was first introduced as an option for providers in May 2009. It allows providers to receive their checks within 24 hours of the release of funds. Today, 14% of Smiles For Children payees take advantage of this service. DentaQuest regularly promotes the ease of direct deposit in our provider communications.

Improved communication to providers
DentaQuest uses several channels to communicate with its providers with respect to program updates.

These channels include:
- Fax and email blasts
- Web portal
- Mailings
- DentaQuest Digest, a quarterly newsletter
- PURLs – PURL stands for personal URL and is a way for us to communicate via the web with providers. All providers have their own PURL – it just takes a few minutes for them to activate their account. Approximately 11% of Virginia providers have signed up for a PURL. DentaQuest regularly promotes the use of PURLs to the provider community.

Local Presence In The Provider Community

Virginia Mission of Mercy Projects
DentaQuest has played an active role in the VDA’s Foundation-sponsored Mission of Mercy projects from 2005 through the present. We have participated in the Northern Virginia, Roanoke, Eastern Shore, Middle Peninsula, Piedmont Region and Wise events.

CEO Faye Donahue and Dr. Terry Dickinson at the Wise Co. MOM event
Over the years, we have provided over $102,000 in financial support for this event. We also donate dental supplies used by the volunteer dental professionals. For the Wise event, DentaQuest established the “DentaQuest Snack Bar,” an area where volunteers can take a break during their busy day to enjoy refreshments. The snack bar has become a “must have” at each year’s event.

In addition to local staff, DentaQuest volunteers have traveled from Boston, Wisconsin and Maryland to lend a hand. This contingent has included senior leadership, including CEO Faye Donahue and President Steve Pollock, board members and others. Please refer to Tab O to see pictures from this year’s event.

**Virginia Dental Advisory Committee (DAC)**

The DAC was established in 1998 by DMAS and is comprised of providers representing the VDA, ODDS, the Virginia Health Department, the Virginia Commonwealth University School of Dentistry, providers representing various geographic areas, ethnicities and specialties and other dental health stakeholders. In collaboration with DMAS, this committee is tasked with monitoring DentaQuest's activities in the *Smiles For Children* program and making recommendations to improve access to care for members. DentaQuest's local staff attends each meeting. Cheryl Harris provides a program update on topics such as benefit changes, survey results, provider training sessions and recruitment efforts. Lori Howley, director of state contracts, attends two meetings per year.

DentaQuest has recommended a number of cost saving initiatives to the DAC and DMAS. Please refer to Tab O for a letter that outlines our recommendations. We have also recommendations on the reduction of broken appointments and new orthodontia criteria.

**High Level of Provider Satisfaction**

The 2010 *Smiles For Children* provider survey indicated that 94% of the providers are satisfied with the dental program. Additionally,

- 96% of providers plan to renew with DentaQuest next year
- 97% believe DentaQuest is as good as or better than competitive dental insurance carriers
- 92% agree that “DentaQuest is a leader in improving the oral health of its members
To view the 2010 provider survey, please refer to Tab M. It’s important to note that despite a fee decrease in July, 2010, no providers left from the network. Providers show overwhelming support for DentaQuest as evidenced in testimonials that appear throughout this RFP and in Tab A.

4.8.1 Dental Services Delivery System

The Contractor shall arrange for and administer covered dental services to Medicaid/FAMIS Plus and FAMIS eligible members and must ensure that its dental services delivery system will provide available, accessible and adequate numbers of dental, dental specialty providers, and appropriate locations for the provision of covered services. The Contractor shall document in the response to this RFP how this delivery system will be established. In establishing and maintaining the network, the Contractor shall consider all of the following:

i. the anticipated Medicaid/FAMIS Plus and FAMIS enrollment;
ii. the expected utilization of services, taking into consideration the characteristics and health care needs of the anticipated Medicaid/FAMIS Plus and FAMIS population to be served;
iii. the numbers and types (in terms of training and experience, and specialization) of providers required to furnish the contracted services;
iv. the numbers of network providers not accepting new Medicaid/FAMIS Plus and FAMIS patients;
v. the geographic location of providers and members, considering distance, travel time, and the means of transportation (including public transit) ordinarily used by Medicaid/FAMIS Plus and FAMIS members; and
vi. whether the location of service provision provides physical access for members with disabilities.

DentaQuest Response:

DentaQuest’s delivery system ensures members seeking medically necessary care can obtain it within the required timeframes, and from a provider in their area. We have increased the provider network by 141% over the past five years and have implemented strategies to retain our current providers. As we maintain our delivery system, we take several factors into account.

Anticipated enrollment – DentaQuest understands that membership in Medicaid programs can fluctuate. In anticipation of increased membership in the coming years as health reform takes effect, DentaQuest is participating on a DAC subcommittee to discuss strategies related to how to increase the number of dentists providing care to Smiles For Children adults.

Expected utilization of services – On an annual basis, DentaQuest works with DMAS to develop expectations regarding utilization for the year.

Number and types of providers – We monitor our provider network to ensure we are meeting provider-to-member ratio goals in each specialty. The following chart provides the number of providers by type and provider-to-member ratio.
<table>
<thead>
<tr>
<th>Type</th>
<th>Number of Providers</th>
<th>Goal Of Provider To Member Ratio</th>
<th>DentaQuest’s Actual Provider To Member Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>General and pediatric dentists</td>
<td>1,224</td>
<td>1:1,500</td>
<td>1:710</td>
</tr>
<tr>
<td>Orthodontist</td>
<td>113</td>
<td>1:20,000</td>
<td>1:7682</td>
</tr>
<tr>
<td>Oral surgeon</td>
<td>100</td>
<td>1:20,000</td>
<td>1:868</td>
</tr>
<tr>
<td>Periodontist</td>
<td>17</td>
<td>1:30,000</td>
<td>1:51065</td>
</tr>
<tr>
<td>Endodontist</td>
<td>17</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Prosthodontist</td>
<td>7</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Dental Anesthesiologist</td>
<td>4</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Number of dentists not accepting new members** – During the course of the current contract, an average of 21% of participating providers have designated their status as “not accepting new patients.” This measure is assessed monthly and annually. DentaQuest has taken steps to encourage providers not actively treating members to do so through phone calls and mailings. Please see Tab N for a sample letter sent to providers encouraging them to open their practice to new patients.

We conducted a caseload capacity evaluation study in 2009 to understand the needs of participating providers and determine why offices are not accepting new patients. A frequent reason for refusing new members was due to broken appointments. This is an area of concern for many providers in the network. In 2011, DentaQuest will initiate a broken appointment tracking system. Providers will have the ability to log broken appointments and DentaQuest will perform outreach to these members. To review the full survey results, please refer to Tab M.

**Geographical location of providers and members** – DentaQuest considers many factors such as distance, travel time and means of transportation when recruiting providers for the network. We also consider the pool of dentists available in each county. While there are some counties in which there are no practicing providers, DentaQuest’s network is still able to provide access within 30 miles for 99.9% of all members.

**Access for members with disabilities** – On the provider application and in a special provider survey, DentaQuest asks if the office has the capacity to treat members with special needs. At all provider training sessions, providers are encouraged to update their practice profile. Customer service representatives can search for providers who accommodate special needs patients.

**4.8.2 Provider Network Requirements**

The Contractor’s network shall include the following classes of providers in numbers that are sufficient to enable Contractor to furnish services described in this RFP in accordance with the timeline, geographic and other standards described in Section 4.6 of this RFP:

- Dentists and dental hygienists, and other recognized dental professionals who are trained in dental care and oral health and experienced in performing triage for such care; pediatric dentists; orthodontists; periodontists; endodontists; prosthodontists; oral pathologists; and oral and maxillofacial surgeons; and
b Dentists and other health and dental professionals described above with demonstrated experience in the provision of services to children with acute and chronic medical conditions or special circumstances, including but not limited to cardiovascular conditions; HIV infection, developmental disability, cancer, behavioral disorder, or foster care children; and
c Dental specialists and sub specialists that furnish multidisciplinary treatment of cranio-facial anomalies;
d Pediatric dentists and specialists that serve children with special needs, including those with mental health and developmental disabilities.

The Contractor shall include in the dental network licensed providers who meet credentialing standards and are willing to participate in the Department’s dental program. As described in Section 4.8.6, the Department’s Medicaid agreement shall be included as part of the provider credentialing packet. The Contractor is also encouraged to develop and maintain a list of referral sources which includes community agencies, State agencies, “safety net” providers, teaching institutions and facilities that are needed to ensure that the members are able to access and receive the full continuum of treatment services and support.

DentaQuest Response:

DentaQuest has built a diverse provider network to manage the needs of the **Smiles For Children** members. Below is a summary of our provider network. To participate, providers must:

- Be licensed in the state where they practice
- Demonstrate appropriate experience and training
- Complete an application which includes the DMAS Participation Agreement

<table>
<thead>
<tr>
<th>Provider type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>General dentist</td>
<td>1,115</td>
</tr>
<tr>
<td>Pediatric dentist</td>
<td>127</td>
</tr>
<tr>
<td>Orthodontist</td>
<td>115</td>
</tr>
<tr>
<td>Oral surgeon</td>
<td>103</td>
</tr>
<tr>
<td>Periodontist</td>
<td>17</td>
</tr>
<tr>
<td>Endodontist</td>
<td>17</td>
</tr>
<tr>
<td>Prosthodontist</td>
<td>7</td>
</tr>
<tr>
<td>Dental Anesthesiologist</td>
<td>4</td>
</tr>
</tbody>
</table>

At the time of credentialing, providers inform us of their ability to accommodate special needs members. This information is housed in our system and accessible to customer service staff when assisting members in locating a provider. Additionally, the Virginia outreach coordinator and two provider relations representatives have developed relationships with providers trained to handle difficult cases.

DentaQuest maintains lists of referral sources to ensure **Smiles For Children** members can access care. In **Tab K**, you will find copies of:

- Our secondary network list of participating providers who prefer not to be in the directory or who may have limited office availability, but will see special cases.
The Virginia Department of Health dental directory, which includes important contact information for the Department of Health and health districts across the state.

4.8.3 Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Local Health Departments

The Contractor is encouraged to contract with Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Local Health Departments that have the capacity to deliver dental services.

DentaQuest Response:

FQHCs and RHCs play a vital role in the delivery of care to Smiles For Children members. DentaQuest contracts with 25 FQHCs and RHCs at 27 locations across the state. For a full list of contracted FQHCs and RHCs, please refer to Tab K.

4.8.4 Comprehensive Network of Dental Providers with Appropriate Demographic Placement and Specialties

The Offeror shall submit the following provider network analysis report as part of its proposal package. In lieu of letters of intent, the Offeror can provide a detailed strategy for provider recruitment and development activities. The Offeror’s strategy should include a quantitative analysis of the planned activities and expected recruitment results based upon the Offeror’s prior experience or related research analysis. Additionally, upon implementation of the Contract resulting from this executed RFP, the Contractor must submit the required network analysis information on a monthly basis and annually:

i. A listing in Microsoft Excel, on diskette or CD, in a format agreed upon by the Department and the Contractor, of all enrolled providers within the Contractor’s proposed network. (Letters of intent will be acceptable for purposes of this RFP). Column headings shall be those listed below:

- Provider First name
- Provider Last name
- Provider type and specialty, example: General Dentist, Pediatric Dentist, Orthodontist, Endodontist, Oral Surgeon, etc. (if internal company abbreviations are used, supply a cross reference)
- City, State, Zip of the physical office location NOT the billing/payment location
- County
- Office telephone number
- Tax ID number
- NPI number
- Email if available
- Additional language abilities (other than English)
- Status of contract (letter of intent or signed contract)

In lieu of letters of intent, the Offeror can provide its detailed strategy for provider recruitment and development activities. The Offeror’s strategy should include a quantitative analysis of the planned activities and expected recruitment results based upon the Offeror’s prior experience or related research analysis.
• Panel limitations [accepting new Medicaid/FAMIS Plus and FAMIS members, accepting current Medicaid/FAMIS Plus and FAMIS members only, accepting a limited number (include specifics), etc.]

**DentaQuest Response:**

Please refer to the CD in Tab V for this listing.

ii. Sample contracts for each provider type.

**DentaQuest Response:**

DentaQuest uses one provider contract for all specialties. Please refer to Tab L to review a copy of the contract.

iii. A discussion of how the network will address the special needs of children and pregnant women.

**DentaQuest Response:**

DentaQuest works closely with providers to determine their ability to serve a diverse population, including members who are hearing impaired, visually impaired, pregnant or have other special needs.

Information about providers’ special needs capabilities is housed in DentaQuest’s system. This allows our customer service department to help special needs members find a provider who can accommodate them. The customer service team also assists members who require interpretation services or help scheduling appointments.

iv. A description of educational, outreach, training programs and any other services that are rendered by the Offeror to its providers, including any provider telephone help lines.

**DentaQuest Response:** *(Addresses components of Education elements listed in 7.1.1)*

In accordance with our contract with DMAS, provider education/training sessions are offered at least twice per year (spring and fall) in a number of venues and locales. This allows providers in all regions of the state to attend a session. This past year, DentaQuest conducted on-site training from October 15-28 in the following localities:

- Bristol
- Roanoke
- Charlottesville
- Springfield
- Chester
- Newport News

**Smiles For Children** Executive Director
Cheryl Harris speaks to a full house at this year’s provider training session in Springfield
A total of 211 providers and provider representatives attended a training session. An average of 97% of participants evaluated the overall effectiveness of the training as “excellent” or “good.” We will be hosting a provider training session in the first quarter of 2011, using WebEx, regarding the business transformation initiative.

In addition to the twice per year sessions, DentaQuest offers a number of educational opportunities shown in the following chart.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Frequency</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program update/training sessions</strong></td>
<td>Twice per year; one in-person meeting, one telephonic meeting.</td>
<td>Please refer to <a href="#">Tab P</a> for a sample presentation.</td>
</tr>
<tr>
<td>These sessions include topics such as:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Program updates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Benefit changes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Prior authorizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Claims and timely filing requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Key components of the ORM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Enrollee outreach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provider appeals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dental benefits for Medicaid adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Two Virginia-based provider relations</strong></td>
<td>As needed – since 2008, DentaQuest provided training to over 200 offices</td>
<td>Please refer to <a href="#">Tab P</a> for a sample of the contact log.</td>
</tr>
<tr>
<td><strong>representatives</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>provide target training in person, by phone or mail. We reach out to providers, or they may request assistance on topics such as:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pre-auth procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Appeals process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• How to correctly bill certain CDT codes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Topic-specific provider training sessions</strong></td>
<td>As needed</td>
<td>Please refer to <a href="#">Tab P</a> for a sample of the orthodontia provider training session.</td>
</tr>
<tr>
<td>DentaQuest hosts target trainings when the need arises. For example in July 2008, we held a session for</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
orthodontists. It clarified orthodontic issues related to:

- Eligibility
- Coverage
- Authorizations
- Continuation of Care
- Billing

<table>
<thead>
<tr>
<th><strong>The DentaQuest Digest</strong></th>
<th>Quarterly</th>
</tr>
</thead>
<tbody>
<tr>
<td>This newsletter features informative articles and updates on program changes. The Digest also provides educational articles regarding prevention such as:</td>
<td></td>
</tr>
<tr>
<td>How to help raise EPSDT scores</td>
<td></td>
</tr>
<tr>
<td>Recommendations for preventative pediatric oral health care</td>
<td></td>
</tr>
<tr>
<td>The importance of six month recall visits</td>
<td></td>
</tr>
</tbody>
</table>

Please refer to Tab N for a hard copy sample.

<table>
<thead>
<tr>
<th><strong>The provider web portal</strong></th>
<th>Ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portions of DentaQuest’s website are geared specifically to provider education.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Email and fax blasts and PURLS</strong></th>
<th>Quarterly and as needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational materials deal with important topics such as:</td>
<td></td>
</tr>
<tr>
<td>Please refer to Tab N for two sample email blasts.</td>
<td></td>
</tr>
</tbody>
</table>
- Claim submissions
- Orthodontia benefit guidelines
- Prior authorizations
- Eligibility

**Provider education series on dental home**

**Provider brochure, How to Reduce Broken Appointments**

**Provider Office Reference Manual**

This manual assists providers in running an efficient office and keeping them informed of program changes as they occur. The ORM is designed to answer virtually any question a provider might have about participating in our network.

The ORM is updated on an annual basis. Providers are notified of all changes to the ORM at least 30 days prior to the effective date of the change.

Please refer to CD in Tab V to review a full copy of the ORM and sample notification of change.

**Toll-free customer service line and IVR**

Providers can contact DentaQuest’s customer service N/A

Please refer to Section 4.3 for a full description of our call center capabilities.
service department between normal business hours for assistance. They may access the interactive voice response system 24/7, which allows them to check eligibility. We have a new IVR system going live in 2011 that will allow providers to check claims, benefits, history, authorization status, and request that information be faxed to their office.

DentaQuest offers special training and educational opportunities to our providers.

**Continuing Education Units**

DentaQuest is a CERP provider recognized by the American Dental Association (ADA). We can sponsor or present continuing education courses and provide continuing education credits to attendees. At the fall 2008 provider training session, DentaQuest presented sessions regarding program coverage guidelines for scaling and root planning and dental records – guidelines for adequate chart documentation. Dentists and dental hygienists attending the sessions received two free continuing education units (CEU).

In spring of 2008 and fall of 2009, DentaQuest hosted provider training sessions that addressed special needs members. Providers were offered a free two hour continuing education activity from the National Institute of Dental and Craniofacial Research. The series, entitled “Practical Care for People with Developmental Disabilities”, can be found at: http://www.nidcr.nih.gov/oralhealth/topics/developmentaldisabilities. Providers who completed the activity earned two CEUs. We also included an article, authored by Dr. Harvey Levy, a DentaQuest participating provider, entitled “Debunking the Myths About Special-needs Patient Care” in our fall 2010 training packets. Samples of the presentation, articles and CEU test can be found in Tab P.

**The DentaQuest Institute’s Safety Net Solutions Webinar**

In June of 2010, Dori Bingham, Program Manager for Safety Net Solutions, hosted a free webinar on the importance of having an effective front desk. Because the front desk is often where many activities that support the financial sustainability of a dental practice occur, it’s important that staff is organized and can efficiently manage patients. 150 providers or staff attended this webinar. Please refer to Tab P for the presentation.

v. A description of claims and service authorization processing policy and procedures, including service authorization and claims submission options for services requiring service authorization, timeframes/standards for authorization approvals and provider payment.
DentaQuest Response:

We detail our claims processing policies in Section 4.13 and our service authorization policies in Section 4.12. Please refer to these sections for descriptions of the requirements.

4.8.5 Policy of Nondiscrimination

The Contractor shall ensure that its providers provide contract services to members under this Contract at the same quality level and practice standards as provided to non-Medicaid members. Additionally, the Contractor shall ensure that its network providers treat members with the same level of dignity and respect as served in the Contractor’s commercial products.

4.8.5a Nondiscrimination-Special Needs
The contractor shall ensure that its providers provide contracted services without discrimination to Medicaid members with special needs to include communication and language barriers.

4.8.5b Effective Communication
The contractor shall ensure that its providers can communicate effectively and when necessary, can assist the provider in obtaining the appropriate accommodations. Providers may be reimbursed for any costs incurred in the provision of additional services through an established billing process approved by the Department and agreed to by the contractor. Providers shall not be required to accept or continue treatment of a member with whom the Provider feels he/she cannot establish and/or maintain a professional relationship, or is beyond the scope of Provider’s expertise or ability.

DentaQuest Response:

To participate in the Smiles For Children program, providers are required to agree to all program provisions. Acceptance of the provisions is demonstrated through a signed provider agreement. The Smiles For Children Dental Provider Services Agreement includes language that requires providers to communicate effectively with members and provide contracted services without discrimination to Medicaid members presenting communication and language barriers.

The Office Reference Manual further reiterates these expectations:

- **Smiles For Children** dentists will provide contracted services without discrimination to Medicaid members with special needs. This includes arranging communication assistance, such as interpreter services for persons with communication and language barriers.

- Title XIX of the Social Security Act requires Medicaid providers to provide nondiscriminatory services to its clients including those with limited English proficiency. In order to help providers with this requirement, DMAS has implemented a provision for reimbursement of interpreter services under the Smiles For Children program when there is a need and it relates to the treatment.

In situations where a member reports a violation of these expectations, DentaQuest investigates the situation through its Grievances and Appeals process and reports the findings to DMAS.
4.8.6 Provider Licensure, Credentialing and Certification Standards

The Contractor shall demonstrate that dentists in the SFC network are licensed by the State and have received proper certification or training to perform dental services contracted for under this RFP. Should the network include dentists from states in close proximity to the Commonwealth, the contractor shall demonstrate that dentists are licensed in the state in which they practice and have received proper certification or training to perform dental services contracted for under this RFP. The Contractor shall not execute provider agreements with providers who have been excluded from participation in the Medicare and/or Medicaid programs pursuant to Sections 1128 or 1156 of the Social Security Act or who are otherwise not in good standing with the Department program or applicable licensing board. The Contractor’s standards for licensure and certification shall be included in its participating provider network agreements. The Contractor shall ensure that providers include any disciplinary action histories from the Virginia Board of Dentistry or any other regulatory authority.

The Contractor shall have written policies and procedures for their credentialing process. The Contractor’s recredentialing process shall include the consideration of performance indicators obtained through the quality improvement plan (QIP), utilization management program, grievance and appeals system, and member satisfaction surveys. The Contractor shall perform an annual review on all subcontractors to ensure that the health care professionals under contract with the subcontractor are qualified to perform the services covered under this RFP and resulting Contract. The Contractor must have in place a mechanism for reporting to the appropriate authorities any actions that seriously impact quality of care and which may result in suspension or termination of a practitioner’s license. The Offeror shall submit a copy of their provider credentialing standards in the response to this RFP. The Department reserves the right to negotiate final approval of the Contractor’s credentialing requirements for the Department’s dental program. The DBA's credentialing packet shall include Federal, State, and DMAS' provider participation requirements. See the current Smiles For Children Provider agreement, which includes these requirements (Federal, State, and DMAS) as well as the current DBA's participation requirements, available on the web at: http://websrvr.dmas.virginia.gov/Forms/Dnt-Agrmnt/Default.aspx. DMAS reserves the right to approve the DBA's SFC credentialing packet/participation agreement at startup and prior to implementing any changes.

DentaQuest Response:

To participate in the Smiles For Children program, the provider must be licensed in the state in which he or she practices, demonstrate proper certification and training to perform the services for which he or she is licensed, and must not be excluded from participation in the Medicare and/or Medicaid programs. The credentialing plan provides a general guide for the acceptance, denial, discipline and/or termination of participating providers.

Initial Credentialing

All Smiles For Children applications reviewed by DentaQuest satisfy the requirements of the Smiles For Children program as well as National Committee for Quality Assurance (NCQA) standards of credentialing as they apply to dentistry. In the past 12 months, DentaQuest completed the credentialing process for Smiles For Children providers on average within 14 days.
Before forwarding an application to the credentialing committee, DentaQuest’s credentialing staff determines whether an applicant meets administrative requirements based on NCQA standards. Verification of credentials follows NCQA standards and DentaQuest’s minimum credentialing standards. These requirements include the following:

- Graduation from a dental school listed in the current American Dental Association Accredited Dental Schools directory.
- If applicable, completion of a post-graduate training program appropriate for the type of participation sought.
- Current licensure status and sanction history are verified through the National Practitioners Data Bank and the appropriate state-licensing agency.
- Current and valid Drug Enforcement Agency (DEA) registration, unless the applicant’s practice does not require the dispensing of narcotic agents.
- Current certification and/or participation in the Medicare and/or Medicaid programs.
- Applicant’s level of liability insurance or remaining level of policy coverage meets minimum limits established by the Plan or the State mandated level, whichever is higher.
- Board certification (if applicable)
- Completion of a credentialing application

To ensure DentaQuest receives timely notice of provider license information and board actions, DentaQuest subscribes to the Virginia Department of Health Professions’ interactive License and Case Decision Notification Service. Any change in the status of a provider’s license, such as license expiration and renewal or notices of proceeding and/or board action, generates an alert that is sent via email to the DentaQuest Manager of Credentialing and Virginia Project Director. Each month the credentialing department runs a query to identify providers for whom we need updated information such as insurance, DEA, state license, or EPLS. Sanctions are monitored, as is the OIG website.

All provider issues that result in non-compliance with the credentialing standards are presented to the credentialing committee for their review at a minimum of once per month.

Please find the credentialing policies and procedures (Section 300) in Tab V. Please refer to Tab I for a sample of our monthly credentialing meeting minutes.

The chart below details DentaQuest’s credentialing timeline. We continually simplify enrollment and credentialing procedures for our providers.

<table>
<thead>
<tr>
<th>Step</th>
<th>Task</th>
<th>Description</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Obtain complete application and contract from provider.</td>
<td>A credentialing application and contract is completed by the provider. This is sent to DentaQuest along with a W-9 and a copy of the malpractice insurance coversheet</td>
<td>Day 1</td>
</tr>
<tr>
<td>2</td>
<td>Identify whether or not the application is</td>
<td>The information is forwarded to a designated enrollment specialist to review the information and determine if it is complete. If not, the</td>
<td>5 working days</td>
</tr>
<tr>
<td>Step</td>
<td>Task</td>
<td>Description</td>
<td>Days</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>-------------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>enrollment specialist contacts the provider and requests the information within 10 working days.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Application and contract is completed and passed on to provider data analyst.</td>
<td>Provider demographic information is entered into the system from the application and appropriate locations, products and payee are assigned to the provider.</td>
<td>4 working days</td>
</tr>
<tr>
<td>4</td>
<td>Application is forwarded to credentialing.</td>
<td>Credentialing enters application information into the system and completes verification of DEA and State License. The National Practitioner Data Bank, Office of Inspector General and Excluded Parties Listing are obtained.</td>
<td>4 working days</td>
</tr>
<tr>
<td>5</td>
<td>Provider approved or denied from the network.</td>
<td>Provider is presented to the Credentialing Committee for approval or denial (weekly).</td>
<td>1 – 5 working days</td>
</tr>
<tr>
<td>6</td>
<td>Provider is activated in the system.</td>
<td>Approved locations and products are activated.</td>
<td>1 day</td>
</tr>
<tr>
<td>7</td>
<td>Welcome letter sent to provider.</td>
<td>Provider is sent a letter to each location indicating their effective date and information regarding the Office Reference Manual and customer service phone numbers. They are also sent a personalized thank you card from the local provider relations representative, a copy of ORM, OVER 21 Presentation; Broken Appointment brochure and the orthodontic FAQs and presentation, when necessary.</td>
<td>3 days</td>
</tr>
</tbody>
</table>

**Recredentialing**

Per *Smiles For Children* guidelines, providers are recredentialed every 36 months.

All provider applications reviewed by DentaQuest satisfy National Committee for Quality Assurance (NCQA) standards of credentialing as they apply to dentistry. Recredentialing includes primary source verification. During the process, we also take into account performance indicators obtained through the quality improvement plan (QIP), utilization management program, grievance and appeals system, and member satisfaction surveys.
Before forwarding an application to the Credentialing Committee, DentaQuest’s credentialing staff determines whether an applicant meets administrative requirements based on NCQA standards. For a complete list of recredentialing requirements, please see policy 300.016 in Tab V.

We take several steps to ensure providers are recredentialed in a timely manner. A report is run 6.5 months before the provider’s credentialing is due to expire. The provider receives a letter along with a pre-populated application.

As applications are returned to DentaQuest, the provider status is changed to indicate we have received their recredentialing information. The application is filed for completion prior to the month of expiration.

A second report is run four months prior to the provider’s credentialing expiration. This report notes providers who have not sent in their recredentialing documents. Another letter is sent to providers requesting the necessary information.

Two months prior to the provider’s credentialing expiration, provider relations representatives follow up with providers who have not sent in their application. Follow-up continues until the requested information is obtained.

4.8.7 Provider Enrollment into Medicaid

The Contractor shall ensure that, as part of its credentialing process, all dental providers enroll in the Virginia Medicaid program, Smiles For Children. The Contractor shall coordinate provider enrollment of dental providers into the Medicaid program with the DMAS Provider Enrollment Contractor.

DentaQuest Response:

As part of our credentialing process, all dental providers are enrolled in the Virginia Medicaid program. Upon completion of credentialing, we send a weekly report of new providers to DMAS. The report includes the information DMAS needs in order to update its system. Please refer to Tab G for a copy of the new provider NPI report.

4.8.8 Provider Contract Agreements

The Offeror shall submit with its proposal a complete copy of the provider agreement packet. The Contractor’s final provider network agreement for participation in the Smiles For Children program shall be consistent with all applicable Federal and State laws and regulations and the requirements described in this RFP. The final provider network agreement language shall be developed by the Contractor and the Department, and must be approved by the Department prior to implementation and upon any revision. All provider agreements executed by the Contractor, and all provider agreements executed by subcontracting entities or organizations, pursuant to this RFP shall comply with HIPAA privacy and security rules and regulations as described in Section 10 of this RFP. Provider agreements shall specify that the provider shall accept payment or appropriate denial made by the Contractor (or, if applicable, payment by the Contractor that is supplementary to the member’s third party payer) as payment in full for covered services provided and shall not solicit or accept any surety or guarantee of payment from the member. Member shall include the patient,
parent(s), guardian, spouse or any other legally responsible person of the patient being served.
Provider agreements shall include a provision whereby either the Contractor or the provider may
terminate the provider agreement without cause within 30 days advance notice. The Contractor shall
maintain an electronic copy of the provider application on file, and shall provide a copy of the
provider application to the Department upon request.

**DentaQuest Response:**

In **Tab L** please find the complete provider agreement packet. This packet is either mailed to the
provider, or delivered by one of our provider relations representatives.

The packet includes:

- Introduction letter
- Application
- W9 form
- The *Smiles For Children* contract
- Informational survey that asks the provider what type of specialties they can perform, if and
  where they have hospital privileges, and if they can accommodate special needs
- Information on direct deposit
- Application for direct deposit
- Best practices for reducing broken appointments
- “Take 5” brochure, which encourages even the busiest offices to open up their practice to
  just five *Smiles For Children* families

The provider contract includes the stipulations regarding payment, denials and termination
highlighted in Section 4.8.8 of this RFP.

DentaQuest retains on file an electronic copy of the provider application, supporting documents and
provider agreement.

**4.8.9 Provider Termination**

The Contractor or the dental provider may terminate the provider agreement without cause with 30
days advance notice. The Contractor shall provide written notice to patients of a provider within
fifteen (15) calendar days from the date that the Contractor becomes aware that the provider will no
longer be available to render services. Additionally, the Contractor shall provide the names of other
dental providers accepting Medicaid/FAMIS Plus and FAMIS patients in the member's locality.
Each notice shall include all components identified in the notice template to be developed by the
Contractor and approved by the Department. The timing requirement for the provision of this
notice shall be waived in instances where a provider becomes physically unable to care for members
due to illness, death or the provider moves from the service area and fails to notify the Contractor
or when a provider fails credentialing, and instead the Contractor shall ensure that patients are made
aware immediately upon the Contractor becoming aware of the circumstances. (Notice shall be
issued in advance of the provider termination when possible or immediately upon the Contractor
becoming aware of the circumstances.)
DentaQuest Response:

It’s indicated in the provider service agreement that the provider and DentaQuest each have the right to terminate the agreement without cause, provided 30 days advance written notice. Please refer to Tab L for the provider agreement. This specific provision is contained in Section 15 on page eight.

Upon a provider’s termination from the network, DentaQuest provides written notice to patients of that provider within 15 calendar days from the date DentaQuest is aware of the termination. Please find a sample of this letter in Tab Q. We also send a weekly provider termination report to DMAS, also found in Tab Q.

4.8.10 Change in Provider Network Status

Upon final notification of a change in provider network status, or any variation from the requirements of this RFP, which shall be based on the requirements of this RFP, the Contractor shall immediately provide written notice to members living in the affected area of change in the Contractor’s network. The notice content shall be consistent with the notice template to be developed by the Contractor and approved by the Department. Additionally, the Contractor shall prepare and submit to the Department within 5 business days of identifying any network deficiency a plan of corrective action to include a timeline for correction. The plan must detail the activities and associated time-lines the Contractor will employ to address the network deficiency and the assistance in locating a provider that it will provide to members that reside in the locality experiencing the deficiency.

DentaQuest Response:

When a provider’s network status changes from accepting to not participating, DentaQuest sends a written notice to members living in the affected area of change. Please refer to Tab Q to review the letter. Should the provider’s status change result in a network deficiency, DentaQuest would prepare a corrective action plan and submit it to DMAS.

4.8.11 Notice of Provider Termination to the Department

The Contractor shall notify the Department of any provider termination and submit a template copy of the member notice sent as well as an electronic listing identifying each member to whom a notice was sent. The Contractor shall maintain a copy of the actual notice on-site and forward a copy of the notices upon request from the Department. If the provider initiated the termination, said notice shall include a copy of the provider’s notification to the Contractor.

DentaQuest Response:

As noted previously in Section 4.8.9, upon a provider’s termination from the network, DentaQuest provides written notice to patients of that provider within 15 calendar days from the date DentaQuest is aware of the termination. Please find a sample of this letter in Tab Q. DentaQuest maintains copies of the actual notice onsite.
We send a weekly provider termination report to DMAS, along with an electronic listing, identifying each member to whom the notice was sent. These documents can be found in Tab Q.

4.8.12 Provider Education

The Contractor shall provide continuing training for participating dental providers throughout the Commonwealth. The Contractor shall hold at least two training sessions per year for each region (Tidewater, Northern Virginia, Richmond/Petersburg, Charlottesville, Roanoke, and Abingdon/Far South Western Region) in the state. At least one session must be held physically within the designated regions. The Department may approve that the second and subsequent trainings be provided via Internet-based technology such as Web-ex or another application. The Contractor shall have the ability to provide individual training and education as needed and as requested by providers. At a minimum, training shall address pediatric dental utilization, billing procedures, and other pertinent provisions of the dental program. The Contractor shall submit all training material to the Department for approval at least sixty (60) calendar days prior to the training session. The Department shall have fifteen (30) calendar days to review and request changes, if necessary. If changes are requested, the Contractor must resubmit the training material within ten (10) calendar days of receipt of the Department’s comments. The Contractor shall provide documentation of all formal training activities and individualized corrective action assistance to the Department on a quarterly basis.

DentaQuest Response:

DentaQuest’s provider education efforts are outlined in Section 4.8.4iv.


The Contractor shall produce and distribute a dental program criteria manual also referred to as the Office Reference Manual (ORM), following the amount, duration and scope of coverage provisions of the Department’s Dental Provider Manual and specific to Virginia Medicaid/FAMIS Plus and FAMIS coverage, to assist participating dental providers. The manual shall be updated annually and as needed and clearly define covered services, limitations, exclusions, and utilization management procedures including, but not limited to: prior approval requirements/options and special documentation requirements for treatment of members. The manual shall include a detailed description of billing requirements for participating dental providers and shall contain a copy of Contractor’s paper billing forms and electronic billing format. The Contractor shall produce and distribute revisions to the manual to participating providers prior to the effective date. The provider manual and any revisions thereto must be submitted to the Department for review and approval prior to distribution. Once approved by the Department, the Provider Manual and any attachments must be submitted in a PDF and Word file to the Department for inclusion on the DMAS website, and must also be published on the Contractor’s website. The Department’s dental coverage criteria and guidelines are detailed in the Office Reference Manual available on-line at: http://www.dmas.virginia.gov/dental-providers_home.htm

DentaQuest Response:

DentaQuest’s office reference manual (ORM) assists providers in running an efficient office and keeping them informed of program changes as they occur. The ORM is designed to answer virtually
any question a provider might have about participating in our network and includes information needed to appropriately submit claims for prior authorization.

The ORM is updated on an annual basis, or more frequently as necessary. Providers are notified of all changes to the ORM at least 30 days prior to the effective date of those changes. An updated ORM and notice of changes are also posted on DMAS’ website.

Please refer to Tab V for a copy of the provider ORM. Providers may access the ORM on the provider web portal, via DMAS's website http://www.dmas.virginia.gov/downloads/pdfs/dental-office_reference_manual.pdf, or by calling a provider relations representative to obtain a hard copy.

### 4.8.14 Provider Reconsideration Process

The Contractor shall develop policies and procedures to allow providers an opportunity for review and reconsideration of Contractor decisions. The reconsideration process shall be defined in the Contractor’s agreement with the dental provider. The Contractor’s review and reconsideration process must be reviewed and approved by the Department prior to implementation. The Contractor shall notify providers of their rights to appeal adverse actions to the Department if the review and reconsideration does not resolve the provider’s challenge(s). The Contractor will provide DMAS with monthly reports indicating the number of reconsideration requests received as well as their detailed analysis and final disposition.

**DentaQuest Response:**

DentaQuest’s reconsideration process, as defined in its current provider agreement and as approved by DMAS, is as follows: Providers who disagree with determinations made by DentaQuest may submit a written notice of appeal to DentaQuest that specifies the nature and reason for the disagreement. The provider is required to submit a completed appeals form, which is found on page A-20 of the provider ORM. The form, along with supporting information, is sent to DentaQuest within 30 days from the date of the original determination to be reconsidered.

All notices will be submitted to the Virginia Peer Review Committee for review. The Committee will respond in writing with its decision to the provider. Upon completion of the appeal process, the provider may appeal to DMAS. The appeal must be in writing and sent to DMAS within 30 days from the final appeal decision letter from DentaQuest.

DentaQuest outlines this process in Section 6.01 of the ORM. Please refer to Tab R for the monthly report of reconsideration requests.

### 4.8.15 Provider Appeals to DMAS

Medicaid providers have the right to appeal adverse decisions to the Department. The Contractor shall inform providers of their right to appeal to the Department. The Contractor shall assist DMAS by presenting the Department’s position in the administrative appeals process in conjunction with appeals of Contractor actions filed by providers. In addition to the reconsideration process, DMAS has two levels of administrative appeals generally referred to as the informal level and the formal level. At the informal level the Contractor prepares the DMAS appeal summary and represents
DMAS at an informal conference with the provider before a DMAS employee Appeals Agent. At the formal level, the Contractor assists DMAS staff counsel in preparing the case summary, complies with any subpoena or deposition requests that may be issued pursuant to the Virginia Administrative Process Act, and acts as a witness at a hearing before a hearing officer as appointed by the Virginia Supreme Court. Upon receipt of notification of an appeal by the Department, the Contractor shall prepare and submit appeal summaries to the DMAS Appeals Division, the DMAS Contract Monitor, and the provider involved in the appeal in accordance with required applicable regulatory requirements and timeframes. The appeal summary content and timelines are specified by appeal regulations. The Contractor shall comply with all state and federal laws, regulations, and policies regarding the content and timeframes for appeal summaries. Failure to submit appeals summaries within the required timeframe and according to the applicable regulatory requirements shall result in the Contractor being liable for any costs that DMAS incurs as a result of the Contractor’s noncompliance, including but not limited to the amount in dispute together with costs and legal fees. The Contractor shall attend and defend the Contractor’s decisions at all appeal hearings or conferences, whether informal or formal, or whether in person or by telephone, or as deemed necessary by the DMAS Appeals Division. All appeal activities, including but not limited to, travel, telephone expenses, copying expenses, staff time, document retrieval and storage, shall be borne by the Contractor. Failure to attend or defend the contractor’s decisions at all appeal hearings or conferences shall result in the Contractor being liable for any costs that DMAS incurs as a result of the Contractor’s noncompliance, including but not limited to the amount in dispute together with costs and legal fees and as provided in Attachment III of this RFP.

**DentaQuest Response:**

A communication mailed to providers during the appeal process advises them of their right to file an appeal with DMAS within 30 days from the final appeal decision letter from DentaQuest. The ORM also advises providers of this right. Upon notice from DMAS that a provider has requested an appeal and has exhausted the DentaQuest appeals process, DentaQuest completes a case summary and distributes it in accordance with the appeals process instructions. DentaQuest attends all scheduled conferences or appeal hearings in person unless the DMAS Appeals Division notifies DentaQuest that the conference can be handled by telephone or through written submissions. A complete description of the provider appeals process is included in **Tab R**, along with a copy of the case summary form.

**4.9 Member Grievance Process**

The Contractor shall have a grievance process in place available to Medicaid/FAMIS Plus and FAMIS members who wish to file a grievance or reconsider adverse actions. This process must assure that appropriate decisions are made as promptly as possible. The appeals process shall include provisions for expedited appeals within 3 working days. The Contractor must develop policies and procedures regarding the grievance and reconsideration processes. These must be reviewed and approved by the Department prior to implementation. The Contractor shall notify members of their rights to grievances and reconsideration requests with the Contractor. The Contractor will provide DMAS with monthly reports indicating the number of grievances, reconsideration requests, and appeal requests received as well as the detailed analysis and disposition.

**DentaQuest Response:**
DentaQuest builds processes around the federal and state specific requirements in this highly regulated area. DentaQuest has a policy for handling cases for *Smiles For Children* members. This policy was developed based on state definitions, turnaround times, correspondence needs, and notification requirements.

Members are notified of their right to file a grievance or reconsideration appeal of adverse actions in their member handbook beginning on page 11. Member rights are also included on denial letters.

Cases are submitted, either verbally or by written means, to DentaQuest’s customer service department or to DMAS. Once the case is received, the specialist enters the case information into the system. The following data is captured:

- Beneficiary first name and last name
- Date received
- Time received
- Beneficiary ID#
- Beneficiary DOB
- Product ID
- Date received by plan
- User ID
- Date due
- Office/dentist involved
- Office/dentist address
- Source type (beneficiary, provider, health plan, state)
- Nature of complaint
- Grievance/complaint type (quality of care, access, etc.) type of service member appealing
- Complaint description
- Resolution
- Resolution date

The specialist sends an acknowledgment letter to the member within two business days of receipt of the grievance. The specialist will then research the case, requesting provider records if necessary, and coordinate with the various departments through resolution. The case is then forwarded to DentaQuest’s dental director where the final resolution is made and documented in the system. DentaQuest sends a resolution letter to any member filing a complaint.

Tracking and trending each case is an important part of the process. Complaints relative to quality of care are included in the provider’s file and are reviewed upon recredentialing.

In accordance with our contract with DMAS, DentaQuest has 30 days to resolve member complaints. During the past 12 months, DentaQuest has resolved 455 cases with an average turn around time of 11.71 days. If required, DentaQuest resolves expedited appeals within 3 business days. We commit to providing the same level of service under the new contract.

DentaQuest staff participating in the complaint, grievance, and appeal process is audited on a regular basis, during which a minimum of 10 cases are reviewed. The case review determines whether or not staff consistently used investigation, resolution and coding. The results of the review are reported to
the complaints and grievance supervisor and to the Service Outcomes Committee. DentaQuest sends DMAS a monthly report indicating the number of grievances, reconsideration requests, and appeal requests received as well as a detailed analysis and disposition.

### 4.10 Member Appeals to DMAS

Medicaid/FAMIS Plus and FAMIS Members have the right to appeal most adverse actions directly to the Department as described in 42 CFR §431 et seq., and the Virginia Administrative Code at 12VAC30-110-10 through 370. The Contractor shall notify the members of their right to appeal to the Department. Upon receipt of notification by the Department of an appeal, the Contractor shall prepare and submit appeal summaries to the DMAS Appeals Division, the DMAS Contract Monitor, and member involved in the appeal in accordance with required time frames. The Contractor shall comply with all state and federal laws, regulations, and policies regarding the content and timeframes for appeal summaries. Failure to attend and defend the contractor’s actions at all appeal hearings and/or conferences shall result in the application of liquidated damages and/or immediate sanctions as described in Attachment III of this RFP.

The Contractor shall attend and defend the Contractor’s decisions at all appeal hearings or conferences, or whether in person or by telephone, or as deemed necessary by the DMAS Appeals Division. Contractor travel and telephone expenses in relation to appeal activities shall be borne by the Contractor.

**DentaQuest Response:**

DentaQuest notifies members of their right to appeal in the member handbook on page 11, and on denial letters. In cases when an appeal comes from DMAS, DentaQuest follows the same process as outlined in Section 4.9 for resolving the case.

We ensure information is promptly supplied to the Department and that a dental director can attend all appeal hearings.

The policy and procedure for *Smiles For Children* Grievances and Appeals is included in Tab R, along with a copy of the case summary form.
4.11 Subcontractors

4.11.1 Legal Responsibility

DentaQuest Response:

DentaQuest will comply with all requirements as outlined in Section 4.11.1

4.11.2 Claims Processing

DentaQuest Response:

DentaQuest will comply with all requirements as outlined in Section 4.11.2

4.11.4 Notice of Subcontractor Termination

DentaQuest Response:

DentaQuest will comply with all requirements as outlined in Section 4.11.4

4.12 Quality and Utilization Management

4.12.1 Quality and Appropriateness of Care

The Contractor shall prepare for the Department’s approval a written description of a quality monitoring/quality improvement (QM/QI) program, a utilization review program and peer review program to include policies and procedures outlining the objectives, scope, activities for ongoing monitoring, evaluation and improvement of the quality and appropriateness of dental services, and a strategy to improve broken appointment rates. The written program shall include an outcomes measurement tool for reporting and measuring results. The plan(s) shall describe who is responsible and the role of the Contractor’s Dental Director in utilization review.

The QM/QI program shall also include a plan to monitor and report individual member utilization where members routinely seek preventive care from multiple dental providers and shall include a strategy to intervene and educate the member on the importance of establishing a dental home for care. The Department will work with the Contractor to establish additional reporting parameters. Applicable reporting shall occur quarterly.

In response to this RFP, the Offeror must submit QM/QI materials from contracts similar in scale to the requirements outlined in this RFP.

DentaQuest Response:

DentaQuest’s Quality Program (Addresses components of Quality Management elements listed in 7.1.1. Also addresses components of Audit elements listed in Section 7.1)
DentaQuest administers an annual Quality Improvement (QI) Program modeled after the National Committee for Quality Assurance standards. It supports the delivery of high quality dental care and service to its members. DentaQuest’s QI Program Description, Work Plan and Evaluation are updated yearly. We have included the most recent version in Tab I.

The QI program oversees provider credentialing and recredentialing; beneficiary satisfaction surveys; annual provider satisfaction surveys; random chart audits; member complaint monitoring and trending; the peer review process; utilization management; initial site reviews; quarterly quality indicator tracking; and corrective action plans for substandard scores on site visits or record reviews.

The goals and objectives of the QI Program are to:

- Integrate quality improvement processes throughout the plan;
- Promote preventive dental health services which will improve the health of the beneficiaries;
- Integrate national, state and plan goals and initiatives;
- Support exceptional service to all customers;
- Develop and maintain sound managed care partnerships with the provider network;
- Support the achievement and maintenance of optimal levels of customer satisfaction;
- Ensure providers meet plan/state standards for care and services;
- Promote educational development of internal and external customers;
- Promote the integration of all operational activities to assure the goals of the program are achieved;
- Allocate and distribute resources necessary to support quality improvement initiatives;
- Utilize advanced technologies and process improvements;
- Provide quality, cost-effective dental care within the benefit plan;
- Promote patient safety; and
- Develop policies and procedures to ensure HIPAA compliance.

The following flowchart details our quality committee structure.
Committee Overview and Description

Quality Program Staff

DentaQuest’s Executive Leadership Committee oversees quality improvement activities. They have charged the Quality Improvement and Utilization Management (QIUM) Committee with...
oversight of the QI Program. An annual evaluation of the program and an annual work plan are submitted for approval at the end of the first quarter to the QIUM Committee. In addition, the QIUM Committee makes specific recommendations to the Executive Leadership Committee. The Executive Leadership Committee may accept, modify or overrule the information received from the Chairman of the QIUM Committee.

QIUM Committee membership includes:

- President
- Chief privacy officer (vice president of human resources)
- Director, provider services
- Associate counsel
- Vice president of operations
- Regional executive director
- Chief dental officer
- Quality compliance manager
- Quality compliance program manager

Practitioner Involvement

DentaQuest’s Vice President of Clinical Management, Dr. James Thommes, chairs the QIUM Committee. Dr. Thommes is also a member of the Virginia Peer Review Committee.

The Quality Compliance Program manager is the chair of the Service Outcomes Committee.

<table>
<thead>
<tr>
<th>Standing Committee</th>
<th>Key Members</th>
<th>Major Objectives</th>
<th>Notes and Measurements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Leadership Committee</td>
<td>President, Vice President of Clinical Management, Vice President of Human Resources, Manager of Quality &amp; Compliance, Vice President of Client Services</td>
<td>Oversees program.</td>
<td>Meets weekly</td>
</tr>
<tr>
<td>Executive Subcommittee</td>
<td>President, Dental Director, Credentialing Supervisor, and Representatives from Network Development</td>
<td>Oversees and implements Credentialing Committee - it may review any provider at any time.</td>
<td>Meets monthly</td>
</tr>
<tr>
<td>QI/UM Committee</td>
<td>Vice President of Clinical Management, Associate Counsel, Vice President of Operations, Quality &amp; Compliance</td>
<td>Areas of responsibility include development, review, and</td>
<td>Meets monthly to: -establish priorities of quality</td>
</tr>
<tr>
<td>Standing Committee</td>
<td>Key Members</td>
<td>Major Objectives</td>
<td>Notes and Measurements</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Standing Committee</td>
<td>Program Manager, Manager of Quality, Compliance and Implementations, Client Services Director, Director of Provider Services, Vice President of Human Resources, Supervisor of Quality Assurance.</td>
<td>update of work plans, oversight of complaints, grievances, surveys, quality indicators, review of provider issues, and development, review and update of policies and procedures.</td>
<td>improvement activities based on the plan - analyze data on processes and outcomes of dental care - review summary reports on complaints and grievances, surveys, case reviews - ensure work plan is completed in timely fashion - perform annual report and policy and procedures reviews</td>
</tr>
<tr>
<td><strong>Service Outcome Committee</strong></td>
<td>Vice President of Operations, Director of Provider Services, Director of Customer Service, Director of Regional Benefits Analysts, Quality &amp; Compliance Program Manager, Manager of Quality, Compliance and Implementations</td>
<td>Oversight of satisfaction surveys, complaints and grievances, and service indicators.</td>
<td>Meets quarterly Tracks and trends all quality indicators - performs statistical analysis for each market that allows identification of improvement</td>
</tr>
<tr>
<td><strong>Virginia Internal Peer Review Committee</strong></td>
<td>DentaQuest’s VP of Clinical Management, Supervisor of Quality Utilization Review, Virginia Project Director, DMAS’ Dental Consultant, DMAS’ Dental Program Manager and 5 Virginia</td>
<td>Review and recommend appropriate action for participating providers who provide poor quality care.</td>
<td>At least twice per year.</td>
</tr>
<tr>
<td>Standing Committee</td>
<td>Key Members</td>
<td>Major Objectives</td>
<td>Notes and Measurements</td>
</tr>
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<td>--------------------</td>
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</tr>
<tr>
<td>Credentialing Committee</td>
<td>Dental Directors, Dental Consultants, Dentists and Dental Hygienists</td>
<td>May conduct credentialing review at request of the Peer Review Committee. Also reviews beneficiary complaints and quality of care issues, provider complaints and fraud and abuse.</td>
<td>Meets monthly Trending of complaints, provider practice patterns, potential fraud issues, facility site reviews that do not meet minimum guidelines; second level provider appeals to credentialing decisions</td>
</tr>
</tbody>
</table>

**External Audits**

DentaQuest is frequently audited and uses feedback from audits to improve its quality programs. The following chart shows client audits conducted in 2009.

<table>
<thead>
<tr>
<th>DentaQuest Client Audits 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q Source (TennCare) (2/09)</td>
</tr>
<tr>
<td>Coventry (2/09)</td>
</tr>
<tr>
<td>UCare (2/09)</td>
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</tbody>
</table>
MPRO conducted a full audit on DentaQuest in 2007 and a “mid-cycle review” desk audit in 2008 to audit items not met or partially met in the 2007 audit. Based on our excellent scores, the Department opted not to conduct additional audits after 2008.

**Internal Audits**

Throughout the balance of this section, we will describe how we audit provider practice patterns to ensure the provision of medically necessary care. We will also describe how we audit ourselves to ensure data accuracy and consistency in decision-making. Finally, we will describe the weekly, monthly, quarterly and annual reports provided to the Department that audit our performance in various areas of program management.

Please note that audits pertaining to accuracy of information provided to callers may be found in Section 4.3 of this RFP in the subsection titled “How We Ensure Quality.” This section also addressed how DentaQuest ensures confidentiality of records in the subsection titled “Ensuring Confidentiality of Records.”

**Reporting**

DentaQuest’s SQL Server-based enterprise system allows flexibility in data capture and reporting, providing the ability to offer advanced reporting solutions through multiple venues including Microsoft Reporting Services, geo mapping reports, analytical tools, and the Business Intelligence Portal. The reporting architecture underlying DentaQuest’s enterprise system ensures that end users can access the information they need in a timely manner while consistently retrieving and calculating other information.

DentaQuest’s report developers support the entire reporting lifecycle, including report development, deployment, testing and administration. Our enterprise and reporting systems are built upon MS SQL Server 2008 databases and operate in conjunction with the Microsoft Visual Studio .Net Framework. These relational databases have been designed to fulfill government dental program needs and capture all the data elements necessary for complying with state-level reporting requirements. The reporting system not only offers flexibility in data extraction and reporting, but also provides greater security, encryption and performance by utilizing the advanced functionality of MS SQL Server 2008. Our enterprise and reporting systems are built upon HP ProLiant servers using MS Server 2008 64-bit operating systems.
DentaQuest’s Business Intelligence Portal offers these features:

**Decision Making**
- Time critical information
- Templates driven for greater analysis
- Medicaid dental focused
- Fosters cost of care decisions
- Scenario flexibility to use “what if” decision making

**Ease of Use**
- Regulatory reporting templates ready to use
- Flexibility to choose reports already designed
- Easy for clinical users, operational and technical users to get information at all levels of complexity
- Easy to modify reports to create new ad hoc reports
- Flexible template management driven by configurable reporting tools

**Historic**
- Integration of 18 years of Medicaid dental history
- Analysis of trends dependent on time period and geographical location
- Largest warehouse of dental health history in the country

**Depth of Analysis**
- Multidimensional models
- Aggregate data drill down – start with one subject and continue to drill down to more granular dates, providers or services
- Aggregate data at multiple levels including beneficiary, provider, location, group, service type and line of business
- Dynamic data files
- State of the art drill down analysis
- Format flexibility – reports, charts, even exported data
- Filtering of information to gain insight into the subjects of most interest
- Focused sets of data

**Power / Security**
- Complex calculations – NCQA, HIPAA and HEDIS reporting
- Data integrity
- Perform hierarchical testing levels to assure set up accuracy
- Controlled security – users controlled to a certain product, plan or subset of information
- Security tools are dynamic and configurable

**Reporting Services**

Our reporting services department uses a variety of tools to analyze, interpret and present the data stored in the enterprise system. Below is a listing of the reports provided to DMAS
Weekly:
- Call Center Stats
- Credentialing and Newly Enrolled Providers
- Provider Terminations
- Newly-Enrolled Provider NPI
- Outreach Event Summaries
- Claims Detail
- Encounters

Monthly:
- Call Center Stats:
  - Call Center Response Time – Member
  - Call Center Response Time – Provider
  - Call Wait Time – Member
  - Call Wait Time – Provider
  - Member Call Log
  - Provider Call Log
  - Member Call Intervals
  - Provider Call Intervals
  - Number of Calls Requiring Call Back
  - Call Center Performance Goals Provider
- Member Grievances and Appeals Log
- Provider Grievances and Appeals Log
- Grievances and Appeals Stats – Grievances _ Appeals Providers
- Grievances and Appeals Stats – Grievances _ Appeals Members
- Appointment Assistance/Care Coordination
- Request A Dentist
- Dental Network Summary
- Network Analysis
- Dental Network Listing
- GeoAccess:
  - All Providers
  - Orthodontists
  - Pediatric Dentists
  - Oral Surgeons
  - Subrogation Recoveries
  - Claims Batch
  - Claims Lag
  - Claims Activity
  - Dental Report
  - Bank Statement
  - Bank Reconciliation Report
  - AR Consolidated – Outstanding Checks Report
  - Negative Balance Report
  - Prior Authorization Summary
  - Pre-payment Review Authorization Summary
  - Member Handbook and Provider Directory
  - Terminated Provider/Location Report
• Bristol Surgery Center – Claims Paid
• Bristol Surgery Center – CPT 41899
• Dated Checks

■ Quarterly:
  • Dental Practice Participation: Ages 0-20
  • Dental Practice Participation: Ages 3-20
  • Corrective Action Assistance
  • Income Statement
  • Actively Billing v. Enrolled Providers
  • Appointment Standards
  • Application Turnaround Time
  • Utilization Review – Fraud and Abuse Log
  • Meeting Minutes
  • Prepayment Code Review
  • Small Business and Business Owned by Women and Minorities
  • VA and MD Potential Dual Eligibles

■ Semi-Annually:
  • Outreach Activities
  • Outreach Activities Analysis
  • Enrollee Satisfaction and Analysis
  • Provider Satisfaction and Analysis
  • Report Card
  • Report Card Analysis
  • Stainless Steel Crown/Pulpotomies
  • Stainless Steel Crown/Pulpotomies Detail

■ Annually:
  • Outreach Report
  • Outreach Report Analysis
  • Dental Network Summary
  • Audited Financial Statement
  • Dental Report
  • Dental Report Analysis
  • Report Card
  • Report Card Analysis
  • Paid claims and Distribution of Services
  • HEDIS
  • Periodicity Schedule Compliance
  • Periodicity Schedule Compliance Analysis

Ad Hoc Reports

In addition to the above reports, DentaQuest provides the Department ad hoc reports in multiple areas of program management. Please see Tab G for examples of these ad hoc reports.
DentaQuest’s Utilization Review Program (Addresses components of Utilization Review Process elements listed in 7.1.1)

Utilization review, which occurs after services have been provided, works closely with utilization management, functioning as a safety net to uncover anomalies that could not be foreseen during initial review stages. Utilization review ensures that beneficiaries are administered only medically necessary services covered under state guidelines, so that overtreatment and unnecessary provider billing do not occur.

After payments are made to providers for claims submitted, reports can be generated for the top providers according to dollar volume, diagnostic codes and other factors to identify discrepancies. When the results of a utilization report raise suspicion – such as excessive up coding, re-treatment patterns, or insufficient radiographs – providers are contacted by clinical auditors. This automated reporting function provides benefits to members, since it monitors the provision of medically necessary dental care. The speed and flexibility of the Windward platform, DentaQuest’s new operating system, hasten the utilization review process and halt potentially serious practice behaviors before they escalate. This results in health benefits for members at the same time that it keeps program costs in check. Providers also benefit by knowing how their practice patterns measure up to those of their peers.

After completion of the audit, the first step is education in the form of a behavior modification letter. If this fails to correct behavior, a Peer Review Committee member contacts the provider to reinforce the seriousness of the situation and to discuss potential removal from the program. During the SFY 2010, DentaQuest identified more than $88,000 in overpayments to Smiles For Children providers. A process was subsequently initiated to recover the funds.

Dr. James Thommes, DentaQuest’s vice president of clinical management, serves as DentaQuest’s dental director in matters concerning utilization review.

Utilization Oversight Program

DentaQuest’s Utilization Oversight Program (UOP) is a cornerstone of its utilization review process. It sets practice thresholds by market, and providers who deviate outside the standard are monitored more closely for appropriateness of care. This program provides a means to correct inappropriate billing practices before more extensive measures become necessary. It is also a method to educate providers and their staff on proper protocols and procedures. The utilization of stainless steel crowns decreased significantly in one market after the affected offices were made aware of the issue.

The UOP is guided by experienced dental professionals. DentaQuest maintains a staff of 20 dental directors to ensure consistency in benefit determination. Their efforts are supported by those of 50 benefit examiners who either possess industry experience or are certified dental assistants.
Peer Review Committee

The Virginia Peer Review Committee was established upon inception of the *Smiles For Children* program in 2005. Its responsibilities include:

- Review and recommend appropriate remedial action for any participating dental provider who has provided poor quality of care, including referrals to the appropriate licensing agency
- Coordinate with the DMAS regarding imposition of any sanctions against a participating dental provider who has provided poor quality of care, including termination
- Coordinate with the DMAS in regard to issues involving fraud or abuse by any participating dental provider
- Review and recommend appropriate action on grievances, appeals or inquiries provided by members, participating dental providers or other persons regarding quality of care, access or other issues related to the dental program

The committee meets twice per year and its members include:

- James Thommes, DDS – DentaQuest Vice President of Clinical Management
- Mary Jo Blank, RDH – DentaQuest Utilization Review Manager
- Cheryl Harris – DentaQuest's Virginia Project Director
- Ivan Schiff, DDS – Current Virginia Dental Director
- Marjorie Chema, DDS – DMAS Dental Consultant
- Daniel Plain – *Smiles For Children*, DMAS Dental Program Manager
- Sury P. Dhakar, DDS
- Zachary P. Hairston, DDS
- Jacqueline Carney, DDS
- Ralph Anderson, DDS

Committee members work collaboratively to keep the program on track and identify areas for improvement. Please see Tab 1 to view minutes of meetings in June and November of 2010.

Broken Appointment Initiative
DentaQuest conducted a brief telephone survey of Smiles For Children providers to identify best practices for reducing the rate of broken appointments among Smiles For Children recipients.

- Updated the member handbook to include information regarding broken appointment and treatment compliance.
- Revised the member and provider surveys to include questions regarding broken appointments. Surveys are conducted semi-annually.
- Developed and disseminated a broken appointments brochure to Smiles For Children providers. The brochure is distributed via mail, displayed at provider events and included in recruitment packets.
- Developed and disseminated Missing Your Dental Appointment is No Laughing Matter member education on the subject of broken appointments.

The tracking system will become a web-based system allowing automated, user-friendly functionality for reporting broken appointments.

Dental Home / Monitoring Use Of Multiple Providers

In Chapter 2, DentaQuest discusses in detail its plan to implement a dental home program in Virginia. As part of the dental home process, DentaQuest proposes reporting quarterly on the use of multiple providers. Further, this population could be targeted for outreach materials that encourage the establishment of a single dental home. Should the Department agree to the dental home concept and our plan to report on the use of multiple providers, the only exception to consider might be the utilization patterns of children in state custody. Since they sometimes move from one foster home to another and in different areas of the state, their only recourse would be to use multiple providers. DentaQuest would work with the Department to establish reporting parameters.

QM/QI Materials

Please see Tab C, which contains the UM Program Description, Program Evaluation and Work Plan and Evaluation. The QI Program Description, Program Evaluation and Work Plan can be found in Tab I.

4.12.2 QM/QI Meeting Requirements

The Contractor shall provide the DMAS Dental Manager with ten (10) calendar days advance notice of all regularly scheduled meetings of the Quality Monitoring/Quality Improvement Committee and Peer Review Committee. The Contractors QM/QI program shall include review of the Contractor’s program for dealing with non-compliant individuals as described in subsection 4.7.3 of this RFP. To the extent allowed by law, the DMAS Dental Manager of the Department, or his/her designee, may attend the QM/QI meetings at his/her option. In addition, written minutes shall be kept of all meetings of the QM/QI Committee. A copy of the written minutes for each meeting shall be forwarded to the Department.
DentaQuest Response:

DentaQuest provides the Department a ten-day advance notice of its Quality Monitoring/Quality Improvement Committee and Peer Review Committee meetings. The QI/UM program includes a strategy for dealing with non-compliant members.

Non-compliant Members

To monitor Non-compliant members, DentaQuest will utilize two key process; pediatric dental utilization post card and broken appointment tracking initiative. As described in section 4.2.3, members who have not received age appropriate preventive are targeted to receive a reminder postcard. The postcard stresses the importance of dental care and indicates it is time to visit a Smiles For Children provider. A follow-up report is run 6 months after the mailing to assess if these members have accessed care as a result of the post card mailing.

Additionally, DentaQuest’s enhanced Provider Web Portal will include a web-based Broken Appointment System Application. The Broken Appointment web-based application will provide automated functionality that enables providers to report occurrences of missed appointment on the provider web portal. Appointment details captured by providers will include:

- Member information (last name, first name, date of birth, ID)
- Patient type (new or existing patient)
- Service category
- Date of missed appointment
- Reason member gave, if known, for missing appointment from a drop down list including the following reasons:
  - Member No Show
  - Forgot about appointment
  - Conflict with member schedule
  - No transportation
  - Illness
  - Member eligibility
  - Other

DentaQuest’s Broken Appointment Strategy is proprietary.
DentaQuest convenes Virginia QI/UM meetings throughout the year. We welcome the participation of the DMAS dental manager or any other staff at these meetings.

Please see Tab I, which contains meeting minutes of QI/UM meetings held in March and June of 2010.

4.12.3 Peer Review Committee

The Contractor shall establish a Provider Peer Review Committee that shall meet two times per year (unless additional case reviews are needed) to review the processes and outcomes of Medicaid/FAMIS Plus and FAMIS dental care provided to members. Contractor will submit the names of proposed members to the Department within sixty (60) calendar days after the execution date of this RFP. The Committee shall include at least five (5) Participating Dental Providers who file at least twenty five (25) Medicaid claims per year for each year they are on the Committee. The Contractor's Dental Director shall be the committee chairperson. The Department reserves the right to attend the meetings.

Responsibilities of the Committee Shall Include:

i. Reviewing and recommending appropriate remedial action for any participating dental provider who has provided poor quality of care, including referrals to the appropriate licensing agency.

ii. Coordinating with the Department regarding imposition of any sanctions against a participating dental provider who has provided poor quality of care, including termination.

iii. Coordinating with the Department in regard to issues involving fraud or abuse by any participating dental provider.

iv. Reviewing and recommending appropriate action on grievances, appeals, or inquiries provided by members, participating dental providers, or other persons regarding quality of care, access or other issues related to the dental program.

DentaQuest Response:

The Virginia Peer Review committee meets the standards proposed in this RFP. There are currently five dentists on the committee who file at least 25 Medicaid claims per year.

Please refer to Section 4.12.1 for a complete description of the Virginia Peer Review Committee and links to relevant attachments.
4.12.4 Policies and Procedures

The Contractor shall provide annually or more frequently as revisions occur, and upon request a written copy of its dental management policies and procedures to the Department for approval. Said policies and procedures must clearly identify any services for which the Contractor will require network providers to obtain authorization prior to the provision of the service as well as any additional submissions (such as radiographs) that may be required for approval of a service. The Department shall have thirty (30) calendar days to review and approve or request modifications to the policies and procedures. Should the Department not respond in the required amount of time, the Contractor shall not be penalized as a result of implementing the policies and procedures. However, failure to respond timely shall not preclude the Department from requiring the Contractor to respond or modify the policy or operating guideline prospectively.

DentaQuest Response:

Please see Tab V to view DentaQuest’s policies and procedures relating to utilization management. DentaQuest’s policy and procedure, 500.009 – Authorization Review, identifies services for which it will require network providers to obtain authorization prior to the provision of the service as well as any additional submissions (such as radiographs) that may be required for approval of a service. DentaQuest understands that the Department may request to modify its policies and procedures at any time.

4.12.5 Standards of Care

Standards of care shall reflect published recommendations of nationally recognized authorities such as: The American Dental Association (ADA), The American Academy of Pediatric Dentistry (AAPD) and the American Association of Oral and Maxillofacial Surgeons (AAOMS). Participating dental providers shall not differentiate or discriminate in the treatment of any member on the basis of race, color, sex, religion, national origin, age, handicap, health, economic status or payment source.

The Contractor shall monitor provider compliance with AAPD and EPSDT requirements related to dental care and standard dental practice. The Contractor shall work with participating dental providers to develop corrective action plans to bring participating dental providers into compliance with community dental practice standards.

DentaQuest Response:

DentaQuest’s standards of care have been based on the recommendations of the ADA, AAPD and AAOMS since its inception. DentaQuest’s Provider Service Agreement and policy and procedure 100.006D, Member and Provider Rights and Responsibilities – Virginia Smiles For Children, states that providers must not discriminate against any person, including any employee, applicant for employment, independent contractor, or any other person because of race, color, religious creed, ancestry, national origin, age, gender, economic status, payment source, handicap or sexual orientation.

Virginia’s EPSDT program goals are to keep children as healthy as possible by assuring that health and developmental concerns are diagnosed as early as possible, that treatment is provided before
problems become complex, and that medically justified services are provided to treat or correct identified problems. DentaQuest provides a Periodicity Compliance report to the Department that gauges member compliance with state and federal EPSDT (Early, Periodic Screening, Diagnosis and Treatment) guidelines. Please see Tab D to view the Periodicity Compliance Report.

**Provider Compliance**

DentaQuest’s Peer Review Committee was developed to ensure the quality of services delivered to members, and is in line with a practical and conservative oral health approach. As a benchmark, DentaQuest measures these quality/quantity components for individual offices and compares them to those in a particular service area. We recognize the concept of “community standard,” which is readily accepted in the dental legal community, as a comparative measurement tool to profile dentists.

After payments are made to providers for submitted claims, reports can be generated for aberrant providers according to dollar volume, diagnostic codes and other factors to identify discrepancies. When the results of a utilization report raise suspicion – such as excessive up coding, re-treatment patterns, or insufficient radiographs – providers are contacted by clinical auditors. Patient charts and general office practices are carefully reviewed. After completion of the audit, the first step is to educate providers in the form of a behavior modification letter. If this fails to correct behavior, the Peer Review Committee will contact the provider to reinforce the seriousness of the situation and discuss potential removal from the program. DentaQuest provides a quarterly report to DMAS of those providers identified for behavior modification.

Dental offices that fall below the community standard minimum are subject to a review by the utilization review department to determine the reasons for the reduced service level. Failure to provide an adequate level of dental care is basis for termination from the DentaQuest network.

**4.12.6 Exceptional Quality Improvement and Utilization Management Processes**

The Offeror shall submit the following as part of its proposal:

i. The Offeror’s proposed quality improvement plan (QIP), to include linkages with administrative areas, and a description of the QI committee and its composition.

ii. A description of provider credentialing and monitoring processes, including provider profiling reports

iii. A description of how the Offeror’s member grievance and appeals process is linked to the QI program.

iv. A description of the Offeror’s system to identify over- and under-utilization of member services, and a description of how this system would extend to network providers.

**DentaQuest Response:**

**Quality Improvement Plan**
DentaQuest’s QI Program Description, Work Plan and Evaluation is contained in Tab I.

Provider Credentialing

DentaQuest’s credentialing and re-credentialing policies are based on NCQA standards. Please see Tab V to view our policies and procedures related to credentialing.

Before forwarding an application to a credentialing committee, DentaQuest’s credentialing staff determines whether an applicant meets administrative requirements. Verification of credentials follows NCQA standards and DentaQuest’s minimum credentialing standards. These requirements include the following:

- The applicant graduated from an acceptable dental school, defined as a school listed in the current American Dental Association Accredited Dental Schools directory.
- If applicable, completion of a post-graduate training program appropriate for the type of participation sought. (i.e., oral surgery, pedodontics, periodontics, orthodontics, etc.)
- Current licensure status and sanction history are verified through the National Practitioner’s Data Bank (NPDB) and the appropriate state licensing agency.
- Current and valid Drug Enforcement Agency (DEA) registration, unless the applicant’s practice does not require the dispensing of narcotic agents.
- Current certification and/or participation in the Medicare/Medicaid programs. Medicaid/Medicare sanction history is verified through the NPDB and the monthly Medicare/Medicaid Sanction report as reported on the Internet. Any provider appearing on the Medicare/Medicaid sanction report is denied network participation or terminated from the network.
- Current staff privileges at a participating hospital, if DentaQuest or the client determines that applicant’s focus of practice requires hospital staff privileges. Verification is completed by client request only.
- Applicant’s level of liability insurance or remaining level of policy coverage meets minimum limits established by the plan or the state, whichever is higher.
- 24 hour on-call coverage arrangements for provider’s patients.
- Applicant uses plan/DentaQuest participating providers as referral providers.
- Applicant is primarily engaged in providing dental services of the type covered under DentaQuest’s benefit contracts and/or dental services of the type for which DentaQuest is providing or arranging administrative and/or managed care services.
- DentaQuest has not denied or terminated applicant participation within the preceding 12 months.
- Applicant has no history of denial or cancellation of professional liability insurance warranting denial of participation status.
- Under special circumstances, the Credentialing Committee or Executive Committee may make exceptions to the guidelines.

Re-credentialing Process

DentaQuest models its re-credentialing process after NCQA guidelines. All providers are re-credentialed within 36 months as required by contracts.

A recredentialing application is mailed to the provider no less than 20 or 32 months following the last credentialing date. The following items are primary source verified:
- Licensure (for all states a provider holds a license);
- DEA certificate;
- Medicare/Medicaid sanctions;
- The Medicare Opt-Out report, as applicable;
- Malpractice history;
- Hospital privileges (if applicable);
- Board certification (if applicable);
- National Practitioner Data Bank;
- The provider is required to complete a recredentialing application, submit a copy of the current malpractice declaration page. The work history for the previous two (2) or three (3) years is reviewed for time gaps.
- Each applicant completes a recredentialing application form that includes:
  - An unlimited release granting DentaQuest permission to review the records of and to contact any professional society, insurance company or other entity, institution or organization that does or may have records regarding the applicant;
  - A release from liability for any such entity, institution or organization that provides information as part of the application process;
  - A statement that a report is submitted to the appropriate client, state licensing board and/or the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank in the event that the applicant/provider is terminated for reasons pertaining to the applicant’s/provider’s professional conduct or competence;
  - A statement that the provider has the right to obtain a copy of their credentialing file, correct erroneous information, and/or make additions to the file;
  - A statement granting DentaQuest permission to release information in the credentials file to the appropriate Client(s);
  - A statement granting DentaQuest permission to allow third party review organizations (i.e. Client, National Committee on Quality Assurance (NCQA), etc.) to review the files for audit purposes;
  - A statement that the provider attests to the lack of present illegal drug use;
  - A statement that the provider attests to history of loss of license and felony convictions;
  - A statement that the provider attests to reasons for inability to perform essential job functions, with or without accommodation;
  - A statement that the provider attests to history of loss or limitation of privileges, state sanctions or disciplinary activity;
  - A statement that the provider attests that the information on the application is correct, complete, and true;
- Performance measures are included in the recredentialing decision. At a minimum, member complaints and one of the other performance measures are included. The following information may be included:
  - Utilization data
  - Member satisfaction surveys
  - Dental chart audit results
  - Site review results
  - Quality Assessment/Quality of services
  - All primary source verification is completed, per NCQA guidelines, within 180 days of the signature date on the application unless otherwise specified.
In addition, the final credentialing decision is completed within 180 days of the application signature date and within 24 months or 36 months of the previous credentialing date as required;

- Within 30 days of the Credentialing Committee approval or denial, notice is given to the provider of the committee’s decision;
- Recredentialing files that are in process, denied and approved are periodically audited to ensure practitioners are not discriminated against;
- Periodic audits of practitioner complaints are done to determine if there are complaints alleging discrimination.

Provider Profiling

DentaQuest employs a number of methods to monitor the activity of providers. Please see Section 4.22.1 of this RFP for a description of these methods.

Grievances and Appeals

The incidence of grievances and appeals serves as an indicator of program quality. Each year in our annual QI Program Evaluation, we analyze complaints and grievances to determine whether corrective actions might be taken to improve the quality of our programs. If, for example, we determine that complaints about the quality of care were trending upward, we would dig deeper into the data to determine whether the problem was isolated to a certain geographical area. Or, if complaints about access were trending upward, we would try to determine whether the complaints were coming from a rural area where providers are less plentiful, or whether providers may no longer be accepting new patients. Answers to these questions may lead to quality-related initiatives such as provider profiling, provider recruitment, or member outreach.

A complete description of our grievance and appeal process may be found in Sections 4.9 and 4.10 of this RFP.

Identifying Over- and Under-utilization of Services

DentaQuest determines over- and under-utilization of services through standard deviation reports, a review of top producing providers, benchmark reports, qualitative data analysis, and interventions. These methods are detailed in DentaQuest Policy and Procedure 700.016 – Under/ Over Utilization, which is contained in Tab V.

4.12.7 Performance Reviews

The Contractor shall cooperate with any performance review conducted by the Department, including providing copies of all records and documentation arising out of Contractor's performance of obligations under the RFP. Upon reasonable notice, the Department may conduct a performance review and audit of Contractor to determine compliance with the RFP. At any time, if the Department identifies a deficiency in performance, the Contractor will be required to develop a corrective action plan to correct the deficiency including an explanation of how members will continue to be served until the deficiency is corrected.
**DentaQuest Response:**

MPRO conducted a full audit on DentaQuest in 2007 and a “mid-cycle review” desk audit in 2008 to audit items not met or partially met in the 2007 audit. Based on our excellent scores, the Department opted not to conduct additional audits following 2008. The following chart summarizes findings appearing in the 2008 audit.

<table>
<thead>
<tr>
<th>Review Section</th>
<th>2008 Elements Reviewed</th>
<th>Total Elements</th>
<th>% Met</th>
<th>Met</th>
<th>Partially Met</th>
<th>Not Met</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Member Rights and Protections</td>
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<td>43</td>
<td>100%</td>
<td>42</td>
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<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Utilization Management</td>
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<td>60</td>
<td>93%</td>
<td>56</td>
<td>3</td>
<td>1</td>
<td>0</td>
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<tr>
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<tr>
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<td>4</td>
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<tr>
<td>Encounter and Claims Data</td>
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<td>89</td>
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<td>4</td>
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<tr>
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<td>676</td>
<td>96%</td>
<td>643</td>
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</tbody>
</table>

### 4.12.8 RFP Transition Plan

The Offeror shall submit, as part of the proposal response, a transition or continuation of coverage plan that documents how it will provide coverage to the member who is under treatment for medically necessary covered dental services the day before the effective date of this RFP. Offeror’s transition plan shall describe any data needed from the Department. The Offeror shall authorize the continuation of said covered services without any form of prior approval.

In order to ensure uninterrupted service delivery, the Contractor shall accept authorization files from the Department's contracted MCOs and/or the Department as directed to identify members for whom prior approvals were issued prior to the effective implementation date of this RFP. To the extent that the approvals are for covered services and are within the parameters of the Department approved policies and procedures for prior approvals, the Contractor will accept and honor those prior approvals.

**DentaQuest Response:**

DentaQuest serves as the current [Smiles For Children](#) program administrator, and so providing coverage to a member who is under treatment for medically necessary covered dental services the day before the effective date of the new contract would be a normal course of action. However, should DentaQuest ever be replaced as the dental administrator for the [Smiles For Children](#) program, it would cooperate fully with the Department, other designees, and any subsequent contractor to transition administrative responsibility and ensure uninterrupted service to providers and beneficiaries. Continuation of services to members would be our top priority.
4.12.9 Transition Management

The Contractor shall coordinate with the Department’s current DBA, the FFS program and each of the Department’s contracted MCOs (for dental surgeries per 4.5.6.b) to effect a smooth transition of dental care. Transition management includes coordination of care as described in Section 4.12.10 (below) and a process whereby dental inquiries received for dates of service on or after the RFP implementation are redirected to the Contractor.

DentaQuest Response:

As in the previous question, it appears that the Department is seeking information from an incoming rather than an incumbent vendor. Nonetheless, DentaQuest will fully cooperate in the event of a transition to another vendor.

4.12.10 Coordination of Care and Members with Special Needs

The Contractor shall assist members in need of transitioning from one provider to another, including but not limited to instances where the provider terminates participation with the Contractor or where the member is not satisfied with the quality of care being received, especially where the course of treatment is not yet complete.

Additionally, the Contractor shall provide special assistance to providers and members when the dental care the member needs is dependent on the member receiving services of adjunct dental or medical providers. Examples include, but are not limited to instances where a child may require anesthesia in an outpatient facility in order to receive necessary dental care; where a child in need of orthodontic services must first receive services from an oral surgeon for complex teeth extractions; or by a periodontist for gum related issues before braces can be placed.

DentaQuest Response:

DentaQuest’s top priority is the delivery of high quality oral health to its members. Typically, member requests to locate a provider are easily accommodated by customer service representatives. When additional help in locating a provider meeting special needs requirements is needed, customer service representatives contact member placement specialists. These specialists locate providers who can perform the required services, contacting the office directly to verify participation and appointment availability. Next, the specialist contacts the member via telephone with the provider’s office on the line, and assists in scheduling an appointment.

If there are no providers readily available, a provider relations representative will review DentaQuest’s secondary network. This is a list of participating providers who prefer not to be published in the directory or who may have limited office availability, but who are willing to see members on a case-by-case basis or offer specialty care.

Members with Special Needs

DentaQuest is sensitive to members requiring special assistance. DentaQuest’s Virginia outreach coordinator, Kristen Gilliam, helps Smiles For Children members find the care they need and
remains involved until the issue is resolved. The following five case studies demonstrate Kristen’s commitment to members with special needs.

**Case 1**

A 2-year-old child required emergent treatment due to infection and rampant decay. The guardian was non-English speaking and needed assistance locating a provider and scheduling an appointment. The guardian was dissatisfied with the care provided at the current dental office.

Action taken – An appointment was scheduled for the child at Children’s National Medical Center for evaluation and treatment. The child was seen the very next day and treatment plan was developed to include the following:

- One-D2331 (resin-2 surface, anterior)
- Four-D2330 (resin-1 surface, anterior)
- Four-D2930 (prefab steel crown-prime tooth)
- One-D3220 (therapeutic pulpotomy)
- Six-D7140 (extraction-erupted or exposed root)
- 9220 (General Anesthesia)

**Case 2**

Kristen received a call from a provider office needing emergent authorization for an OR case. The office also stated that the member would need assistance coordinating transportation to a medical doctor for history and a physical prior to receiving treatment in the OR. The member was two-years-old and was diagnosed by provider with facial cellulitis and rampant decay.

Action taken – Kristen worked with utilization management personnel to obtain authorization for services in the OR. The services were authorized immediately and the office was contacted with an authorization number. Kristen contacted a transportation vendor and scheduled a trip for member to see the doctor, and also for the member to access the hospital for dental treatment. The child was taken to OR the next day and services rendered included the following:

- Two-D2392 (composite-2 surface, posterior)
- One-D2331 (resin-2 surface, anterior)
- Four-D7140 (extraction-erupted or exposed root)
- One-D2930 (prefab steel crown-prime tooth)
- One-D2150 (amalgam-two surface)
- One-D2150 (amalgam-two surface)
- One-D2150 (amalgam-one surface)
- One-D3120 (pulp cap)
- 9220 (General Anesthesia)

**Case 3**

Kristen received a call from a health plan regarding a special needs member needing extensive dental work in a hospital setting. The member was one month away from a 21st birthday and about to lose
comprehensive dental benefits. The guardian insisted that the member needed to be seen by Children’s National Medical Center due to the complexity of the issue.

**Action taken** – Kristen contacted the Children’s National Medical Center and they agreed to treat the member before the member turned 21. The following treatment was completed prior to member’s 21st birthday:

- Two-D7140 (extraction-erupted or exposed root)
- Two-D7210 (surgical removal erupted tooth)
- Seven-D2330 (resin-1 surface anterior)
- One-D2391 (composite-1 surface, posterior)
- 9220 (General Anesthesia)

**Case 4:**

The guardian of a member wrote a letter to the Governor’s office. The Department received the complaint regarding the guardian’s dissatisfaction with the care her granddaughter received at a provider’s office. The member was being treated in an orthodontic office and the grandmother wanted her to see a new dentist. At the time, the member was in the midst of her orthodontic treatment.

**Action taken** – Kristen contacted the current provider office and asked that they fax a copy of the member’s chart. Upon receipt of the chart, Kristen became concerned with the chart notes. It included several flags, which initiated an audit of this provider. Kristen referred the member to a new orthodontist willing to accept a continuation of care case.

**Case 5**

Kristen received a call from an orthodontic provider regarding a 20-year-old member needing extractions of tooth #5 and tooth #12 before orthodontic care could begin. She contacted a provider office willing to perform the extractions. The member had #5 and #12 extracted, and orthodontic treatment was initiated.

**Short Procedure Units**

DentaQuest follows an established process when members require anesthesia in an outpatient facility. Our Short Procedure Unit (SPU) permits a provider to send the treatment plan to a single source. The Provider only has to deal with one contact person and one vendor. The SPU process shortens the provider’s turnaround time to receive notification of the determination. Members can receive treatment sooner, and the services are paid without delay. Please see Tab V to view policy and procedure #500.012A, which lists SPU Criteria.

**Provider Training**

DentaQuest provides regular training opportunities for dentists, including information regarding caring for patients with special needs. Please see Tab P to view a presentation made to providers in Spring, 2008 and Fall, 2009 entitled, Treating Special Needs Members.
DentaQuest additionally made available a series of publications entitled “Practical Oral Care for People with Developmental Disabilities”. The publications were provided by the National Institute of Dental and Craniofacial Research. Two free continuing education units were available to providers completing the series.

4.12.11 Service authorization (SA) and Prepayment/Post Payment Claims Review Requests

**Service Authorization**

The Contractor may have an authorization system in place that allows providers to fax service authorization requests (pre-treatment plans) to the contractor for medical necessity review. The Offeror shall submit with its proposal its service authorization requirements and any other options (such as the pended claims option for services requiring service authorizations). The Offeror shall also describe any processes used to amend service authorization requirements based upon internal research of trends, professional guidelines, etc. The Contractor shall not impose service authorization requirements on pediatric preventive dental services. Service authorization requests must be accepted via multiple media, per industry standards, including but not limited to mail, email, fax, internet, direct data entry, or phone.

The Department shall approve final service authorization procedures prior to implementation and upon any revision. The Contractor shall render a decision (approve, deny, pend or reconsideration) as expeditiously as the member’s dental condition requires not to exceed 4 business days from the date of receipt. In cases where the contractor is unable to fully coordinate the member’s dental care treatment due to lack of medical authorization, the contractor shall continue to coordinate the remaining medical authorization with the medical plan as quickly as possible. The contractor shall apprise the dental provider of the authorization status. Notification of the authorization determination(s) for all non-emergent cases is mailed by contractor to the provider within 24 hours of the determination. Notification of the authorization determination(s) for all medically emergent cases is faxed by the contractor to the provider. This system will not preclude the Contractor from requesting additional documentation such as x-rays if required for medical necessity review in accordance with the Department’s criteria and industry standards of practice.

In instances where the Contractor has requested additional medical justification from the dental provider, the Contractor shall render a final decision within 4 business days from the receipt of additional documentation from the provider.

The Contractor shall ensure that any decision to deny a service authorization request be made by a professional who has appropriate clinical expertise in treating the member’s condition or disease.

The Contractor shall have in effect mechanisms to ensure consistent application of review criteria for authorization decisions and consult with the requesting provider when appropriate.

The Contractor shall have a method in place that compares newly disenrolled members (per Section 4.17.2) to the Contractor’s service authorization file. If a method is not in place, the Contractor must communicate to the provider that the authorization is not evidence of eligibility and does not guarantee payment. The Contractor must inform providers to verify member eligibility prior to rendering the dental service. The member must have eligibility on the date of service or the authorization is invalidated. When someone loses eligibility, the continuation of any dental appointments and treatment shall be between the provider and the member. (Except for
orthodontic authorizations where coverage outside of eligibility is described in Sections 4.1.4 and 4.5.1.)

Prepayment Review
The Contractor shall provide review prior to payment of CDT codes designated by SFC to assure appropriateness of care and proper payment. Prepayment review should not be confused with Service Authorization. Prepayment Review is a review process completed after the service is provided, but in advance of payment being made to assure appropriateness of care standards are met.

Dental codes requiring prepayment review are outlined in Exhibits A and B in the Office Reference Manual and are available at: http://www.dmas.virginia.gov/dental-providers_home.htm. CDT codes subject to prepayment review may be changed by the Department at any time.

Post Payment Review
The Contractor shall provide a review of paid claims to assure appropriateness of care and proper payment on at least a monthly basis as part of its ongoing integrity program. The Contractor shall select claims through sampling methodology, through routine audits, and as directed by the Department. The Offeror shall submit its written post payment review program to the Department for approval. The program shall include a detailed written audit plan, a mechanism to report findings to the Department’s Program Integrity Unit and Medicaid Fraud Control Unit, and provider termination activity.

DentaQuest Response:

Service Authorization Process (Addresses components of Service Authorization Process elements listed in 7.1.1)

Prior authorizations are captured in DentaQuest’s authorization determination system. The same validity checks applied to claims are used on authorizations. This ensures a first line of verification regarding the accuracy of the information received from the provider. Once authorizations are entered, they are subject to the same audits and verification of data entry accuracy that characterize claims entry.

DentaQuest’s new operating system, the Windward platform, automatically determines authorizations. The speed with which the Windward platform can determine authorizations accelerates the treatment process, benefiting providers and members. Overrides for medical necessity and appeal are easily tracked. All authorizations are tagged with determination dates, the examiner or dental director who made the determination, and the reason for denial. Once the request is entered into the authorization determination system, a permanent file is created. All captured data elements are available for reporting.

DentaQuest analyzes benefit structure and authorization requirements based on plan benefits. Based on this analysis, DentaQuest, in collaboration with the Department, will recommend changes in benefit structure or authorization requirements. Any changes would require approval by the Department prior to implementation.
DentaQuest’s service authorization procedures have been approved by the Department and will continue under the new contract. DentaQuest is familiar with and adheres to the service authorization procedures required by this contract pertaining to decision and notification turnaround times.

Dental directors review all clinical denials. Tab V contains policies and procedures 500.029 and 500.009 governing DentaQuest's denial process.

Providers may fax service authorizations to DentaQuest for medical necessity review at the number listed on page 2 of the Smiles For Children office reference manual.

Review Criteria for Authorization Decisions

DentaQuest employs clinical algorithms to assure consistent adherence to state coverage requirements. Under this approach, authorizations are subjected to a number of validity checks by benefit examiners. These are also known as algorithms, which consist of several “yes or no” decision points. Each response to a question forces a sequenced movement toward a clinical decision whether to approve or deny a claim. Algorithms are developed by licensed dentists, dental hygienists and other dental professionals. They are continuously evaluated for effectiveness, and new algorithms are added when necessary.

DentaQuest ensures that all new dental directors and benefit examiners will have 100% of their determinations audited until their performance is 95% accurate. DentaQuest employs a clinical auditor who is responsible for performing random daily audits in the utilization management department. The auditor reviews clinical and administrative decisions to assure appropriateness and consistency, auditing an average of 25 (5%) authorizations per week for each benefit examiner. Benefit examiners are required to attend training if their audit score is less than 95%.

All benefit examiners and dental directors who participate in the benefit determinations attend a quarterly review session in which a minimum of 10 actual cases per staff person is reviewed and assessed. A score of 90% is required to pass. Opportunities for improvement are identified through these evaluations and additional training is provided as needed.

Evidence of Eligibility

DentaQuest notifies providers, in writing, that an authorization is not evidence of eligibility and does not guarantee payment. The following language appears at the footer of our authorization determination form:

This document is a determination of a request for authorization to perform services which require prior approval and in no way guarantees or implies that payment will be made. Payment is contingent upon the member’s benefit eligibility on the date approved services are rendered, as well as other factors. Any denial may be appealed within the next thirty (30) calendar days. All appeals should be directed to DentaQuest at the above location. If you have a question or concern regarding any determination, you may speak with a dental director during regular business hours. Clinical review guidelines used in all determinations will be provided in writing, upon request.

“Please do not use this notice to submit services for payment. Services for payment must be submitted on a 2006 or greater ADA claim form”
The Virginia office reference manual clearly spells out eligibility verification requirements pertaining to program members. DentaQuest underscores the importance of adhering to these requirements during provider seminars, in provider newsletters, and during office visits.

**Prepayment Review**

DentaQuest’s clinical staff conducts prepayment review on codes indicated in the *Smiles For Children* office reference manual to assure that appropriate standards of care are met. **Tab C** contains the Prepayment Review Authorization Summaries for the months of September, October and November.

**Post Payment Review**

DentaQuest provides the Department a quarterly report regarding post payment review activity, but will change the reporting frequency to monthly. It will provide case-specific detail for all providers who are subject to clinical audits based on utilization issues identified by DentaQuest through data analysis or cases referred to DentaQuest by the Department. One report also includes a listing of providers whose practice methods have been analyzed by DentaQuest and for whom no issues or utilization concerns have been identified.

Please see **Tab V** to review DentaQuest’s post payment review policies and procedures 700.001, 700.006, 700.013 and 700.016.

**4.12.12 Prior Approval Request Tracking**

Each prior approval request processed by the Contractor shall be assigned a unique number and be maintained in a database designed by the Contractor that will contain all pertinent information about the request and be available to Call Center staff. This information will include, but will not be limited to: provider name and DMAS provider ID number, member name and Medicaid/FAMIS Plus or FAMIS ID number, procedure code(s) requested, requested units/visits, requested begin and end dates, procedure code(s) authorized, authorized begin and end dates, and request disposition (approved, reduced or denied). The Contactor shall report to the Department a summary of all service authorization activity on a monthly basis.

Present service authorization volumes are as follows. Approximately 155,549 service authorization requests are processed annually for *Smiles For Children* (SFY 09 report) members. An additional 26,829 prep-payment review authorization were submitted for SFY 09.

**DentaQuest Response:**

DentaQuest assigns unique numbers to each prior approval request for quick reference when providers contact our call center for the status of authorizations. DentaQuest provides a report, the Prior Authorization Summary, to the Department each month. Please see **Tab C** to view this report for the months of September, October and November.
4.13 Claims Processing Requirements

The Contractor shall have in place an automated claims processing system capable of accepting and processing paper claims and claims submitted electronically. As part of their proposal submission, Offerors must describe its claim processes including the dental claim forms accepted from providers. Final claim processing requirements must be approved by the Department prior to implementation and upon any revision.

The Contractor shall process, as described herein, the provider’s claims for covered benefits provided to members consistent with the Department’s applicable policies and procedures and the terms of this RFP. Contractor shall also participate in the Department’s efforts to improve and standardize billing and payment procedures.

DentaQuest Response: (Addresses components of Claims Processing elements listed in 7.1.1)

Claims Processing System

DentaQuest processes approximately 10 million claims per year. We pay all claims on time and in excess of 99% accuracy, benefiting providers and ensuring their continued participation in our network.

DentaQuest accepts 2006 or newer ADA claim forms. We accept claims and prior authorization requests from dental providers in a variety of submission methods including paper, (fax and US mail), online website, and HIPAA standard EDI transactions (i.e., 837D) uploaded to our secure trading partner portal or submitted through other media. Paper claims are scanned and stored in digital format and sent through an optical character recognition (OCR) process. Most claims are successfully processed via OCR, and thus by-pass the data entry step in processing.

Approximately 3% of claims cannot be deciphered, and these are manually entered into the claims entry system from the electronic image via an application extension that supports a key from image (KFI) process for paper submission. They are placed into the priority automated workflow queue, which presents the images available to a data entry processor in a first-in, first-out order.

All sources of claims are subject to a number of initial validity checks to confirm data integrity and completeness. If the system is not able to resolve problems at intake, the claim is marked for review and a processor will intervene to review the submitted information and follow required processes to either mark it for rejection, or interpret the submission information against the data in the system.

The manual claims entry application supports rapid entry with online user edits to ensure quality entry. Successfully processed OCR, EDI and web claims are imported into the claims entry system upon receipt. Upon entry, the claims are immediately adjudicated and positioned for either payment or further handling by an experienced claims processor or a member of our clinical team.
Claims Adjudication and Workflow System

Claims are auto-adjudicated as they are loaded into the system. Claims are sent through an initial adjudication process, which fully adjudicates the claim and all treatment lines in real-time fashion. If the claims can process successfully, they drop to pay immediately with no further human intervention. Claims that need additional work are handled via the "In-Process Claims" workflow features of the claims adjudication process.

Rules-based Processing

The processing system bases adjudication on 40 general processing steps. Each step follows a series of flexible processing rules, and gathers and tests data specific to the adjudication processing step. The steps are applied based upon benefit plan configuration, data set up, and base rules found at the client benefit levels for the beneficiary associated with the claim. Other data are reviewed in determining the dental claim such as claim data at the header and the line level, beneficiary, eligibility, provider participation and effective dates, claim history for the beneficiary, benefit accumulators, coordination of benefits with other insurers, and other data. Examples of general processing steps include:

- Establish claim information steps
- Establish treatment procedures and apply benefit rules steps
- Process procedure-based rules steps
- Pricing and benefit accumulation steps
- Adjudication and payment disposition steps

Focus on Dental

DentaQuest has developed a comprehensive configuration system to manage its dental edits. It starts with base edits that analyze claims and prior authorization requests. These edits identify the provider, verify contract dates, check eligibility and ensure all sections of the claim are accurate. If any of this information does not validate according to the edits, the claim is denied and the provider is informed of additional information required to substantiate the services.

Each claim goes through extensive procedure code rules edits. DentaQuest has over 4200 procedure code-based rules that provide definition for thousands of code review variations applicable to each rule scenario. These rules are designed to mirror the approach defined by CMS National Correct Coding Initiatives as well as standard clinical dental practices. These rules ensure that beneficiaries receive appropriate care and that clinical-based and cost-effective dental treatment is being reimbursed by the dental program.

Through standard adjudication claims rules, each service is analyzed against a series of rules organized into 44 logical adjudication steps. If a rule is violated when the service is encountered, appropriate action is taken and processing messages are conveyed to the provider. The procedure code rules are highly configurable. They ensure that DentaQuest and its clients can react quickly to any changes in clinical dental guidelines, utilization patterns, budget constraints, or appropriate dental care reimbursement strategies.
Benefit rules are customized for each plan DentaQuest administers. These are configurable and set in coordination with the plan’s benefit guidelines. DentaQuest claims are analyzed against these benefit rules, and can be set up in different ways to achieve plan requirements.

**Automated Workflow-Role Based Processing**

The claims workflow is a sequence of operations defined as work required of a person or system process that ensures proper handling and control of the claims in process. Data set up is the key to DentaQuest’s claims workflow. Data attributes are automatically applied to a claim as a result of adjudication.

Our workflow is "smart" in that it only presents claims that a processor is authorized to handle, and keeps the claim at that workflow queue until the processor has all necessary information to resolve the claim. Claims in process are organized by workflow processing queues, which can be customized for each of DentaQuest’s clients based on benefit requirements.

**DentaQuest’s Real-Time Adjudication Solution**

Claims are auto-adjudicated as they are loaded into DentaQuest’s system via EDI, OCR, and manual entry. Either they are routed to the appropriate processor for handling, or they proceed immediately to the payment cycle as paid or denied. DentaQuest’s workflow takes each treatment line through the adjudication process to determine claim outcome based on flexible business rules configured for the client.

**Easy Access for Providers**

Providers receiving paper checks receive detailed paper remittances. These providers can also review remittances online. Providers signed up for electronic funds transfer can view the status of their claims on the provider web portal. Providers can always look up the status of a claim online, and if the claim is finalized, they will also have access to the remittance statement.

**Claim Payment Accuracy**

In the most recent three-month period, DentaQuest paid 260,922 claims with an accuracy rate in excess of 99%. 100% of claims were processed within 30 days.

Please see Tab G to view DentaQuest’s monthly Claims Activity Reports for September, October and November of 2010.

**Improving Billing and Payment Procedures**

DentaQuest has worked with the Department to standardize provider billing and payment procedures. DentaQuest offers training opportunities to bring providers into compliance with procedural standards.

Please see Tab V to view DentaQuest’s policies and procedures governing claims processing.
4.13.1 Electronic Billing System

The Contractor shall maintain and promote an electronic data processing system for claims payment and processing and shall implement an electronic billing system for interested participating dental providers in HIPAA compliant formats. The Contractor must make available to providers an electronic means of submitting claims. In addition, the Contractor shall make every effort to assure at least ninety (90%) percent of claims received from providers are submitted electronically by 2014. All participating dental providers should be strongly encouraged and provided the training necessary to submit their claims electronically and the Contractor shall submit strategy to increase use of electronic billing systems, which rely on technology. The Contractor or any entities acting on behalf of the Contractor shall not charge providers for filing claims electronically. Providers may engage in electronic billing services from their Practice Management Service or through a Value Added Network (VAN) at their own cost. However, this provision shall not be construed to imply that providers may not be responsible for payment of applicable line fees and/or charges. The Contractor shall comply at all times with all recognized standardized paper billing forms/format including, but not limited to the Dental ADA Claim form.

The Contractor shall not revise or modify the standardized form or format itself. Further, the Contractor agrees to adopt national standards and standardized instructions and definitions that are consistent with industry norms for the forms identified above when developed by the Department in conjunction with appropriate workgroups.

**DentaQuest Response:**

DentaQuest accepts electronic billing claims files from providers and trading partners. We host a trading partner portal where providers and clearinghouses can submit their 837D files for processing at no cost. The portal allows verification of test files, verification of file receipts, and history tracking of files submitted.

Electronic data interchange specialists are available to walk providers through the electronic billing process. Providers also have the ability to access DentaQuest’s provider web portal to submit billing information on an ADA-compliant website. This is a quick and easy way for providers to submit claims and follow each claim’s progress through DentaQuest’s system.

**Promoting Electronic Claim Submission and Payments**

Today, 57% of Virginia providers submit claims electronically. We are confident that 90% of providers will be submitting claims electronically by 2014. Here are some of the ways we encourage providers to submit claims electronically.

- **Seminars / webinars.** At seminars and webinars, we train providers on proper claims submission methods and obtain their input about the effectiveness of our claims payment process.

- **Displays at Society meetings via email blasts.**

- **DentaQuest Digest.** In order to minimize the potential for claims inquiries, we often publish claims submission tips in the DentaQuest Digest, our regional provider newsletter.
We regularly encourage providers to submit claims electronically through our provider web portal.

- **Letters, Emails Log and Flyers.** Please see Tab N to view examples of emails, flyers and letters DentaQuest uses to encourage electronic claim submissions.

**Increase in Direct Deposit Enrollment**

DentaQuest offers direct deposit free of charge to participating dental providers. This service provides a number of benefits to both DMAS and the provider community, including the elimination of forged, counterfeit and altered checks, faster provider reimbursement, and decreased administrative costs for both providers and the program.

When implemented in May 2009, approximately 5.9% of payees were using direct deposit. As of December 2010, the percentage of payees using direct deposit has increased to 14.1%.

Please see Tab N to view a flyer sent to Virginia providers regarding the benefits of direct deposit.

**4.13.2 HIPAA and Industry Recommendations**

The Contractor shall comply with Health Insurance Portability and Accountability Act (HIPAA) requirements. Further, the Contractor agrees that the Department may present recommendations concerning claims billing and processing that are consistent with industry norms. The Contractor shall comply with said recommendations within sixty (60) calendar days from receipt of notice by the Department and at no additional charge to the Department.

**DentaQuest Response:**

DentaQuest is fully compliant with HIPAA and other related federal confidentiality, privacy and security requirements. All our websites are interactive, HIPAA-compliant, and have been developed to adhere to the standards of Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794(d)). All future HIPAA regulations will be reflected in system updates to ensure compliance throughout the term of the contract. DentaQuest agrees to work with the Department on every recommendation it may have concerning claims billing and processing.

**4.13.3 Timeliness and Accuracy of Payment**

The Contractor agrees to comply with prompt pay claims processing requirements in accordance with 42 C.F.R. § 447.45. The Contractor shall ensure that ninety percent (90%) of clean claims for payment of services delivered to members (for which no further written information or substantiation is required in order to make payment) are paid within thirty (30) calendar days of receipt of such claims. The Contractor shall process, and, if appropriate pay, within sixty (60) calendar days ninety-nine point five percent (99.5%) of all provider claims for services delivered. "Pay" means that the Contractor shall either send the provider cash or cash equivalent in full satisfaction of the allowed portion of the claim, or give the provider a credit against any outstanding balance owed by that provider to Contractor. "Process" means the Contractor must send the provider a written remittance advice or other appropriate written notice evidencing either that the claim has been paid or informing the provider that a claim has been either partially or totally
"denied" and specify all known reasons for denial. With the implementation of HIPAA requirements, this process must be electronic.

If a claim is partially or totally denied on the basis that the provider did not submit any required information or documentation with the claim, then the remittance advice or other appropriate written notice must specifically identify all such information and documentation. Resubmission of a denied claim with further information and/or documentation shall constitute a new claim for purposes of establishing the time frame for claims processing. If requested by the provider, the Contractor shall provide a status report indicating the disposition for every adjudicated claim for each claim type submitted by providers seeking payment. The status report shall contain appropriate explanatory remarks related to payment or denial of the claims. The Contractor shall have a mechanism in place to handle this type of request through its ad hoc reporting system, the internet, or other means. The Offeror must include a description of its provider payment status reporting options with its proposal.

The Contractor shall provide to the Department a detailed claim processing report in the format reflected in Attachment VIII, Dental Monthly Report. The report shall capture the Contractor’s performance with timely claims processing requirements and claim adjudication status applied (paid, denied, etc.).

Failure to comply with the aforementioned claims processing requirements shall result in the Contractor being required to implement a corrective action plan and shall result in the application of liquidated damages and/or immediate sanctions as described in Attachment III of this RFP.

DentaQuest Response:

DentaQuest staff takes pride in its processing time and accuracy of payments performance. DentaQuest provides claim processing detail to all providers in the form of an EOB (Explanation of Benefits). DentaQuest currently mails each EOB copy along with their check. This EOB is also available on the DentaQuest provider web portal. These copies are kept on line for easy access by dental offices at any time.

EOB Detail

The remittance details each claim that is submitted by each practice. Every service includes information on payment or denial reason if the service is denied. The explanation of denial includes detail to help the provider understand the full scope of why it did not pay.

Web Portal

In additional to the EOB, the web portal also offers complete detail on every claim submitted by each practice regardless of how it was submitted. Offices can search for their claims and get the same payment and denial detail as they see on their EOB. This is a quick and accurate way for offices to research claims.

Timely and Accurately
In the most recent three-month period, DentaQuest paid 100% of claims within 30 days, and with 100% accuracy.

Please see Tab G to view DentaQuest’s monthly Claims Activity Reports for September, October and November of 2010.

4.13.4 Reimbursement Rate for Dental Services

When the Department has established eligibility and the member has incurred dental expenses that are covered benefits within the plan, the Contractor shall make reimbursement for the dental services at the Medicaid established fee-for-service rates. The DMAS Dental Fee File can be downloaded from the Department’s web site at http://www.dmas.virginia.gov/dental-providers_home.htm under Current Dental Rates. The Contractor shall not use capitation payment reimbursement methods or any type of non fee-for-service reimbursement methodology for services provided under this RFP and resulting contract. The Contractor shall require the provider to be enrolled with Virginia Medicaid prior to rendering services.

The Contractor shall require that participating providers hold the member harmless for covered services, including any costs above the fee-for-services rates. The Contractor shall require, as a condition of payment, that the service provider accept the amount paid by the Contractor as payment in full.

As part of their proposal submission, Offerors shall provide a description of their timely filing requirements as based upon business practices. The Contractor shall process claims received within no more than 180 calendar days of the date of service. Additionally, the Contractor shall process claims, including payments, voids, and adjustments, outside of timely filing requirements in cases of retroactive or delayed eligibility, accident cases, and as a result of delayed payment from the member’s primary insurance payer, as detailed in Section 4 of the Office Reference Manual located at: http://www.dmas.virginia.gov/dental-providers_home.htm. The Contractor shall maintain all claim record detail for at least 6 years from the claim adjudication date.

DentaQuest Response:

DentaQuest adheres to reimbursement methods established by the Department, including use of the Department’s dental fee schedule holding the member harmless for covered services and requiring as a condition of payment that the provider accept the reimbursement as payment in full. DentaQuest does not, and will not use any other method of reimbursement. Timely filing requirements are listed on Page 19 of the Virginia Smiles For Children Provider Office Reference Manual. This section reads as follows:

“The timely filing requirement for the Smiles For Children program is 180 calendar days from the date of service and receipt of claim. DentaQuest determines whether a claim has been filed timely by comparing the date of service to the receipt date applied to the claim when the claim is received. If the span between these two dates exceeds the time limitation, the claim is considered to have not been filed timely.”

“Resubmissions: Adjustment Claims and Claims for Reconsideration of Payment
Adjustment claims or claims that are resubmitted for reconsideration of payment are handled as follows:

- If the original claim was processed and paid and an adjustment is requested, the adjustment claim must be submitted and received within 12 months from the date the original claim was paid.

- If the original claim was processed and denied and a reconsideration of the denied claim is requested, the denied claim must be resubmitted and received within 12 months from the date the original claim was denied provided that the claim was not initially denied for timely filing.”

**Timely Filing and Coordination of Benefits**

“When a member has other coverage, the timely filing limit begins with the date of payment or denial from the primary carrier.”

DentaQuest has maintained claim records since the inception of the Smiles For Children program. We will maintain them for a minimum of 6 years for the claim adjudication date, or as otherwise specified by the Department.

**4.13.5 Dental Service Payments**

The Contractor is not at financial risk for the provision of covered benefits to members. The Contractor shall prepare checks for payment to providers on a weekly basis and shall notify the Department of the amount to be paid in accordance with the terms described in Section 6 of this RFP.

Claims paid through the Contractor’s system will be based upon enrollment information downloaded from the 834 Benefit Enrollment and Maintenance transaction sent to the Contractor weekly. There could occur instances where the Contractor receives claims for eligible members, per the VAMMIS, but who were not included on the 834 Benefit Enrollment and Maintenance transaction sent by the Department to the Contractor. In these cases, the Contractor must pend the claim for the next 30 days following the weekly receipt of the updated 834 eligibility file and recycle such claims instead of denying them for eligibility/enrollment reasons.

**DentaQuest Response:**

Claims are automatically adjudicated when they hit the DentaQuest system. Virginia claims are processed for payment on a weekly basis. Checks are sent to providers and detail is reported to DMAS. Please see Tab G to view the Claims Summary Report.

DentaQuest edits all claims against the most up to date member eligibility received from the State on the 834 file. If VAMMIS has more up to date eligibility, a claim will be flagged by an eligibility specialist and pended until the information is received by DentaQuest. As soon as the update is received, the claim is edited and adjudicated again and processed for payment.
4.14 Other Coverage

4.14.1 Other Insurance Coverage

The Contractor shall reject claims that should rightly be processed by a member’s primary dental carrier. In addition, the system must allow for coordination of benefits in accordance with the Medicaid/FAMIS Plus and FAMIS “payer of last resort” rules. The Contractor is responsible for deductibles and coinsurance up to the maximum reimbursement amount that would have been paid in the absence of other primary insurance coverage for Medicaid/FAMIS Plus and FAMIS covered services.

**DentaQuest Response:**

DentaQuest understands the importance of applying only appropriate state and federal dollars to a member’s care, and works in partnership with its clients to ensure Medicaid is the payer of last resort.

A beneficiary’s third party liability (TPL) information, whether submitted by the State or captured as part of the claim intake process, is available to our operational team through our claims processing and customer service systems to ensure they have the most up to date information. DentaQuest captures a beneficiary’s TPL information in two ways: through the loading of the eligibility from the State, or through information submitted by the provider during claim intake.

DentaQuest’s electronic eligibility process provides flexibility in capturing the amount of information necessary to ensure appropriate processing of claims. We use the standard beneficiary eligibility history as well as TPL attributes such as carrier codes, policy number and effective dates for other insurance when determining the payment of claims. This information is updated in real-time and captured as part of the electronic eligibility load. It is available for internal staff as well as providers.

TPL information is also captured in real-time at the time of claim intake. Whether the State has identified additional insurance collected on a member or not, our OCR, claim key from image, and electronic claim intake processes capture additional insurance information on a beneficiary at the time the submission enters our system. Additional information is identified through the ADA form, the 837 file, or via attachments such as EOBs.

Once it’s been identified that the beneficiary has other insurance by the processes above, the claim is flagged as TPL and automatically routed through our claim workflow solution to DentaQuest’s TPL coordinator for further review. The TPL coordinator compares the data on the beneficiary record in the system to the data captured at intake to determine the appropriate handling and payment of the claim. Please see policy 600.012 for determination and coordination of benefits in the Tab V. After determining claim payment, the TPL coordinator applies the appropriate edits and messaging to the claim. DentaQuest’s system permits collection of new TPL information if the beneficiary record is different than what’s submitted on the claim. The new TPL information is then reported to the State for further handling. Benefits of DentaQuest’s process include:
Information is available to all staff on a need-to-know basis. Customer service, claims processing, and the TPL teams all have access to the same real-time beneficiary eligibility and TPL information.

TPL information is available to providers to ensure they’re considering Medicaid as the payer of last resort.

DentaQuest’s TPL staff processes Medicaid claims for other clients and is knowledgeable about payment and recovery policies.

DentaQuest’s flexibility allows application of our specific edits and messaging to TPL claims or to consider state specific rules.

DentaQuest coordinates new TPL information with clients by applying an updating process to ensure the most current information is captured for determining payment.

4.14.2 Withholding Payments

The Contractor shall not withhold payment for services provided to a member if third party liability or the amount of liability cannot be determined, or third party liability payment will not be available within a reasonable time.

**DentaQuest Response:**

DentaQuest does not withhold payment for services if a member’s third party liability cannot be determined, or if third party liability payment will not be available within a responsible time.

4.14.3 Recovery of Funds

All funds recovered from third parties shall be reported to the Department and treated as offsets to claims payments.

**DentaQuest Response:**

At this time, DentaQuest does not have an agreement to pay and chase for Virginia claims. Any change to the arrangement would include treating offsets to claim payments, as appropriate.
4.15 Subrogation Recoveries

The Department retains the responsibility to pursue, collect, and retain all non-health insurance resources such as casualty, liability, estates, child support, and personal injury claims. The Contractor is not permitted to seek recovery of any non-health insurance funds.

The Contractor shall notify the Department on a monthly basis of any members identified during that past month who are discovered to have any coverage not previously reported to the Contractor by the Department, including members identified as having trauma injuries. (Reference Attachment VI for the suggested format to use when reporting potential coverage secondary to an accident.) The Contractor shall provide all claims data associated with care given to members in relation to accidents/traumas, and other coverage not reflected in the Department’s enrollment information.

DentaQuest Response:

Each month DentaQuest provides a report listing members with other coverage that have not previously been reported to the Department. This report includes sections for commercial dental insurance coverage, or primary payer responsibilities due to accidents or work place related injuries.

The other insurance carrier information is verified against the member’s third party liability information in VAMMIS. TPL is one part of the member’s eligibility information. If the insurance information submitted by the provider on the claim is not already known to the Department, the insurance carrier information is sent to the Department for additional review and research.

Please see Tab G for a sample of this report.

4.16 IRS Form 1099

The Contractor shall prepare and mail Internal Revenue Service (“IRS”) Form 1099 to the IRS on behalf of providers who receive payments under this RFP. The Contractor shall provide a hard copy and, if requested, a magnetic tape transfer of form 1099 information to the providers for subsequent reporting of Form 1099 information to the IRS. In addition, the Contractor shall provide a hard copy, and if requested, a magnetic tape transfer of the 1099 information to the Department.

DentaQuest Response:

DentaQuest prepares 1099 forms for providers that have received payment within a given tax year. All providers receive a hard copy of their 1099 form and DentaQuest retains digital copies of forms produced in the event that a backup copy is required by the provider. DentaQuest provides the Department with a claims detail file for each claims run produced that tracks provider payments.
4.17 Interfaces, Supporting Files, and VAMMIS Access Requirements

In response to this RFP, the Offeror shall receive member eligibility data from the Virginia Medicaid Management Information System (VAMMIS), send encounter data, and provide supporting payment documentation of claims data, along with other information as required by the Department used for program monitoring and analysis as described in Section 4.17 and 4.18 of this RFP. The contractor must also be able to access VAMMIS via the internet.

Interface File Transfer Requirements

This contract requires that the Contractor establish connectivity with the Commonwealth’s fiscal agent to exchange data files.

Currently, the fiscal agent allows the following connectivity option for file data exchange. All files must be exchanged through a secure, encrypted FTP site maintained by the fiscal agent. During the requirements phase of this project it will be determined if these files will be pushed or pulled from the fiscal agent FTP site. The Contractor may access this site with an FTP client or through use of a web browser.

**Connectivity Options**
- SFTP over SSH
- SFTP over TLS-P
- SFTP over TLS-Implicit
- SFTP over SSL

**DentaQuest Response:**

DentaQuest routinely connects to VAMMIS via the internet and transacts encounter data and other information required via the fiscal agent’s encrypted web portal. Supporting payment documentation of claims data is posted to DentaQuest’s secure website for pick up by the Department.

DentaQuest can support various technologies for secure encrypted batch data interchange, such as ConnectDirect, Secure FTP, or FTP with PGP file encryption and all the options listed in the RFP. Some secure real-time data exchange via HTTPS, which is available from DentaQuest’s web portals. If a change were needed to the current process, DentaQuest would work with ACS and the Department to define mutual requirements. This will ensure that solutions chosen are practical for both parties, meet business needs, and satisfy HIPAA and data privacy regulations.

**4.17.2 Member Eligibility (834)**

The Contractor will receive a weekly HIPAA compliant 834 Benefit Enrollment and Maintenance version 5010 transaction from the fiscal agent’s secure FTP server. The contractor is responsible for completion of all data mapping necessary to update the contractor’s system with eligibility information to provide services to the covered members and support the reporting needs of the Commonwealth at no additional cost to the Department. The Contractor must have staff available
to make mapping and system changes during the contract term. The current 834 version 4010 Companion Guide can be found in Appendix XV. Due to the timing of this contract and the mandated implementation of the X12 version 5010, the dental contractor selected will be required to process a 834 version 5010 at the start of this contract.

**DentaQuest Response:**

On a weekly basis, DentaQuest processes the current 834 version 4010 enrollment file provided by the Department from the fiscal agent’s encrypted web portal. DentaQuest will have the capacity to receive and process an 834 version 5010 at the onset of the new contract.

All data mapping changes are done at no cost to the Department, and this practice will continue throughout the life of the contract. All reporting needs are currently met and will be augmented as needed by the conversation to 5010 version of the 834.

### 4.17.3 Encounter Data (837D)

The Contractor shall send a weekly HIPAA compliant 837D Health Care Claim: Dental version 5010 transaction to the Commonwealth’s fiscal agent’s secure FTP server on a schedule set by DMAS. The current 837 version 4010 Companion Guide can be found in Appendix XVI. Due to the timing of this contract and the mandated implementation of the X12 version 5010, the dental contractor selected will be required to process a 837 version 5010 at the start of this contract.

**DentaQuest Response:**

On a weekly basis, DentaQuest transmits the current 837 version 4010 via the fiscal agent’s encrypted web portal. Upon the start of a new contract, DentaQuest will be equipped to transact an 837 version 5010 with the fiscal agent, ACS.

### 4.17.4 Supporting Claim File Documentation

In addition to the encounter data, the Department requires that the contractor submit a weekly Excel spreadsheet summarizing claim payment information, which supports the funding of the contractor’s claims payment account. In addition, the contractor must submit a weekly Excel spreadsheet containing claim detail information coinciding with the funding spreadsheet. The Excel version currently used is 2003. The contractor must use an Excel version compatible with what is used by the Commonwealth. These spreadsheets must be emailed to the Contract Monitor by 5:00 PM EST on Wednesday or as requested.

Claims Detail information shall be verified by the Department before funding is released. The Department reserves the right to modify this process at a future time.

**DentaQuest Response:**

DentaQuest currently validates and posts the weekly Excel spreadsheet summarizing claim payment information. This spreadsheet is posted securely so the Department can pick it up on the DentaQuest site.
DentaQuest staff currently accesses VAMMIS system through the web portal. Access and report submission will continue through the new contract period.

4.17.5 Contractor Database and Processing System

In order to meet information system requirements and to support the timely provision of Departmental services, the Contractor shall operate a database maintained with the highest level of privacy and security as defined in HIPAA regulations. The database shall be capable of maintaining and recording participant protected health information (PHI) for the Department’s Dental Program. Data stored in the database shall be kept current, based on updates received from the Department’s fiscal agent and the Contractor’s claims processing system.

The Contractor’s database and processing system shall ensure the timeliness and accuracy of data used in the business processes for final claims payment determination based on the Department’s rules and regulations. This system shall be capable of allowing for future growth and flexibility in dental coverage at no additional cost to DMAS.

Although the Contractor will maintain the database and processing system at their facility, DMAS and DMAS authorized agents must have access to the Contractor’s database to support the Virginia Medicaid dental program. DMAS requires 8 access/licenses to the database and the various applications used by the Contractor at no additional cost to the Department. All data and other information used to maintain the Virginia Medicaid dental program is the property of the Department.

The Offeror shall describe the approach to convert and transfer approximately 2,930,000 historical claims records (covering a period of four years) and supporting records and documentation from the current contractor’s system to include any work currently in process. In addition, the Offeror shall describe any foreseeable obstacles or constraints impeding this process. A description of any proposed document management solutions should be included.

**DentaQuest Response:**

Data integrity is a critical element of DentaQuest’s business objectives. Applications and database management systems enforce data integrity where possible. These can be implemented as “constraints” within Microsoft SQL Server, and these constraints prevent users (or applications) from loading or creating records for which there are no corresponding related records (for example, you cannot create services for a claim that does not exist). None of DentaQuest’s system applications has direct access to production databases. Each works through services that control and ensure data integrity.

Application level security is enforced by a well-defined, role-based security model. Controls are developed and enforced by DentaQuest’s compliance area and must be incorporated into every role or function that is supported throughout the processing systems. Our system security model provides various access levels based on defined user roles such as:

- No access
- View only access
- Read/write access
■ Void access

Complete transaction history records are maintained for all processing transactions. This includes full change logging for each modification applied or each system transaction that occurs on a record to update it from inception to final disposition. Certain records may be voided (marked as void or inactive) based on business requirements. However, no records, under any circumstance, can be deleted or removed from the system. This is controlled by both application security and unique database keys known as GID (Global Identifier) values, which ensure record integrity throughout the system.

DentaQuest takes security of PHI very seriously. We employ a number of safeguards to ensure all PHI is secure. DentaQuest loads all DMAS files in a timely manner and in compliance with all HIPAA and PHI rules. All claims processing, customer service and other administration of the DMAS plans works from the most up-to-date data received from the state.

DentaQuest has amassed five years of Virginia claim, authorization, call history and beneficiary eligibility records, and they are easily accessible. Claim and eligibility files exchanged between DentaQuest and DMAS are maintained in an archived database for reference and reloading as necessary. DentaQuest complies with all retention requirements and ensures that DMAS has access to this information as needed.

DentaQuest’s system is table driven to allow for maximum flexibility. Changes to benefits, eligibility criteria and incoming data files can be quickly configured in our system. System interfaces permit plan rules to be loaded easily. Regulations and changes in government guidelines are continually updated, at no additional cost to DMAS.

DentaQuest’s system, applications and databases are configured for maximum growth and performance. DentaQuest has grown significantly over the last 17 years and regularly adds new processes to ensure maximum performance. We can easily accommodate any additional membership in Virginia resulting from health reform legislation. Annual strategic planning sessions ensure that continued membership growth can be easily accommodated by our system.

DMAS will have access to DentaQuest’s database to support the Smiles For Children dental program. Licenses to our database will be provided as needed at no additional cost to the Department. As the incumbent dental program administrator, DentaQuest will not need to load any additional claims data. DentaQuest will test any files or processes with DMAS as required.

4.17.6 Data Validation Edits and Audits

The Contractor’s claims processing system shall perform the following validation edits and audits at a minimum but may not be limited to the following:

1. Prior Approval/Pre-Payment Approval - The system must determine whether a covered service requires prior approval, and if so, whether the Contractor granted approval.
2. Valid Dates of Service - The system must assure that dates of services are valid dates and not in the future.
3. **Duplicate Claims** - The system must automatically inform the provider that the current claim is an exact or possible duplicate and deny that claim as appropriate and have override capability.

4. **Covered Service** - The system must verify that a service is a valid covered service and is eligible for payment under the Department’s dental benefit for that eligibility group.

5. **Provider Validation** - The system must approve for payment only those claims received from providers that would have been paid in the absence of other primary insurance coverage for Medicaid/FAMIS plus and FAMIS covered services.

6. **Eligibility Validation** – The system must confirm the member for whom a service was provided was eligible on the date the service was incurred.

7. **Quantity of Service** - The system must validate claims to assure that the quantity of services is consistent with Department rules and policy.

8. **Rejected Claims** - The system must determine whether a claim is acceptable for adjudication and reject claims that are not.

9. **Managed Care Organizations** - The system must reject claims that should rightly be processed and paid by a member’s MCO for any and all physical health treatments.

10. **Other Insurance Coverage** – The system must reject claims that should rightly be processed by a member’s primary dental carrier. In addition, the system must allow for coordination of benefits in accordance with the Medicaid/FAMIS Plus “payer of last resort” rules. The Contractor is responsible for paying deductibles and coinsurance up to the maximum reimbursement amount that would have been paid in the absence of other primary insurance coverage for Medicaid/FAMIS plus and FAMIS covered services.

11. **Service Limits** – The system must verify that a service is not covered outside of the Department’s established service limits, including but not limited to once in a lifetime procedures.

12. **Correct Payment Amounts** – The system must pay the claim at the lesser of the billed amount or the Department’s allowable amount, other third party payer coverage, etc. as described in

13. **Claims History** - The Contractor shall accept 24 months of paid dental claims history in an agreeable format to be used for duplicate claims payment verification purposes.

**DentaQuest Response:**

DentaQuest’s claims processing system performs all of the validation edits listed in this question and more. Over the past 17 years, DentaQuest has continually re-engineered its system to evolve with changes occurring in the government healthcare market. Our system is based on a workflow process containing business rules and dental claim management settings that can be customized by client. As claims flow through our system, only claims needing special handling or flagged for special processing are forwarded to our staff. This promotes cost savings for our clients.

Claims are auto-adjudicated through a series of edits that require claims data to be complete prior to payment. The system uses more than 350 edits to ensure accuracy of denials and approvals and to prevent over-utilization, fraud and abuse. Each is specially designed for dental claims and is the result of years of continuous feedback from clients operating Medicaid and SCHIP dental programs.
DentaQuest averages 30 dental program audits per year, and we use this feedback to improve our edits and performance.

Basic edits include checks for beneficiary eligibility, provider contracts and effective dates of the program. More advanced edits use data that determines the medically appropriate handling of each procedure code in conjunction with other codes. Rejection Codes and Reasons for Service are associated with each service as it is processed through adjudication and payment.

DentaQuest edits all claims for other insurance coverage. A beneficiary’s current TPL information, whether submitted by the State or captured as part of the claim intake process, is available to our operational team through our claims processing and customer service systems. When claims are edited, the member’s other insurance information as well as any COB information submitted with the claim is used to determine if other insurance should be considered. Claims are denied if the Medicaid coverage is not the payer of last resort.

History is an important factor when editing claims. DentaQuest loads claim history before implementing the program so the edits bump against history when determining claims. DentaQuest has administered the Smiles For Children dental program for five years and consults claim history when editing every claim. Five years of history is more than the 24 months required for a new implementation. DMAS program criteria have been integrated into our edits. Processing steps can be included or excluded as directed by the State. Virginia uses the entire processing package to achieve cost savings and effective claim payment. Claims processing staff uses live provider and beneficiary information to ensure only the most current information is used each time an edit runs.

The adjudication and payment processes in the workflow system use the most accurate provider information. Information maintained in the provider configuration system ensures that accurate information is used to apply appropriate fees to claims.

4.17.7 System Flexibility

The Contractor’s claims process system shall be table driven with the capability to handle eligibility and procedure coverage changes and edit and audit changes immediately upon notification by DMAS at no additional charge.

**DentaQuest Response:**

DentaQuest’s system connects operations and information technology to ensure efficient administration of the Smiles For Children program. This system provides flexibility and growth, and integrates with the VAMMIS systems. It encompasses an end-to-end process workflow that maintains integrity during each step of the process.

System flexibility permits DentaQuest to easily modify Smiles For Children dental program benefit rules. Rules can be modified, added or removed quickly as designated by DMAS. The edits are all based on highly configurable business rules. These business rules can be changed quickly, and at no cost, as DMAS deems necessary. The system uses these rules to adjudicate claims and determine authorization requests. Eligibility rules are also designed to be quickly adaptable to change.
4.17.8 Systems Readiness Review and Access to Contractor’s system

The Contractor will work with the Department to ensure that the Contractor’s processing system satisfies the functional and informational requirements of Virginia’s Dental program requirements. The Contractor shall assist the Department in the analysis and testing of information systems, claims processing and reporting requirements. DMAS expects to test and validate the system through user acceptance testing with ample time prior to production. The Contractor must provide and maintain a test environment and provide 8 access/licenses to Department staff allowing access to test the Contractor's system from DMAS user workstations. DMAS users must be able to access the Contractor’s test and production environments through the life of the contract. The Contractor will provide any software or additional communications network required or special equipment and training for access at the Contractor’s expense. The Contractor shall notify DMAS of available hours and any scheduled downtime prior to its occurrence. When on Contractor’s site, DMAS users must be granted access to system applications when auditing Contractor’s work. The Contractor agrees to actively send and receive test data transmissions prior to implementation until approved and throughout the contract as changes are deemed necessary by Federal, State, or DMAS policy.

DentaQuest Response:

As the incumbent vendor, DentaQuest’s processing system has been deemed ready to perform all Smiles For Children program requirements. We thoroughly understand the readiness review requirements and welcome an opportunity to have DMAS validate that our existing systems are compliant. DentaQuest passed the 2008 audit and all previous audits with the State. Subsequent audits were not scheduled by DMAS because of the success of the 2008 audit.

DMAS staff will continue to enjoy access to DentaQuest’s system to permit a review of enrollee, claim and authorizations information as needed for parallel testing. DentaQuest will notify DMAS of available hours and any scheduled downtime prior to its occurrence.

Testing tools and training will be provided to DMAS. DentaQuest will work with DMAS on any testing needed during the period of the contract. We will agree on the appropriate test files and support the sharing of these files. Separate test environments are available for testing, one test environment is used for quick fixes, while another test environment is used for the testing of new development and upgrades. DMAS staff will have access to any appropriate testing of the DentaQuest environment. DentaQuest notifies all clients of system down time prior to its occurrence.

4.17.10 Secure Email

The Contractor shall provide SSL secure email access over the Internet between DMAS and the Contractor and any other entity where PHI is communicated. No direct connection of VPNs to DMAS will be used for this purpose nor will DMAS use individual email certificates for its staff. Such secure email will only require DMAS staff to use a 128-bit SSL enabled web browser to access the contractor or send email to the contractor. DMAS will provide no special application server(s) for this purpose. Routing of emails over point-to-point telecommunications circuits between DMAS and the Contractor supports Secure SMTP over Transport Layer Security (TLS) RFC 3207 over the internet. The solution must include a method for secured industry standard email using strong encryption keys (greater than 128 bit) between DMAS and the Contractor throughout the contract.
term. Bidirectional TLS email encryption must be tested and documented between DMAS and the contractor's SMTP server. Otherwise, the contractor will use the DMAS secure email server encrypted at 128-bits for secure email. DMAS uses Tumbleweed secure email server. DMAS additionally has implemented the new Symantec Mail Security appliances that do point-to-point TLS email encryption.

**DentaQuest Response:**

DentaQuest supports the following methods of secure email with its clients:

1. **Transport Layer Security (TLS)** - Provides transport encryption for all email exchanged between DentaQuest and its clients. DentaQuest will work with DMAS to configure bidirectional TLS for all DMAS and DentaQuest domains. Once TLS configuration is complete, DentaQuest will work with DMAS to verify and document that TLS encryption is used when sending messages from each DMAS domain to each DentaQuest domain and vice versa. DentaQuest uses Microsoft Exchange fronted by Google’s Postini secure email services, which supports domain-specific TLS implementations.

2. **User-directed encryption of email** - In the event mutual configuration of TLS is not desirable or supported by a business partner; DentaQuest can secure email on demand using Google’s Message Encryption service. Emails designated for secure transmission are routed with 128-bit SSL encryption to a secure website. The recipient receives an email with a link to the secure site, and can retrieve the email from the site via an SSL-encrypted browser session.

**4.17.11 Risk Management and Security**

The Contractor, at a minimum shall meet VITA standards, which may be found on the VITA website at [http://www.vita.virginia.gov](http://www.vita.virginia.gov). DMAS requires the Contractor to conduct a security risk analysis and to communicate the results in a Risk Management and Security Plan that is compliant with the most stringent requirements from the standards listed below:

- Section 1902 (a) (7) of the Social Security Act (SSA);
- HIPAA Security Rule, 45 CFR Parts 160, 162, and 164 Health and Insurance Reform; Security Standards: Final Rule (latest version);
- COV ITRM Policy SEC500-02 dates (latest version);
- COV ITRM Standard SEC501-01 (latest version); and
- DMAS policies specifically identified.

The following specific security measures shall be included in a section of the Risk Management and Security Plan:

- Computer hardware controls that ensure acceptance of data from authorized networks only;
- At the Contractor's central facility, placement of software controls that establish separate files for lists of authorized user access and identification codes;
- Manual procedures that provide secure access to the system with minimal risk.
• Multilevel passwords, identification codes or other security procedures that must be used by State agency or Contractor personnel;
• All Contractor database software changes related to the PA program may be subject to the Department’s approval prior to implementation; and
• System operation functions must be segregated from systems development duties.

The Risk Management and Security Plan document must be delivered to the Department 30 days before implementation. The Plan will also be made available to appropriate State and Federal agencies as deemed necessary by DMAS.

**DentaQuest Response:**

DentaQuest policies and procedures address the Health Insurance Portability and Accountability Act (HIPAA) and HITECH information security regulations. They provide for:

- Administrative safeguards to manage the security of electronic Protected Health Information (PHI) and the conduct of DentaQuest’s workforce;
- Physical safeguards to protect the physical premises and information systems from hazards and unauthorized intrusions; and
- Technical safeguards that protect electronic PHI and control access to it.

Our policies and procedures are not only designed to comply with HIPAA, but they have also enabled it to complete annual SAS70 Type II audits of claims and information technology operations for the last five years.

DentaQuest secures its network via firewall controls, DMZ architecture, and identification and authentication mechanisms to ensure that data is accepted from authorized networks and partners only. Access to DentaQuest facilities is secured via proximity cards, and access to the network is controlled via Active Directory user identification and password. Password policies include forced password change after 60 days, password length and complexity requirements, and lockout after 3 incorrect password entries. Remote access to the DentaQuest network requires two-factor authentication using a one-time password token.

DentaQuest employs disk encryption to protect portable devices such as laptops and smart phones, and requires all information transmitted across public networks to be encrypted.

DentaQuest maintains separate systems operation and application development support groups. Application development staff does not have unrestricted access to production systems, and changes to application code are migrated into production by a production control function within the systems operation team.

DentaQuest has implemented risk management and security plans for numerous clients, including states with similar requirements to Virginia’s. Prior to implementation, DentaQuest will deliver a Risk Management and Security Plan that satisfies the Department’s information security and change management requirements, including those cited above.

DentaQuest will re-analyze all VITA requirements with DMAS at implementation.
Specific security and risk management expectations will be discussed, and if necessary we will design a security plan that is mutually acceptable.

4.17.12 Disaster Preparedness and Recovery at the Service Authorization Processing Site

The Contractor shall submit a Business Continuity/Disaster Recovery Plan for its processing system prior to implementation. If requested, test results of the plan must be made available to the Department. The plan must be tested before the effective date of the contract and must meet the requirements of any applicable state and federal regulations, and of the Department. The Contractor’s Business Continuity/Disaster Recovery Plan must include sufficient information to show that it meets the following requirements:

- Documentation of emergency procedures that include steps to take in the event of a natural disaster by fire, water damage, sabotage, mob action, bomb threats, etc. This documentation must be in the form of a formal Disaster Recovery Plan. The Contractor will apply recognized industry standards governing Disaster Preparedness and Recovery including the ability to continue receiving calls, processing prior authorizations, and other functions required in this RFP in the event that the central site is rendered inoperable. Additionally, the Contractor’s disaster plan must include provisions in relation to the processing center telephone number(s);
- Employees at the site must be familiar with the emergency procedures;
- Smoking must be prohibited at the site;
- Heat and smoke detectors must be installed at the site both in the ceiling and under raised floors (if applicable). These devices must alert the local fire department as well as internal personnel;
- Portable fire extinguishers must be located in strategic and accessible areas of the site. They must be vividly marked and periodically tested;
- The site must be protected by an automatic fire suppression system;
- The site must be backed up by an uninterruptible power source system; and
- The system at the disaster recovery site must be tested and verified in accordance with VITA standards.

The Business Continuity/Disaster Recovery Plan document must be delivered to the Department 30 days before implementation.

DentaQuest Response:

DentaQuest runs its primary claims processing system from its data center in Boston, MA. This center is backed by an uninterruptible power system and generator. It has an automatic fire suppression system, as well as heat and smoke detection systems in the ceiling and under raised floors that alert both the fire department and DentaQuest personnel in the event of an emergency. DentaQuest facilities are in compliance with fire codes for portable fire extinguishers, including annual inspection. DentaQuest employees are made aware of emergency procedures as part of their indoctrination process. Smoking is not permitted within the facilities.

DentaQuest maintains a disaster recovery contract (currently with IBM) that provides for alternate data center, server, networking and telecommunications capabilities in the event of a natural or man made disaster that would disable the Boston data center. DentaQuest has a formal Disaster
Recovery Plan that is maintained using Evergreen’s Continuity Manager Application, and performs offsite recovery tests of key systems at the recovery facility twice per year. DentaQuest’s call center and business operations rely on two DentaQuest facilities in Mequon and Grafton, WI that can back each other up for telecommunications and work area capabilities in the event of an outage disabling either site.

Please see Tab S to view a summary providing an overview of DentaQuest’s Disaster Recovery Plans, as well as a copy of Mequon Disaster Recovery Plan.

4.17.13 Continuity of Operations

The Contractor shall be required to provide a Continuity of Operations Plan (COOP) that relates to the services or functions provided by them under this contract. Key information to be included in the contractor’s COOP and used as an example can be found on the VITA website at http://www.vita.virginia.gov. The Continuity of Operations Plan document shall be delivered to the Department 30 days before implementation.

**DentaQuest Response:**

Please see Tab S which contains documents comprising DentaQuest’s Business Continuity Plan.

4.17.14 Security Training

The Contractor shall be required to provide a Security Training Plan that relates to the services or functions provided by them under this contract. The Security Training Plan document shall be delivered to the Department 30 days before Implementation.

**DentaQuest Response:**

DentaQuest trains its staff annually on HIPAA requirements and procedures for securing protected health information (PHI). Unannounced audits are conducted twice per year to validate compliance and reeducate staff on proper procedures for securing materials. Security awareness messages are communicated regularly through the company intranet, message boards and emails. DentaQuest will review training procedures with DMAS during the implementation process and update security training plans if necessary to address specific DMAS requirements.
4.18 Electronic Data Submission Including Encounter Claims

The Contractor shall not transmit protected health information (PHI) over the Internet or any other insecure or open communication channel unless such information is encrypted or otherwise safeguarded using procedures no less stringent that those described in 45 CFR § 142.308(d). If the Contractor stores or maintains PHI in encrypted form, the Contractor shall, promptly at the Department’s request, provide the Department with the software keys to unlock such information.

DentaQuest Response:

DentaQuest employs recognized industry standards governing the security of state and federal Automated Data Processing systems and information processing. DentaQuest employs information security policies and procedures that address the Health Insurance Portability and Accountability Act (HIPAA) and HITECH information security regulations, and provide for:

- Administrative safeguards to manage the security of electronic Protected Health Information (PHI) and the conduct of DentaQuest’s workforce
- Safeguards to protect the physical premises and information systems from hazards and unauthorized intrusions
- Technical safeguards that protect electronic PHI and control access to it

Security measures are incorporated in DentaQuest’s system design documentation and operating procedures. The DentaQuest network is protected by layered network security, including firewall and IPS systems. DMZ architecture is used to limit exposure to DentaQuest’s back end systems from its Internet-facing systems. Systems reside in dedicated data centers with restricted access and resilient environmental systems.

A Network Operations Center monitors the network and server infrastructure on a 24/7 basis and escalates any alerts to support personnel. Desktops and servers are protected by antivirus software, and security patches are applied on a regular schedule. Data transmissions are secured via SSL, Secure FTP or secure email.

DentaQuest has a formal access request process requiring management approval. Access is granted based on job requirements. Job assignments are segregated to provide strong internal controls, including a separation of duties between those who develop systems and those who place code into production or provide operational support.

4.18.1 Electronic Data Interchange (EDI)

The Contractor shall transmit documents directly or through a third party value added network. Either party may select, or modify a selection of, a Value-Added Network (VAN) with thirty (30) calendar days written notice.
The Contractor shall be solely responsible for the costs of any VAN with which it contracts. The Contractor will be liable to the other for the acts or omissions of its VAN while transmitting, receiving, storing or handling documents. The Contractor is solely responsible for complying with the subscription terms and conditions of the VAN he or she selects, and for any and all financial liabilities resulting from that subscription agreement.

**DentaQuest Response:**

DentaQuest exchanges EDI files with the Department via the fiscal agent’s encrypted web portal.

DentaQuest is HIPAA compliant with all file transfers. We can adopt other modes of secure file exchange as the needs of DMAS change. We offer several secure data transfer methods including SSL (Secure Socket Layer) FTP and individual PGP (Pretty Good Privacy) file encryption. Data can be pushed to DentaQuest portals or pulled from the client's file transfer areas. All DentaQuest web portal and FTP areas are secured with 128-bit encryption. They comply with HIPAA security and privacy requirements.

DentaQuest employees are trained annually on HIPAA procedures. They comply with company standards and security protocols regarding e-mail transmissions, data transmissions and security.

**4.18.2 Test Data Transmission**

The Contractor agrees to actively send and receive test data transmissions prior to implementation until approved. The Contractor agrees to receive redundant transmission (e.g. faxed copy and electronic), if required by the Department, for up to thirty (30) calendar days after a successful EDI link is established.

**DentaQuest Response:**

DentaQuest works with the Department and its fiscal agent when testing EDI files. We will continue this process prior to implementation to ensure the continued successful transmission of EDI data. DentaQuest will work collaboratively with the Department should additional testing be necessary.

**4.18.3 Garbled Transmissions**

If the Contractor receives an unintelligible document/file, the Contractor will promptly notify the sending party (if identifiable from the received document/file). If the sending party is identifiable from the document, but the receiving party failed to give notice that the document is unintelligible, the records of the sending party will govern. If the sending party is not identifiable from the document, the records of the party receiving the unintelligible document will govern.

**DentaQuest Response:**

DentaQuest notifies the Department and its fiscal agent when an unintelligible document/file is received. A DentaQuest information analyst begins the process by calling the ACS help desk and subsequently informs the Department's contract manager, Lisa Bilik, via email and phone call. Our IT staff works closely with ACS and Lisa to ensure that accurate data is received and loaded, and
that communication is tracked and verified. These procedures will continue during the new contract period.

4.18.4 Certification

Any payment information from the Contractor that is used for rate setting purposes (e.g. any encounter data) or any payment related data required by the state must be certified by the Contractor’s Chief Financial Officer, Chief Executive Officer, or a person who reports directly to and who is authorized to sign for the Chief Financial Officer or Chief Executive Officer of the Contractor.

The Contractor shall be responsible for validating submissions from providers and subcontractors. The Contractor shall use Attachment IV, Certification of Encounter Data, on a monthly basis reflecting prior submissions of encounters; and, Attachment V, Certification of Data, for certification of non-encounter payment related data submissions within one (1) week of the date of submission. Any data not certified within the specified periods will not be considered as part of the rate setting processes.

DentaQuest Response:

DentaQuest provides the certification of encounter data on a monthly basis within one week of the date of encounter file submission. Any payment related data required by the state would be certified by Jeff Warner, DentaQuest’s Senior Consultant for Business Systems Solutions, whose signature has been authorized by DentaQuest’s Chief Executive Officer.

Please see Tab S to view a copy of a certification letter pertaining to November 2010 encounter files.

4.18.5 Enforceability and Admissibility

Any document properly transmitted pursuant to this Contract shall be deemed for all purposes (1) to be “a writing” or “in writing,” and (2) to constitute an "original" when printed from electronic records established and maintained in the ordinary course of business. Any document which is transmitted pursuant to the EDI terms of this Agreement will be as legally sufficient as a written, signed, paper document exchanged between the parties, notwithstanding any legal requirement that the document be in writing or signed. Documents introduced as evidence in any judicial, arbitration, mediation or administrative proceeding will be admissible to the same extent as business records maintained in written form.

DentaQuest Response:

DentaQuest keeps all copies of claims, authorizations and other requested files. Paper copies are scanned and the originals are archived in case they are needed. However, the electronic version is considered to be a legal document pursuant to the request. All EDI records are saved to DentaQuest’s system and backed up on a regular basis. The EDI record is considered the legal original and considered to be in “written form”. All documents, regardless of how they are received, are treated as originals during processing and other discussion or audits.
4.18.6 Timeliness, Accuracy, and Completeness of Data

The Contractor shall ensure that all electronic data submitted to the Department are timely, accurate and complete. At a minimum, encounter data and provider network reports will be submitted via electronic media in accordance with Department criteria.

In the event that electronic data files are returned to the Contractor due to errors, the Contractor agrees to process incorrect data and resubmit within thirty (30) calendar days. The Contractor agrees to correct encounter claims where appropriate and resubmit corrected encounter claims in accordance with the specifications set forth in this RFP.

The Contractor shall evaluate the completeness of the data from providers on a periodic basis. The Contractor must report the plan/strategy used by the Contractor, including completeness at start up, when revised, and upon request. Any deficiencies found through the review process must be reported to the Department within 60 calendar day. A corrective action plan to address any deficiencies found must be provided to the Department within 30 calendar days after notification of any deficiencies.

**DentaQuest Response:**

DentaQuest will correct and resubmit encounter claims where appropriate within thirty calendar days. Currently, we receive an error file from the Department's fiscal agent, ACS, via their secure web portal. Upon receipt, we sort the errors and forward to the applicable DentaQuest departments. Once corrected, these claims are isolated and generated into a valid 837 encounter resubmission file and transmitted back to the fiscal agent for processing. DentaQuest agrees to provide any corrective action plan requested by the Department within 30 calendar days of notification of deficiency.

4.18.7 Encounter Claims Data Submission

Approved and denied encounters shall be submitted following the guidelines established by the Encounter Data Submission Manual, including the format, data elements, and data values specified. All encounters must be submitted via Virginia’s Medicaid EDI Bulletin Board as described in that guide. The standard for accepting a transmission in its entirety is no more than a five percent (5%) fatal error rate. Fatal errors, when applicable, should be corrected and the encounter adjusted within thirty (30) days of receipt of the propriety error and/or electronic error reports. If the Contractor loses its production privilege due to a high volume of fatal errors, then the Contractor must actively test with DMAS and regain approval for production submissions within thirty (30) days.

All encounters shall be submitted weekly using the nationally recognized formats defined below:

- Dental Claims – Submit using the American National Standards Institute (ANSI) 837, version 40.10 with addenda including all required data elements.

All encounters shall be submitted to the Virginia Medicaid Management Information System (VAMMIS) Gateway System to interface with the ACS File Transfer Protocol (FTP) Server.
Submissions shall be made at least weekly and may be made more frequently with the approval of the Department. Files with HIPAA defined level 1 or level 2 errors in the ISA, GS, GE, or ISE records will be rejected and a negative 997 sent back to the submitter. The entire file must be resubmitted after the problem is fixed. Files with HIPAA defined level 1 or level 2 errors inside a ST-SE loop will have that ST-SE loop rejected and a negative 997 will be sent back to the submitter identifying the loop. Any other ST-SE loops, which do not have level 1 or level 2 errors, will be processed. Only the rejected ST-SE loops should be resubmitted after fixing the problem. Errors on rejected files or ST-SE loops must be corrected and resubmitted within thirty (30) calendar days of the date of rejection.

For the purposes of this Contract, an encounter is any service received by the member and processed by the Contractor. The Contractor shall submit encounters/claims for all claims it receives, with the exception of claims the Contractor has determined to be a duplicate of a previously processed claim/encounter and other exceptions as noted in the Encounter Data Submission Manual. The Contractor is responsible for submission of data from all of its subcontractors to the State or its agent in the specified format that meets all specifications required by the Department and matches the requirements placed on the Contractor by the Department for encounters. This data shall be submitted and on a timely basis.

At the end of each calendar year, the Department will prepare an Encounter Submission Calendar. The purpose of this calendar is to schedule receipt of encounter records from the Contractor. The Contractor shall adhere to the Department’s submission schedule. Files submitted on the scheduled date should only include the normal submission, no backlog, unless agreed to in advance by the Department. Any changes to the submission dates require re-scheduling with the Department. If unable to submit the encounters on the scheduled date, notify the Department within three business days of an alternate submission date. Except for encounters involving appeals, the Contractor shall submit to the Department ALL electronic encounter claims within thirty (30) calendar days of receipt. Late data will be accepted, but the Department reserves the right to set and adjust timeliness standards as required in order to comply with State and Federal reporting requirements. The Contractor is strongly encouraged to submit encounter data as received and discouraged from waiting the full time allotted before submitting the encounter data to the Department. The Department reserves the right to require written explanations of all appeals. The Department reserves the right to require more frequent submissions, based on file size/volume and to require more frequent submissions, based on file size/volume.

The Contractor shall be required to pass a testing phase before production encounter data will be accepted. The Contractor shall pass the testing phase within twelve calendar weeks from the effective date of the change.

The Contractor shall submit the test encounter data to the Department’s fiscal agent electronically according to the specifications of the HIPAA Implementation and Companion Guidelines.

The Contractor shall be responsible for passing a phased-in test process prior to submitting production encounter data. The Contractor shall utilize production encounter data, systems, tables, and programs when processing encounter test files.

Any additional costs incurred by the Department resulting from the Contractor not submitting encounters within thirty (30) calendar days of receipt will be passed on to the Contractor.
The Department reserves the right to reimburse the Contractor for paid claim dollars based on the encounter claims data submissions. Should the Department opt for this or a similar alternative payment process, the Department shall consider the impact of payments to providers. The Department shall consider offering an advancement of funds to the Contractor to compensate for the time period between the claims being processed for payment and the encounter approval.

**DentaQuest Response:**

DentaQuest understands and adheres to the Department’s encounter submission guidelines. DentaQuest submits an 837 version 4010 based on the Department’s 837 encounter companion guide. This encounter file is transmitted via the fiscal agent’s encrypted web portal on a weekly basis. On the day of encounter file transmission, DentaQuest reviews the 997 acknowledgement file produced by the fiscal agent. If the file contains a negative response, DentaQuest corrects the errors and schedules a new transaction time with the Department. DentaQuest also reviews the subsequent weekly error file provided by the fiscal agent in order to correct and resubmit the file within the thirty day time period specified by the Department.

The current process has been tested by DMAS and DentaQuest. Changes to any part of the process will be tested at that time.

DentaQuest strives for 100% accuracy when submitting encounter claims. DentaQuest has achieved a 95.7% accuracy rate in 2010.

**4.18.8 Encounter Data Reconciliation**

The Contractor shall fully cooperate with all the Department’s efforts to monitor the Contractor's compliance with the requirements of encounter data submission including encounter data accuracy, completeness, and timeliness of submission to the Department’s Fiscal Agent. The Contractor may comply with all requests related to encounter data monitoring efforts in a timely manner.

**DentaQuest Response:**

DentaQuest complies with the Department’s efforts to monitor its compliance with the requirements of encounter data submission. DentaQuest information analysts communicate with Lisa Blik, DMAS Dental Contract Monitor, and Daniel Plain, Dental Program Manager *Smiles For Children*, on a regular basis. All monitoring of data reconciliation supports compliance with data accuracy, completeness and timeliness of encounter submission. Such coordination with the Department will continue under the new contract.

**4.18.9 Provider Identification Data**

Contractor shall maintain a dental provider database. The Department also maintains a copy of this provider file on our own MMIS in order to support encounter processing. The Contractor will submit a weekly Excel file to designated DMAS staff via secure email with new and/or updated provider information. In the event no changes to provider information are needed for the month, the Contractor will inform the Department via email notification. The file layout is defined below:
The Contractor is responsible to ensure that all encounter claims are identified with an active National Provider Identification (NPI) number and the correct provider identification numbers are associated with the appropriate claims and service dates. As of the effective date of mandatory compliance with the CMS NPI Rule, no encounter record will be accepted by DMAS unless the provider has an active NPI record.

**DentaQuest Response:**

DentaQuest’s database and provider configuration system affords maximum flexibility in managing provider information files and contract setups. The provider contracting staff supports all aspects of provider network, eligibility and affiliation management with this application. The provider configuration system facilitates the following:

- Interface of DMAS provider file data with DentaQuest’s database
- Maintenance provider demographics and contact data
- Definition of provider compensation formulas
- Definition of provider compensation accounts
- Management of provider reimbursement methods
- Production of unlimited activity and profiling reports
- Creation of provider directories
- Credentialing of providers
- Performance of mailings to multiple providers
- Tracking of provider recruitment
- Control of access to information and functions

DentaQuest’s system complies with new National Provider Identifier (NPI) rulings. These modifications automatically standardize location addresses upon entry.
DentaQuest sends the Department the provider change Excel spreadsheet on a weekly basis. Please see Tab G for a copy of a New NPI report sent to the Department on 12/6/10. Also included in Tab Q is the Provider Location Termination Report DentaQuest provides to the Department.

4.19 Transition Upon Termination Requirements

4.19.1 Close Out and Transition Procedures:

DentaQuest Response: Addresses components of Transition of Care elements listed in 7.1.1)

DentaQuest will comply with all requirements related to transition upon termination outlined in Section 4.19.1. In the event of discontinuance of the contract DentaQuest will supply DMAS with the following information:

- The number of dental claims approved, denied or pending at the time of transition, including the following information: the Participant’s name and identification number, the Participating Dental Provider’s name and provider number, and the type of service;
- Information on any pending grievances, including Department appeals hearings;
- The number of service authorizations in process, including the following information: the Participant’s name and identification number, the Participating dental provider name and provider number and type of dental service.

We also have a detailed transition plan that outlines all steps that would be taken in the event of discontinuance of the contract. Please find this plan in Tab T.

4.20 Reporting Requirements

4.20.1 Data Base Requirements

DentaQuest Response:

DentaQuest’s database has the capability to include the data outlined in 4.20.1 and is current through the prior week.

4.20.2 Claim Activity Reporting Requirements

The Contractor shall provide to the Department a Monthly Dental Report, as reflected in Attachment VIII, a Detailed Claim Processing and Reconciliation Report as described in Section 6 of this RFP, a Monthly Batch Claim Operations Report, an Encounter Data Report, and a Claims Lag Triangle Report including the data elements and in the format and medium (including electronic) requested by the Department. Record layout and other information about report submission are available through the Department. The Contractor shall provide an annual version of the Monthly Summary Report (shown in Attachment VIII) that captures totals for the contract year, within ninety (90) calendar days of the effective contract date and effective contract renewal date.
4.20.3 Appointment Assistance/Care Coordination Report

The Contractor shall submit a monthly report on the number of requests for assistance to obtain an appointment as specified in Section 4.7.2, and shall include a summary of the coordination of care assistance provided as described in Sections 4.7.4 and 4.7.5. The first report under this RFP, covering the month of June 2011, shall be due on July 15, 2011. Thereafter, reports shall be due fifteen (15) days after the end of each calendar month. The report shall provide sufficient information to allow the Department to determine the number of requests by city/county, % of requests per city/county, referral source, outcomes, and the time required to locate a participating dental provider willing to serve the member who is seeking an appointment for covered services.

4.20.3a Request a Dentist Report

The Contractor shall submit a monthly report as outlined in 4.3.1 identifying the names and addresses of members who contacted the dental benefit administrator to find a dentist. The submitted report should reflect the total number of callers and average turnaround time from call date to resolution date.

4.20.4 Financial Reporting Requirements

4.20.4a Monthly Full Reconciliation Report

The Contractor shall provide to the Department a monthly cumulative account of the financial transactions reconciling the provider claims to the SFC checking account. Should the contractor stop payment or void any check and not reissue a replacement check, the funds are to be refunded to the Department and the associated claims must be voided in the claims system.

4.20.4b Monthly Bank Statement

The Contractor shall provide to the Department a copy of monthly bank statements with supporting documentation sufficient to verify account credit and debit adjustments. At a minimum, the monthly bank statement should clearly indicate the date of the statement, bank account name and account numbers to verify transfer of funds.
Please refer to Tab G for a sample of this report.

4.20.4c Stale Dated Check Report
The contractor shall provide to the Department a monthly Stale Dated Check report that includes checks outstanding or uncashed after the 150-day mark for review and potential follow up with the providers. Checks that remain uncashed after 180-days of the issue date are deemed “stale dated” and are to be voided and the funds refunded to the Department on a quarterly basis. All claims associated with the voided 180-day checks are to be voided in the claims system.

**DentaQuest Response:**

Please refer to Tab G for a sample of this report.

4.20.4d Negative Balance Report
The contractor shall provide to the Department a monthly Negative Balance report that lists providers who have outstanding debts with the contractor. The report should also list the claims and/or transactions that generated the negative balance as well as the date the overpayment associated with the negative balance occurred.

**DentaQuest Response:**

Please refer to Tab G for a sample of this report.

4.20.4e Accrued Interest report
The contractor shall provide to the Department a monthly accrued interest report associated with the SFC bank account. The Contractor should reimburse the Department quarterly for interest accrued on this account. Interest should accrue based on the daily balance of funds remaining in the SFC account. The Contractor must notify DMAS via email when the transfer has occurred.

**DentaQuest Response:**

Please refer to Tab G for a sample of this report.

4.20.4f Audited Financial Statements and Income Statements
The contractor shall provide to the Department copies of its annual audited financial statements no later than ninety (90) calendar days after the end of the calendar year and Quarterly Income Statements no later than thirty (30) calendar days after the end of each calendar quarter.

**DentaQuest Response:**

Please refer to Tab G for a sample of this report.

4.20.5 Outreach Reports
The Contractor shall provide an annual Outreach Report that describes the dental related outreach activities completed in the preceding year and results of those activities.
**DentaQuest Response:**

Please refer to **Tab D** for a sample of this report.

### 4.20.6 Call Center Response Time Reports

The Contractor shall maintain records and report to the Department on Call Center Response times weekly for the first 3 months and monthly thereafter. The call center reports are identified in Section 4.3 of the RFP. Monthly reports will be due fifteen (15) calendar days after the end of the calendar month being reported.

**DentaQuest Response:**

Please refer to **Tab G** for a sample of this report.

### 4.20.7 Meeting Reports

The Contractor shall submit the minutes of its Utilization Review Committee meetings, and Quality Assurance Committee meetings on a calendar quarter basis, due thirty (30) days after the end of each quarter. If no meetings occurred during the quarter, that fact shall be reported. Peer Review Committee shall be scheduled twice a year and held more frequently if additional case reviews are necessary. The Contractor shall submit the minutes of its Peer Review Committee meetings to the Department within (30) days after the meetings occur.

**DentaQuest Response:**

Please refer to **Tab I** for a sample of this report.

### 4.20.8 Satisfaction Surveys

The Contractor shall conduct, at a minimum, a semi-annual Member Satisfaction Survey and a semiannual Provider Satisfaction Survey. The survey questions and methodology shall be approved by the Department prior to conducting the survey. The Contractor shall submit a report identifying key findings to the Department annually.

**DentaQuest Response:**

Please refer to **Tab M** for a sample of this report.

### 4.20.9 Public Filings

The Contractor shall promptly furnish the Department with copies of all public filings, including correspondence, documents and all attachments on any matter arising out of this RFP.

**DentaQuest Response:**
DentaQuest understands this requirement and agrees to furnish the Department with copies of all public filings, including correspondence, documents and all attachments on any matter arising out of this RFP.

4.20.10 Comprehensive Network Analysis Report

The Contractor shall provide a Comprehensive Network Analysis Report, monthly and annually, as described in Section 4.8.4 that provides a detailed analysis of provider recruitment activities and that tracks provider network changes, and when possible, captures reasons for provider disenrollment.

**DentaQuest Response:**

Please refer to **Tab J** for a sample of this report.

4.20.11 Grievance and Appeals Reports

The Contractor shall provide grievance and appeal logs and summary reports as described in Sections 4.8.14 and 4.9 of this RFP.

**DentaQuest Response:**

Please refer to **Tab J** for a sample of this report.

4.20.12 Semi-Annual and Annual Report

The Contractor shall provide and develop in conjunction with the Department a semi annual and an annual report that provide a report card summary for all of the following activities: Claims Activity, Service authorization Activity, Network Recruitment, Member Outreach, Call Center, Grievances and Appeals, Member Utilization, and Quality Improvement. The Offeror shall submit sample “annual report card” reports with their RFP Proposal. The Department shall approve the final reporting format. The Contractor must modify the final report to the agreed upon specifications at no cost to the Department.

**DentaQuest Response:**

Please refer to **Tab G** for a sample of this report.

4.20.13 Dental Utilization Tracking System

The Contractor shall develop and maintain a tracking system with the capability to identify and report the member’s current dental utilization status, pending preventive services, and preventive treatment due dates, referrals for corrective treatment, whether corrective treatment was provided, and dates of service for corrective treatment for each member.

**DentaQuest Response:**

Twice per year, DentaQuest generates a report of members who have not had a dental service in the past six months. These members receive a postcard that informs them of their dental benefits and
how to find a provider. Nine months after the mailing, we evaluate the success of the initiative and provide a report to DMAS on the results.

Annually, DentaQuest provides a periodicity report to DMAS, which measures member compliance with state and federal EPSDT guidelines. Please refer to Tab D for a copy of this report.

DentaQuest has developed new capabilities to meet this requirement. Our dental home program will include reporting on a member’s current dental utilization status, pending preventive services, preventive treatment due dates, referrals for corrective treatment, whether corrective treatment was provided, and dates of service for corrective treatment for each member. A description of our dental home program appears in Chapter 1.

4.20.14 Projected Participation and Utilization Goals Report

Using the Department’s base-line benchmarks as described in this RFP, the Offeror shall include with its proposal projections for the next four years for provider participation and increased pediatric (all children under age 21) utilization. In addition the Offeror shall report in detail the implementation strategy it will utilize to achieve the projected provider participation and pediatric utilization goals. The Offeror’s proposed strategy shall sufficiently describe the basis for the Offeror’s administrative services organization (ASO) per member per month (PMPM) cost proposal. The Contractor shall update the projections on an annual basis.

DentaQuest Response: (Addresses components of Network Development and Maintenance elements listed in 7.1.1)

The following chart shows projections for the next four years of provider participation and pediatric utilization.

<table>
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<th>SFY 2009</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider participation</td>
<td>1,387 number</td>
<td>1,718</td>
<td>1,880</td>
<td>2,042</td>
<td>2,204</td>
</tr>
<tr>
<td>Pediatric utilization</td>
<td>48.52%</td>
<td>55.23%</td>
<td>59.55%</td>
<td>63.51%</td>
<td>67.14%</td>
</tr>
</tbody>
</table>

Meeting Our Provider Participation Goals
DentaQuest uses several avenues to maximize network participation and growth. We outline our recruitment strategy in Section 4.8. Below is a brief synopsis of each element of the strategy.

Partnering With Dental Associations
DentaQuest is well connected with the Virginia Dental Association, the Old Dominion Dental Society as well as all the component associations and study clubs.

In collaboration with these organizations, we have promoted the Smiles For Children dental program to a large number of dentists in a number of ways including attending component and study club meetings, advertising in their newsletters and placing a link on their website about the program.
Attending Annual Conventions
DentaQuest attends Virginia Dental Association and Old Dominion Dental Society annual conferences. Our booth is staffed by our provider relations representatives, outreach coordinator and project director. Participating providers and members of the associations are provided with “Dental Hero” buttons to wear around the exhibit floor. They are encouraged to send colleagues who do not participate to our booth to learn about the program.

Meeting With Dental Students
DentaQuest works closely with VCU dental school to recruit new providers. We begin discussing with soon to be graduates the benefits of joining our network approximately 18 months prior to graduation. From that point until graduation, students receive information from us several times. Approximately two months prior to graduation, each dental student receives the provider agreement and application.

Partnering With Large Group Practices
As the dynamics of the provider community changes, there continues to be fewer individual practitioners and more large group practices. In discussions with the large group practices, we have learned that they are planning for future growth and expect to hire more dentists in the coming years. We expect that their growth will more than offset the individual practitioners who will retire.

Offering Continuing Education Seminars
DentaQuest has hosted a continuing education seminar for Virginia providers and plans to do increase the frequency of these events. The seminars typically offer up to 8 CEUs and all dentists in the area are invited, regardless of network participation. These events provide us with an opportunity to discuss the value of becoming a provider for the Smiles For Children dental program.

Participating in Mission of Mercy
Although this event is not a direct recruitment effort, DentaQuest’s involvement in Mission of Mercy is understood by many. DentaQuest’s support and participation in the program exemplifies our commitment to the underserved and a dentist who may not have wanted to treat the underserved in the past may consider the idea.

Word Of Mouth
Our providers are very satisfied with the dental program. As a result, many of them have become advocates of the Smiles For Children program. They promote the administrative expertise of DentaQuest and encourage other non-participating dentists to join the program.

Meeting Our Pediatric Utilization Goals
DentaQuest will employ a variety of strategies to educate members on the importance of good oral health, inform them of covered services, and teach them how to access Smiles For Children dental services, including:
- Direct outreach and education to members
- Collaboration with community-based organizations, professional organizations, health departments, and managed care organizations
- Provider education and outreach
- Pre-natal education program for females under 21 years of age
- Teen focused program
Child development centers

A detailed plan for these strategies is located in Tab D.

The dental home program will play an important role in reaching pediatric utilization goals. A full description of the dental home program appears in Chapter 1.

Over the past five years, we have cultivated relationships with oral health and community organizations throughout the state. We will collaborate with these organizations to further increase dental access. For a list of the oral health and community organizations we currently work with, please refer to Tab O.

4.20.15 Other Reporting Requirements

The Contractor shall also provide such additional monthly and ad hoc reports in relation to the RFP (and resulting contract) requirements in a format as agreed upon by the Department and the Contractor. The Contractor shall assure compliance with future reporting requirements of federal initiatives such as H.R. 2; the Children’s Health Insurance Program Reauthorization Act of 2009, or CHIPRA and/or other federal/state health care reform activity as determined by the Department. The Department shall incur no expense in the generation of such reports. Additionally, the Contractor shall make revisions in the data elements or format of the reports required in this RFP and resulting contract upon request of the Department and without additional charge to the Department. The Department shall provide written notice of such requested revisions of format changes in a notice of required report revisions. The Contractor will respond to all routine inquiries/requests from the Department within two business days either acknowledging receipt of the Department’s request or providing a date that the Contractor will respond. Contractor shall maintain a data gathering and storage system sufficient to meet the requirements of this RFP. The Department may impose liquidated damages or monetary sanctions under Attachment III of the RFP based upon Contractor's failure to timely submit Standard Reports in the required format and medium.

DentaQuest Response:

Over the past five years, DentaQuest has provided DMAS with more than 130 ad hoc reports.

We also have a number of ad hoc reports that have become standard reports including:

- Bristol Surgery Center - Claims Paid
- Bristol Surgery Center – 41899
- Prepayment Code Review
- Actively Billing v. Enrolled Providers
- VA and MD Potential Dual Eligibles
- Stainless Steel Crown/Pulpotomies
- Stainless Steel Crown/Pulpotomies Detail
- Paid Claims and Distribution of Services
- Failed Sealants
In Tab G, we have included four examples of ad hoc reports that were specially written for DMAS.

4.20.16 Healthcare Effectiveness Data and Information (HEDIS) Annual Dental Visit Report

The Contractor shall submit an Annual Dental Visit Report to the Department using the criteria specified in the most current years’ HEDIS Technical Specifications per National Committee for Quality Assurance (NCQA). The current version of HEDIS (2010) measures the percentage of members 2-21 years of age who had at least one (1) dental visit during the measurement year. Data elements required in the report are outlined in Attachment XII. The Contractor shall submit this report to the Department annually. The contractor should be aware of any changes that NCQA makes to the HEDIS technical specifications for the relevant dental measure and change their methods accordingly. The Department anticipates that the Contractor shall meet and exceed the National Medicaid average annually. Adhering to the HEDIS Technical Specification, the Offeror shall submit its plan explaining how it will continue to meet or exceed the National Medicaid average for percentage having at least one dental exam.

**DentaQuest Response:**

Please refer to Tab D for a sample of this report.

4.21 Virginia Bureau of Insurance Requirements

The Contractor shall demonstrate evidence of its compliance with applicable Virginia Bureau of Insurance requirements. All financial reports filed with the Department by the Contractor shall demonstrate evidence of compliance with Virginia Bureau of Insurance financial requirements.

**DentaQuest Response:**

DentaQuest, LLC is authorized to act as a third party administrator in Virginia. DentaQuest, LLC is not required to submit filings to the Virginia Bureau of Insurance for its business activities as an administrator.

4.22 Fraud and Abuse

4.22.1 Prevention/Detection of Provider Fraud and Abuse

The Contractor shall have internal controls and policies and procedures in place that are designed to prevent, detect, and report known or suspected instances of fraud and abuse. Such policies and procedures must be in accordance with Federal regulations described in 42 CFR Parts 455 and 456, and as described in the Department’s Dental Manual, Chapter VI. The Contractor shall have adequate staffing and resources to investigate unusual incidents and develop and implement corrective action plans to assist the Contractor in preventing and detecting potential instances of fraud and abuse.
DentaQuest Response:

DentaQuest’s goals are to detect fraud, stop fraud when it occurs, assist in the recovery of losses, assist in the apprehension and prosecution of the offenders, and educate employees, providers, clients and members of potential problems. It is the responsibility of our utilization review department to provide high quality dental services within allocated financial resources. Any suspicion or occurrence of fraud will be reported to DMAS.

Fraud detection includes determining medical necessity for services and ensuring payments are made only to members and providers who are eligible to receive payment under existing law and contractual arrangements. It is the responsibility of all employees to detect and prevent health care fraud and abuse. An annual fraud and abuse training program reinforces this responsibility. Please find DentaQuest’s fraud and abuse policies and procedures in Tab V.

DentaQuest’s Fraud and Abuse program ensures the quality of services delivered to members is maintained at a high level, and that they are in line with a practical and conservative oral health approach. As a benchmark, DentaQuest measures these quality/quantity components for individual offices and compares them to those in a particular service area. We recognize the concept of “community standard,” which is readily accepted in the dental legal community, as a comparative measurement tool to profile dentists. The core of the Provider Profiling Review Program is made up of three components: 1) qualitative and quantitative data management, 2) provider education and behavior modification, and 3) peer review.

Qualitative and Quantitative Data Management

DentaQuest’s automated utilization reports cover various quality and quantity of service measurements compared on a peer-to-peer basis within a given service area that are consistent with the concept of “community standards” of practice. These reports reflect preventive practice patterns, up-coding patterns, treatment sequencing, re-treatment patterns, cost data patterns and benchmark service frequencies. Typically, providers or offices with a “high” ranking on a data management report are subject to further audit and review.

Provider Education and Behavior Modification

When the results of the data management reports indicate a potential aberrant situation - i.e., excessive up-coding, re-treatment patterns, or insufficient radiographs - a provider will be contacted and an audit process initiated. This process will include chart audits and may include provider education with the final objective being modification of behavior to bring the provider within a respectable level of the “community standards” norm. Data management reports provide feedback as to the effectiveness of the preliminary communications with the provider.

DentaQuest Peer Review and Smiles For Children Peer Review committees

These two committees are part of our provider profiling program. The DentaQuest committee is comprised of a staff of dentists and a dental hygienist.

The Smiles For Children committee includes the following members:

- James E. Thommes, DDS DentaQuest’s Vice President of Clinical Management
- Mary Jo Blank, DentaQuest’s Utilization Review Manager
- Cheryl Harris, Virginia Project Director
If an initial communication with a provider fails to produce desired behavioral changes, the committee will contact the provider and either reinforce the original recommendation or suggest additional changes. The final objective is to modify the provider’s pattern of behavior. There may be situations in which a provider is non-responsive to recommendations. At that time, the removal of a provider from the network would be discussed with DMAS and a joint course of action would be pursued.

This committee operates independently of DentaQuest management when making clinical decisions or recommendations as part of the peer review process.

**Identifying and Correcting Aberrant Behavior**

After payments are made to providers for submitted claims, reports can be generated for aberrant providers according to dollar volume, diagnostic codes and other factors to identify discrepancies. When the results of a utilization report raise suspicion – such as excessive up-coding, re-treatment patterns, or insufficient radiographs – providers are contacted by clinical auditors. Patient charts and general office practices are carefully reviewed. After completion of the audit, the first step is to educate providers in the form of a behavior modification letter. If this fails to correct behavior, the Peer Review Committee will contact the provider to reinforce the seriousness of the situation and discuss potential removal from the program.

Offices that are below the community standard minimum are subject to a review by the utilization review department to determine the reasons for the reduced service level. Failure to provide an adequate level of dental care is basis for termination from the DentaQuest network. This review is closely coordinated with DentaQuest’s dental management team.

As a performance measurement for recredentialing providers, a review of all dental codes over a specified time frame is conducted to detect under- and over-utilization. The benchmark is evaluated and reported to the Credentialing Committee. If practice patterns are found to be excessively aberrant, the provider is referred to the Peer Review Committee for further review and recommendations.

**Identifying Utilization Service Patterns among Members**

DentaQuest’s utilization management department consists of dental professionals with clinical experience in patient care. Their primary purpose is to plan, coordinate, and authorize the finance of care for long-term/high-cost members for DentaQuest and its clients. Their goal is to move the member to the appropriate level of oral health care in order to provide quality care in the most effective manner. As with notification and patient chart review, all denials for non-dental necessity are reviewed and signed off on by a dental director. Denial notification letters originating from this department are sent to the member and provider of service containing the reason for the denial and information about the appeal process.
Special needs members are identified by the plans and the customer service department may facilitate access to dental care. Craniofacial or cleft palate orthodontics is secondary to the primary medical condition and is case managed and paid for under the medical benefit by the plans unless contracted otherwise.

**Chart Audits**

The chart audit process allows DentaQuest to verify adherence to the required chart documentation that a provider is contractually obligated to provide. It also allows DentaQuest to routinely verify the legitimacy of the billing practices employed by its providers. Based on several utilization review reports, providers will be identified for a chart audit to determine appropriateness of care prescribed and treatment rendered. Provider education efforts may be conducted, and financial recoveries or possible credentialing sanctions may be invoked.

DentaQuest maintains a full staff of utilization review experts. Here is an overview of the team and their responsibilities.

<table>
<thead>
<tr>
<th>Staff title</th>
<th>DentaQuest staff member</th>
<th>Key responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Director</td>
<td>Dr. James Thommes</td>
<td>Clinical oversight and coordination of the utilization review department and Peer Review Committee.</td>
</tr>
</tbody>
</table>
|                                    |                         | 27 years of clinical practice  
24 years of dental insurance review experience  
11 years with DentaQuest                                                               |
| Director of Underwriting and Risk  | Sean Ricker             | Administrative oversight of the fraud and abuse prevention program.                                                                                   |
|                                    |                         | 9 years with DentaQuest                                                              |
| Utilization Review Supervisor      | Mary Jo Blank           | Performing and coordinating data analysis. Coordinating and participating in clinical desk top audits and on onsite visits.                         |
|                                    |                         | 31 years of clinical experience  
Nine years with DentaQuest                                                             |
| Clinical Utilization Review Specialists | Brenda Siren – Michele Straetz | Responsible for the clinical and statistical analysis and interpretation of utilization reports to detect under and over utilization, as well as the investigation of potential areas of fraud and abuse. |
|                                    |                         | Twenty years of clinical experience  
Two and half years with DentaQuest                                                    |
|                                    |                         | Seven years of clinical experience  
Four and half years with DentaQuest                                                   |
Utilization Review Specialist

Ann Conrad
- 41 years of insurance experience
- 28 years reviewing fraud and abuse cases
- 12 years with DentaQuest

Investigating and resolving potential cases of suspected fraud. Reporting suspected fraud cases to respective clients or state agencies as required by contract.

Peer Review Committee

Staff of dentists and a dental hygienist

Reviewing cases. Contacting providers to reinforce recommendations and suggest changes.

Results
DentaQuest provides a monthly report of Utilization Review activity to DMAS. This report includes:

- Identification of all providers who after data analysis have been identified with utilization concerns, both over- and under-utilization, and are currently under quality utilization review.
- The code issues that are under review
- Timeline of the audit
- Resolution of the audit

Between July 1, 2009 and June 30, 2010, DentaQuest recouped a total of $37,440 on behalf of DMAS. Please find report samples in Tab U.

4.22.2 Fraud and Abuse Compliance Plan

The Contractor shall have a written Fraud and Abuse compliance plan. The Contractor’s specific internal controls, polices and procedures shall be described in a comprehensive written plan and be maintained on file with the Contractor for review and approval by the Department and as an annual Contract submission. The Plan must define how the Contractor shall identify and report suspected fraud and abuse by members, by network providers, by subcontractors and by the Contractor. The Plan must be submitted annually and must discuss the monitoring tools and controls used to protect against theft, embezzlement, fraudulent marketing practices, or other types of fraud and program abuse. The Plan must additionally describe the type and frequency of training provided to prepare staff to detect fraud. All fraudulent activities or other program abuses shall be handled subject to the laws and regulations of the Commonwealth of Virginia and/or Federal law and regulation. The Department shall provide notice of approval, denial, or modification to the Contractor within thirty (30) calendar days of annual submission. The Contractor shall make any requested updates or modifications available for review after modifications are completed as requested by the Department within thirty (30) calendar days of a request.

At a minimum the written plan shall:

- Ensure that all officers, directors, managers and employees know and understand the provisions of the Contractor’s fraud and abuse compliance plan;
- Contain procedures designed to prevent and detect potential or suspected abuse and fraud in the administration and delivery of services under this contract;
iii. Include a description of the specific controls in place for prevention and detection of potential or suspected abuse and fraud, such as:
   a. Claims edits;
   b. Post-payment and prepayment review of claims;
   c. Provider profiling and credentialing;
   d. Service authorization;
   e. Utilization management;
   f. Relevant subcontractor and provider agreement provisions;
   g. Written provider and member material regarding fraud and abuse referrals.

iv. Contain provisions for the confidential reporting by members, network providers and subcontractors of plan violations to the designated person as described in item b. below;
v. Contain provisions for the investigation and follow-up of any compliance plan reports;
vi. Ensure that the identities of individuals reporting violations of the plan are protected;
vii. Contain specific and detailed internal procedures for officers, directors, managers and employees for detecting, reporting, and investigating fraud and abuse compliance plan violations;
viii. Require any confirmed or suspected provider or member fraud and abuse under state or federal law to be reported to the Department;
ix. Ensure that no individual who reports plan violations or suspected fraud and abuse is subjected to retaliation.

DentaQuest Response:

DentaQuest annually reviews and updates its Fraud and Abuse Compliance Plan and submits it to DMAS for its approval. The plan outlines:

1. Our goals
   - Prevent fraud and abuse
   - Stop fraud when it occurs
   - Assist in the recovery of losses
   - Assist in the apprehension and prosecution of the perpetrators
   - Educate our employees, providers, clients and members to identify potential problems

2. The scope of our program – DentaQuest’s Medicaid, SCHIP and Medicare lines of business

3. The organizational structure and coordination of the program

4. Record retention – DentaQuest maintains all member records for a minimum of 10 years

5. Confidentiality guidelines
   - DentaQuest only releases information to those individuals or agencies with a bona fide use, as determined by DentaQuest in accordance with all applicable state and federal laws
   - Documents deemed protected under the right to confidentiality are the member’s record, the provider record and employee personnel and medical files

6. Process for reporting fraud and abuse

7. How to identify fraud and abuse

8. Prevention of fraud and abuse using operational processes such as:
   - Accurate eligibility determinations for members and providers
   - Duplicate payment prevention
   - Coordination of benefits
• Utilization controls as applied to benefit exclusions and limitations
• Application of utilization review and quality assurance standards, norms and criteria during clinical review processes
• Application of security measures, including appropriate secured system access for confidentiality
• Safeguards of data to ensure continuity of operations in the event of disaster
• Organizational programs promoting the reporting by employees of suspected improprieties without fear of reprisal

9. Description of the categories of billing behaviors
10. Description of validation of billing
11. Financial recovery
12. A description of the utilization review process and reports
13. Fraud and abuse reporting to client. Reports may include:
   • Fraud summary
   • Over-utilization report
   • Under-utilization report
   • Benchmark report
   • Quarterly report
14. A description of provider education
15. Fraud training guidelines
   • Training conducted annually for all DentaQuest employees
   • Provides an overview of DentaQuest's fraud and abuse program, methods of fraud and abuse prevention, detection and reporting activities
16. How DentaQuest identifies under- and over-utilization
   • Reports used
   • Interventions in place

DentaQuest's 2010 Fraud and Abuse Compliance Plan was approved by DMAS. To review the plan in its entirety, please refer to Tab U.

b. The Contractor shall designate an officer or director in its organization who has responsibility and authority for carrying out the provisions of the fraud and abuse compliance plan.

**DentaQuest Response:**

Dr. James Thommes is responsible for managing the provisions of the fraud and abuse compliance plan. Dr. Thommes has been the vice president of clinical management at DentaQuest since 1999, and has 24 years of dental review experience.

c. The Contractor shall report incidents of potential or actual fraud and abuse to the Department within two (2) business days of initiation of any investigative action by the Contractor or within two (2) business days of Contractor notification that another entity is conducting such an investigation of the Contractor, its network providers, or its members. All reports shall be sent to the Department in writing and shall include a detailed account of the incident, including names, dates, places, and suspected fraudulent activities. In addition, the Contractor shall provide a comprehensive annual report to the Department of all incidents of potential or actual fraudulent activity and results.
DentaQuest Response:

DentaQuest will report all incidents of potential or actual fraud and abuse to the Department within two (2) business days of initiation of any investigative action by DentaQuest or within two (2) business days of DentaQuest’s notification that another entity is conducting such an investigation of DentaQuest, its network providers, or its members.

As part of the utilization review process, DentaQuest prepares a case summary that includes:

- Rationale for the audit
- Detail of case selection
- Audit findings
- Recovery information
- Recommendations based on audit findings

d. The Contractor shall cooperate with all fraud and abuse investigation efforts by the Department and other State and Federal entities.

DentaQuest Response:

DentaQuest works with over 60 clients to manage fraud and abuse activities, and fully cooperates with all clients and state and federal agencies. DentaQuest will continue to cooperate with DMAS and other state and federal entities.

c. All cases where fraud is suspected or detected shall be referred to the Department for referral to Medicaid Fraud Control Unit (MFCU) prior to the initiation of any actions or recoupment efforts. The Contractor shall provide support to the MFCU on matters relating to specific cases involving detected or suspected fraud.

DentaQuest Response:

Upon identification of potential or actual provider fraud, DentaQuest will immediately report this information in writing to the Department with any supporting documentation. Upon referral, DentaQuest would place the audit on hold and work in cooperation with DMAS and the Office of the Attorney General’s MFCU.

f. The Contractor shall notify the Department for approval of provider recoupment amounts exceeding $2,000. For recoupment amounts under $2,000 the Contractor will notify the Department if a problem is identified with the recoupment.

DentaQuest Response:

In all cases where the recovery is identified at $2,000 or greater, DentaQuest provides the Department with the case summary report along with a case specific/service specific detail report in excel format. DentaQuest will take no further action until permission is received from the Department to proceed. DentaQuest will continue to follow this protocol during the new contract period.
4.23 Readiness for Implementation

DentaQuest Response:

As the incumbent administrator, DentaQuest is compliant with regard to the requirements outlined above. Our experience in these areas is detailed in our technical proposal, beginning in section 4.1.

4.24 Implementation

DentaQuest Response:

DentaQuest outlines its implementation process in Chapter 5. We understand that payments to DentaQuest would begin upon implementation. DentaQuest will accommodate any request to inspect its physical facilities.

4.25 Internet Site

DentaQuest Response:

DentaQuest provides important information to members and providers via its easy to use web portals. The portals allow 24/7 access to the most current information about the Smiles For Children dental program. DentaQuest works closely with DMAS to ensure all information is accurate. The portals offer users a central location to access information. On a daily basis, DentaQuest updates the member, provider and client web portal applications. In 2011, DentaQuest will implement newly enhanced portals. We will provide an even higher level of easily accessible information.

DentaQuest's provider, member and client web portals provide an easily accessible resource. This greatly reduces the number of calls to customer service.

VITA standards are important state guidelines that ensure accessibility and consistency for all providers and members. DentaQuest complies with these standards. Specific standards will be reviewed again as this contract is re-implemented.

DentaQuest hosts a national web portal so all users may enter the same site; though their security is limited by their contracted plan(s). If a provider is contracted with more than one DentaQuest market, they have easy access, with one login, to all of their information. Since the DentaQuest web portal is a national site, it can not be owned by DMAS. DMAS owns all the Virginia Smiles For Children content on the DentaQuest web portal. All web content will be turned over to DMAS at the time the contract is terminated. Ownership of the web portal cannot be turned over. However, upon termination, DentaQuest and DMAS will discuss options for providing DMAS with the same functionality.

User-friendly navigation is important to all users. DentaQuest provides web portals that are fully compliant with HIPAA and other related federal confidentiality, privacy and security requirements. All of DentaQuest's websites are interactive, HIPAA-compliant, and have been developed to adhere
to the standards of Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794(d)).
It is important to DMAS and DentaQuest that users can access information without obstacles. Since
2005, DentaQuest has provided a 508-compliant web portal for Smiles For Children providers and
members. The new portal has been analyzed using Rational Policy Tester Accessibility Edition
(IBM). This tool ensures compliance with over 170 accessibility checks and ensures Section 508
compliance.

DentaQuest analyzes information regarding web portal use. As the new web portal is rolled out,
DentaQuest is expanding its information regarding user activity by markets as well as by page.

Member web portal

DentaQuest offers member education materials, contact information, up-to-date member
handbooks in English and Spanish, and an ability to search for the closest provider on its member
web portal www.dentaquestgov.com. The member handbook includes benefit information and
contact information for DMAS and DentaQuest. It includes information on member rights and how
to file a complaint or appeal. Members have access to plan information without having to log in.

Member documents can easily be posted by the DentaQuest staff when approved by DMAS.
Members can access this information at any time from any computer with Internet access.
Information on this site is available in English and Spanish.
Finding the closest dentist is key to ensuring members obtain quality dental care. The web portal is a convenient way for members to locate an in-network provider. The Find A Dentist search tool uses geo-centric functionality that allows the user to locate dental providers within a specific geographic location and radius.

Once a member identifies their state and plan, they enter their address or zip code. Any other search criteria is optional, but enhances the results list and focuses on the provider list that best meets the needs of the member.

Members may search by:

- Accepts existing patients only or accepts new and existing patients
- Benefit plan
- Geographic area: address, city, zip code or county
- Office or dentist’s name
- Gender
- Specialty
Results include hours of operation, specialties, and specific details of the dentist and office. Mapped directions make it easy for the member to locate the office.
Provider web portal

Since 2005, Smiles For Children providers have had access to DentaQuest’s free provider web portal. The tool offers providers and their staff an easy way to check member eligibility, review benefit information and enter claims and authorizations.

Providers and their staff want accurate member and claim information at their fingertips 24/7. DentaQuest’s provider web portal makes this possible.

Eligibility
Providers can search for one or multiple members in an easy search form. Users can enter the member’s date of birth along with their name or member id. Results show if the member is active, ineligible or not found. This enhanced search process matches the date with the member's plan and the plan(s) the dentist/location is contracted to accept. From the member's eligibility results, users can check service history to determine when the member last had a service performed. This helps the provider determine what services may meet the benefit limitations.

Claim or authorization entry
Providers can enter claims or authorizations accurately and securely on the web portal. Our online web portals allow providers to enter claim information on a web form that transforms the claim into a HIPAA standard 837 format for submission into our system. The portal includes edits that verify all information has been entered. This prevents the claim from being denied for missing information when adjudicated. Users are directed to correct any missing or inconsistent information before submitting the claim. DentaQuest has further enhanced this feature; users can now enter the complete claim on one page. This saves time and allows users to view the whole claim at once. Claim identification numbers are given to the user as soon as the claim is submitted. This claim number can be used to track the claim throughout the process.

Coordination of Benefits (COB) supports a reduction in claim costs. DentaQuest’s claim entry form includes fields that allow offices to send DentaQuest the COB information along with the claim detail. The enhanced web portal will capture even more. Single or multiple instances of other carrier payments can be entered on each claim, and for each service. Explanation of benefits and other documents can be attached to each claim. Up to 10 attachments help the DentaQuest team determine authorization and review claims for accurate processing.

Providers may run a confirmation report after submitting claims and authorizations. It can be printed or saved by the user to confirm the entered information.

Claim and authorization status
Providers can check the status of their claims or authorizations at any time. Security limits users to see only claims they submitted. As each authorization is determined, the information is reflected on the web portal with determination notes and status. This gives offices a quick answer on services that require authorization. The claim status is updated regularly as it goes through DentaQuest’s edit and adjunction process. Users can search with a very flexible search form. Status reports are available to print in a user-friendly format.

Explanation of benefits (EOB)
DentaQuest posts all remittance advices (EOB) online for each business entity. These documents can be viewed and if necessary downloaded by dental offices. Access to these documents is limited by user security role (security roles are explained below).

**Documents**
Secure documents can be uploaded by DentaQuest staff at any time. This offers DMAS and DentaQuest the ability to post office reference manuals, provider education documents and other timely information as soon as DMAS approves the document. Security limits users to view documents indicated only for their plan(s).

**Broken appointment submissions**
DentaQuest has worked hard to educate members who do not show up for scheduled appointments. The web portal offers provider users the ability to log missed and broken member appointments. This information is captured by the outreach department and used to educate members.

**Communication**
Offices may contact DentaQuest with any question in a secure and HIPAA compliant manner. Messages do not go through an email server; instead they stay on the secure web portal servers. They can be viewed by designated DentaQuest staff who will respond to these questions in a timely manner. DentaQuest can also send messages to specific users with the same secure tool.

**Security**
The provider web portal ensures that users agree to follow standard policies and procedures when registering to use the web portal. DentaQuest has added a privacy policy and terms of use agreement that users must agree to before they use the web portal.

DentaQuest has enhanced its already robust web portal with the ability for offices to manage their own employee’s provider web portal security. Once someone in the dental practice is designated as a user and registers their own security code, they can then add, lock out and delete users in their own company. Passwords can be reset by these admin users ensuring that there is no delay when a user encounters a password issue. Each user has his/her own login and password, ensuring the most secure use of the web portal. Each user is assigned a “role” that can limit what they can do on the web portal. As an example, office staff may be allowed to use the portal but not see EOB documents. Now the security tools are in the hands of the dental offices.

**Other Features**
- Billed amount lists – Offices can set billed amount lists and assign them to offices or office/dentist combination. During claim entry these values are automatically filled in by procedure code.
- Office detail – This section gives details regarding the office(s) tied to the user, including phone number, dentist details and contracted plans.
- Find A Dentist tool – Same provider search tool as available for members
- Contact information – DentaQuest’s complete contact information
- Resource links – Other websites that may be useful to the user

DentaQuest’s Broken Appointment Strategy is proprietary
• Frequently asked questions – Assists users with questions that may arise as they use the portal
• Video tutorial - Claim search, eligibility search and self registration tutorials are all available in a video format.

Trading partner portal
The trading partner portal allows users to upload and download HIPAA compliant files. Users may test files and pick up or drop off production files such as 837 and 835 files.

Client web portal
Client users at DMAS have full access to all member eligibility as well as claim and authorization detail. They can review the current Smiles For Children network and DMAS documents.

All client users will have their own security; login and password. An administrator user (or users) at DMAS can control security for all DMAS users. Clients may only view information applicable to their dental program.

4.26 Dental Services Consultation and Support

The Contractor shall consult the Department regarding changes and trends in the dental industry having the potential to impact the Virginia Medicaid program. The Contractor shall support the Department in responses to stakeholders. The Contractor may also include in this section ideas for innovative improvements to the Medicaid program.

The Contractor shall:

a. Provide quarterly updates on national, federal and state policy changes and provide recommendations to the Department regarding these changes;
b. Keep the Department abreast of industry and other similar state Medicaid program trends and changes and provide recommendations to the Department regarding these changes;
c. Identify new applications in the dental industry;
d. Make recommendations to the Department as appropriate on cost savings and quality improvement initiatives and assist with the development of such initiatives;
e. Be responsive to the Department when it receives requests from the General Assembly and other stakeholders on dental-related issues;
f. Be responsive to the Department during its development and revisions to Medicaid Memos, Manuals, and other official agency documents, as may be applicable;
g. Support the Department with other dental-related inquiries as requested;
h. Inform the Department on a quarterly basis, or sooner, if there is a significant benefit to the program, about Federal or State policy or legislative changes, actual or proposed, and new cost savings initiatives or industry trends that could potentially impact the Smiles For Children program; and
i. Submit a quarterly report that identifies additional dental service costs savings initiatives for the Department to consider. The report shall provide a summary of each initiative proposed, current and projected utilization data to support proposed savings, and pros and cons of each proposed initiative (e.g. policy, administrative barriers). The report shall contain a brief timeline for implementation.
j. Acknowledge all routine requests for assistance from the Department within two business days and each acknowledgement must include a planned resolution date. Urgent or emergent issues/requests from the Department will stipulate a specific response due date;
k. Provide a point of contact when Virginia staff are out of the office or are not available.

l. Assure that monthly quarterly semi annual and annual reports are submitted timely and contain accurate information which reflects the current reporting period. Submissions should include an overall analysis of trends and changes in the data.

**DentaQuest Response:**

**A Consultative Partner**

DentaQuest welcomes the opportunity to act as a consultative partner with the Department regarding legislative changes and industry trends that could potentially affect the *Smiles For Children* program. Because measures contained in the 2010 Patient Protection and Affordable Care Act have both immediate and long-term effects on its Medicaid, CHIP and Medicare clients, DentaQuest has broadened its scope of services to include expert and timely analysis of events occurring in a rapidly changing health care environment. We have added a new layer of expertise to our corporate team to help clients understand the nuances of current and proposed health care legislation.

Claudine Swartz, DentaQuest’s Vice President of Government Relations, is deeply familiar with this legislation and skilled at determining its implications. Claudine and her team will provide the Department quarterly updates on federal and state policy changes as they occur. In collaboration with members of DentaQuest’s executive team, they will additionally provide recommendations on proposed courses of action.

DentaQuest is accustomed to advising the Department on cost savings initiatives. An analysis we developed in April 2009, for example, contained utilization data leading to recommendations for cost savings (please see [Tab O, Cost Initiatives Letter](#)). DentaQuest will be responsive to the Department when it receives requests from the General Assembly and other stakeholders regarding dental-related issues.

**Medicaid Expertise**

DentaQuest will keep the Department apprised of trends occurring in Medicaid programs. As states pass new Medicaid guidelines and reforms take place at the federal and state level, they are reflected in improvements to DentaQuest’s operating system. We are the only dental administrator in the country to have experience reconciling data directly with six different MMIS systems, as well as in preparing data that is compatible with 15 other state MMIS systems for over 50 health plans. We have additionally worked with states to integrate data with systems such as Management and Administrative Reporting Subsystem (MARS), Surveillance and Utilization Review Subsystem (SURS), provider subsystems, web portals, beneficiary subsystems, etc., as necessitated by each MMIS system. We have taken an active role in Medicaid Information Technology Architecture (MITA) initiatives so our clients can benefit from these advances as they are introduced into Medicaid business processes. DentaQuest participates in HL7, developing the information layer of MITA (Medicaid Information Technology Architecture). Even though MITA is still in early design stages, we want to make sure that dental interests are represented in these meetings. DentaQuest will be responsive to the Department with respect to the development and revisions to Medicaid Memos, Manuals, and other official agency documents.
Cost Management Strategies
As the Department is aware, DentaQuest has proposed cost savings and quality improvement initiatives to strengthen the Smiles For Children program. In April 2009, DentaQuest proposed a number of ways to reduce program costs while maintaining a high level of service and quality for members. These included 10 recommendations for benefit changes, such as limiting the age of panoramic radiographs to ages 5-20, and decreasing the allowance on certain exam codes. DentaQuest also proposed administrative cost savings pertaining to a reduction in outreach activities and redirecting recouped provider payments back into the program. DentaQuest will begin submitting such a report to the Department quarterly that identifies additional dental service costs savings initiatives. It will provide a summary of each initiative proposed, current and projected utilization data to support proposed savings, and pros and cons of each proposed initiative. The report will contain a timeline for implementation.

Ease of Administration
As it does currently, DentaQuest will acknowledge all routine requests for assistance from the Department within two business days, and each acknowledgement will include a planned resolution date. We will also continue to provide a point of contact when regular staff are out of the office or unavailable. DentaQuest’s regularly occurring reports will be submitted in a timely fashion and contain accurate information that reflects the current reporting period. Reports will include an overall analysis of trends and changes in the data.

Monthly, quarterly, semiannual and annual reports submitted by DentaQuest provide the Department a clear window to observe program performance in a variety of areas including claims volume, authorizations, network activity, and periodicity compliance. Please see Tab G to view a sampling of monthly, quarterly, semiannual and annual reports provided to the Department by DentaQuest.
I am writing to recommend that DentaQuest be retained as the insurance administrator for the Virginia Smiles for Children dental program. My office has participated with DentaQuest for several years now and there has been a continuous improvement of cooperation and communication during this time. I feel that DentaQuest is truly working as a part of a team to successfully operate this program for the children of the Commonwealth of Virginia.

Roger E. Wood, DDS
Drs. Wood, Dunlevy & Lombardozzi
Midlothian, VA

On behalf of the board of directors and membership of the Virginia Oral Health Coalition, I am pleased to offer a letter of commendation to DentaQuest as you apply to continue as Virginia’s Smiles for Children’s benefit administrator. DentaQuest is a tremendous asset to the underserved in Virginia; the organization and its staff are committed to increasing access of oral health services. VOHC supports the organization’s application to continue as the administrator.

Sara Bedard Holland
Executive Director
Virginia Oral Health Coalition
What they’re saying about...

Kool Smiles has been an active provider of dental care in the Smiles For Children dental program administered by DentaQuest since 2005. We are proud to deliver high quality care to these patients and are pleased with the partnership we have with DentaQuest in making this a reality. DentaQuest has done an outstanding job of administering the current dental program and we are confident that the same level of excellence will continue in the future. We would very much welcome and recommend DentaQuest’s continued administration of the Smiles For Children dental program.

Andrew T. Oreffice, Vice President
Government & Industry Relations
Kool Smiles

Over the past two years our office has been a participating provider of Smiles For Children with Doral (DentaQuest). With DentaQuest we have customer service unlike any other insurance carrier that we deal with. DentaQuest is always very helpful and quick to act on our needs and the needs of our patients. DentaQuest has been a pleasure to work with. We have recommended many people to become providers because of how easy it has been to work with you.

Kendra Griffith, Office Manager
Hamblin Family Dentistry
Harrisonburg, VA

I am writing to express my appreciation for your hard work and dedication in processing dental claims for this practice and making prompt payment on those claims. Prior to your taking over the administration of the claims, there were numerous problems with the processing, payment and error correction for the dental claims that were submitted for this practice. Since Doral (DentaQuest) has taken over the claims processing for VA DMAS, these problems have decreased dramatically. Overall, I am very well pleased with the manner in which DentaQuest has handled the processing and payment of claims submitted by this practice and believe the change to DentaQuest has been very beneficial to us.

Melodie Steele, Accounts Receivable
Ronald Wayne Householder, DDS
Richmond, VA
CHAPTER FOUR: STAFFING

Question:

The proposal shall describe the following:

1. Staffing Plan: The Offeror shall provide a functional organizational chart of the proposed project structure and organization, indicating the lines of authority for proposed staff directly involved in performance of this contract and relationships of the staff to each function of the organization. The staffing plan shall indicate the number of proposed FTEs by position and an estimate of hours to be committed to the project by each staff position. The plan shall also show the number of staff to be employed by the Contractor and staff to be obtained through subcontracting arrangements. Contact information must be provided for all key staff involved in the implementation and ongoing management of the program.

Offerors must submit 2 references for each proposed key staff member, showing work for previous participants who have received similar services to those proposed by the Offeror for this contract. Each reference must include the name of the contact person, address, telephone number and description of services provided.

DentaQuest Response: (Addresses components of Staffing elements listed in 7.1.1)

Below is a comprehensive staffing plan, which includes individuals assigned to perform the duties and services outlined in the RFP, along with the estimated amount of time they are dedicating to the performance of these duties. Please see Chapter 3 – Section 4.4 that also contains detail. Tab B includes an organizational chart and each team member’s resume and job description.

34 FTE’s are dedicated to the administration of the Smiles For Children program. DentaQuest does not enter into subcontracting arrangements for operations pertaining to the Smiles For Children program.

Note: * Identifies staff who holds the required positions outlined in section 4.4.2.b of the RFP. The resumes include two professional references per the RFP specifications.

<table>
<thead>
<tr>
<th>Key Smiles For Children Position</th>
<th>Name &amp; Title*</th>
<th>Overview of Responsibilities</th>
<th># of FTEs</th>
<th>Hours Per Week Devoted to Virginia Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company President</td>
<td>Steve Pollock (Wage)</td>
<td>Steve provides leadership to the management team overseeing the success of the Virginia contract.</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Project Director &amp; Administration Staff</th>
<th>Cheryl Harris* Virginia Project Director (Wage)</th>
<th>Cheryl serves as liaison between Department and DentaQuest staff, and is responsible for coordinating all aspects of the contract. <a href="mailto:Cheryl.Harris@dentaquest.com">Cheryl.Harris@dentaquest.com</a> 757-926-5212</th>
<th>1</th>
<th>40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kristen Gilliam* Virginia Outreach Coordinator (Wage)</td>
<td>Kristen is responsible for developing strategies to increase EPSDT screening rates. <a href="mailto:Kristen.Gilliam@dentaquest.com">Kristen.Gilliam@dentaquest.com</a> 804-327-6837</td>
<td>1</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Jacque Clouse National Outreach Coordinator (Wage)</td>
<td>Jacque is responsible for developing outreach strategies for increasing dental access rates, EPSDT and oral health awareness.</td>
<td>.10</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Lori Howley Director of State Contracts (Wage)</td>
<td>Lori oversees all aspects of the state carve-out markets and works with Cheryl Harris to assure the success of the <strong>Smiles For Children</strong> program.</td>
<td>.10</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Carol Leonard Account Executive</td>
<td>Carol works perform tasks including provider data reconciliation, report design and analysis, interpreter invoicing and reconciliation, and project management.</td>
<td>.25</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Communication Specialist (Wage)</td>
<td>Administration of member and provider fulfillment, outreach initiatives and wellness programs.</td>
<td>.50</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>
| **Dental Directors** | **Dr. Zachary Hairston**  
Virginia Dental Director  
(Wage) | **Dr. Hairston provides oversight on all aspects of clinical operations, including coordination of plan design, peer-to-peer access, and direction of the dental training program.**  
zphdds@comcast.net  
434-792-0700 | 1  
40 |
|---|---|---|---|
|  | **Dr. Kathie Arena**  
Dental Director  
(Wage) | **Dr. Arena serves as an in-house dental expert. She oversees Wisconsin-based benefit examiners.**  
Kathie.Arena@dentaquest.com  
262-241-7140 Ext. 43188 | 0.10  
4 |
| **Accounting & Finance** | **James Collins**  
Chief Financial Officer  
(Wage) | **Jim is responsible for the company’s financial plans and policies, and its accounting practices**  
James.Collins@greatdentalplans.com  
617-886-1640 | 0.05  
2 |
|  | **Lillian Zarella**  
Billing Manager  
(Wage) | **Lillian manages the billing process across the enterprise.**  
Lillian.Zarella@greatdentalplans.net  
617-886-1022 | 0.05  
2 |
<table>
<thead>
<tr>
<th>Service Authorizations Appeals &amp; Claims Processing</th>
<th>Guy Mandel* Director of Operations (Wage)</th>
<th>Guy oversees the customer service and claims departments. <a href="mailto:Guy.Mandel@dentaquest.com">Guy.Mandel@dentaquest.com</a> 617-886-1406</th>
<th>.10</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Angie Metzger* Director of Operations (Wage)</td>
<td>Angie oversees appeals and utilization management. <a href="mailto:Angie.Metzger@dentaquest.com">Angie.Metzger@dentaquest.com</a> 262-834-3504</td>
<td>.10</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Carolyn Clark* Utilization Management Manager (Wage)</td>
<td>Carolyn trains and supervises complaints and grievance specialists. She monitors performance standards and develops internal processes to achieve those standards. <a href="mailto:Carolyn.Clark@dentaquest.com">Carolyn.Clark@dentaquest.com</a> 262-241-7140 Ext. 41398</td>
<td>.25</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Kara Flaig* UM Assistant Supervisor (Wage)</td>
<td>Kara evaluates contract requirements for clinical protocols. <a href="mailto:Kara.Flaig@dentaquest.com">Kara.Flaig@dentaquest.com</a> 262-241-7104 Ext. 73309</td>
<td>.25</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Claims Processors (Hourly)</td>
<td>Claim and authorization intake and processing.</td>
<td>9.5</td>
<td>380</td>
</tr>
<tr>
<td></td>
<td>Reimbursement Benefit Auditor (Hourly)</td>
<td>Submit remittances to providers by running exception reports and reviewing and correcting claim issues prior to issuing the remittance.</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>Reporting</td>
<td>Paul Kieckhafer* Reporting Supervisor (Wage)</td>
<td>Paul manages a team of reporting specialists who create reports conforming to client expectations. <a href="mailto:Paul.Kieckhafer@dentaquest.com">Paul.Kieckhafer@dentaquest.com</a> 262-241-7140 Ext. 43732</td>
<td>.10</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Reporting Specialist (Hourly)</td>
<td>Responds to incoming report requests, schedules report development, and produces reports based on contractual agreements.</td>
<td>.25</td>
<td>10</td>
</tr>
<tr>
<td>Clinical Staff</td>
<td>Mary Jo Blank* Utilization Review Supervisor (Wage)</td>
<td>Mary Jo oversees the utilization review process, performing data analysis, identifying and tracking trends, and investigating fraud and abuse. <a href="mailto:MaryJo.Blank@dentaquest.com">MaryJo.Blank@dentaquest.com</a> 262-241-7140 Ext. 43752</td>
<td>.10</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>UR Specialist (Hourly)</td>
<td>Provides analysis regarding utilization review, and fraud and abuse.</td>
<td>.50</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Jessica Swick* Lead Benefit Examiner – Virginia (Hourly)</td>
<td>Jessica reviews pre-authorization of major dental services, and approves or denies those services based on medical necessity. <a href="mailto:Jessica.Swick@dentaquest.com">Jessica.Swick@dentaquest.com</a> 262-241-7140 Ext. 73330</td>
<td>.50</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Benefit Examiners (Hourly)</td>
<td>Review pre-authorization of major dental services, and approve or deny services based on medical necessity.</td>
<td>4.5</td>
<td>180</td>
</tr>
<tr>
<td>Provider Services</td>
<td>Marcel Tetzlaff * Director of Provider Services (Wage)</td>
<td>Marcel ensures that the Virginia network meets contractual requirements and state regulations. <a href="mailto:Marcel.Tetzlaff@greatdentalplans.com">Marcel.Tetzlaff@greatdentalplans.com</a> 262-834-3590</td>
<td>.10</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Bridget Hengle* Provider Relations Representative (Wage)</td>
<td>Bridget initiates recruitment calls and qualifies providers. She contacts providers when contractual changes occur. <a href="mailto:Bridget.Hengle@dentaquest.com">Bridget.Hengle@dentaquest.com</a> 804-327-6833</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Waradah Earle* Provider Relations Representative (Wage)</td>
<td>Waradah initiates recruitment calls and qualifies providers. She contacts providers when contractual changes occur. <a href="mailto:Waradah.Earle@dentaquest.com">Waradah.Earle@dentaquest.com</a> 804-441-0536</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>Title</td>
<td>Name</td>
<td>Responsibilities</td>
<td>Phone</td>
<td>Days</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>------</td>
</tr>
<tr>
<td><strong>Quality Assurance Coordinator</strong></td>
<td>Kerry Feutz*</td>
<td>Kerry oversees DentaQuest’s quality compliance program. She manages quality programs to ensure they meet regulatory and accreditation requirements. <a href="mailto:Kerry.Feutz@dentaquest.com">Kerry.Feutz@dentaquest.com</a> 262-834-3576</td>
<td>.05</td>
<td>2</td>
</tr>
<tr>
<td><strong>Information Systems</strong></td>
<td>Jim Burns*</td>
<td>Jim handles Virginia eligibility files, billings, duplicate claims and third party liability issues, as well as reporting duties. <a href="mailto:James.Burns@greatdentalplans.com">James.Burns@greatdentalplans.com</a> 262-834-3579</td>
<td>.50</td>
<td>20</td>
</tr>
<tr>
<td><strong>Customer Service</strong></td>
<td>Dana Schmitt*</td>
<td>Dana oversees all functions of the customer service department including call center, provider services, member services and outreach for complaints and grievances. <a href="mailto:Dana.Schmitt@dentaquest.com">Dana.Schmitt@dentaquest.com</a> 242-7140 Ext. 73528</td>
<td>.25</td>
<td>10</td>
</tr>
<tr>
<td><strong>Member Services &amp; Provider Services</strong></td>
<td>Mary Cherwin*</td>
<td>Mary trains all new and existing call center employees dedicated to the <a href="https://www.smilesforchildren.org">Smiles For Children</a> program. <a href="mailto:Mary.Cherwin@dentaquest.com">Mary.Cherwin@dentaquest.com</a> 262-241-7140 Ext. 73526</td>
<td>.05</td>
<td>2</td>
</tr>
</tbody>
</table>
| Dental Management Team | Kevin Klein  
Senior Vice President of Dental Management (Wage) | Kevin oversees national network services. He also manages a clinical team, which sets the clinical and quality expectations for the organization. | .05 | 2 |
|------------------------|-------------------------------------------------|----------------------------------------------------------------|------|-----|
|                         | Dr. James Thommes  
Vice President of Clinical Management (Wage) | Dr. Thommes recommends clinical guidelines. | .05 | 2 |
|                         | Dr. Rob Compton  
Vice President of Business Intelligence & QA (Wage) | Dr. Compton provides analysis of traditional cost and quality management systems. | .05 | 2 |
|                         | Dr. Doyle Williams  
Chief Dental Officer (Wage) | Dr. Williams provides high-level oversight in all aspects of clinical and provider management. | .05 | 2 |
|                         | Dr. Ken Hammer  
Director of Provider Management (Wage) | Dr. Hammer contributes to the development of benefit programs. | .05 | 2 |

|                      | **Total FTE’s** | 34 |

**Meet the Local DentaQuest Team**

Cheryl Harris – Virginia Project Director (2005-present)

Cheryl manages the administration of the *Smiles For Children* program including provider recruitment and member outreach. She serves as DentaQuest’s representative on the Virginia Dental Advisory Committee and the Virginia Oral Health Coalition. The *Smiles For Children* program has thrived under Cheryl’s administration, as the following accomplishments attest:

- From SFY 06 to 10, the provider network increased by **124%**.
- From SFY 06 to 10, pediatric dental utilization has increased by **128%** for children ages 0-20.
• DentaQuest achieved a rating of **96%** by an external review organization.
• 96% of dentists and hygienists rate DentaQuest’s training sessions as excellent or good.
• A broken appointment tracking system was implemented to address provider concerns about missed appointments.

Cheryl Harris and Waradah Eargle proudly display the t-shirts and tote bags designed for the NOVA MOM event.

**Kristen Gilliam – Virginia Outreach Coordinator (2005-present)**

Kristen measures the effectiveness of outreach initiatives aimed at increasing pediatric dental utilization among *Smiles For Children* members. She conducts seminars throughout Virginia to educate members, providers and community groups about the goals of the program. Kristen also provides case management for members requiring special assistance.

Pediatric dental utilization among *Smiles For Children* members has increased **88%** under Kristen’s leadership.
Steve Pollock, DentaQuest’s president, joins Kristen Gilliam (center) and Cheryl Harris at the Wise MOM event.

**Bridget Hengle – Virginia Provider Relations Representative (2008 to present)**
**Waradah Eargle – Virginia Provider Relations Representative (since March, 2010)**

Bridget and Waradah are responsible for expanding the provider network and maintaining a high level of satisfaction among dentists participating in the *Smiles For Children* program. Bridget oversees provider participation in central, eastern and southwest counties. Waradah oversees northern and northwest counties. They regularly conduct face-to-face meetings with top providers to gauge their satisfaction with the program and probe for ways for DentaQuest to enhance its level of service.

Bridget was instrumental in developing the broken appointment tracking system to help alleviate the incidence of missed appointments.

Bridget Hengle (left) and Waradah Eargle (right) take a break with a fellow volunteer at the Wise MOM event.

**Meet the Extended DentaQuest Team**

**Lori Howley – Director of State Contracts (2005 to present)**

Although Lori’s home base is not Virginia, she’s very involved in the *Smiles For Children* program. She works closely with Daniel Plain, DMAS dental program manager, and was responsible for the initial implementation of the contract in 2005. Lori provides leadership for the Virginia-based team. She attends DAC meetings, and is part of the DAC quality sub-committee. Lori volunteers at the Mission of Mercy- Wise project every year.
Steve Pollock – President (2005-present)

Steve was involved in the implementation of the *Smiles For Children* program in 2005. The success of the program is a great source of pride for Steve, and he frequently references it in addresses to DentaQuest employees. Steve stays abreast of the progress of the program, and each year he volunteers at the Mission of Mercy-Wise project.

Jacque Clouse – National Outreach Specialist

Jacque would manage the dental home program in Virginia. She has worked with the Virginia-based team to become familiar with the Commonwealth’s oral health environment. Jacque has been involved in dental home implementations in other states, and is enthusiastic about the prospect of a dental home program in Virginia.

Scope of Activities

Cheryl, Kristen, Bridget and Waradah spend a lot of time on the road in service to *Smiles For Children* program participants. In 2010, they participated in 27 events in numerous cities. The breadth of their activities is captured in the following chart.

<table>
<thead>
<tr>
<th>Event</th>
<th>Focus</th>
<th>Frequency</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start Health Advisory Committee</td>
<td>Member</td>
<td>Quarterly</td>
<td>Kristen</td>
</tr>
<tr>
<td>Henrico Child Health Coalition</td>
<td>Member</td>
<td>Semi-Annual</td>
<td>Kristen</td>
</tr>
<tr>
<td>Virginia Social Work Conference</td>
<td>Member</td>
<td>Bi-Annual</td>
<td>Kristen</td>
</tr>
<tr>
<td>Virginia Head Start Conference</td>
<td>Member</td>
<td>Annual</td>
<td>Kristen, Cheryl</td>
</tr>
<tr>
<td>Department of Education School Health Institute</td>
<td>Member</td>
<td>Annual</td>
<td>Kristen, Cheryl</td>
</tr>
<tr>
<td>Virginia Academy of Family Physicians</td>
<td>Member</td>
<td>Bi-Annual</td>
<td>Kristen, Cheryl</td>
</tr>
<tr>
<td>American Academy of Pediatrics-Virginia Chapter Conference</td>
<td>Member</td>
<td>Annual</td>
<td>Kristen, Cheryl</td>
</tr>
<tr>
<td>Virginia Association of School Nurses Conference</td>
<td>Member</td>
<td>Bi-Annual</td>
<td>Kristen, Cheryl</td>
</tr>
<tr>
<td>Virginia Parent Teacher Association Conference</td>
<td>Member</td>
<td>Bi-Annual</td>
<td>Kristen, Cheryl</td>
</tr>
<tr>
<td>Give Kids A Smile Day</td>
<td>Member and Provider</td>
<td>Annual</td>
<td>Cheryl, Kristen, Bridget, Waradah</td>
</tr>
<tr>
<td>Toothtalk-Virginia Healthcare Foundation</td>
<td>Member and Provider</td>
<td>Semi-Annual</td>
<td>Kristen</td>
</tr>
<tr>
<td>Virginia Oral Health Coalition</td>
<td>Member and Provider</td>
<td>Quarterly</td>
<td>Cheryl, Kristen</td>
</tr>
<tr>
<td>Mission of Mercy-Northern Virginia</td>
<td>Member and Provider</td>
<td>Annual</td>
<td>Kristen, Waradah, Cheryl</td>
</tr>
<tr>
<td>Provider</td>
<td>Member and Provider</td>
<td>Frequency</td>
<td>Cheryl, Kristen, Bridget, Waradah</td>
</tr>
<tr>
<td>----------</td>
<td>---------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Mission of Mercy-Eastern Shore</td>
<td>Bi-Annual</td>
<td>Cheryl, Kristen, Bridget</td>
<td></td>
</tr>
<tr>
<td>Mission of Mercy-Gloucester</td>
<td>Bi-Annual</td>
<td>Kristen, Bridget, Cheryl</td>
<td></td>
</tr>
<tr>
<td>Mission of Mercy-Roanoke</td>
<td>Annual</td>
<td>Kristen, Bridget, Cheryl</td>
<td></td>
</tr>
<tr>
<td>Virginia Community Healthcare Association</td>
<td>Annual</td>
<td>Kristen and Bridget</td>
<td></td>
</tr>
<tr>
<td>Mission of Mercy-Wise</td>
<td>Annual</td>
<td>Cheryl, Kristen, Bridget, Waradah</td>
<td></td>
</tr>
<tr>
<td>Virginia Rural Health Association Conference</td>
<td>Annual</td>
<td>Cheryl, Kristen</td>
<td></td>
</tr>
<tr>
<td>VCU Clinic Day</td>
<td>Annual</td>
<td>Bridget, Waradah</td>
<td></td>
</tr>
<tr>
<td>Old Dominion Dental Society Conference</td>
<td>Annual</td>
<td>Bridget, Waradah, Cheryl</td>
<td></td>
</tr>
<tr>
<td>Virginia Dental Association Annual Conference</td>
<td>Annual</td>
<td>Cheryl, Kristen, Bridget, Waradah</td>
<td></td>
</tr>
<tr>
<td>Virginia Academy of General Dentistry Conference</td>
<td>Annual</td>
<td>Bridget, Waradah</td>
<td></td>
</tr>
<tr>
<td>Virginia Association of Free Clinics</td>
<td>Bi-Annual</td>
<td>Kristen</td>
<td></td>
</tr>
<tr>
<td>Virginia Public Health Association</td>
<td>Bi-Annual</td>
<td>Kristen, Cheryl</td>
<td></td>
</tr>
<tr>
<td>Virginia Society of Pediatric Dentistry</td>
<td>Annual</td>
<td>Bridget</td>
<td></td>
</tr>
<tr>
<td>Carillon Blue Ridge Perinatal Conference</td>
<td>Annual</td>
<td>Kristen, Cheryl</td>
<td></td>
</tr>
</tbody>
</table>

**Focus on Outreach**

In SFY 2010, DentaQuest staff participated in 23 distinct outreach events. These included group presentations, displays at health events, committee membership events, and sponsorship events. As a result of DentaQuest’s direct participation in outreach events, more and more *Smiles For Children* members are accessing dental services.

**Contributions of the Greater Enterprise**

Cheryl and her team might be the most visible members of the DentaQuest team, but they receive the full support of the DentaQuest enterprise. This support comes in various forms.

- **Consultative Support**

  **Dr. James Thommes**, DentaQuest’s vice president of clinical management, has been very involved with the *Smiles For Children* program. He’s a member of the Virginia
Peer Review committee and presents recommendations to the Department pertaining to alternative benefit designs. They are aimed at reducing program costs while maintaining a high standard of care for Smiles For Children members.

**Volunteer Support**

Every year since 2006, DentaQuest sends a team from its corporate office in Wisconsin to assist at MOM events. These employees take a great deal of pride in this annual trip to Virginia, and each year our “regular” is joined by new volunteers. In 2010, our volunteer team included Fay Donohue, DentaQuest’s CEO, and Dr. Ralph Fuccillo, president of the DentaQuest Foundation.

2010 DentaQuest Team: Standing next to Dr. Terry Dickerson (left) are DentaQuest team members Dr. Ralph Fuccillo, Kristen Gilliam, Cheryl Harris, Steve Pollock, Lori Howley (DentaQuest’s Director of Government Operations), Bridget Hengle.
The 2010 MOM event in Wise was a moving experience for DentaQuest CEO Fay Donohue (left).

Question:

2. **Staff Qualifications and Resumes:** Job descriptions for all key staff on the project including qualifications, experience and/or expertise required should be included. Resumes limited to two pages must be included for key staff. The resumes of personnel proposed must include qualifications, experience, and relevant education, professional certifications and training for the position they will fill.

**DentaQuest Response:**

Complete job descriptions and resumes for DentaQuest key staff can be found in Tab B.

Question:

3. **Office Location:** A description of the geographical location of the central business office, the billing office, the processing center and satellite offices, if applicable, shall be included. In addition, the hours of operation should be noted for each office as applicable to this contract.

**DentaQuest Response:**

DentaQuest’s central business office, billing office and processing center are located in Mequon, WI at the following address:

DentaQuest  
12121 N. Corporate Parkway  
Mequon, WI 53092  
Hours of operation (corporate): 8:00 am to 5:00 pm  
Hours of operation (call center): 8:00 am to 6:00 pm
DentaQuest has two satellite offices in Virginia:

DentaQuest, LLC
7400 Beaufont Springs Drive
Suite 300
Richmond, VA 23225
Hours of operation: 8:00 am to 5:30 pm

DentaQuest, LLC
11815 Fountain Way
One City Center, Suite 300
Newport News, VA 23606
Hours of operation: 8:00 am to 5:30 pm
CHAPTER FIVE: 
PROJECT WORK PLAN
What they’re saying about...

My pediatric program has been participating in the *Smiles for Children* program since 2004. We are very pleased to have DentaQuest as our insurance partner to administer services to the patients covered in this plan. DentaQuest has been responsive to our questions and concerns … and their payment system functions almost flawlessly. They are continuously striving to improve their level of service to the benefit of the provider and the subscriber; the coming years should provide an even higher level of excellence in the administration they provide.

**Jacqueline Carney, DDS, MS**  
Children’s Dentistry of  
Charlottesville  
Charlottesville, VA  
(Peer Review Committee Member)

We have had the privilege of working with DentaQuest in Virginia since right after the program’s inception. Their impressive infrastructure allows for quick responses on day to day issues, timely payments and reliable timetables on other matters such as dentist credentialing. We are of the opinion that the program in Virginia is working extremely well. I would be happy to discuss further at anytime our positive experiences with DentaQuest.

**Todd R. Cruse, Senior Vice President**  
Forba Dental Management

I would like to recommend DentaQuest be retained as the administrator for the *Smiles For Children* dental program. My office has participated with DentaQuest for many years and I have seen continuous improvement over this time. I would like to take this opportunity to say that DentaQuest has been doing a fantastic job. I have always been pleased with DentaQuest’s professional service and hope to continue doing business with them in the future.

**Surya P. Dhakar, DDS, PC**  
Glen Allen, VA (DAC Member)

As a pediatric dentist, my passion for meeting the dental needs of children parallels with the mission of the *Smiles for Children* program and DentaQuest. DentaQuest’s website and provider relations are great assets, providing the necessary information and support needed to operate within the program. The caring members of the DentaQuest team make filing claims easy … I take great pride in being a part of this team providing excellent dental health care, thereby making a huge difference in the lives of our children.

**Dr. Holly Lewis**  
Hanover Pediatric Dentistry  
Mechanicsville, VA
What they’re saying about...

I have found the DentaQuest website to be extremely easy to navigate through. Our practice probably consists of 80% Medicaid patients. So being able to verify insurance quickly is extremely important to me. I hope that I have the pleasure of working with you again in the upcoming year.

**Victoria L. Spencer, Insurance Coordinator**
**Laymon A. Salyer, DDS**
**Chesapeake, VA**

On behalf of the Virginia Rural Health Association, I wish to thank you and your organization for your support of VRHA and the people of rural Virginia. Your sponsorship of the 2010 VRHA Annual Conference was confirmation of our long-term relationship. While some conference sponsors simply show up to the event to sell their product, DentaQuest has proven to be a valuable member of the organization.

As VRHA moves forward with the development of programs and policies to provide better services in our rural areas, I am glad we can count on DentaQuest to support this process. Maintaining your Organization-level membership in VRHA allows your staff to learn more about issues specific to rural Virginia and helps them to develop a connection with our rural communities.

**Beth O'Conner, M. Ed.**
**Executive Director**
**Virginia Rural Health Association**
**boconnor@vcom.vt.edu**

I am writing on behalf of Doral (DentaQuest). I have found the company to be very professional, courteous and helpful. My questions are answered promptly and access has never been a problem. I have dealt with many managed care companies and have found DentaQuest is better than most.

**Mark L. Radler, DMS**
**Norfolk, VA**

This is to let you know that Doral Dental (DentaQuest) has been great to work with. Payments arrive on time and the web site allows me to check pending payments at any time. The staff in Richmond does a good job at answering our questions in a timely manner.

**Timothy E. Collins, DDS**
**Abingdon, VA**
CHAPTER FIVE: PROJECT WORK PLAN

Questions:

The proposal shall describe the following:

Work Plan and Project Management: The proposal shall include a work plan (Microsoft Project 2003 or compatible version) detailing the sequence of events and the time required to implement this project no later than July 1, 2011. The relationship between key staff and the specific tasks and assignments proposed to accomplish the scope of work shall also be included. A PERT, Gantt, or Bar Chart that clearly outlines the project timetable from beginning to end shall be included in the proposal. Key dates and key events relative to the project shall be clearly described on the chart including critical path of tasks. The Offeror shall describe its management approach and how its proposed work plan will be executed.

Progress Reports: Upon award of a contract, the Contractor must prepare a written progress report, as well as telephonic meetings, every week or more frequently as necessary and present this report to the Director, Division of Health Care Services or his designee. The report must include:

1) Status of major activities and tasks in relation to the Contractor’s work plan, including specific tasks completed for each part of the project.
2) Target dates for completion of remaining or upcoming tasks/activities.
3) Any potential delays or problems anticipated or encountered in reaching target dates and the reason for such delays.
4) Any revisions to the overall work schedule.

DentaQuest Response: (Addresses Implementation Plan and Implementation Schedule elements listed in 7.1.1)

As the incumbent administrator the Smiles For Children dental program, DentaQuest has been fully operational based on the requirements outlined in our current contract. Upon reviewing this RFP, we have identified new requirements that will need to be implemented.

When implementing new programs, we employ an information technology (IT) Project Lifecycle. It incorporates a milestone-based methodology with standard system development life cycle (SDLC) elements related to application development. This methodology identifies key deliverables required within each phase to ensure quality and consistency in delivery.

DentaQuest’s IT Project Lifecycle is diagramed below. It shows the phases of the SDLC and where milestones are required to facilitate agreement across the leadership team on project schedule, scope, and cost. Key deliverables (project charter, project plan, business requirements, etc) and approvals are required for each phase of the project.
Once awarded the contract, DentaQuest will assign a project manager to oversee the implementation effort. The project manager and Cheryl Harris will lead the overall coordination and oversight of the implementation activities. The project manager is ultimately responsible for the project objectives of delivering a fully implemented program by the go-live date.

The implementation team leads will be identified from key functional areas within the company such as operations, network development, information services and reporting services. These leads will represent their respective areas for the duration of the implementation. We will engage additional internal resources as need for certain requirements.

An initial implementation kick-off meeting will be scheduled to take place as soon as possible following the award of the contract. The purpose of the meeting is to:

- Facilitate introductions of the implementation team members at DentaQuest and DMAS
- Provide an overview of the implementation process and cross-functional team approach
- Formalize the meeting needs and schedule for the duration of the project
- Begin discussion on key implementation decisions

The primary implementation discussions will be held through a series of weekly meetings. The first part of the meeting will be dedicated to conducting a focus discussion to address details of a specific area of the implementation plan identified for that week. The second portion of the meeting will be focus on discussing high level implementation decisions, providing updates from the week, identifying concerns, reviewing status and progress on action items, and assigning priorities for the coming week.

Determination will be made early in the implementation process as to what, if any, sub-committees should be established for ongoing discussion and decision-making amongst a concentrated team of subject matter experts. In previous implementation projects, DentaQuest has found it helpful to establish various focused sub-committees to facilitate these discussions offline from the larger implementation team.
By separating these discussions from the core weekly meeting, these resources are able to move through their implementation tasks in a more streamlined manner, reporting status and key decisions back to the core team on a weekly basis for review and approval.

DentaQuest’s implementation team will establish a weekly internal team meeting for the duration of the implementation. Its structure will provide DentaQuest’s cross-functional team members a forum to discuss project status, review open action items, and identify key deliverables.

A Microsoft Project implementation project plan (please refer to Tab T for the plan) will be used to manage the implementation tasks and progress towards their completion. As appropriate, our implementation project plans include pre-testing. The project plan will be updated weekly and published to all designated members of the DMAS and DentaQuest implementation teams. The implementation timeline - structured to meet all requirements in anticipation of the go-live date – is reflected in the project plan. All tasks will be monitored by the project manager to ensure successful completion by that date. Notes on task status, decisions made, and program detail will be kept within the project plan and used as the basis of DentaQuest’s internal staff training and reference documentation for the Smiles For Children program, post-implementation.

As always, DMAS staff is welcome to inspect DentaQuest’s facilities as part of the implementation process.

Over the course of 17 years, DentaQuest has implemented seven statewide dental programs and over 60 health plan-sponsored programs across the country.

One of our more recent implementations was for the state-wide Maryland Healthy Smiles dental program in 2009, representing approximately 520,000 members. DentaQuest was recognized by the executive director of the Maryland DHMH, Susan Tucker, for its ability to effectively implement the program. She writes, “We are very pleased with the detail of the work plan, the professionalism of your staff, and your clear understanding of the work to be done to accomplish a hard task in a quick timeframe.”
Kristen Gilliam has attended our bi-monthly health advisory committee meetings for several years. She has provided our group of health professionals working in Virginia Head Start programs with valuable information regarding dental resources updates and supports the committee diligently. We are fortunate to have DentaQuest as a partner for Head Start in Virginia.

Dorthea Butts, Chair Person
Virginia State Head Start Advisory Committee Meeting
Richmond, VA

My dental office has participated in the Smiles for Children dental program administered by DentaQuest since July, 2008. DentaQuest and their representatives have always gone the extra mile to ensure all of my questions and problems were handled in a timely manner. The professionalism of all the staff and overall business operating is extraordinary. I do feel overall DentaQuest does an outstanding job administering the dental program for the state of Virginia and I do hope they will be able to serve dental practices like ours in the future.

Kelli Mitchell, Director
Harrisonburg Rockingham Dental Clinic
Harrisonburg, VA

As we approach the end of yet another year we would like to take a moment to express our deepest appreciation to the DentaQuest family for their support of the Mission of Mercy (MOM) project. The MOM projects have been offering free dental care to the uninsured and underinsured for over 11 years. DentaQuest has provided educational materials for MOM patients on site at projects from as far East in Virginia as the Eastern Shore and as far West as Wise County! They have been up before the crack of dawn to make sure their donation of bagels and fruit was on site by 6am for volunteers. As we anticipate the upcoming year of MOM projects throughout Virginia we will look forward to continuing the partnership with DentaQuest. You are truly one of our many blessings!

Barbara Rollins, Director of Logistics
Mission of Mercy
Henrico, VA

I would have to say I agree with DentaQuest’s declaration that they are one of the nation’s leading oral health companies. They stand by their mission, which is simply to improve oral health. By providing innovative dental benefits programs, improving the efficiency and effectiveness of care and working with the communities and others to change the perception of oral health, they truly are making a difference.

Lanny R. Levenson, DDS
Midlothian, VA
The vision of the Virginia Dental Association has been to continually improve access to dental services within the State of Virginia. Over the past three years, the VDA, along with Virginia’s Department of Medical Assistance Services and with input from the Dental Advisory Committee on Dental Medicaid Services, have worked hand in hand to improve the dental services provided to Medicaid, FAMIS and FAMIS-Plus children. The results of those many thoughtful conversations created what we have today – *Smiles For Children*, the state’s new dental program which was implemented July 1, 2005. I am pleased to say that with Doral Dental USA serving as the single administrator of the *Smiles For Children* dental program, the vision of the VDA is being fulfilled.

In summary, Doral Dental has honored their commitment to help create a system that is good for our providers and those we serve. In the words of one of our providers, “this is easier to deal with than traditional insurance”. I am pleased to recommend to you that you seriously consider Doral as your statewide dental program Medicaid administrator.

**Terry D. Dickinson, D.D.S.**  
**Executive Director, Virginia Dental Association**
CHAPTER SIX: REQUIRED FORMS

Questions

This chapter shall contain the signatory documents as outlined in the RFP. These include the following:

1. RFP Cover Sheet
2. RFP Addenda (if issued).
3. Offerors Transmittal Letter
4. Certification of Compliance with Prohibition of Political Contributions and Gifts During the Procurement Process” (Attachment XX)

DentaQuest Response:

Please see the following pages for all required forms. They are also in tabs at the beginning of the RFP.