



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, 2019 to June 30, 2020

Colorado Child  
Health Plan Plus,  
Dental Program

State Fiscal Year  
2020 Annual  
Report

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# 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 first year of the contract between the Colorado Department of Health Care Policy and Financing (“HCPF” or “the Department”) and DentaQuest, from July 1, 2019 to June 30, 2020. This is the first 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 ensure 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 contact center to assist members and providers, and performs other services as requested by the Department.

Included in the report are 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:

- 52,019 unique individuals received services from July 2019 to June 2020
- DentaQuest processed and paid over 88,000 claims
- Over \$14 million was paid to 1,425 unique providers for services rendered
- DentaQuest reached out to more than 15,000 members/individuals and participated in over 59 community events
- The average per member per month cost was \$17.92 for children, \$4.74 for adult prenatal members

### Program Start Complications

During DentaQuest’s initial credentialing process, an unforeseen database issue was discovered that negatively impacted how providers were being loaded into the DentaQuest IT system. This caused incorrect claim denials and delayed provider application timeframes. In order to honor all claims received by providers, DentaQuest activated Continuity of Care functionality allowing all providers treating Colorado Health Plan *Plus* members to have the ability to submit claims without their credentialing being complete. This functionality was active between 7/1/19 – 6/30/20 and significantly reduced the negative impact on providers.

### COVID-19 Impact on Utilization and Data

SFY19-20 was impacted by the COVID-19 pandemic and the mandatory shut down of dental offices from March 23, 2020 through April 26, 2020. The Governor’s emergency order allowed only emergency dental services to be rendered during that period.

The mandatory shut down and “ramping up” period affected member utilization, and subsequently total costs for the program. These reductions are reflected in the data throughout this report.

DentaQuest adjusted its’ way of doing business. From the providers perspective, claims adjudication and call center operations continued untouched; however, employees were working from home across DentaQuest. The Provider Representatives moved to all virtual office visits, utilizing Microsoft Teams for video and screen sharing ability. The Member Outreach team also transitioned to virtual events and meetings, adjusting their presentations and approaches to an on-line environment. DentaQuest continues to adjust its Colorado operations according to the most current governmental and health guidelines.

**Combating COVID-19**

In order to assist providers with limitations of COVID-19, DentaQuest matched Health First Colorado and added D9995 (teledentistry – synchronous; real-time encounter) as a covered benefit to the Colorado Child Health Plan *Plus* program. This allowed providers to screen patients for emergency dental visits during and after the Governor’s emergency order. The Colorado Provider Relations team continued their monthly webinars and provided information on purchasing Personal Protective Equipment (PPE) for dental offices. Nationally, DentaQuest conducted surveys about exploring how care is delivered amid the COVID-19 pandemic and the changes expected in terms of patient visits, staffing and overall financial situations. DentaQuest continues to offer guidance and assistance to navigate the COVID-19 impacts by encouraging providers to register for upcoming DentaQuest Partnership webinars and supplying access to a recorded CDC Webinar on “Guidance for Dental Settings During COVID-19 Response”.

Paid D9995s (March 23, 2020 through June 30, 2020)				
	March	April	May	June
Paid D9995s	2	17	3	3

Table 1 Paid D9995

**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.

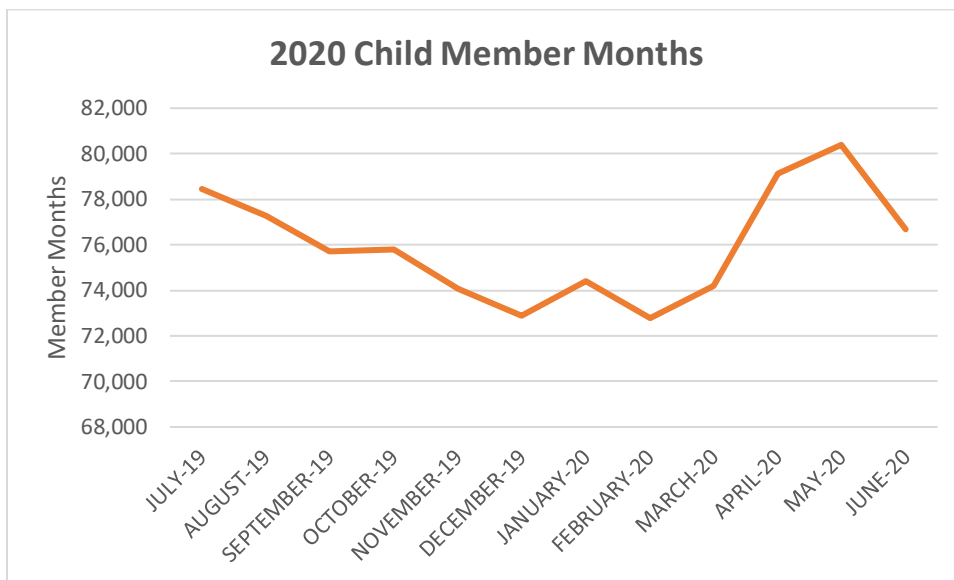
**Adult Prenatal Members**

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.

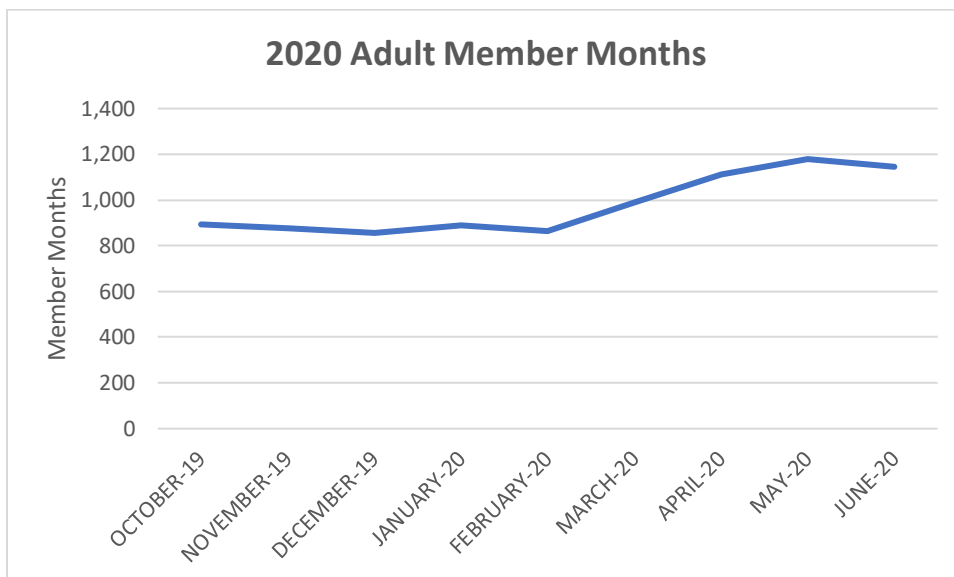
## Caseload and Utilization

**52,019 unique members received dental services.**

Caseloads (the number of eligible Colorado Child Health Plan *Plus* members per month, or “member months”) are shown below decreasing slightly for prenatal adult and child members, with a slight increase during months where the Governors Emergency Order was in place. (Figures 1 and 2). Table 2 shows the total number of unique, unduplicated members by program.



**Figure 1 Child Membership by Month**



**Figure 2 Adult Membership by Month (effective 10/1/19)**

Unique Members by Program	
Prenatal Adult	1,902
Child	133,245

Table 2 Unique Members by Program

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

Member Utilization by Program	
Member Type	SFY20
Child member utilizers	51,902
Child access rate	39%
Adult Prenatal member utilizers	117
Adult Prenatal access rate	6%

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

The Department determines which Colorado Child Health Plan *Plus* eligibility “groups” are eligible for dental benefits, in compliance with State statutes and rules. Table 4 shows the monthly member access rate. Member measures are based on the date of service, not the claim payment date. The significant decrease in March and April was a result of both COVID-19 and the governors emergency order. The increases in access represents the emergency order being lifted and more dental offices re-opening.

Member Monthly Access Rate												
	July-19	Aug-19	Sept-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	April-20	May-20	June-20
Child	10.54%	10.69%	9.60%	11.00%	10.02%	9.80%	11.96%	11.03%	6.46%	.77%	6.63%	10.09%
Prenatal Adult	0.00%	0.00%	0.00%	0.67%	0.46%	1.17%	2.48%	3.48%	2.33%	0.54%	2.37%	2.88%

Table 4 Monthly Access Rate by Program (Prenatal Adult was effective 10/1/19)

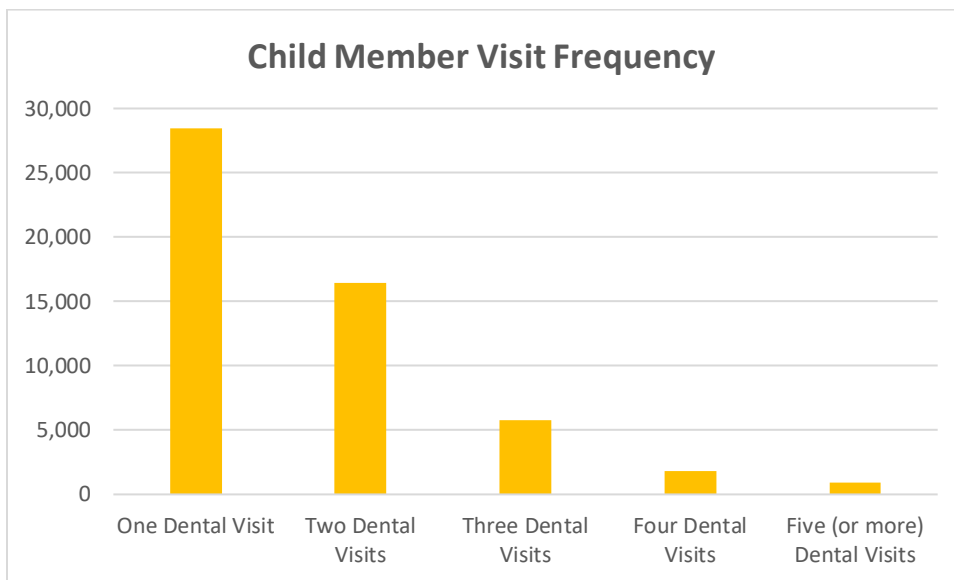
An age breakdown of utilizers per age group and program is in Table 5.

Unique Utilizers by Age and Program	
Age	Utilizers
Less than 1	171
1-2	4,085
3-5	9,996
6-9	14,311

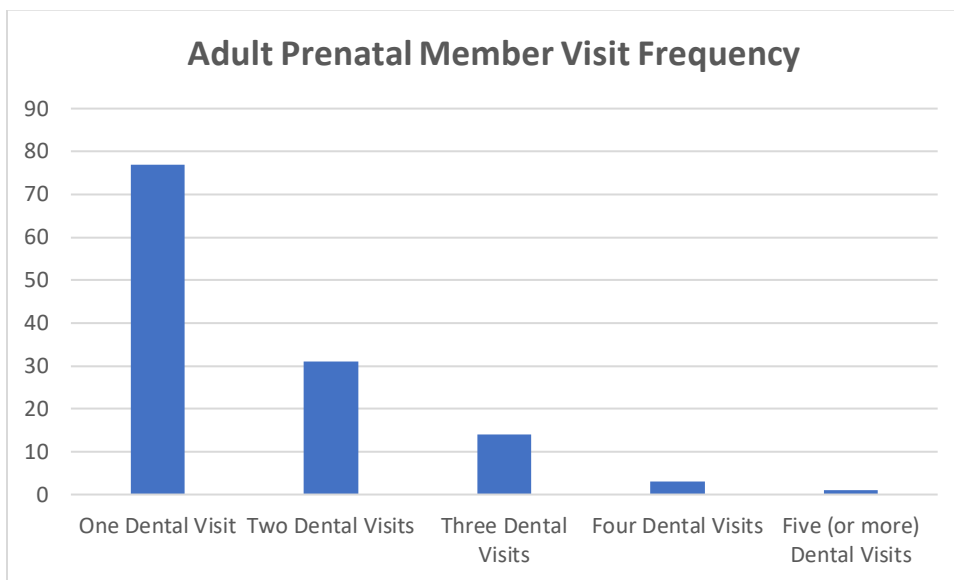
10-14	16,245
15-18	8,778
19+ (Prenatal Adult)	111

**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 type of services (preventive restorative, etc.). The following graphs (Figures 5 and 6) show the category of services utilization for state fiscal year 2020.

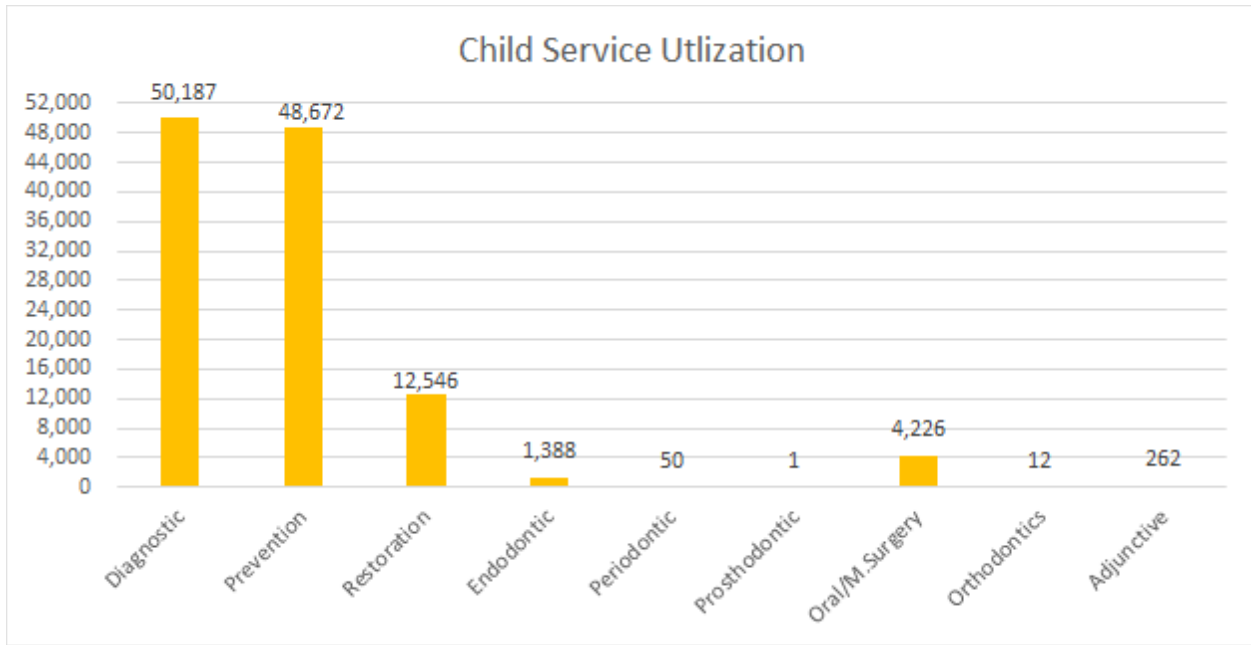


Figure 5 Child Service Category Utilization (number of individual service codes paid)

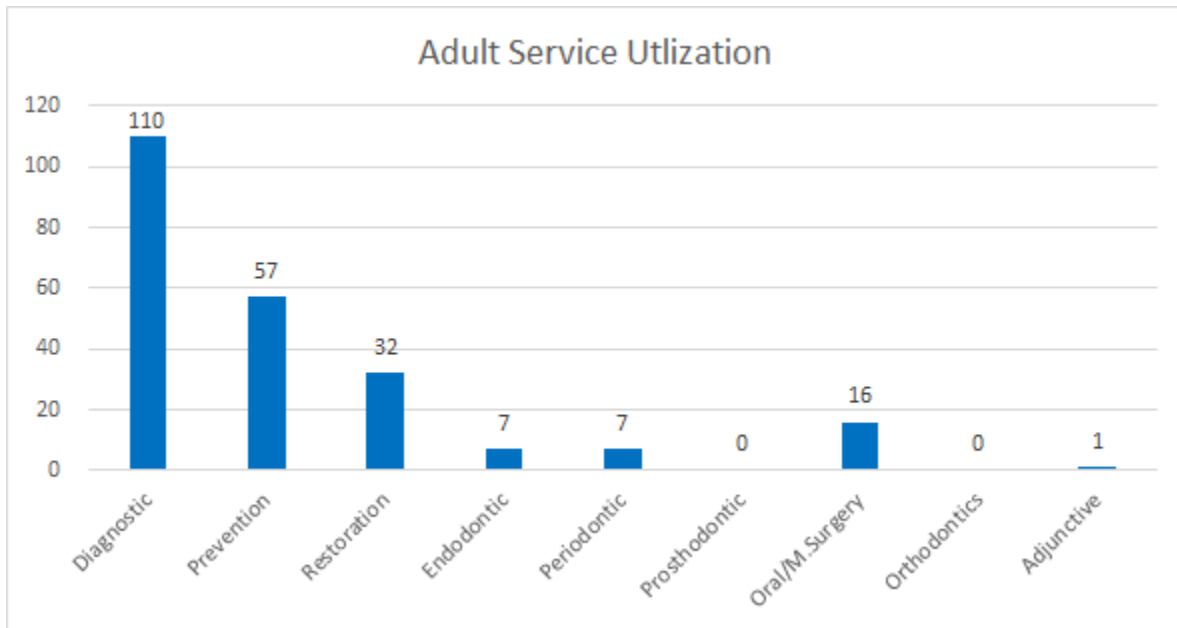


Figure 6 Adult Category of Service Utilization (number of individual services paid)

### Cost Distribution

The average per member per month cost was \$17.92 for children, and \$4.74 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 similar to the commercial dental markets.

For both programs, the highest cost categories are Diagnostic, Preventive for kids and Restorative services. The child program is the only one which offers an Orthodontic benefit, which is the seventh-highest cost category for children. The cost distribution by program and service category is shown in Figures 7 and 8. The legend for these figures is shown in Table 6.

Legend for Figures 8, 9, and 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

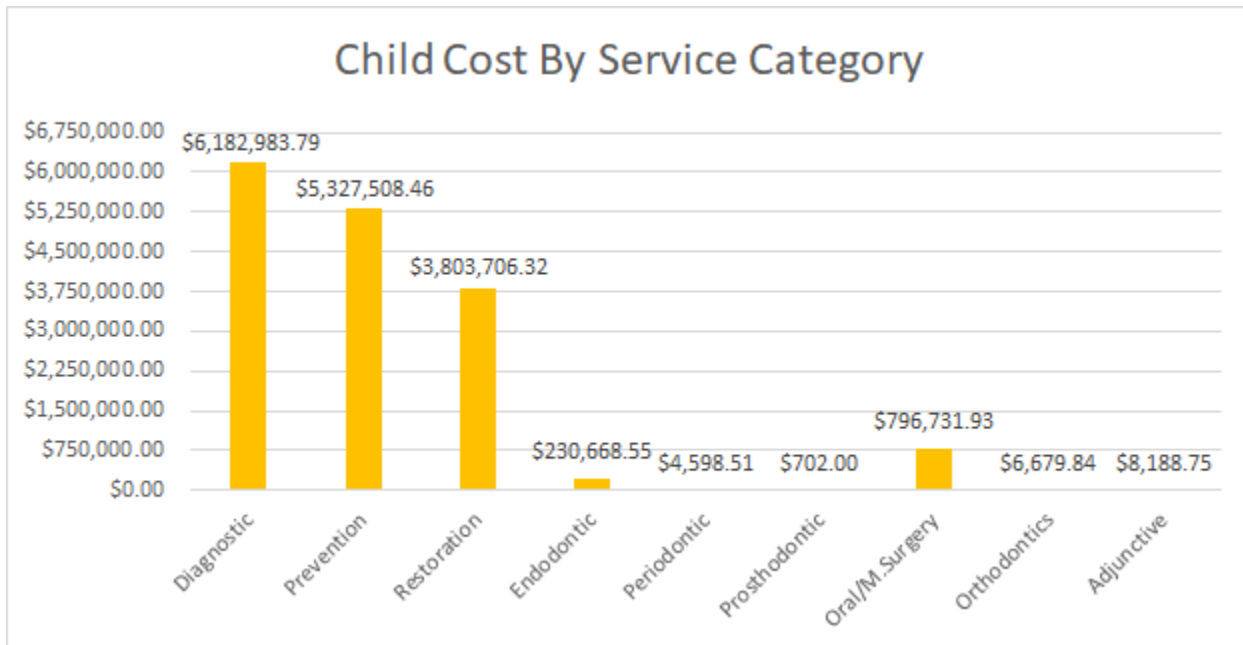


Figure 7 Child Cost Distributions over Service Category

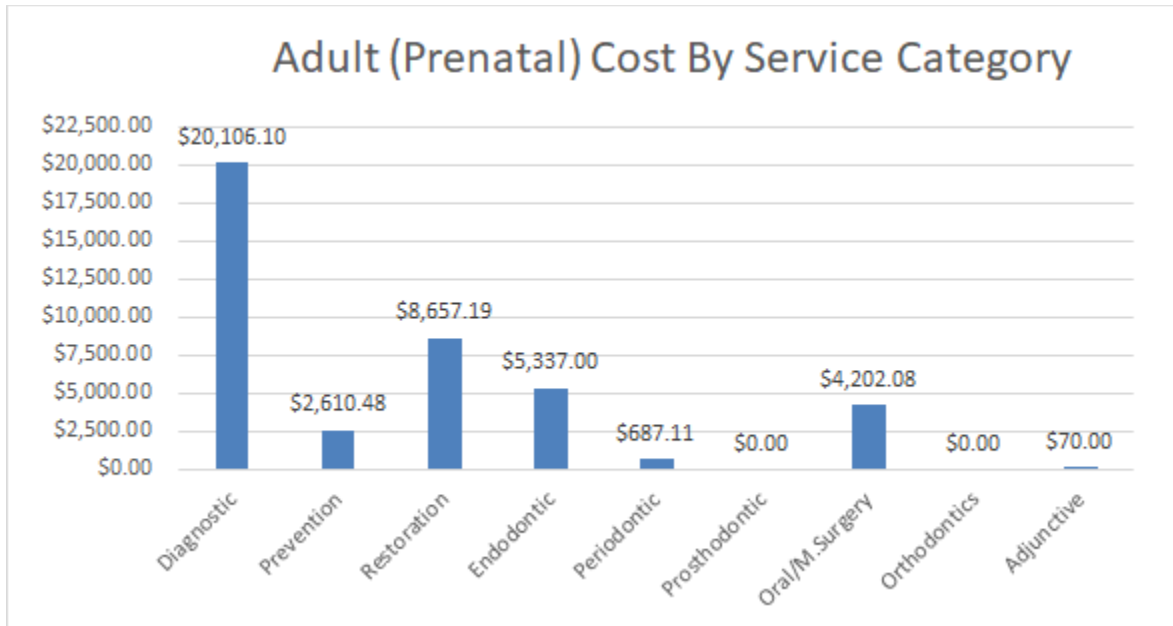


Figure 8 Adult Cost Distribution over Service Category

## Contact Center

*The Contact Center answered a total of 45,974 calls from members and providers.*

The DentaQuest Contact Center representatives are trained in 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 SFY20, DentaQuest answered 9,506 member calls and 36,440 provider calls (Table 7).

Member and Provider Calls Answered		
	Member Calls	Provider Calls
SFY20	9,506	36,440

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.

<b>Contact Center Phone Summary</b>				
	<b>Calls Answered</b>	<b>Average Answer Time in Seconds</b>	<b>Abandonment Rate after 60 seconds</b>	<b>Average Hold Time in Seconds</b>
Performance Requirements (member calls only)		≤30 seconds	< 5.0%	< 5 minutes
Members	9,506	13	0.5%	22
Providers	36,440	24	1.0%	N/A

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. Contact Center staff responds to emails throughout the year. 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, or update their personal information and more. Guardians listed as Head of Households can securely access information. Parents can also access the accounts of their children, provided they are also members of the program. 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

*Providers were paid over \$14 million for services rendered in SFY20.*

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 provider relations 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 decision 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 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. There were 5 edits made to the ORM for SFY20. All updates are chronicled in a change log and published on the provider web portal.

### **Provider Relations, Education and Communication**

In keeping with its goal of providing high touch service, DentaQuest established a team of in-state provider relations 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 provider relations representatives are located geographically throughout the State, including a representative living and working on the Western Slope. The provider relations representatives 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, provider relations representatives visit all new offices 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 adult member’s annual dental benefit allowance. The provider relations representatives also provide an in-depth overview of the ORM to ensure the provider and staff can take advantage of this important tool.

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 Provider Representatives hosted a booth at the Rocky Mountain Dental Convention and the CU School of Dentistry fair. The current Provider Relations team territory map can be found [here](#).

**Provider Recruitment**

When DentaQuest implemented the newly acquired Colorado Child Health Plan *Plus* program, DentaQuest reached out personally and through fax individually by the Provider Relations and Recruiting team to every dental office who saw a Colorado Child Health Plan *Plus* member under the previous administrator, Delta Dental of Colorado. Provider recruitment is a continuing part of the duties of Provider Relations representatives. Provider Relations representatives take advantage of every opportunity to recruit new providers to the Colorado Child Health Plan *Plus* dental provider network. Part of the recruiting process is for the Provider Representatives to visit prospective offices to discuss becoming a Colorado Child Health Plan *Plus* provider, and following up on leads provided by providers and community stakeholders. For SFY20 DentaQuest assigned a continuity of care designation to all providers wishing to treat Colorado Child Health Plan *Plus* members. This allowed out-of-network providers to actively treat and bill for CHP+ members while they were going through the credentialing process. Towards the end of the continuity of care grace period, Provider Relations representatives reached out and assisted all offices with incomplete applications.

The breakout of dental providers is listed in Table 9.

Colorado Child Health Plan Plus Active Dental Providers SFY20	
Specialty Designation of Active Providers	Count
Endodontists	8
General Practitioner	814
Hygienist	109
Oral Surgeon	38
Orthodontist	81
Periodontist	6
Prosthodontist	3
Pediatric Dentist	130
Total	<b>1189</b>

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.

Network Analysis  
**Provider Map**

October 20, 2020

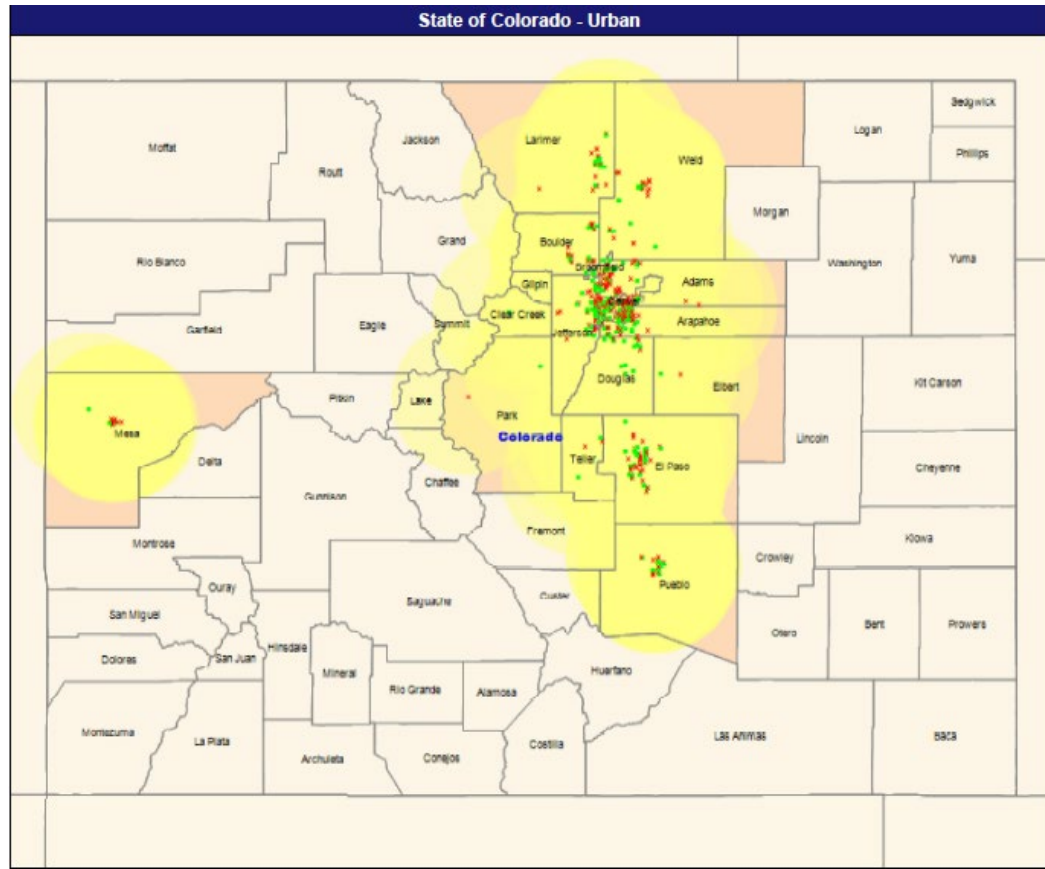
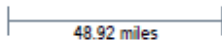
CO CHIP General Dentists June 30, 2020  
(State of Colorado - Urban)

736 providers at 429 locations

- Single providers (195)
- ✕ Multiple providers (234)
- 30 mile radius

Service Areas

- State of Colorado - Urban



Attachment Provider Map Urban Location (30 miles)

Network Analysis  
**Provider Map**

October 20, 2020

CO CHIP General Dentists June 30, 2020  
 (State of Colorado - Rural)

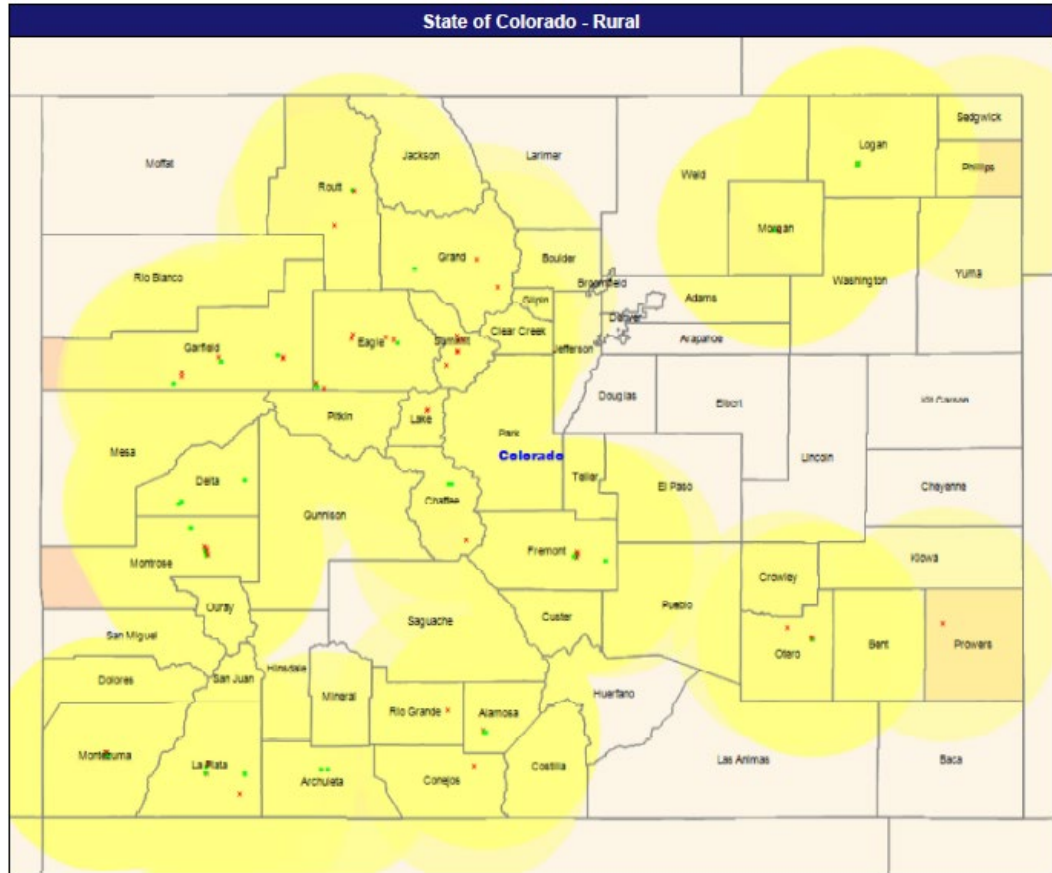
137 providers at 89 locations

- Single providers (39)
- ✕ Multiple providers (50)
- 45 mile radius

Service Areas

■ State of Colorado - Rural

48.61 miles



Attachment Provider Map Rural Location (45 miles)

## Network Analysis Provider Map

October 20, 2020

CO CHIP General Dentists June 30, 2020  
(State of Colorado - Frontier)

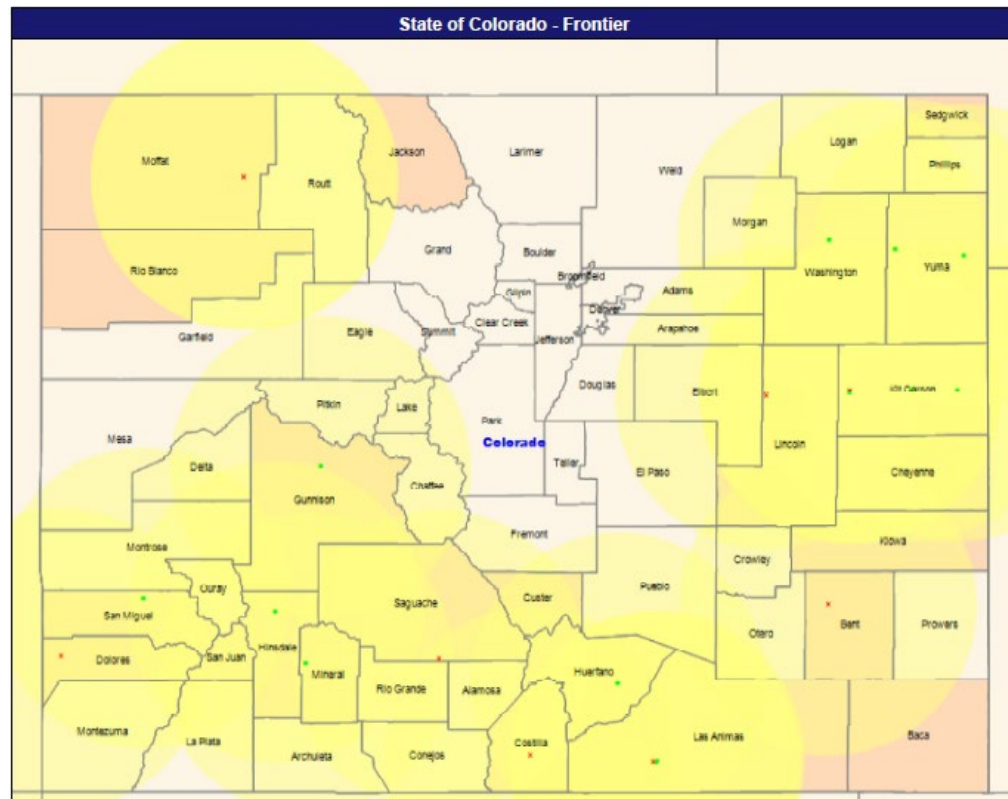
44 providers at 23 locations

- Single providers (13)
- ✖ Multiple providers (10)
- 60 mile radius

Service Areas

- State of Colorado - Frontier

48.48 miles



Attachment Provider Map Frontier Location (60 miles)

## Utilization Management

*In SFY20, DentaQuest reviewed over 20,079 service requests for medical necessity and appropriateness of care.*

An effective utilization management (UM) program safeguards Colorado Child Health Plan *Plus* 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 these 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, Winward, 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, Winward 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 Winward, 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 Winward, 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 Winward 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 SFY20, the total number of PARs were 18,261 which is an approval rate of 11% for all Child Health Plan Plus members. PARs are denied for both clinical and administrative reasons. Of the total number of PARs submitted, 7,381 of the PARs were denied for Administrative reasons and 1,804 were denied for Clinical. The remaining were denied due to not being a covered service.

Administrative denials are determined for PARs with missing or inaccurate information. The average PAR turnaround time was 0.3 business days.

### **Pre-Payment Review (PPR)**

To allow greater freedom for providers to appropriately treat a member in a timely manner, DentaQuest performs pre-payment review (PPR) on many 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 SFY20 was 34% for all Colorado Child Health Plan *Plus* members.

## Claims

### **DentaQuest processed over 100,000 Colorado Child Health Plan Plus dental claims in SFY20.**

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 Health First Colorado 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 104,015 Child Health Plan Plus dental claims in SFY20, an average of 8,668 claims per month. The total amount paid for claims processed was over \$14 million, an average of \$1.1 million paid per month. A table displaying these figures is below (Table 10).

Claims Processed and Paid Per Year	
	SFY20

Total Claims Processed	104,015
Average Monthly Claims Processed	8,668
Total Claims Paid	\$14,078,700.65
Monthly Claims Paid	\$1,173,225.05

**Table 10 Claims Processed and Paid for SFY/20. Prenatal Adult and Child Program**

Cost Per Service	
	SFY20
Prenatal Adult	\$81.87
Child	\$47.80

**Table 11 Cost Per Service**

## Grievances Reconsiderations, and Appeals

*DentaQuest processed 18 Grievances and 938 Reconsiderations for members and providers.*

Health First Colorado members have the right to file a grievance, reconsideration, and an appeal. Providers have the right to a grievance, clinical reconsideration, peer to peer review, and an appeal. The COVID-19 Pandemic impacted case volumes for this reporting period.

### 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.

The majority of member grievances are related to quality of service, followed by quality of care. After investigation, it was determined most were a result of miscommunication between the provider office and the member or member guardian. Out of the 19 member grievances received, 5 cases were substantiated.

## Reconsiderations and Peer-to-Peer Review

In SFY20, DentaQuest received 67 member reconsiderations and 876 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	86.21%	84.34%
Administrative Denials Upheld	94.29%	69.53%

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 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 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 attend the hearing to support the Department. There were 2 state fair hearings in SFY20. Table 13 shows the number of Reconsiderations, Grievances and Appeals.

Reconsiderations, Grievances and Appeals (State Fair Hearings)			
Type	Members	Providers	Totals
Reconsiderations	66	875	941
Grievances	19	1	20
State Fair Hearing	1	1	2
Total	86	877	963

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

DentaQuest has a proven track record of increasing member utilization of dental services through its industry-leading outreach initiatives and educational programs. Welcome packets were distributed to 82,424 newly enrolled Colorado Health Plan *Plus* dental members.

In SFY 2019-2020, Member Outreach Coordinators continued to provide member support in the form of low-barrier, culturally sensitive and visually engaging written materials, group trainings, and participation in member-facing events in the community. DentaQuest believes the success of a dental program is contingent on the ability to leverage and build relationships with formal and informal networks of oral health providers and community-based service organizations that are dedicated to the health and well-being of Colorado children and families. To that end, the Outreach team attended 281 meetings, both in-person and virtually, with external partner agencies. Despite COVID-19 prohibiting in-person outreach event opportunities for the last quarter, the Outreach team participated in 59 member facing events over the course of the year with approximately 15,700 people in attendance. To respond to the pandemic, the Outreach team shifted focus to digital health promotion strategies and the timely development of responsive educational content. As an additional response to COVID-19, DentaQuest distributed over 14,000 dental supply kits to support community partners that continued to have direct contact with members. Throughout the year, the DentaQuest Outreach team demonstrated the ability to adapt to challenges and provide support to our members and promote oral health.

## 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 grants 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 “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 1<sup>st</sup> of a year and ending on June 30<sup>th</sup> of the following year.

# Addendum

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<b>DentaQuest Colorado Team</b>	
<b>Member Outreach</b>	
Betsy Holman, Suprena Crawford, Sarony Young	
<b>Provider Relations</b>	
Donna Phelps, Desiree Fragoso, Myrna Fletchall, Jennifer Labishak	
<b>Dental Director</b>	
James Grant	
<b>Client Engagement (local)</b>	
Lisa Reynolds, Maureen Hartlaub, Richard Spencer, Tracy Schroeder	
<b>Client Engagement (national)</b>	
Lori Howley	

## DentaQuest Monthly Performance “Scorecard”

### 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 (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	
SFY 19-20										
MONTH										
July	100.00%	100.00%	100.00%	100.00%	35	2.00%	N/A	Yes	*	Yes
August	98.30%	96.26%	100.00%	100.00%	14	0.4%	Yes	Yes	No	Yes
September	99.95%	99.74%	100.00%	100.00%	20	0.7%	N/A	Yes	No	Yes
October	99.91%	99.92%	100.00%	100.00%	6	0.4%	Yes	Yes	No	Yes
November	98.14%	99.13%	100.00%	100.00%	5	0.4%	Yes	Yes	Yes	Yes
December	99.96%	98.81%	100.00%	100.00%	3	0.3%	Yes	Yes	Yes	Yes
January	98.88%	98.72%	100.00%	100.00%	6	0.3%	Yes	Yes	Yes	Yes
February	99.77%	99.88%	100.00%	100.00%	8	0.1%	Yes	Yes	No	Yes
March	99.75%	99.58%	100.00%	100.00%	9	0.00%	N/A	Yes	Yes	Yes
April	99.64%	98.35%	100.00%	100.00%	2	0.00%	N/A	Yes	Yes	Yes
May	94.31%	86.78%	100.00%	100.00%	3	0.00%	N/A	Yes	Yes	Yes
June	99.96%	99.95%	100.00%	100.00%	21	0.3%	N/A	Yes	Yes	Yes

Note: Written Inquiries section has been updated for past months. This is due to a new report being ran for member written inquires. N/A equals no member written inquires that month.