DentaQuest Colorado

CHP+ Child Health Plan *Plus*

A summary of financial and operating activity for the Colorado Child Health Plan Plus Dental Program administered by DentaQuest, Inc., for the period July 1, 2024 to June 30, 2025.

Colorado Child Health Plan Plus, Dental Program

State Fiscal Year 2025 Annual Report

Colorado Child Health Plan Plus, Dental Program

Annual Report

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Executive Summary

This Colorado Child Health Plan *Plus* (CO CHP+) Dental Program (the "Program") Annual Report provides program results for the contract between the Colorado Department of Health Care Policy and Financing ("HCPF" or "the Department") and DentaQuest, from July 1, 2024, to June 30, 2025. This is the sixth year DentaQuest has managed the child and prenatal Colorado Child Health Plan *Plus* Dental Program on behalf of the State of Colorado.

DentaQuest recruits, maintains, and ensures the adequacy of the Colorado Child Health Plan *Plus* dental provider network, sets fees for reimbursement, operationalizes Center for Medicaid and Medicare Service (CMS) policies and regulations, authorizes services, processes, and pays claims. DentaQuest`s local Colorado team supports and educates providers and members, provides a fully staffed Colorado customer service contact center to assist members and providers, and performs other services as requested by the Department.

Included in the report is relevant financial and operating data, trends on members served, services provided, provider claims activity, and cost of services. Key data for the standard plan includes:

- 65,907 unique individuals received services from July 2024 to June 2025
- DentaQuest processed and paid over 142,000 claims
- Over $26.7 million was paid to 1,752 unique providers for services rendered
- DentaQuest carried out 101 virtual presentations and provided direct advocacy to resolve 350 member issues
- The average per member per month (PMPM) cost was $26.07 for children, $12.62 for adult prenatal members

Data Used for this Report

Tables, charts, and analyses provided within this annual report are based on claims, authorization, caseload, and utilization data acquired, stored, and used by DentaQuest systems at the time of the report publication. Therefore, any comparison of the tables, charts, and analyses provided within the annual report compared to similar data outside of DentaQuest's control may result in a variance.

Adult Prenatal Members

In 2019, Colorado Governor Jared Polis signed into law HB 19-1038, a bill authorizing an adult prenatal dental benefit under the Children's Basic Health Plan. Colorado is one of the few states with a CHP+ prenatal adult dental program. Prenatal adult members have a benefits cap of $1000 while they are active under the CO CHP+ program. The CHP+ Prenatal adult dental benefit went into effect October 1, 2019.

Caseload and Utilization

In the Colorado Health Plan Plus Program – 76,903 unique members received dental services.

Caseloads (the number of eligible Colorado Child Health Plan *Plus* members per month, or "member months") are shown below show a decrease in child members but a slight increase in prenatal members (Figures 1 and 2).

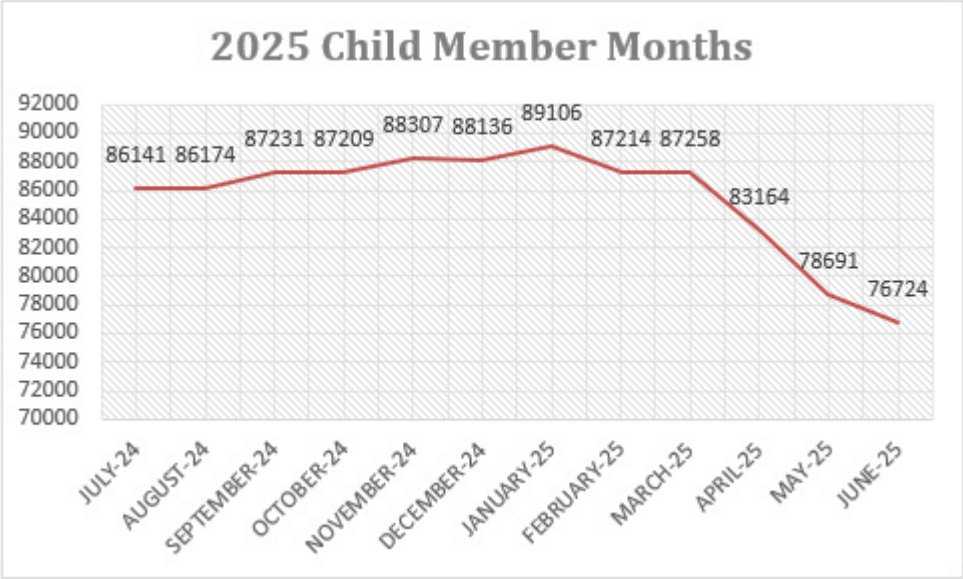

Figure 1 Child Membership by Month

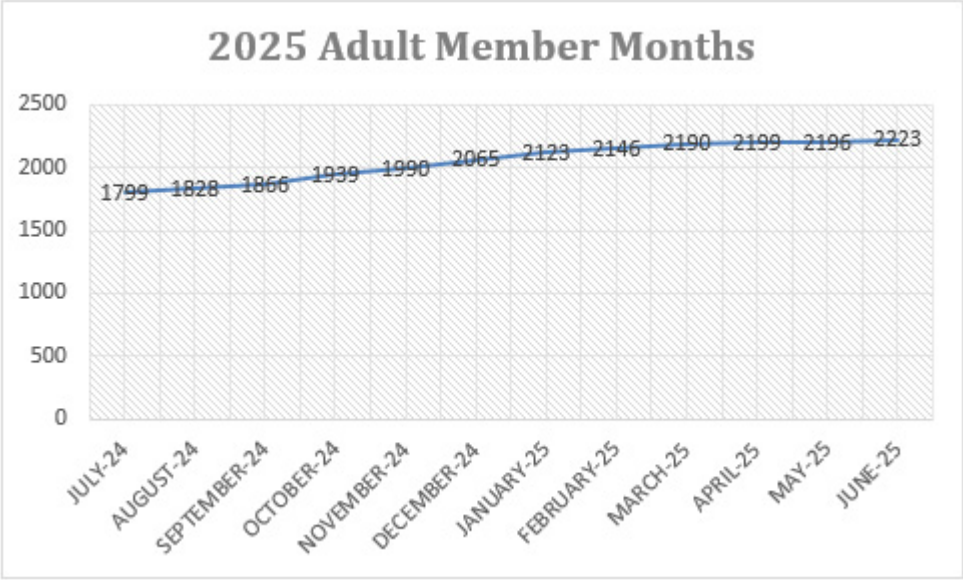

Figure 2 Adult Membership by Month

Table 2 shows the total number of unique, unduplicated members by program.

Unique Members by Program	
Prenatal Adult	3,486
Child	140,491

Table 2 Unique Members by Program

Not all members eligible for benefits seek and receive services. When a member receives at least one paid dental service, they are considered a utilizer of the program. Table 3 shows utilizers by program.

Member Utilization by Program	
Member Type	**SFY24-25**
Child member utilizers	65,310
Child access rate	46.49%
Adult Prenatal member utilizers	597
Adult Prenatal access rate	17.13%

Table 3 utilization by Program (Unique members utilizing at least one paid dental service.)

Table 4 shows the monthly member access rate. Member measures are based on the date of service, not the claim payment date.

Member Monthly Access Rate												
	JUL-24	**AUG-24**	**SEP-24**	**OCT-24**	**NOV-24**	**DEC-24**	**JAN-25**	**FEB-25**	**MAR-25**	**APR-25**	**MAY-25**	**JUN-25**
Child	11.82%	11.26%	10.33%	12.28%	9.98%	9.47%	11.08%	10.60%	12.17%	11.28%	9.89%	10.41%
Prenatal Adult	3.89%	4.32%	3.48%	5.21%	4.37%	4.12%	4.05%	4.52%	4.89%	4.96%	4.23%	4.63%

Table 4 Monthly Access Rate by Program

An age breakdown of utilizers per age group and program is in Table 5.

Unique Utilizers by Age and Program	
Age	**Utilizers**
Less than 1	234
1-2	5,871
3-5	11,826
6-9	17,619
10-14	19,925

15-18	12,848
19+ (Prenatal Adult)	578

Table 5 Unique Utilizers by age and program

The distribution of the number of visits per utilizer (unique member) is shown in Figures 3 and 4. Preventative care is a significant component of Member Outreach and Education.

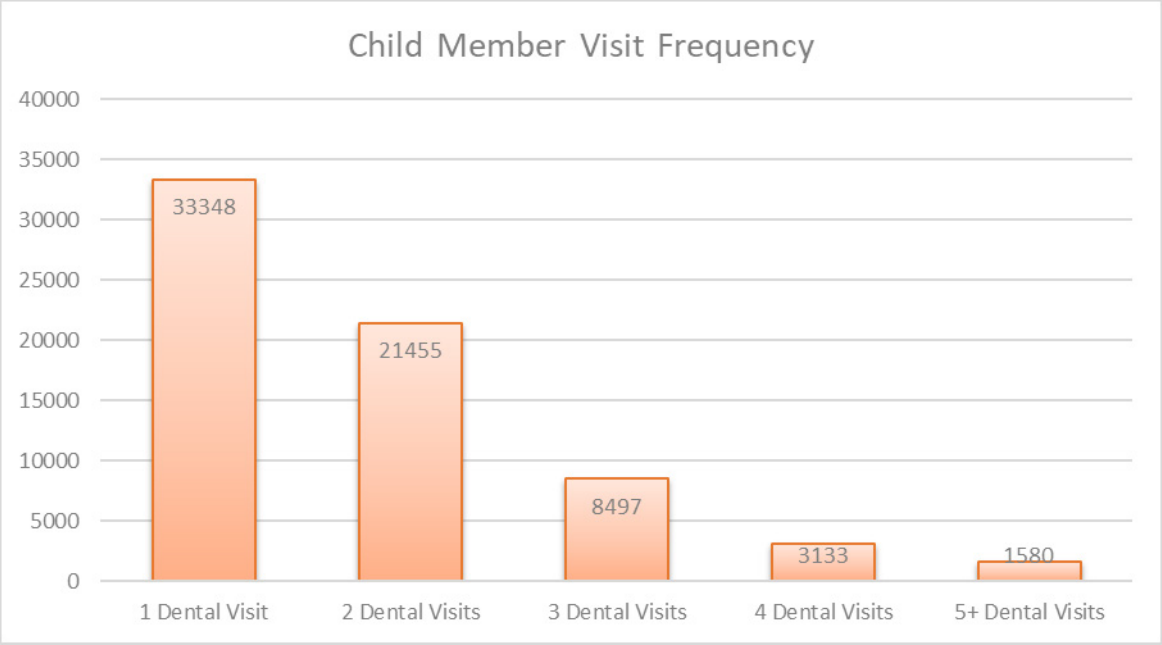

Figure 3 Child Member Visit Frequency

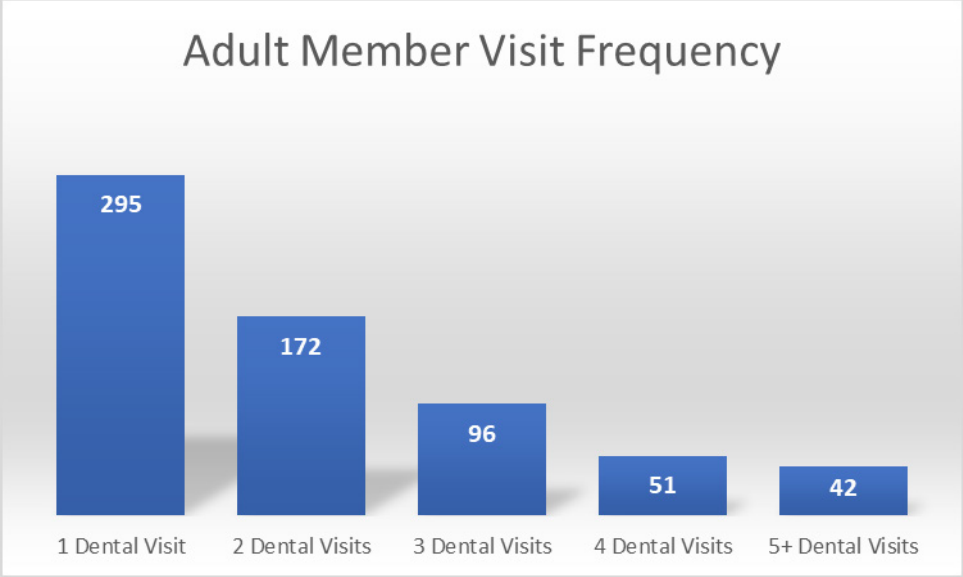

Figure 4 Adult Prenatal Member Visit Frequency

Category of Service Analysis

Dental services are categorized by types of services (preventive restorative, etc.). The following graphs (Figures 5 and 6) show the category of services utilization for state fiscal year 2025.

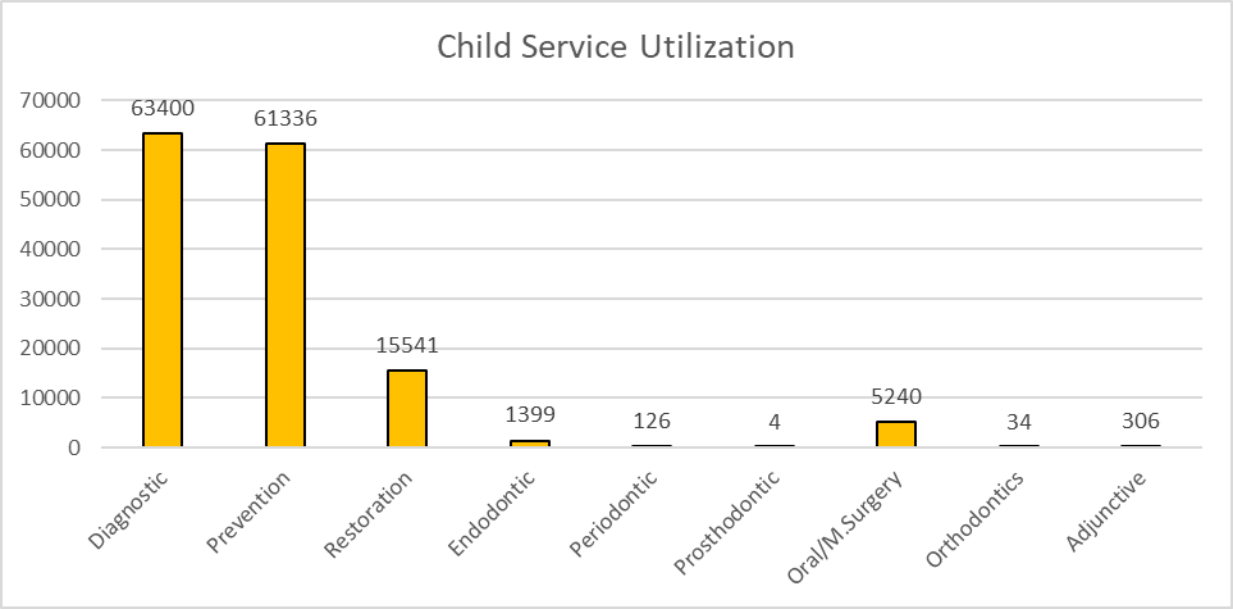

Figure 5 Child Service Category Utilization (number of individual service codes paid)

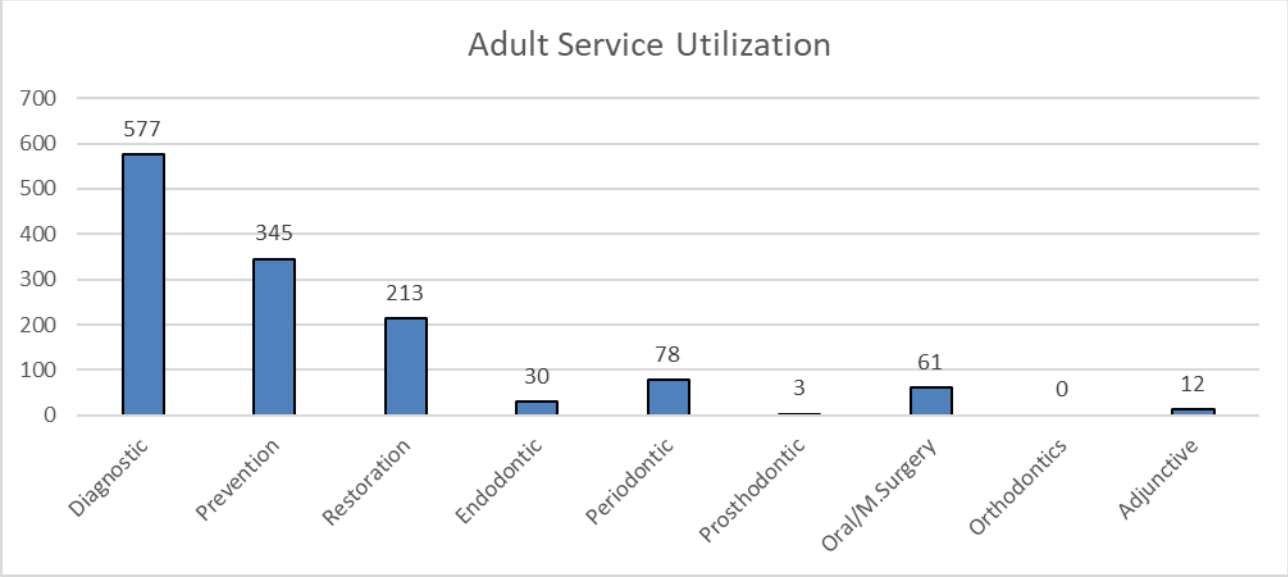

Figure 6 Adult Category of Service Utilization (number of individual services paid)

Cost Distribution

The average per member per month cost was $26.07 for children, and $12.62 for prenatal adults. The cost distribution among service categories is not correlated to the number of services

rendered. Each dental service is individually priced by the Department, with relative costs like the commercial dental markets.

For both programs, the highest cost categories are Diagnostic, Preventive, and Restorative services. The legend for these figures is shown in Table 6.

Legend for Figures 9 & 10

Category	Code Range	Examples
Diagnostic	D0100-D0999	Exams, x-rays, diagnostic casts
Preventive	D1000-D1999	Cleaning, fluoride, sealants
Restorative	D2000-D2999	Fillings, crowns
Endodontics	D3000-D3999	Root canals
Periodontics	D4000-D4999	Gum treatments, bone grafting, deep cleanings
Prosthodontic	D5000-D5999	Full and partial dentures
Implants	D6000-D6999	Dental implants
Oral/Maxillofacial surgery	D7000-D7999	Extractions, surgery
Orthodontic	D8000-D8999	Braces, retainers
Adjunctive	D9000-D9999	Anesthesia, sedation, mouth guards

Table 6 Legend for Dental Procedures

The cost distribution by program and service category is shown by service date in Figures 7 and 8.

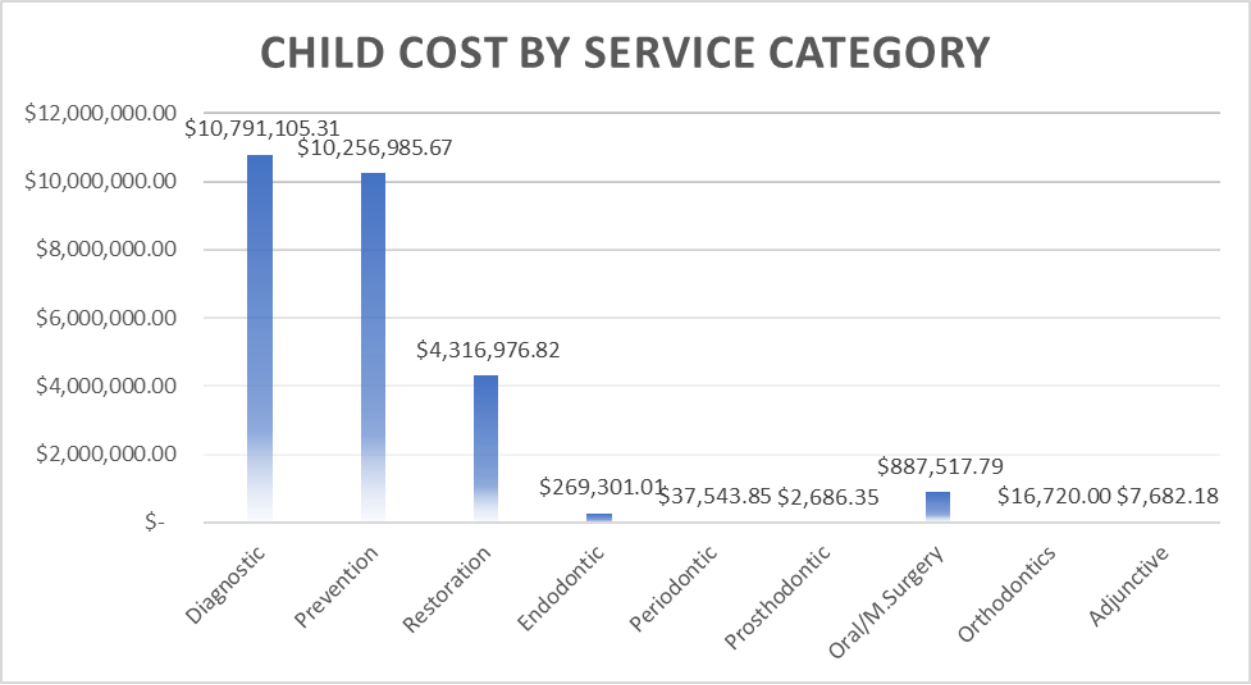

Figure 7 Child Cost Distributions over Service Category

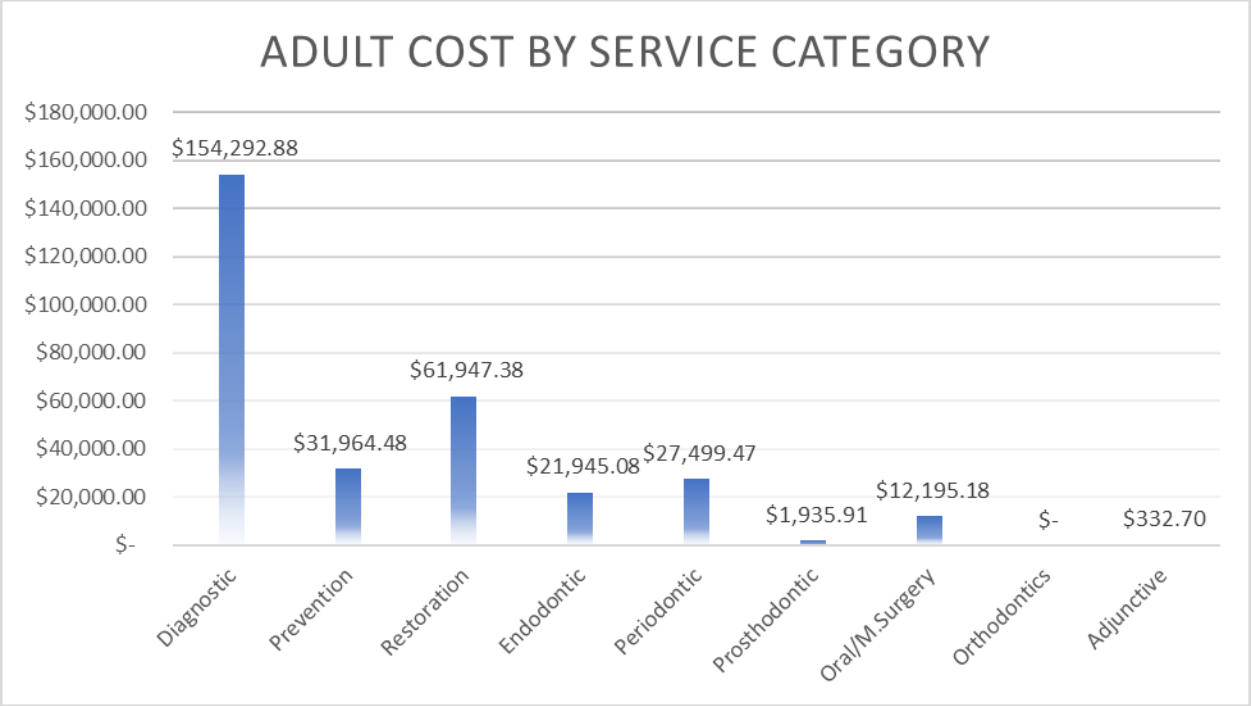

Figure 8 Adult Cost Distribution over Service Category

Contact Center

The Contact Center answered a total of 24,908 calls from members and providers.

The DentaQuest Contact Center representatives are trained thoroughly to help answer questions about the Colorado Child Health Plan *Plus* Dental Program requirements and serve both the members and providers of the Program. DentaQuest added a dedicated Colorado based call center, which specializes in the Colorado programs. The DentaQuest Contact Center's hours mirror Health First Colorado's Contact Center hours.

In SFY24-25, DentaQuest answered 5,408 member calls and 19,500 provider calls (Table 7).

Member and Provider Calls Answered

	Member Calls	Provider Calls
SFY24/25	5,408	19,500

Table 7 Member and Provider Calls Answered

DentaQuest's Contact Center supports the needs of the diverse Colorado Child Health Plan *Plus* member population, including a telecommunication device for the deaf (TDD) and hearing impaired, access to bilingual (English and Spanish) representatives, and translation services for over 50 languages. Table 8 presents the Contact Center's annual summary of calls and shows the key measures for members and providers.

Contact Center Phone Summary				
	Calls Answered	**Average Answer Time in Seconds**	**Abandonment Rate after 60 seconds**	**Calls on Hold for Longer than 60 Seconds**
Performance Requirements (member calls only)		< 60 seconds	< 5.0%	>60 Seconds
Members	5,143	8	0.4%	87
Providers	19,043	9	0.3%	278

Table 8 Contact Center Phone Summary

Other Communication Channels

Website

While the telephone is the most common way to reach the Contact Center, providers may also email through the provider portal. An Interactive voice Response (IVR) telephone system is available 24/7 to both providers and members to check member eligibility claims, benefits, history, and authorization status. DentaQuest maintains a Colorado Child Health Plan *Plus* Dental Program-specific website, with member and provider pages, which can be found here.

Member Pages

Member pages include a downloadable member handbook in English and Spanish, a link to DentaQuest's "Find-A-Dentist" search tool, a calendar of outreach events, oral health educational materials and other information. The "Find-A-Dentist" tool enables users to search for a Colorado Child Health Plan *Plus* participating provider using a variety of flexible criteria including office distance, provider name, provider specialty, the languages spoken at the office, if the provider can accommodate special needs, if the office is handicap accessible, and if the provider is accepting new patients.

Member Portal

DentaQuest provides a secure member portal to any member in which the Department has shared Head of Household information with DentaQuest. The portal allows enrollees to log into their member account and use a live chat function with a customer service representative, find a provider with the "Find-A-Dentist" search tool, submit an appeal or grievance, print their ID card, update their personal information and more. Guardians listed as Head of Household can securely access information. Most parents are able to access their children's account. This tool provides another point of access to information that helps members better utilize the Colorado Child Health Plan *Plus* dental benefits.

Provider Pages

The provider pages include links to the Colorado Child Health Plan *Plus* Dental Program's Office Reference Manual (ORM), fee schedules, provider newsletters, updates on projects that impact providers, and other provider resources. The ORM is discussed in detail in the providers section of this report.

Providers

DentaQuest is responsible for all aspects of the Colorado Health Plan *Plus* dental program. Dental providers enroll with HCPF and are contracted with DentaQuest, who is responsible for credentialing and enrollment of all providers. In addition to credentialing, DentaQuest provides a network manager team to assist and educate their credentialed providers and continue to expand the CO CHP+ network.

Office Reference Manual

The Office Reference Manual (ORM) is a comprehensive single-source resource guide for virtually any question related to the dental program. It includes information on how and where to verify eligibility, submit claims and authorizations, and enroll as a Provider. The ORM clearly outlines the clinical criteria used to evaluate and make a determination based on medical necessity.

The ORM is a "living" document that translates dental program rules and policies into an operational manual. Updates to the ORM are made when necessary. For example, each year new codes are added based on changes made by the ADA to the CDT manual (the Code on Dental Procedures and Nomenclature). Throughout the year clarifications are added based on provider questions, new legislation and changes in Department policies. All updates are chronicled in a change log in the ORM and published on the provider web portal.

Provider Network Managers, Education and Communication

In keeping with its goal of providing high touch service, DentaQuest established a team of in [1]state Network Managers representatives who provide one-on-one assistance to all participating dental providers. This team compliments the other resources available to providers, including the Contact Center provider line, 24-hour Interactive Voice Recognition system, the DentaQuest provider portal, the provider website, and the Office Reference Manual.

Four Network Managers are located geographically throughout the State, including a manager living and working on the Western Slope. The Network Managers serve as a trusted business partner, helping providers keep their offices running at peak efficiency. They are responsible for recruiting, training, and educating providers and staff on the provider web portal and other resources available to them.
Additionally, Network Managers visit all new offices in person or virtually to introduce themselves and provide hands-on training. During the provider enrollment and orientation process, the provider and staff are trained on how to use the portal for member benefit usage, prior authorization, claim submission, payment tracking, and checking the status of the member's annual dental benefit allowance. The Network Managers also provide an in-depth overview of the ORM to ensure the provider and staff can take advantage of this important tool.
The Network Managers have continued engaging with offices through a hybrid approach—combining virtual and in-person visits—with a growing emphasis on increasing the number of in-person interactions.

DentaQuest will continue this hybrid approach as it provides offices with the option of choosing what works best for them. The Network Managers are versatile and can pivot to meet their needs at any time. If

an office requests a visit in person, we will always oblige. In addition, recurring virtual visits for FQHCs and DSOs are offered and will continue. The cadence is up to each facility and can be monthly, quarterly, or annually. This is used as touch point to discuss plan updates or questions and concerns, they may have in a timely manner.

In addition to personalized services, DentaQuest communicates regularly with providers through quarterly newsletters, written correspondence, fax blasts for time-sensitive information, and updates posted to the provider portal. The Network Managers continue their attendance at The Rocky Mountain Dental Convention, CODHA conference, and the CU School of Dentistry fair.

Provider Recruitment

Provider recruitment is a continuing part of the duties of Network Managers. Network Managers take advantage of every opportunity to recruit new providers to DentaQuest's Dental Provider Network. Part of the recruiting process is for the Provider Representatives to visit prospective offices to discuss becoming a Colorado CHP+ provider and following up on leads provided by providers and community stakeholders. The Network Managers have focused on a comprehensive approach to recruit providers in their regions based on Geo Access reporting. In addition to recruitment, validation efforts were also made (ensure they are still accepting new Medicaid and CHP+ members).

The breakout of dental providers is listed in Table 9. The number of active providers was determined by the Department using different methodologies for each fiscal year. Therefore, care should be taken when making comparisons between fiscal years.

Colorado Child Health Plan Plus Active Dental Providers SFY23-24

Specialty Designation of Active Providers	Count
Endodontists	14
General Practitioner	1210
Hygienist	141
Oral Surgeon	69
Orthodontist	115
Periodontist	5
Prosthodontist	1
Pediatric Dentist	197
Total	**1752**

Table 9 Active Providers by Specialty Designation

Provider Maps of Enrolled Locations by Type of County (Urban, Rural, Frontier)
The following maps show the locations of enrolled providers and the distance in miles of their "reach" shown in yellow. The Department uses the following time-distance standards to determine provider network adequacy – 30 miles in urban counties, 45 miles in rural counties, and 60 miles in frontier counties. The maps show the locations of enrolled providers and the distance in miles of their reach in figures 9, 10, and 11.

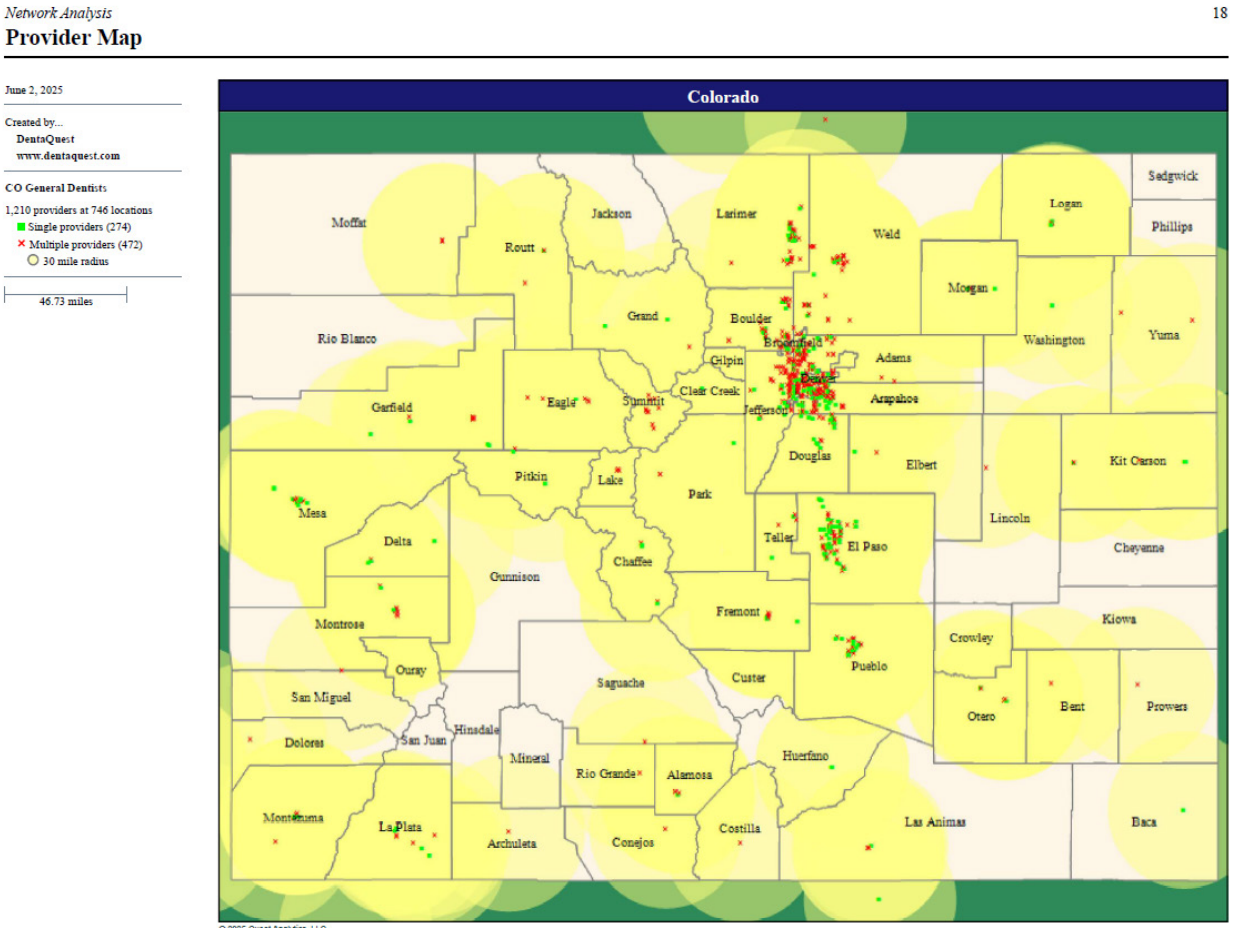

Figure 9 - Provider Map Urban Location (30 miles)

Provider Map

June 2, 2025

Created by...
DentaQuest
www.dentaquest.com

CO General Dentists

1,210 providers at 746 locations
- Single providers (274)
- Multiple providers (472)
- 45 mile radius

46.73 miles

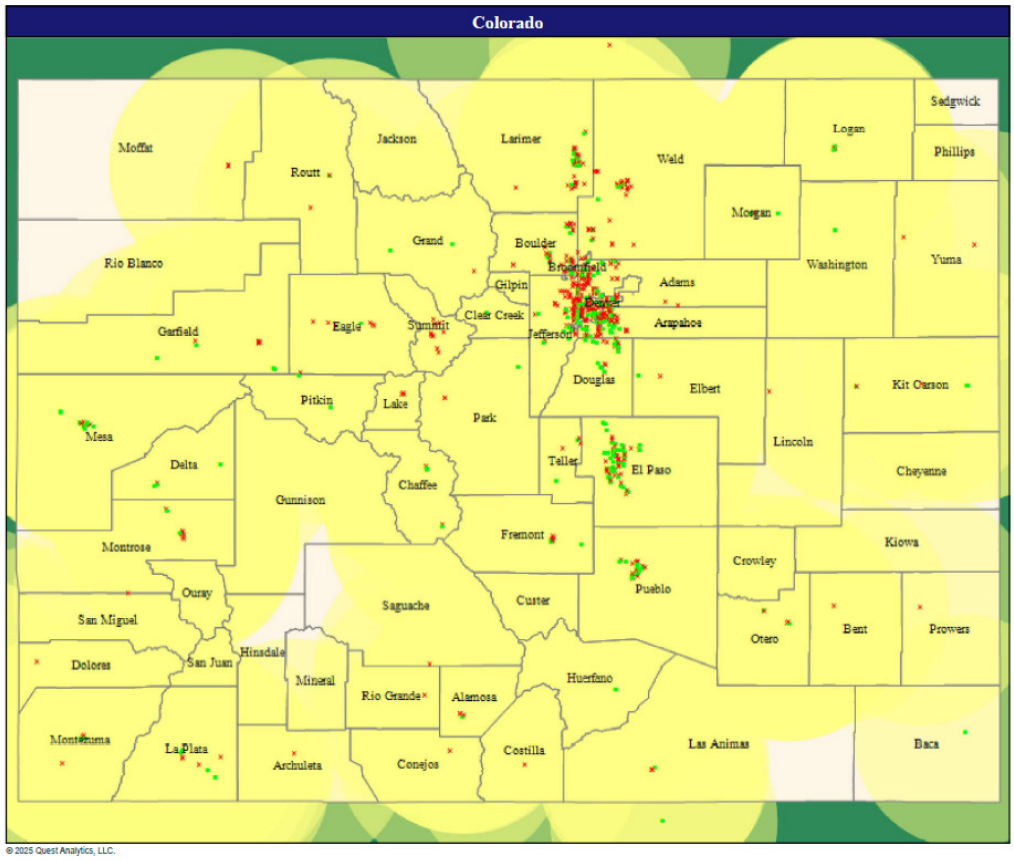

Figure 10 - Provider Map Rural Location (45 miles)

Provider Map

June 2, 2025

Created by...
DentaQuest
www.dentaquest.com

CO General Dentists

1,210 providers at 746 locations
- Single providers (274)
- Multiple providers (472)
- 60 mile radius

46.73 miles

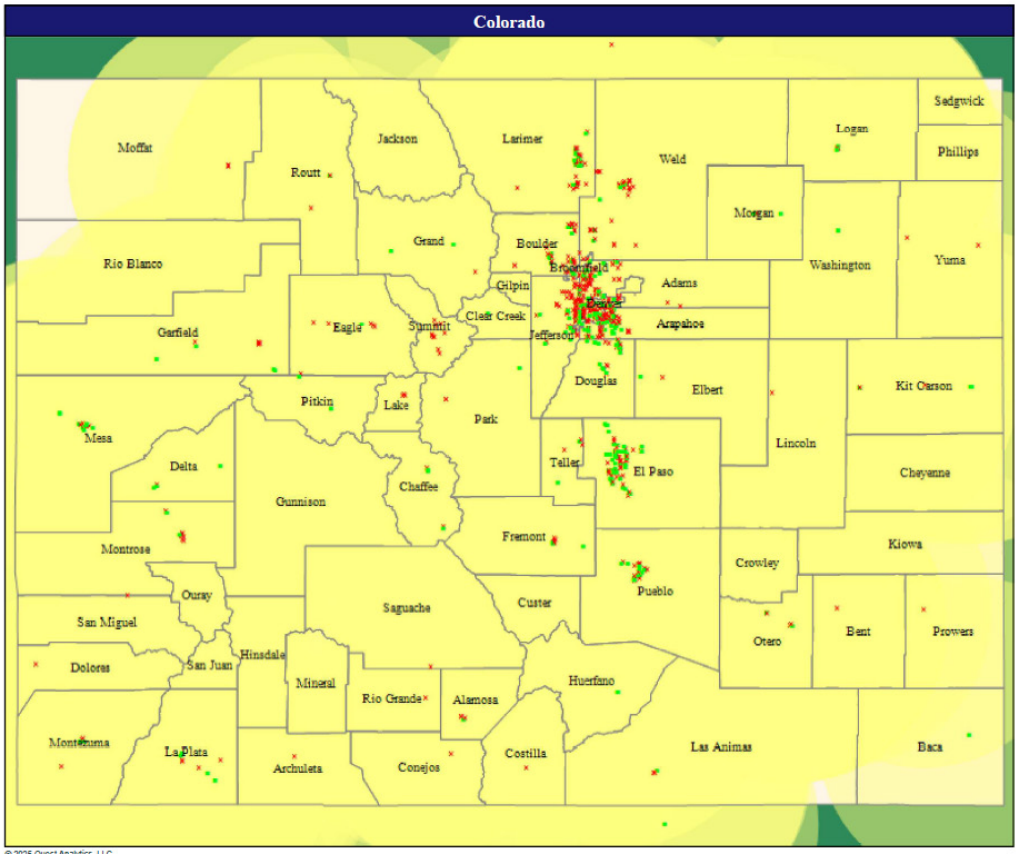

Figure 11 - Provider Map Frontier Location (60 miles)

Utilization Management

In SFY24-25 DentaQuest reviewed over 33,544 service requests for medical necessity and appropriateness of care.

An effective utilization management (UM) program safeguards Colorado Child Health Plan *Plu*s resources by ensuring services delivered to members are medically necessary, consistent with the Department's and DentaQuest's policies and clinical criteria and delivered as efficiently as possible. The DentaQuest UM team includes clinical review specialists (dental hygienists and assistants) and licensed dentists with a variety of specialties trained to apply the Colorado specific policies and criteria correctly and consistently.

Prior Authorization (PARs)
DentaQuest determines which services should be reviewed for medical necessity before being performed. This is referred to as "Prior Authorization." The service codes requiring PAR and supporting documentation are identified in the ORM.

Review process:

- DentaQuest's claims processing system, Windward, uses a sophisticated series of algorithms, based on Colorado Child Health Plan *Plus* program specifications, to determine if the request will be auto-approved, auto-denied, pended for additional documentation, or reviewed by a clinical review specialist (CRS).
- If the request is auto approved or denied, Windward automatically generates a determination notice. In addition, decisions are posted on the provider web portal.
- If the request cannot be auto-decided based on the algorithms in the UM database of Windward, the prior authorization is forwarded to a CRS for review.
- The CRS will examine the request, proposed treatment plan and required documentation. Based on the specifications of the program, the CRS will decide.
- If the request is approved following the review by the CRS, the decision will be updated in Windward, and an approval letter will be auto generated for both the member and provider, and available on the Provider Portal.
- If the review by the CRS leads to a denial, the case is forwarded to a licensed dentist for review and to decide.
- The dental consultant will either uphold the denial or update the authorization if it is determined the service meets medical necessity requirements. The decision will be updated in Windward, and denial or approval letter will be auto generated for both the member and provider, and available on the Provider Portal.
- This decision is available during claims adjudication to ensure the prior authorization record is applied and the clinical standards are carried through to the adjudication process. If there is an approved prior authorization on record, the claim is then forwarded for payment.

For SFY25, the total number of PARs were 5,663 which is an approval rate of 8% for all Child Health Plan Plus members. PARs are denied for both clinical and administrative reasons. Any remaining PAR denials were denied due to not being a covered service within the Colorado Child Health Plan *Plus* Program.

Administrative denials are determined for PARs with missing or inaccurate information. The average PAR turnaround time was 1.1 business days.

Pre-Payment Review (PPR)
To allow greater discretion for providers to appropriately treat a member in a timely manner, DentaQuest performs pre-payment review (PPR) on several types of service codes instead of requiring a PAR.

PPR maintains the same fiscal and program integrity afforded by the PAR process but enables the provider to move forward with rendering services without the delay of a PAR. When a service code has a PPR designation, rather than a PAR designation, a provider can treat the member and submit the required documentation with the claim for reimbursement *after* the services have been rendered. DentaQuest then completes a medical necessity review using the same clinical criteria as a service with a PAR. This option also reduces barriers to care for members, as they do not have to make multiple trips to the dental office to receive services.

The Covered Services Benefit Tables in the ORM list which services are available for PPR, which services require PAR, and what documentation is required.

The approval rate for PPRs in SFY25 was 22% for all Colorado Child Health Plan *Plus* members. The average PPR turnaround time was 30.3 calendar days.

Claims

DentaQuest processed over 142,000 Colorado Child Health Plan Plus dental claims in SFY24-25. .
DentaQuest's claims processing system, Windward, contains thousands of edits to adjudicate dental claims in a sophisticated and client—focused manner. Windward is customizable for each market we serve. The result is that Windward adjudicates Colorado Health Plan Plus claims with robust dental-specific business rules (often referred to as "system edits") that help prevent fraud, waste, and abuse and ultimately offers states appropriate management of state and federal dollars.

Claims Processing System
Claims are sent through an initial adjudication process that occurs in real time. If claims process successfully, they drop to a pay status immediately with no further manual intervention. Claims needing additional attention are handled through an "in-process claims" workflow. A small percentage of Colorado claims require manual intervention, such as those that require retrospective clinical review. These include orthodontia, and some oral surgery, extraction, and crown services. Windward's high auto-adjudication rate translates into faster payments to Colorado Child Health Plan *Plus* providers.

Accuracy and Speed of Processing

DentaQuest adjudicates claims within a week, and often sooner. Claims accuracy is measured by the total number of claims or service lines processed correctly divided by the total number of claims or service lines. Financial accuracy is measured by the total claim dollars paid correctly divided by the total claim dollars paid. Anytime a claim needs to be reprocessed for any reason, including retroactive fee adjustments, the numbers are negatively affected.

Clinical edits

Windward includes more than 11,000 system edits, or safeguards, to ensure claims are processed according to the Program benefit design and to help control claim costs incurred by the Program. Windward can cross-reference dental procedures for each member, preventing duplicate or inappropriate payments. For example, Windward will deny payment for fillings and crowns on teeth that have previously been extracted.

DentaQuest processed 142,000 Child Health Plan Plus dental claims in SFY24-25, an average of 11,844 claims per month. The total amount paid for claims processed was over $ 26 million, an average of $2.2 Million paid per month. A table displaying these figures is below (Table 10).

Claims Processed and Paid Per Year	
	SFY24-25
Total Claims Processed	142,000
Average Monthly Claims Processed	11,844
Total Claims Paid	$26,777,264
Monthly Claims Paid	$2,231,438

Table 10 Claims Processed and Paid for SFY24-25. Prenatal Adult and Child Program

Cost Per Service	
	SFY24-25
Prenatal Adult	$82.60
Child	$53.87

Table 11 Cost Per Service

Grievances Reconsiderations, and Appeals

DentaQuest processed 39 Grievances and 413 Reconsiderations for members and providers.

Health First Colorado members have the right to file grievance, reconsideration, and appeal. Providers have the right to grievance, clinical reconsideration, peer-to-peer review, and an appeal.

Grievances

Grievances are a written or oral expression of dissatisfaction about any matter other than an adverse action (denial). Once a grievance is received, a Complaints and Grievances Specialist investigates and researches the issue(s), compiles findings and records, and sends the case to a dental consultant for review and determination.

Most member grievances are related to billing and reimbursement issues, followed by quality of service. After investigation, it was determined most were a result of needed explanation of plan benefits being provided to member or provider. Out of the 34 member grievances received, 8 cases were substantiated. There was 1 Provider grievance resolved as substantiated for this report period.

Reconsiderations and Peer-to-Peer Review

In SFY25, DentaQuest received 102 member reconsiderations and 478 provider reconsiderations. A reconsideration may be requested by a provider (or member) for a denied PAR or service, which is a second review by a Dental Director with the same expertise and specialty as the submitting provider. The reconsideration is always performed by a different Dental Director than the one who made the original determination. The second reviewer may uphold the denial, overturn, or request/review additional documentation from the provider to make their decision (Table 11).

Member and Provider Reconsiderations Upheld (percentage)		
	Member Reconsiderations Upheld	**Provider Reconsiderations Upheld**
Clinical Denials Upheld	83.33%	81.51%
Administrative Denials Upheld	96.83%	77.59%

Table 12 Reconsiderations Upheld

Providers may also request a peer-to-peer review with a DentaQuest Dental Director. These reviews may be requested at any time during the grievance, reconsideration, and appeal process. Reversals of denied decisions are not made at peer-to-peer reviews. If the peer reviewer feels it is appropriate, he or she will suggest the provider appeal the decision.

Appeals (State Fair Hearings)

Members may request a state fair hearing after a denial of service. This is in addition to their right to use the grievance process. Within two business days of notification of a member appeal, a Complaints and Grievances Specialist will provide the Department with an appeals packet containing the initial submission documents, notice of action, provider determination notice,

reconsideration or second review information, x-rays or narrative, and the clinical criteria utilized to make the decision. A DentaQuest Dental Director and the Complaints and Grievances Specialist attended the hearing to support the Department. There were **2** state fair hearings in SFY25.

Reconsiderations, Grievances and Appeals (State Fair Hearings)			
Type	**Members**	**Providers**	**Totals**
Reconsiderations	102	478	580
Grievances	31	4	35
State Fair Hearing	0	2	2
Total	133	482	615

Table 13 Reconsiderations, Grievances, and Appeals (State Fair Hearings)

Utilization Review

All providers were reviewed monthly for outlying practice patterns.

The DentaQuest Utilization Review system is set up to statistically evaluate treatment patterns of participating provider's use of codes compared to providers performing similar procedures. The system identifies those providers whose treatment patterns deviate significantly from the norms for both over-and under-utilization. Over-utilizers may be providing medically unnecessary care, while under-utilizers may not be providing necessary care to members.

The findings are shared monthly with the Department which decides what action, if any, to take with the provider. Options include provider training on billing or clinical issues performance monitoring, corrective action, and/or the recoupment of funds.

Member Outreach and Education

Member Outreach staff attended 101 virtual meetings and provided direct advocacy to resolve 350 member issues.

The Colorado Member Outreach Team's mission is to increase access to and utilization of high-quality dental benefits for all enrolled Health First Colorado and Child Health Plan Plus (CHP+) members. In support of this mission Member Outreach staff forges strong relationships with community partners across the state to promote Medicaid and CHP+ dental benefits and the importance of oral health. In support of this mission, Member Outreach staff forges strong relationships with community partners across the state to promote Medicaid and CHP+ dental benefits and the importance of oral health. In SFY 24-25 Member Outreach attended 41 in person and virtual events, provided 3,766 dental kits and/or oral health educational information and collaborated with more than 100 partner organizations including community-based organizations, advocacy groups and government departments to distribute program materials. This included sponsorship and participation in events such as the Colorado Mission of Mercy, where our team hosted an educational booth, gave out over 100 oral hygiene kits and provided educational information to the over 1,300 participants.

Colorado Outreach efforts include three of DentaQuest's Wellness Programs: Smiling Stork, Healthy Beginnings and the Broken Appointment program.

Smiling Stork was established to encourage women to receive dental care and educate them on the importance of managing their oral health care while pregnant. Pregnant members are contacted by calls with important information about their specific needs.

Topics and services include:

- Notification that dental care is safe and important during pregnancy
- The value of establishing good oral health habits for their babies
- How to access covered dental services during pregnancy
- Answers to questions about their dental benefit
- Dental appointment scheduling assistance

Healthy Beginnings provides age-specific oral health education at each birthday for DentaQuest's youngest members, from birth to age two. Healthy Beginnings materials outline education on topics such as the important role of baby teeth, how to prevent tooth decay, and tips on how to care for young children's teeth. Parents/Guardians are encouraged to schedule a dental appointment for their child by their first birthday and every six months after with their provided Dental Home contact information. DentaQuest Member Services contact information is also provided for further questions or assistance needed.

The Broken Appointment Program provides oral health education, encourages members to become proactive in their dental care, and helps improve dental appointment attendance rates. To achieve this, DentaQuest works with dental providers to identify members who missed a dental visit without notice or cancelled a dental visit and did not reschedule. DentaQuest then contacts the identified members to encourage rescheduling and provide assistance if needed to complete their dental appointment.

In SFY 24-25 Wellness Program outreach contacted a combined16,508 members as part of the Smiling Stork program, 83,633 Healthy Beginnings member parents/guardians contacted, and 3,872 members contacted with the Broken Appointment program between CHP+ and Health First Colorado.

The Member Outreach Team worked closely with staff from Colorado's Regional Accountable Entities (RAEs) to resolve member issues and distribute oral health educational materials. Our team takes part in RAE Performance Improvement Advisory Committees (PIAC) for all RAE regions as attendees, voting members, and presenters. The Member Outreach staff presented to RAE Member Advisory Councils (MEAC) and provider resource groups about dental benefits and the oral systemic connection. Additionally, our team meets monthly with staff from each RAE region to collaborate on outreach efforts and member issue resolution.

Definition of Terms

Risk Model – A fully capitated payment system which includes a fixed rate is paid to the insurer or provider for both administrative and claims costs. The entity receiving the payment assumes the "financial risk" for claim cost variations.

CBMS – The Colorado Benefits Management System is a multi-agency system containing eligibility rules through which applications for Medical Assistance are processed to determine eligibility for Health First Colorado and Child Health Plan *Plus* programs; as well as eligibility for other non-medical public programs.

Department – The Colorado Department of health Care Policy and Financing, a department of the government of the State of Colorado.

Federally Qualified Health Center (FQHC) – These include all organizations receiving rants under section 330 of the Public Health Service Act (PHS). FQHCs qualify for enhanced reimbursement from Medicare and Colorado Health Plan Plus, as well as other benefits. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.

Colorado Health Plan Plus Management Information System (MMIS) – The Department's automated claims processing and information retrieval system certified by CMS.

Medically Necessary/Medical Necessity – A medical good or service that will, or is reasonably expected to prevent, diagnose, cure, correct, reduce, or ameliorate the pain and suffering, or the physical, mental cognitive or developmental effects of an illness, injury, or disability. It must be clinically appropriate in terms of type, frequency, extent, site, and duration.

Member – A health First Colorado member who is enrolled in the Health First Colorado Dental Program. Members are also referred to as "CHP+ enrollees".

Provider -Any health care professional or entity that has been accepted as a provider in the Health First Colorado as determined by the Department.

State Fiscal Year (SFY) – The twelve (12) month period beginning on July 1st of a year and ending on June 30th of the following year.

Addendum

DentaQuest Colorado Team
Member Outreach
Heather Schenkel, Nancy Greene, Adriana Minshew
Provider Network Managers
Jennifer Labishak, Natalie Archuleta, Cristal Chavez, Davis Edge, Abe Chavez
Dental Director
Dr. James Grant
Client Engagement (local)
Sarah Cook, Sarah Black, Logan Horn, Lisa Reynolds
Client Engagement (national)
Riley Harper

CHP+ Monthly Report
Performance Scorecard

	CLAIMS				TELEPHONE RESPONSE		INQUIRY RESPONSE	DATA	ID Cards	Reporting
	Claims Payment/Financial Accuracy (PS2)	Claims Transaction / Processing Accuracy (PS3)	Claims Turnaround Time (PS4)	Claims Turnaround Time (PS5)	Average Telephone Response in Seconds (PS6)	Average Call Abandonment (PS7)	Written Inquiries Resolution (PS8)	Eligibility Data Processing (PS1)	ID Cards and Benefit Booklets (PS9)	Monthly Claims Report Timeliness (PS10)
	PERFORMANCE STANDARD									
	99%	96%	90% w/in 15 days	98% w/in 30 days	Less than 30 seconds	Less than 5%	95% resolved w/in 10 days	Weekly files updated w/in 2 business days of receipt	Mailed out to members in seven (7) days or less	Received by the department in thirty (30) days or less following the end of the claims month
MONTH	SFY 24-25									
July	100.00%	100.00%	100.00%	100.00%	4	0.80%	100.00%	Yes	Yes	Yes
August	99.99%	99.97%	100.00%	100.00%	3	0.60%	100.00%	Yes	Yes	Yes
September	99.95%	99.99%	100.00%	100.00%	5	1.10%	100.00%	Yes	Yes	Yes
October	99.98%	99.98%	100.00%	100.00%	1	0.30%	100.00%	Yes	Yes	Yes
November	99.96%	99.96%	100.00%	100.00%	2	0.50%	100.00%	Yes	Yes	Yes
December	99.99%	99.99%	100.00%	100.00%	1	0.20%	100.00%	Yes	Yes	Yes
January	99.95%	99.97%	100.00%	100.00%	0	0.00%	100.00%	Yes	Yes	Yes
February	99.97%	99.98%	100.00%	100.00%	2	0.40%	100.00%	Yes	Yes	Yes
March	99.99%	99.98%	100.00%	100.00%	2	0.40%	100.00%	Yes	Yes	Yes
April	99.99%	99.96%	100.00%	100.00%	0	0.00%	100.00%	Yes	Yes	Yes
May	99.93%	99.88%	100.00%	100.00%	0	0.00%	100.00%	Yes	Yes	Yes
June	99.33%	99.58%	100.00%	100.00%	0	0.00%	100.00%	Yes	Yes	Yes