CHP+

Child Health Plan *Plus*

Fiscal Year 2018–2019 Site Review Report

for

Delta Dental of Colorado

May 2019

This report was produced by Health Services Advisory Group, Inc., for the Colorado Department of Health Care Policy and Financing.

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

Introduction

The Code of Federal Regulations at 42 CFR Parts 438 and 457—managed care regulations for Medicaid and the Children's Health Insurance Program (CHIP)—with revisions released May 6, 2016 and effective July 1, 2017 for Medicaid managed care and July 1, 2018 for CHIP managed care—require that states which contract with managed care health plans (health plans) conduct an external quality review (EQR) of each contracting health plan. Health plans include managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), primary care case management entities (PCCM entities), and prepaid ambulatory health plans (PAHPs). **Delta Dental of Colorado** (**Delta Dental**) holds the fiscal year (FY) 2018–2019 contract with the State of Colorado for provision of dental services for the Department of Health Care Policy and Financing (the Department)'s Child Health Plan *Plus* (CHP+) managed healthcare program. The dental program qualifies as a PAHP. The CFR requires that states conduct evaluation of PAHPs to determine compliance with specified provisions of federal managed care regulations and managed care contract requirements. The Department has elected to complete this requirement for FY 2018–2019 by contracting with an external quality review organization (EQRO), Health Services Advisory Group, Inc. (HSAG).

The Department extended its contract with **Delta Dental** for FY 2018–2019 effective July 1, 2018, through June 30, 2019. To evaluate FY 2018–2019 **Delta Dental** PAHP's compliance with federal managed care regulations published May 2016, the Department determined that the review period for FY 2018–2019 was July 1, 2018, through the date of the on-site compliance review. This report documents results of the FY 2018–2019 compliance site review activities for **Delta Dental**. For each of the standard areas reviewed this year, this section contains summaries of strengths and findings as evidence of compliance, findings resulting in opportunities for improvement, and recommendations. Section 2 describes the background and methodology used for the 2018–2019 compliance monitoring site review. Appendix A contains the compliance monitoring tool for the review of the standards. Appendix B lists HSAG, **Delta Dental**, and Department personnel who participated in the site review process. Appendix C contains a detailed description of HSAG's site review activities consistent with the Centers for Medicare & Medicaid Services (CMS) final protocol.

Summary of Results

Effective July 1, 2019, the Department will award a new contract for provision of CHP+ dental services to a successful bidder in response to a request for proposal. Due to the June 30, 2019, termination of the current **Delta Dental** contract with the Department, the Department determined that FY 2018–2019 compliance requirements would not be scored; rather, they would be assessed and recommendations would be made as applicable. Based on conclusions drawn from the review activities, HSAG assigned each requirement in the compliance monitoring tool an assessment finding of *Met*, *Partially Met*, or *Not Met*. HSAG provided recommendations for improvement for any requirement receiving an assessment of *Partially Met* or *Not Met.*

Table 1-1 presents the assessment findings for **Delta Dental** for each of the standards. Findings for all requirements are summarized in this section. Details of the findings for each requirement receiving a score of *Partially Met* or *Not Met* follow in Appendix A—Compliance Monitoring Tool.

Table 1-1—Summary of Assessment for the Standards

Standards	# of Applicable Elements	# Met	# Partially Met	# Not Met	# Not Applicable
I. Member Communications	5	2	3	0	0
II. Provider Communications/ Network Management	4	3	1	0	0
III. Utilization Review	2	1	0	1	0
IV. Grievances and Appeals	3	1	1	1	0
V. Delegation and Oversight of Resources	2	0	1	1	0
VI. Program Integrity and Compliance	3	2	1	0	0
VII. Case Management/ Care Coordination/Service Planning	3	2	0	1	0
VIII. Quality Improvement	1	0	0	1	0
IX. Systems and Claims Management/Encounter Data Reporting	4	4	0	0	0
Totals	**27**	**15**	**7**	**5**	**0**

Standard I—Member Communications

Summary of Strengths and Findings as Evidence of Compliance

Delta Dental developed a website that includes CHP+ program information, a downloadable flyer with a summary of children's dental benefits, member login and registration for the secure member portal, and a link to the Colorado Health First CHP+ web portal. From the website, a member could view and print copies of the CHP+ Evidence of Coverage benefits booklet and provider directory. **Delta Dental** provided taglines in its member handbooks in the 15 prevalent non-English languages used in the State and included the toll-free and TTY/TDY telephone numbers of the dental plan's customer service unit.

Delta Dental maintained a provider directory on its website and updated it monthly. Within the provider directory, **Delta Dental** included a statement that all providers listed in the directory accept new members. HSAG identified the following required items within the provider directory: provider names, any group affiliation, street address, telephone number, and specialty.

Delta Dental contracted with a translation service, LanguageLine Solutions, and established a process to make oral interpretation available in all languages. **Delta Dental** made available to its providers and members the use of this foreign language interpreter service as well as a method to call a toll-free number to connect with a translator while the member is on the phone with member services.

Summary of Findings Resulting in Recommendations

Delta Dental did not provide notification on its website of the availability of member materials in large print (18-point size or larger); availability of auxiliary aids and services, including American Sign Language; or how to request large-print materials. Written materials, such as the Explanation of Benefits (EOB) were sent to the member without inclusion of the 15-language tagline document. HSAG recommends that **Delta Dental** include on its website the availability of member materials in large print; and how to request large-print written member materials and auxiliary aids and services, including American Sign Language. HSAG also recommends that **Delta Dental** include a 15-language tagline document with all vital written member information.

During the on-site visit, **Delta Dental** displayed the CHP+ website www.deltadentalco.com/chp.aspx and ran it in the WAVE Accessibility Tool (www.wave.webaim.org) to determine compliance with Americans with Disabilities Act (ADA) requirements. The results included 22 readability errors and 72 contrast errors. HSAG demonstrated how to use the WAVE accessibility tool results to review accessibility errors and contrast errors as well as how to locate information about correcting the errors. HSAG also demonstrated use of Adobe Acrobat Reader Pro DC to test a document (Portable Document Format [PDF]) for accessibility and to determine font size. **Delta Dental**'s CHP+ website did not include the requirement stating to the member that information may be requested in paper form. HSAG recommends that **Delta Dental** use the WAVE tool (https://wave.webaim.org/) and Adobe Pro accessibility tool to evaluate the ADA 508 compliance of the website and PDF documents posted to the website to repair any accessibility errors and contrast errors found in the results. **Delta Dental** is

encouraged to use the Web Content Accessibility Guidelines (WCAG) 2.0 level AA guidelines as a guide on how to maintain consistently accessible electronic information. HSAG recommends that the dental plan include on the website information about how a member may request materials in paper form.

Delta Dental did not include the required elements within the paper form or electronic form of the provider directory. HSAG recommends that **Delta Dental** include the required elements in its provider directory:

- Provider website URL
- Which languages are provided by the provider or office
- Whether or not the provider has completed cultural competence training
- Special accommodations offered by the office

Standard II—Provider Communications/Provider Network Management

Summary of Strengths and Findings as Evidence of Compliance

Delta Dental used multiple methods to communicate important information to providers. The basics of the contractual agreement are outlined in the CHP+ and dental hygienist agreements. **Delta Dental** also provides its dentists with two publications, both titled *Dentist Handbook* but containing different information. One handbook includes processing policies and helps guide dentists through claim submission. The other handbook includes more general information pertaining to **Delta Dental**'s procedures. At the time of the on-site review **Delta Dental** was in process of restructuring its provider network staff and had eliminated a position in an effort to restructure its organizational matrix.

Delta Dental recently began using GeoAccess mapping specific to the providers serving the CHP+ member population. During the on-site interview, staff members also discussed the process that **Delta Dental** has used to ensure that providers are enrolled with the State as CHP+ providers. **Delta Dental** described some challenges associated with the process and the informational emails that **Delta Dental** sent to providers to help them navigate and enroll in the system.

During the on-site interviews, **Delta Dental** described the process for initial and ongoing credentialing. The process aligned with **Delta Dental**'s Provider Credentialing and Recredentialing policies, which were compliant with State and federal requirements.

Summary of Findings Resulting in Recommendations

Delta Dental used multiple publications and resources for communicating and disseminating information to providers. Delta was unable to produce documents that communicate practice guidelines and details about the grievance and appeals system. During the on-site review, **Delta Dental** stated having not yet adopted a set of dental practice guidelines. HSAG recommends that **Delta Dental** adopt dental practice guidelines and disseminate them, as well as grievance and appeal system procedures, to providers.

Standard III—Utilization Review

Summary of Strengths and Findings as Evidence of Compliance

Delta Dental covered emergency dental services, including services needed to evaluate and stabilize an emergency dental condition as it arises regardless of whether or not the services took place in network. **Delta Dental** included the emergency services benefit within its Access Plan.

Summary of Findings Resulting in Recommendations

Delta Dental did not have a process for the review of requests for authorization of initial and ongoing dental services, except for offering dental providers a pre-treatment estimate (PTE), which evaluates post-dated claims to determine member co-payment responsibility and coverage. **Delta Dental**'s process did not align with Medicaid managed care regulations as it did not follow Medicaid prescribed time frames and procedures, did not result in a notice of adverse benefit determination letter to the member, and did not include member appeal rights. HSAG recommends that **Delta Dental** develop written policies and procedures for the processing of requests for authorization of initial and continuing services consistent with the Medicaid managed care requirements at 42 CFR 438.210 (b)-(d) and 438.404 of the Federal Register and Colorado Code of Regulations, 10 CCR 2505-10 8.209.

Standard IV—Grievances and Appeals

Summary of Strengths and Findings as Evidence of Compliance

Delta Dental had processes for accepting member grievances and appeals and maintained a record of each grievance and appeal within the individual member's file of **Delta Dental**'s electronic health system. **Delta Dental** was able to extrapolate grievance reports for the Department as needed.

Summary of Findings Resulting in Recommendations

Delta Dental submitted its Complaint Handling policy, which does not differentiate aspects of appeal processes from grievance processes, including the right to continue benefits while decision is pending, which would not apply to a grievance. Within the policy, **Delta Dental** stated that grievance disposition will take place within 90 days; however, Colorado statute 10 CCR 2505-10 8.209.5D.1 requires resolution within 15 days, with opportunity of up to a 14-day extension only if needed in the member's best interest. **Delta Dental**'s policy also did not include a procedure for providing the member with a written acknowledgement of the grievance to the member within two days, as required. HSAG recommends that **Delta Dental** amend written policies and procedures for grievances, to ensure consistency with the Medicaid managed care requirements at 42 CFR 438.402 and 438.406 of the Federal Register and Colorado Code of Regulations, 10 CCR 2505-10 8.209.3.

Delta Dental provided for review its comprehensive and detailed Appeals Standard Operating Procedure (SOP). **Delta Dental**'s SOP was used for the CHP+ line of business but intended for **Delta Dental**'s commercial lines of business and was not in alignment with all Medicaid managed care requirements. Within its SOP, **Delta Dental** included a process for reconsiderations of service authorization denials separate from the appeals process, allowed for a second-level appeal, and timelines were not in alignment with Medicaid managed care timelines. HSAG recommends that **Delta Dental** amend written policies and procedures for grievances to ensure consistency with the Medicaid managed care requirements at 42 CFR 438.402 and 438.406 of the Federal Register and Colorado Code of Regulations, 10 CCR 2505-10 8.209.4.

Standard V—Delegation and Oversight of Resources

Summary of Strengths and Findings as Evidence of Compliance

Delta Dental provided the following delegation agreements for HSAG's review: NPN360, mPulse, and Excela. During the on-site review, **Delta Dental** confirmed these vendors and their delegated activities.

Within the written delegation agreements, **Delta Dental** included contract language specifying the activities or responsibilities being delegated. Through narrative and during the on-site visit, **Delta Dental** described the use of legal and compliance resources to undertake vendor due diligence and to ensure that all vendors, whether delegated entities or not, are vetted appropriately before engaging with the dental plan, its providers, groups, members, or staff. **Delta Dental** assigned a staff member responsible for each delegation agreement.

HSAG reviewed the written agreements with subcontractors submitted by **Delta Dental** and found the following elements included:

- The delegated activities or obligations, and related reporting responsibilities.
- That the subcontractor agrees to perform the delegated activities and reporting responsibilities.

Summary of Findings Resulting in Recommendations

Delta Dental did not include the required elements within the contracts and written agreements reviewed. HSAG recommends that **Delta Dental** include the following required elements:

- Provision for revocation or other remedies in instances wherein the State or the dental plan determines that the subcontractor has not performed satisfactorily.
- That the subcontractor agrees to comply with all applicable Medicaid laws and regulations.
- That the State, CMS, the U.S. Department of Health and Human Services (HHS) inspector general, the comptroller general, or their designees have the right to audit, evaluate, and inspect any books, records, contracts, computers, or other electronic systems of the subcontractor.
- The right to audit will exist through 10 years from the final date of the contract period.
- The subcontractor must retain all records for a period of no less than 10 years.
- If there is a reasonable probability of fraud or similar risk, the State, CMS, or HHS inspector general may inspect or audit the subcontractor at any time.

Delta Dental assigned a staff member to be responsible for each delegate agreement. However, **Delta Dental** did not have policies or procedures governing the oversight and monitoring of the delegates' performance. **Delta Dental** must conduct ongoing oversight and monitoring of delegated activities to ensure that assigned delegates are performing consistently and accurately the activities defined in the contracts.

Standard VI—Program Integrity and Compliance

Summary of Strengths and Findings as Evidence of Compliance

During the on-site review, **Delta Dental**'s CHP+ compliance officer described the compliance program in detail. **Delta Dental**'s compliance officer reported on compliance issues directly to the Board of Trustees, and the Governance Committee served as **Delta Dental**'s compliance committee. The compliance officer used multiple sources, including resources available from the **Delta Dental** corporate headquarters, various list servs, and the Health Care Compliance Association to keep up to date on trending issues in compliance. Employees of **Delta Dental** were trained on compliance issues such as Health Insurance Portability and Accountability Act of 1996 (HIPAA) and fraud, waste, and abuse upon hire and annually via an initial orientation, in-person training, and a learning management system.

Using **Delta Dental**'s claims management system, staff members were able to develop scripts for routine monitoring of provider claims to identify anomalies and further research suspicious activities. The compliance officer noted that the most common remediation for claims issues included re-educating the provider and requesting resubmission of the claim in question. **Delta Dental** had processes in place to collect and report overpayment. **Delta Dental** also had processes in place to escalate provider corrective actions, if warranted.

Summary of Findings Resulting in Recommendations

Delta Dental had procedures for checking providers against federal exclusions lists upon hire and monthly thereafter; however, **Delta Dental** did not incorporate directors, officers, partners, employees, subcontractors, or owners within its monthly search. HSAG recommends that **Delta Dental** include checking for the names of directors, officers, partners, employees, subcontractors, and owners against federal exclusions list upon initial association and monthly.

Standard VII—Case Management/Care Coordination/Service Planning

Summary of Strengths and Findings as Evidence of Compliance

Delta Dental had processes to ensure that member care was coordinated as needed between settings of care and among various provider types, particularly for members with complex cases. **Delta Dental** had procedures to ensure that HIPAA requirements were met when sharing member information among entities.

Summary of Findings Resulting in Recommendations

Delta Dental did not have a method to ensure that each member had an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services. HSAG recommends that **Delta Dental** establish a method to formally designate a provider or provider group as primarily responsible for coordinating the member's dental services. Potential methods, including auto-assignment, were discussed during the on-site interview.

Standard VIII—Quality Improvement

Summary of Strengths and Findings as Evidence of Compliance

Delta Dental participated in required performance improvement projects. **Delta Dental** also used claims data to conduct an analysis of overutilization.

Summary of Findings Resulting in Recommendations

During the on-site interview **Delta Dental** described methods for using claims data to conduct overutilization analysis and how the analysis could result in process changes. While this is an aspect of routine analysis, it does not incorporate the components of an ongoing and comprehensive quality improvement program. HSAG recommends that **Delta Dental** develop and implement a corporate quality improvement program that includes a written plan with mechanisms to analyze data to determine appropriate standard thresholds and areas for improvement and then incorporate interventions. Outcomes following interventions would then be shared with internal stakeholders including a quality improvement committee and the Board of Trustees. Ongoing monitoring, tracking, and trending of member satisfaction, grievances, prior authorizations, adverse benefit determinations, claims data, and quality of care could lead to potential areas for initiating quality improvement activities. HSAG recommends incorporating mechanisms to assess the quality and appropriateness of care furnished to members and to detect both underutilization and overutilization of services within the quality improvement plan.

Standard IX—Systems and Claims Management/Encounter Data Reporting

Summary of Strengths and Findings as Evidence of Compliance

Delta Dental documented having a fully integrated health information system, DCS, to support its claims and data management functions. The dental plan provided details on the system capabilities within the completed Information Systems Capability Assessment Tool (ISCAT), data flow diagrams, system screen shots, and supporting documentation for eligibility/enrollment data, claims data, provider data, and reporting. HSAG reviewed documentation and **Delta Dental**'s implemented process, which demonstrated that the dental plan's claims system was able to collect data elements necessary to enable mechanized claims processing and to submit reports to the Department.

During the on-site review, **Delta Dental** performed a live demonstration of the DCS system and discussed processes surrounding eligibility and enrollment and provider data submission. The dental plan displayed the fields in DCS where member and provider demographic characteristics and services furnished to members by the rendering provider were maintained.

Staff members discussed that the claims system performs auto-adjudication for 86 percent of the claims processed. Procedures are followed by claims processors for manual auditing to ensure accuracy, timeliness, and completeness of data received from providers. **Delta Dental** displayed system screens and provided information about components of the DCS system that identified how the dental plan integrated data for utilization, grievances and appeals, membership enrollment history, provider demographic files, and reporting functions.

The dental plan described its validation processes related to provider data to verify accuracy of the data reported; screening for completeness, logic, and consistency; and collecting data from providers in standard formats. During the on-site interviews, staff members described that the dental plan receives claims data from the providers and Federally Qualified Health Centers (FQHCs) in the standardized format of ANSI ASC X12N 837D. **Delta Dental** indicated that claims are uploaded by providers and transmitted via electronic data interchange (EDI) 90 percent of the time, and the standard American Dental Association dental claim form is mailed in paper format directly to **Delta Dental** 10 percent of the time.

Delta Dental described the data flow of member claims and encounter data to the Department and use of a standardized State-approved template to prepare and report the monthly submission of data to the Department. **Delta Dental** confirmed that the submission is done in-house and that distinct processes have been established for FQHC claims to be reprocessed and reported as the FQHC encounter rate.

Staff members stated that routine, ongoing reports are generated from DCS and displayed examples of the DCS Claims Inventory Report. **Delta Dental** discussed the process to generate reports on claims processing statistics and how reports are run monthly for thorough review and analysis by the Department.

Summary of Findings Resulting in Recommendations

HSAG identified no recommendations for this standard.

2. Overview and Background

Overview of FY 2018–2019 Compliance Monitoring Activities

FY 2018–2019 was the initial year of review of Colorado's dental PAHP. For the site review process, the Department requested a review of major managed care regulations within nine standard areas of performance, consistent with 42 CFR §438.66 (a)–(b), as applicable. HSAG developed a review strategy and monitoring tools for reviewing the performance areas chosen. Compliance with applicable federal managed care regulations was evaluated through review of all standards.

Compliance Monitoring Site Review Methodology

In developing the data collection tools and in reviewing documentation related to the standards, HSAG used the regulations specified in 42 CFR Section 438—federal Medicaid/CHIP managed care regulations published May 6, 2016. HSAG conducted a desk review of materials submitted prior to the on-site review activities; a review of records, documents, and materials provided on-site; and on-site interviews of key health plan personnel to evaluate compliance with federal managed care regulations. Documents submitted for the desk review and on-site review consisted of policies and procedures, staff training materials, reports, minutes of key committee meetings, and member and provider informational materials.

The Department determined that for FY 2018–2019—the initial review year and final contract year for the **Delta Dental** PAHP—requirements would not be scored and required actions would not be applied. HSAG assigned an assessment determination of *Met*, *Partially Met*, or *Not Met* for each requirement in the standards reviewed, and HSAG documented findings and recommendations related to opportunities for improvement.

The site review processes were consistent with *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.[2-1] Appendix C contains a detailed description of HSAG's site review activities consistent with those outlined in the CMS final protocol.

[2-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html. Accessed on: Sep 26, 2018.

Objective of the Site Review

The objective of the site review was to provide meaningful information to the Department and the health plan regarding:

- The health plan's compliance with federal healthcare regulations and managed care contract requirements in the standard areas selected for review.
- Strengths, opportunities for improvement, and recommendations to bring the health plan into compliance with federal healthcare regulations in the standard areas reviewed.
- The quality and timeliness of, and access to, services furnished by the health plan, as assessed by the specific areas reviewed.

Standard I—Member Communications		
Requirement	**Documents Reviewed**	**Assessment**
1. Written materials must include taglines in the prevalent non-English languages used in the State as well as in large print, explaining the availability of written translations in prevalent languages; oral interpretation in any language; auxiliary aids and services, including American sign language; and toll-free and TTY/TDY telephone numbers of the dental plan's member/customer service unit. • Font sizes for written materials – All materials—no smaller than 12-point – Large print—no smaller than 18-point *42 CFR 438.10(d)(3)* *42 CFR 438.10 (d)(6)(ii) and (iv)*	***Documents Submitted:*** We only have the standard font size, but would produce in large font, if requested. Never received such request.	☐ Met ☒ Partially Met ☐ Not Met
Findings: Delta Dental did not provide notification on its website of the availability of member materials in large print (18-point size or larger); availability of auxiliary aids and services, including American Sign Language; or how to request large-print materials. Written materials, such as the Explanation of Benefits (EOB) were sent to the member without inclusion of the 15-language tagline document.		
Recommendations: HSAG recommends that Delta Dental include on its website the availability of member materials in large print; and how to request large-print written member materials and auxiliary aids and services, including American Sign Language. HSAG also recommends that Delta Dental include a 15-language tagline document with all vital written member information.		
2. The dental plan has developed a website that is readily accessible (ADA-compliant), is able to produce printer-friendly copies of the information, places member information in a prominent location on the website, and informs the member that information can be requested from the dental plan in paper form. *42 CFR 438.10(c)(3)*	***Documents Submitted:*** The Provider Directory, located on DDCO's website, is machine readable, as is the CHP+ Benefit Booklet. "The State must operate a Web site that provides the content, either directly or by linking to individual	☐ Met ☒ Partially Met ☐ Not Met

Standard I—Member Communications		
Requirement	**Documents Reviewed**	**Assessment**
	MCO, PIHP, PAHP, or PCCM entity Web sites, specified in paragraphs (g), (h), and (i) of this section." (g) requires an Enrollee handbook (CHP+ Benefit Booklet), located: www.deltadentalco.com/chp.aspx (h) requires a Provider directory, located: www.deltadentalco.com/chp.aspx & https://www.colorado.gov/pacific/hcpf/child-health-plan-plus (i) addresses a formulary which is not applicable to our dental plan, as there is no formulary. 1. CHP+ Benefit Booklet 6901_6903 2. CHP+ Benefit Booklet 6920_6904 3. CHP+ Benefit Booklet 9676_9677 4. CHP+ Provider Directory	
Findings: During the on-site visit, Delta Dental displayed the CHP+ website www.deltadentalco.com/chp.aspx and ran it in the WAVE Accessibility Tool (www.wave.webaim.org) to determine compliance with Americans with Disabilities Act (ADA) requirements. The results included 22 readability errors and 72 contrast errors. HSAG demonstrated how to use the WAVE accessibility tool results to review the accessibility errors and contrast errors as well as how to locate information about correcting the errors. HSAG also demonstrated the use of Adobe Acrobat Reader Pro DC to test a (PDF) document for accessibility and to determine font size. Delta Dental's CHP+ website did not include the requirement stating to the member that information may be requested in paper form.		
Recommendations: HSAG recommends that Delta Dental use the WAVE tool (https://wave.webaim.org/) and Adobe Pro accessibility tool to evaluate the ADA 508 compliance of the website and PDF documents posted to the website to repair any accessibility errors or contrast errors found in the results. Delta Dental is encouraged to use the WCAG 2.0 level AA guidelines as a guide on how to maintain consistently accessible electronic information. HSAG recommends that Delta Dental include on the website information about how a member may request materials in paper form.		

Standard I—Member Communications		
Requirement	**Documents Reviewed**	**Assessment**
3. The dental plan has a mechanism to make oral interpretation available in all languages. *42 CFR 438.10(d)(2)*	***Documents Submitted:*** DDCO utilizes a translation service called Language Line Services. https://www.deltadentalco.com/uploadedFiles/Dentists/LanguageLineQRG.pdf & https://www.deltadentalco.com/uploadedFiles/Dentists/LanguageLineTutorial.pdf 1. Language Line QRG 2. Language Line Tutorial	☒ Met ☐ Partially Met ☐ Not Met
4. The dental plan furnishes all members a provider directory in paper form upon request, and in electronic form. The provider directory includes: • Provider name and any group affiliation • Street address(es) • Telephone number(s) • Website URL, as appropriate • Specialty, if any • Whether or not the provider will accept new members • The provider's cultural and linguistic capabilities, including languages offered by the provider or provider office • Whether or not the provider has completed cultural competence training	***Documents Submitted:*** 1. Provider Directory, located www.deltadentalco.com/chp.aspx & https://www.colorado.gov/pacific/hcpf/child-health-plan-plus 2. DDCO 2019 PPO Access Plan 3. CHP+ Provider Directory	☐ Met ☒ Partially Met ☐ Not Met

Standard I—Member Communications		
Requirement	**Documents Reviewed**	**Assessment**
• Whether or not the provider's office/facility/exam rooms have accommodations for people with physical disabilities (including special equipment) *42 CFR 438.10(h)(1)-(3)*		
Findings: Delta Dental did not include the following required elements within the paper form or electronic form of the provider directory: • Provider website URL • Which languages are provided by the provider or office • Whether or not the provider has completed cultural competence training • Special accommodations offered by the office		
Recommendations: HSAG recommends that Delta Dental include all required elements in its provider directory.		
5. The dental plan provides critical materials in prevalent non-English languages and in a manner and format that may be easily understood. Minimum critical materials are the following: • Provider directories • Appeal and grievance notices • Denial and termination notices *42 CFR 438.10(d)(3)* *42 CFR 438.10(b)(1)*	***Documents Submitted:*** Such documents have never been requested in non-English languages, however, in the event that they were to be, we would be able to furnish them. DDCO can utilize a translation service, if needed, to assist non-English speaking members in understanding those items.	☒ Met ☐ Partially Met ☐ Not Met

Standard II—Provider Communications/Provider Network Management		
Requirement	**Documents Reviewed**	**Assessment**
1. The dental plan communicates to providers the following: • Prohibited provider discrimination • Member-provider communications which may not be restricted • Rules related to liability for payment • Practice guidelines • Authorization procedures • Documentation requirements • Grievance and appeal system *42 CFR 438.214(c), 438.12(a)(1), 438.102, 438.106, 438.236(c), 438.414*	***Documents Submitted:*** 1. Delta Dental of Colorado CHP+ Agreement – attachment titled: *CHP+ Agreement.pdf* 2. Delta Dental of Colorado Independent Dental Hygienist Agreement – attachment titled: *IDH Agreement.pdf* 3. Delta Dental of Colorado PPO Standard Agreement – attachment titled: *PPO Standard Agreement.pdf* 4. DDCO Dentist Handbook – attachment titled: *DDPA Dentist Handbook with CDT 2019.pdf*	☐ Met ☒ Partially Met ☐ Not Met
Findings: Delta Dental used multiple publications and resources for communicating and disseminating information to providers. Delta was unable to produce documents that communicate practice guidelines and details about the grievance and appeals system. During the on-site review, Delta Dental stated having not yet adopted a set of dental practice guidelines.		
Recommendations: HSAG recommends that Delta Dental adopt dental practice guidelines and disseminate them, as well as grievance and appeal system procedures, to providers.		

Standard II—Provider Communications/Provider Network Management		
Requirement	**Documents Reviewed**	**Assessment**
2. The dental plan creates, administers, and maintains a network of providers sufficient to provide access to all covered service to all members. In establishing the network, the dental plan considers: • The geographical and age-appropriate needs of CHP+ members. • An adequate number of providers to deliver oral health services to members in urban, rural, and frontier counties. • Contracting with Essential Community providers that express interest in participating in the network. • Contracting with independent oral health practitioners, including Registered dental hygienist, public health agencies, community oral health programs. • Limiting the number of providers who can close their membership to new members to no more than 15% of the total network. *42 CFR 438.206(a) and (b)(1)* Contract: 3.1.4	***Documents Submitted:*** 1. DDCO 2019 PPO Access Plan 2. Quest Analytics Geo Access report – attachment titled: *CHP Provider_Member Geo Access Report.pdf*	☒ Met ☐ Partially Met ☐ Not Met

Standard II—Provider Communications/Provider Network Management		
Requirement	**Documents Reviewed**	**Assessment**
3. The dental plan ensures that all network providers are enrolled with the State as CHP+ providers. *42 CFR 438.608(b)*	***Documents Submitted:*** 1. Delta Dental of Colorado CHP+ Agreement – attachment titled: *CHP+ Agreement.pdf* 2. Email template with instructions that is sent to the providers when they sign the DDCO CHP+ Agreement – attachment titled: *CHP Re-Validation with the State of Colorado.png*	☒ Met ☐ Partially Met ☐ Not Met
4. The dental plan has written policies and procedures which address credentialing and recredentialing of providers that furnish services to members. *42 CFR 438.214(b)*	***Documents Submitted:*** 1. Provider Credentialing & Re-credentialing Standard Operating Procedures (SOP) -- attachment titled: *Provider Credentialing and Recredendtialing.pdf*	☒ Met ☐ Partially Met ☐ Not Met

Standard III—Utilization Review		
Requirement	**Documents Reviewed**	**Assessment**
1. The dental plan has written policies and procedures for the processing of requests for authorization of initial and continuing services. Policies and procedures include, at least: • Mechanisms to ensure consistent application of review criteria. • The process to follow to consult with the requesting provider, when appropriate. • Timelines compliant with regulations. • Content of notices. *42 CFR 438.210(b-d)*	***Documents Submitted:*** DDCO's claim processing is handled primarily through auto-adjudication within our claims processing system, DCS. Claims are worked by the Claims and Clinical Management team when a claim meets certain criteria that require team member involvement. Depending on the nature of the required review, the claim is routed to a queue and each queue is worked appropriately. DDCO has desk-level procedures for working each specific queue and has provided an example (Queue 9 Timely filing). 1. Clinical Review Claims Processing 2. Pre-determination of Benefits 3. Workflow of an Electronic Claim 4. Workflow of a Paper Claim 5. Workflow of a Predetermination Estimate 6. Queue 9 Timely Filing	☐ Met ☐ Partially Met ☒ Not Met
Findings: Delta Dental did not have a process for the review of requests for authorization of initial and ongoing dental services, except for offering dental providers a pre-treatment estimate (PTE), which evaluates post-dated claims to determine member co-payment responsibility and coverage. Delta Dental's process did not align with Medicaid managed care regulations as it did not follow Medicaid prescribed time frames and procedures, did not result in a notice of adverse benefit determination letter to the member, and did not include member appeal rights.		
Recommendations: HSAG recommends that Delta Dental develop written policies and procedures for the processing of requests for authorization of initial and continuing services consistent with the Medicaid managed care requirements at 42 CFR 438.210 (b)-(d) and 438.404 of the Federal Register and Colorado Code of Regulations, 10 CCR 2505-10 8.209.		

Standard III—Utilization Review		
Requirement	**Documents Reviewed**	**Assessment**
2. The dental plan must cover and pay for covered emergency services needed to evaluate or stabilize an emergency dental condition: • Regardless of whether or not the provider that furnishes the services has a contract with the dental plan. • Including cases in which the absence of an emergency service would not have resulted in the outcomes of an emergency medical condition. • If a representative of the dental plan instructed the member to seek emergency services. *42 CFR 438.114(c)*	***Documents Submitted:*** 1. DDCO 2019 PPO Access Plan 2. CHP+ Benefit Booklet 6901_6903 3. CHP+ Benefit Booklet 6920_6904 4. CHP+ Benefit Booklet 9676_9677 5. EOC 6901_6903_CHP_18 6. EOC 6902_6904_CHP 7. EOC 9676_9677_CHP_18	☒ Met ☐ Partially Met ☐ Not Met

Standard IV—Grievances and Appeals		
Requirement	**Documents Reviewed**	**Assessment**
1. The member **grievance** policies and procedures must include: • Accurate definitions (as defined in 438.400) and concepts (as defined in 438.402) related to the grievance system. • A grievance process through which members may at any time express dissatisfaction—either orally or in writing—about any matter other than an adverse benefit determination. • Procedures for resolution and timely notification of resolutions for grievances. • Procedures for assisting members in completing forms and other procedural steps in the grievance process. • Resolution by individuals with appropriate clinical expertise and who were not involved in a previous level of review. *42 CFR 438.400(b); 438.402(a), (c)(1)(i), (c)(2)(i)), (c)(3)(i) 438.406(a), (b)(2)*	***Documents Submitted:*** CHP+ Members are provided with information regarding how to file grievances and appeals in the Enrollee handbook (CHP+ Benefit Booklet), located: www.deltadentalco.com/chp.aspx 1. CHP+ Benefit Booklet 6901_6903 2. CHP+ Benefit Booklet 6920_6904 3. CHP+ Benefit Booklet 9676_9677 4. AD.CO.110 Complaint Handling	☐ Met ☒ Partially Met ☐ Not Met
Findings: Delta Dental provided its Complaint Handling policy, which does not differentiate aspects of appeal processes from grievance processes, including the right to continue benefits while decision is pending, which would not apply to a grievance. Within the policy, Delta Dental stated that grievance disposition will take place within 90 days; however, Colorado statute 10 CCR 2505-10 8.209.5D.1 requires resolution within 15 days, with opportunity of up to a 14-day extension only if needed in the member's best interest. Delta Dental's policy also did not include a written acknowledgement of the grievance to the member within two days, as required.		
Recommendations: HSAG recommends that Delta Dental amend written policies and procedures for grievances, to ensure consistency with the Medicaid managed care requirements at 42 CFR 438.402 and 438.406 of the Federal Register and Colorado Code of Regulations, 10 CCR 2505-10 8.209.3.		

Standard IV—Grievances and Appeals		
Requirement	**Documents Reviewed**	**Assessment**
2. The member **appeals** policies and procedures must include: • Accurate definitions (as defined in 438.400) and concepts (as defined in 438.402) related to the appeals system. • Timely and adequate notice of adverse benefit determinations. – Notices of adverse benefit determination contain required information. • An appeal process through which members may file an appeal—either orally or in writing—within 60 calendar days of receiving an adverse benefit determination. • Procedures for resolution and timely notification of resolutions of appeals. – Resolution notices contain the required information. • An expedited appeals review process. • Resolution by individuals with appropriate clinical expertise and who were not involved in a previous level of review. • Exhaustion of the internal appeals process prior to requesting a State fair hearing. • Procedures for assisting members in completing forms and other procedural steps in the appeals process and requesting a State fair hearing.	***Documents Submitted:*** 1. AD.CO.115 Appeals SOP	☐ Met ☐ Partially Met ☒ Not Met

Standard IV—Grievances and Appeals		
Requirement	**Documents Reviewed**	**Assessment**
42 CFR 438.400(b); 438.402(a), (c)(1)(i), (c)(2)(ii),(c)(3)(ii); 438.404; 438.408(b)(2)—(3)(c); 438.410(a)		
Findings: Delta Dental provided for review its comprehensive and detailed Appeals Standard Operating Procedure (SOP). Delta Dental's SOP was used for the CHP+ line of business but intended for Delta Dental's commercial lines of business and was not in alignment with all Medicaid managed care requirements. Within its SOP, Delta Dental included a process for reconsiderations of service authorization denials separate from the appeals process allowed for a second-level appeal and timelines were not in alignment with Medicaid managed care timelines.		
Recommendations: HSAG recommends that Delta Dental amend written policies and procedures for grievances to ensure consistency with the Medicaid managed care requirements at 42 CFR 438.402 and 438.406 of the Federal Register and Colorado Code of Regulations, 10 CCR 2505-10 8.209.4.		
3. Records of all grievances and appeals are accurately maintained in a manner accessible to the State and available upon request to CMS. The record of each grievance and appeal includes: • Member name. • General description of the reason for the grievance or appeal, and actions taken. • Date received. • Date of each review. • Date of and resolution at each level of review. *42 CFR 438.416*	***Documents Submitted:*** 1. AD.CO.110 Complaint Handling 2. AD.CO.100 Appeals SOP 3. DCS Appeals Comments	☒ Met ☐ Partially Met ☐ Not Met

Standard V—Delegation and Oversight of Resources		
Requirement	**Documents Reviewed**	**Assessment**
1. Each contract or written arrangement with a subcontractor or delegate specifies all of the following: • The delegated activities or obligations, and related reporting responsibilities. • That the subcontractor agrees to perform the delegated activities and reporting responsibilities. • Provision for revocation or other remedies in instances wherein the State or the dental plan determine that the subcontractor has not performed satisfactorily. • That the subcontractor agrees to comply with all applicable Medicaid laws and regulations. • That the State, CMS, the U.S. Department of Health and Human Services (HHS) inspector general, the comptroller general, or their designees have the right to audit, evaluate, and inspect any books, records, contracts, computers, or other electronic systems of the subcontractor that pertain to any aspect of services and activities performed or determination of amounts payable under the dental plan's contract with the State. – The right to audit will exist through 10 years from the final date of the contract period. – The subcontractor must retain all records for a period of no less than 10 years. – If there is a reasonable probability of fraud or similar risk, the State, CMS, or HHS inspector general may inspect or audit the subcontractor at any time.	***Documents Submitted:*** 1. Vendor Business Associate Agreement (will be provided at on-site audit) 2. Dental XChange Contract_Executed	☐ Met ☒ Partially Met ☐ Not Met ☐ Not Applicable

Standard V—Delegation and Oversight of Resources		
Requirement	**Documents Reviewed**	**Assessment**
42 CFR 438.230		

Findings:

Delta Dental did not include the required elements within the contracts and written agreements reviewed. HSAG recommends that Delta Dental include the following required elements:

- Provision for revocation or other remedies in instances wherein the State or the dental plan determines that the subcontractor has not performed satisfactorily.
- That the subcontractor agrees to comply with all applicable Medicaid laws and regulations.
- That the State, CMS, the U.S. Department of Health and Human Services (HHS) inspector general, the comptroller general, or their designees have the right to audit, evaluate, and inspect any books, records, contracts, computers, or other electronic systems of the subcontractor.
- The right to audit will exist through 10 years from the final date of the contract period.
- The subcontractor must retain all records for a period of no less than 10 years.
- If there is a reasonable probability of fraud or similar risk, the State, CMS, or HHS inspector general may inspect or audit the subcontractor at any time.

Recommendations:

HSAG recommends that Delta Dental include all required elements within its delegation agreements.

Standard V—Delegation and Oversight of Resources		
Requirement	**Documents Reviewed**	**Assessment**
2. The dental plan has mechanisms to ensure that all key personnel maintain accountability and oversight of activities performed under their areas of expertise regardless of whether those activities are performed by employees or subcontractors. *42 CFR 438.66 (d)(4)(i)(B)*	***Documents Submitted:*** 1. AD.HP.042 Sanctions for Non-compliance	☐ Met ☐ Partially Met ☒ Not Met
Findings: Delta Dental assigned a staff member to be responsible for each delegate agreement. However, Delta Dental did not have policies or procedures governing the oversight and monitoring of the delegates' performance.		
Recommendations: Delta Dental must conduct ongoing oversight and monitoring of delegated activities to ensure that assigned delegates are performing consistently and accurately the activities defined in the contracts.		

Standard VI—Program Integrity and Compliance		
Requirement	**Documents Reviewed**	**Assessment**
1. The dental plan implements procedures that are designed to detect and prevent fraud, waste, and abuse, including a compliance program with the following components: • Written policies, procedures, and standards of conduct. • The designation of a compliance officer, reporting directly to the CEO and Board of Directors, who ensures compliance with the requirements of the contract. • A compliance committee on the Board of Directors that oversees the compliance program. • A system for training and education for the compliance officer and the organization's employees. • Effective lines of communication between the compliance officer and the organization's employees. • Enforcement of standards through well-publicized disciplinary guidelines. • Procedures for routine internal monitoring and auditing of compliance risks. • Procedures for prompt investigation and response to compliance issues as they are raised, including correction of such problems promptly. *42 CFR 438.608(a)(1)*	***Documents Submitted:*** 1. 2019 DDCO Corporate Compliance Plan 2. Program Integrity SOP	☒ Met ☐ Partially Met ☐ Not Met

Standard VI—Program Integrity and Compliance		
Requirement	**Documents Reviewed**	**Assessment**
2. The dental plan's arrangements or procedures to detect and prevent fraud, waste, and abuse include provisions for reporting to the State: • Any potential fraud that the dental plan identifies. • All overpayments identified or recovered. • Member's circumstances that may affect the member's eligibility. • Network provider's circumstances, including termination of the provider agreement, that may affect the provider's eligibility to participate in the managed care program. *42 CFR 438.608(a) (2-4) and (a)(7)*	***Documents Submitted:*** 1. 2019 DDCO Corporate Compliance Plan 2. Program Integrity SOP 3. IA-GN-001 Suspected or Detected Fraud SOP	☒ Met ☐ Partially Met ☐ Not Met
3. The dental plan does not: • Employ or contract with providers excluded from participation in federal healthcare programs (e.g. per LEIE or SAM databases). • Knowingly have a relationship with a director, officer, partner, employee, subcontractor, or owner who is excluded from participating in federal healthcare programs. *42 CFR 438.214(d), 42 CFR 438.610*	***Documents Submitted:*** 1. Provider Credentialing & Re-credentialing Standard Operating Procedures (SOP) -- attachment titled: *Provider Credentialing and Recredendtialing.pdf* 2. Delta Dental of Colorado Independent Dental Hygienist Agreement – attachment titled: *IDH Agreement.pdf* 3. Delta Dental of Colorado PPO Standard Agreement – attachment titled: *PPO Standard Agreement.pdf* 4. Office of Inspector General (OIG) Reinstatement & Exclusion Lists – a monthly report that the PNA team reconciles with DCS system –	☐ Met ☒ Partially Met ☐ Not Met

Standard VI—Program Integrity and Compliance		
Requirement	**Documents Reviewed**	**Assessment**
	attachment titled: *OIG_Reinstatement_Exclusion_Lists* 5. DOP (OIG Section) – desktop procedures for the OIG Reinstatement & Exclusion List – attachment titled: *OIG_DOP Desktop Procedures*	
Findings: Delta Dental had procedures for checking providers against federal exclusions lists upon hire and monthly thereafter; however, Delta Dental did not incorporate directors, officers, partners, employees, subcontractors, or owners within its monthly search.		
Recommendations: HSAG recommends that Delta Dental include checking for the names of directors, officers, partners, employees, subcontractors, and owners against federal exclusions list upon initial association and monthly.		

Standard VII—Case Management/Care Coordination/Service Planning		
Requirement	**Documents Reviewed**	**Assessment**
1. The dental plan has a mechanism to ensure that each member has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the member. The member must be provided information on how to contact the designated person or entity. *42 CFR 438.208(b)(1)*	***Documents Submitted:*** 1. DDCO 2019 PPO Access Plan, *pg. 18/19* Our network access plan, publicly available, provides guidance to members about continuity of care.	☐ Met ☐ Partially Met ☒ Not Met
Findings: Delta Dental does not have a method to ensure that each member has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services.		
Recommendations: HSAG recommends that Delta Dental establish a method to formally designate a provider or provider group as primarily responsible for coordinating the member's dental services. Potential methods, including auto-assignment, were discussed during the on-site interview.		
2. The dental plan has procedures to coordinate services provided to the member, as applicable: • Between settings of care, including appropriate discharge planning for short term and long-term hospital and institutional stays; • With the services the member receives from any other managed care plan; • With the services the member receives in FFS Medicaid; and • With the services the member receives from community and social support providers. *42 CFR 438.208(b)(2)*	***Documents Submitted:*** 1. DDCO 2019 PPO Access Plan, *pg. 18/19* Our network access plan, publicly available, provides guidance to members about continuity of care. Additionally, DDCO has various process in efforts to manage care appropriately.	☒ Met ☐ Partially Met ☐ Not Met

Standard VII—Case Management/Care Coordination/Service Planning		
Requirement	**Documents Reviewed**	**Assessment**
3. The dental plan has procedures to ensure that: • Each member receives an individual assessment of member needs. • The dental plan or providers share results of assessment and identification of needs with other entities serving the member. • The provider maintains and shares a member health record. • In the process of coordinating care, each member's privacy is protected in accordance with federal privacy requirements. *42 CFR 438.208(b)(3)*	***Documents Submitted:*** DDCO's Access plan and the CHP+ Welcome Flyer outline all available services to which the member can utilize. 1. Delta Dental of Colorado Independent Dental Hygienist Agreement – attachment titled: *IDH Agreement.pdf* 2. Delta Dental of Colorado PPO Standard Agreement – attachment titled: *PPO Standard Agreement.pdf* 3. CHP+ Welcome Flyer 4. CHP+ EOC 5. DDCO 2019 PPO Access Plan 6. AD.HP.001 Disclosure of Minimum Necessary PHI 7. AD.HP.002 Use and Disclosure of Deidentified Information 8. AD.HP.054 External Requests for ePHI	☒ Met ☐ Partially Met ☐ Not Met

Standard VIII—Quality Improvement		
Requirement	**Documents Reviewed**	**Assessment**
1. The dental plan implements and maintains an ongoing comprehensive Quality Improvement Program that includes the following: • Performance improvement projects. • Collection and submission of performance measurement data, as defined by the State. • Mechanisms to detect both underutilization and overutilization of services. • Mechanisms to assess the quality and appropriateness of care furnished to members with special healthcare needs. *42 CFR 438.330*	***Documents Submitted:*** 1. Program Integrity SOP 2. Audits Summary Ledger 3. New Audit Tool 4. Internal Audit QA_Claims 5. MAARS screenshots 6. Network Management Team Peer Audit tool: 2018 tool used to audit 10% of the PNA DCS entries completed by each PNA – attachment titled: *Network QA PNA Audit.pdf* 7. Clinical Review Team (CRT) QA CHP+ Guidelines – attachment titled: *CRT QA CHP Guidelines.pdf*	☐ Met ☐ Partially Met ☒ Not Met
Findings: During the on-site interview Delta Dental described methods for using claims data to conduct analysis and how the analysis could result in process changes. While this is an aspect of a quality improvement program, it does not incorporate the components of an ongoing and comprehensive quality improvement program.		
Recommendations: HSAG recommends that Delta Dental develop and implement a corporate quality improvement program that includes a written plan with mechanisms to analyze data to determine appropriate standard thresholds and areas for improvement and then incorporate interventions. Outcomes following interventions would then be shared with internal stakeholders, including a quality improvement committee and the Board of Trustees. HSAG recommends incorporating mechanisms to assess the quality and appropriateness of care furnished to members and to detect both underutilization and overutilization of services within the quality improvement plan.		

Standard IX—System and Claims Management/Encounter Data Reporting		
Requirement	**Documents Reviewed**	**Assessment**
1. The dental plan maintains a health information system that collects, analyzes, integrates, and reports data on utilization, claims, grievances, appeals, and disenrollments (for reasons other than loss of eligibility). *42 CFR 438.242(a)*	***Documents Submitted:*** 1. DCS Appeal Comments 2. MAARS screenshot 3. DCS Claims Report	☒ Met ☐ Partially Met ☐ Not Met
2. The dental plan's claims processing and retrieval systems collect data elements necessary to enable the mechanized claims processing and information retrieval systems operated by the State. • The dental plan submits enrollee encounter data to the State in standardized formats (i.e. ASC X12N 837 and ASC X12N 835, as applicable) *42 CFR 438.242(b)(1) and (c)(4)*	***Documents Submitted:*** 1. DDCO - FQHC MCAAR - MCE Data Section 2. 837 Report (to be provided during on-site audit)	☒ Met ☐ Partially Met ☐ Not Met
3. The dental plan collects data on member and provider characteristics and on services furnished to members through an encounter data system. *42 CFR 438.242(b)(2)*	***Documents Submitted:*** 1. DDCO – FQHC MCAAR – MCE Data Section	☒ Met ☐ Partially Met ☐ Not Met

Standard IX—System and Claims Management/Encounter Data Reporting		
Requirement	**Documents Reviewed**	**Assessment**
4. The dental plan has mechanisms to ensure that data received from providers are accurate and complete by: • Verifying the accuracy and timeliness of data reported. • Screening the data for completeness, logic, and consistency. • Collecting data from providers in standardized formats, to the extent feasible. *42 CFR 438.242(b)(3)*	***Documents Submitted:*** Various departments oversee the accuracy of information given by providers. Our Network and Clinical Management team directly verifies provider information during credentialing processes. Additional reference guides provide specific detail on how this is managed. Two reference guides have been provided, as examples, in addition to the Provider Credentialing/Recredentialing SOP. 1. MAARS screenshots 2. Provider Credentialing & Re-credentialing Standard Operating Procedures (SOP) -- attachment titled: *Provider Credentialing and Recredendtialing.pdf* 3. Medicare Opt-Out Holds Reference Guide 4. Adding Non-Par Provider Reference Guide	☒ Met ☐ Partially Met ☐ Not Met

Appendix B. Site Review Participants

Table B-1 lists the participants in the FY 2018–2019 site review of **Delta Dental**.

Table B-1—HSAG Reviewers and Delta Dental and Department Participants

HSAG Review Team	Title
Gina Stepuncik	Senior Project Manager
Kari Vanderslice	Project Manager
Delta Dental Participants	**Title**
Allison Melun	Director of Marketing and Corporate Community
Brandon Thall	Director of Financial Planning and Analytics/Business Intelligence
Denver Hamrick	Strategic Account Manager
Jennifer Labishak (telephonic)	Provider Network Advocate
Katty Tucker	Claims Lead
Matt Cassady	Associate General Counsel and Compliance Director
Patrick Cordova	Director of Information Technology Infrastructure
Sarah Bowes	Compliance and Privacy Analyst
Scott Cooper	Claims Manager
Tim Catron	Director of Group Administration and Electronic Data Interface and Claims
Department Observers	**Title**
Michelle Kohler	Dental Contract Manager, Health Care Policy and Financing

Appendix C. Compliance Monitoring Review Protocol Activities

The following table describes the activities performed throughout the compliance monitoring process. The activities listed below are consistent with CMS' *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.

Table C-1—Compliance Monitoring Review Activities Performed

For this step,	HSAG completed the following activities:
Activity 1:	**Establish Compliance Thresholds**
	Before the site review to assess compliance with federal managed care regulations and contract requirements: • HSAG and the Department participated in meetings and held teleconferences to determine the timing and scope of the reviews, as well as scoring strategies. • HSAG collaborated with the Department to develop monitoring tools, record review tools, report templates, on-site agendas; and set review dates. • HSAG submitted all materials to the Department for review and approval. • HSAG conducted training for all site reviewers to ensure consistency in scoring across plans.
Activity 2:	**Perform Preliminary Review**
	• HSAG attended the Department's Integrated Quality Improvement Committee (IQuIC) meetings and provided group technical assistance and training, as needed. • Sixty days prior to the scheduled date of the on-site portion of the review, HSAG notified the health plan in writing of the request for desk review documents via email delivery of the desk review form, the compliance monitoring tool, and an on-site agenda. The desk review request included instructions for organizing and preparing the documents related to the review of the standards and on-site activities. Prior to the review, HSAG conducted a technical assistance call with the health plan to provide additional instructions to guide the submission process. The health plan provided documentation for the desk review, as requested. • Documents submitted for the desk review and on-site review consisted of the completed desk review form, the compliance monitoring tool with the health plan's section completed, policies and procedures, staff training materials, administrative records, reports, minutes of key committee meetings, and member and provider informational materials. • The HSAG review team reviewed all documentation submitted prior to the on-site portion of the review and prepared a request for further documentation and an interview guide to use during the on-site portion of the review.

For this step,	HSAG completed the following activities:
Activity 3:	**Conduct Site Visit**
	• During the on-site portion of the review, HSAG met with the health plan's key staff members to obtain a complete picture of the health plan's compliance with contract requirements, explore any issues not fully addressed in the documents, and increase overall understanding of the health plan's performance. • While on-site, HSAG collected and reviewed additional documents as needed. • At the close of the on-site portion of the site review, HSAG met with health plan staff and Department personnel to provide an overview of preliminary findings.
Activity 4:	**Compile and Analyze Findings**
	• HSAG used the FY 2018–2019 Site Review Report Template to compile the findings and incorporate information from the pre-on-site and on-site review activities. • HSAG analyzed the findings. • HSAG determined opportunities for improvement and recommendations based on the review findings.
Activity 5:	**Report Results to the State**
	• HSAG populated the report template. • HSAG submitted the draft site review report to the health plan and the Department for review and comment. • HSAG incorporated the health plan's and Department's comments, as applicable, and finalized the report. • HSAG distributed the final report to the health plan and the Department.