



Health First Colorado | Dental Annual Report SFY20

A summary of financial and operating activity for the Health First Colorado Dental Program administered by DentaQuest, Inc., for the period July 1, 2019 to June 30, 2020

Health First Colorado, Dental Program

Annual Report

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Executive Summary

This Health First Colorado (Colorado’s Medicaid Program) Dental Program (the “Program”) Annual Report provides program results for the state fiscal year (SFY) July 1, 2019 to June 30, 2020. This is the sixth year DentaQuest has managed the adult and child Dental Program on behalf of the State of Colorado for the adult and child members, and the fifth year for the IDD (Intellectual and Developmental Disabilities) Waiver members.

The Department maintains the Health First Colorado dental provider network and retains control of setting rates for reimbursement and policy creation for the Program. DentaQuest operationalizes Department policies, processes and pays claims on the state’s behalf, authorizes services, supports and educates providers and members, provides a fully staffed 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:

- 510,394 unique individuals received services from July 2019 to June 2020
- DentaQuest processed and paid over 1.3 million claims
- Over \$278 million was paid to 1,981 unique providers for services rendered
- DentaQuest reached out to more than 20,000 members/individuals and participated in over 28 community events both in person and virtually.
- The average per member per month cost was \$23.92 for children, \$15.80 for adults and \$18.94 for IDD members

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 subsequent reopening period affected member utilization, and subsequently total costs for the program. These reductions are reflected in the data throughout this report. See Table 1 for a comparison of select months from 2019 to 2020.

Provider Payment Comparison 2019 to 2020						
	March	April	May	June	July	August
2019	\$23,200,077	\$23,848,412	\$30,030,854	\$24,639,718	\$29,972,513	\$28,215,050
2020	\$23,379,842	\$7,577,730	\$11,913,376	\$19,021,104	\$30,604,558	\$25,351,633

Table 1 Provider Payment Comparison 2019 to 2020

Combating COVID-19 and Teledentistry

During the pandemic, DentaQuest adjusted its way of doing business. Claims adjudication and call center operations continued untouched from member and provider perspectives, although shifts to working from home were made 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 online environment. DentaQuest will continue to adjust its Colorado operations as needed, according to the most current governmental and health guidelines.

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.”

In order to assist providers with limitations of COVID-19, Health First Colorado added D9995 (teledentistry – synchronous; real-time encounter) as a covered benefit. 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 PPE for dental offices. See Tables 2 and 3.

Teledentistry Data (D9995) From March 23, 2020 to September 30, 2020	
396	Unique members who had a teledentistry visit
187	Total members who received an additional dental treatment within 30 days
47.2%	Percentage of members who received another dental treatment within 30 days
52.8%	Percentage of members who did not receive another dental treatment within 30 days

Table 2 Teledentistry Data

Teledentistry Follow-Up Services (some members received more than one service)	
Type	Number of Members
Basic Exam	98
Limited Oral Exam/Problem Focused (D0140)	66
Extraction service	86
Restorative service	52
Sealant	15

Table 3 Teledentistry Follow-Up Services

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. The only exception is the provider data, which was provided by HCPF as determined on November 2020.

IDD Waiver Members

On July 1, 2015, DentaQuest began claims administration of the Colorado Health Care Policy and Financing Department, Division for Intellectual and Developmental Disabilities (IDD) Waiver Programs. Previously, the Department adjudicated claims for this population. The IDD program differs from the standard Health First Colorado (Colorado’s Medicaid Program) in the benefits offered and the reimbursement fees. Also, IDD members must first exhaust their available state plan (standard adult) benefits before accessing their IDD benefits. The IDD benefits package overlaps but is different from the standard adult benefit.

Providers submit IDD member claims the same way all other claims are submitted. DentaQuest applies the correct fee schedule and adjudicates claims through two different programs for proper payment. The Office Reference Manual and the Provider Representatives are additional resources for questions about the program. Table 4 shows the IDD program summary.

IDD Summary	SFY16	SFY17	SFY18	SFY19	SFY20
Members	9,701	10,042	10,275	10,733	11,235
Utilizers	5,883	6,157	6,472	6,890	6,639
Total Claims Paid (state plan and waiver)	\$4,034,229	\$4,977,372	\$4,227,096	\$5,396,313	\$4,900,598

Table 4 IDD Program Summary

Adult Members

In 2013, Colorado Governor John Hickenlooper signed into law SB 13-242, a bill authorizing a limited adult dental benefit. Colorado is one of only a handful of states with an adult dental program. Adult members have a benefits cap of \$1500 per fiscal year. During SFY20, 14,958 adults reached their maximum benefit allowance.

Caseload and Utilization

Caseload increased slightly for adults and children. 510,394 unique members received dental services.

Caseload (the number of eligible Health First Colorado members per month, or “member months”) is shown in Figure 1. IDD membership held steady with a 35-member increase over the year. Table 5 shows the total number of unique, unduplicated members by program.

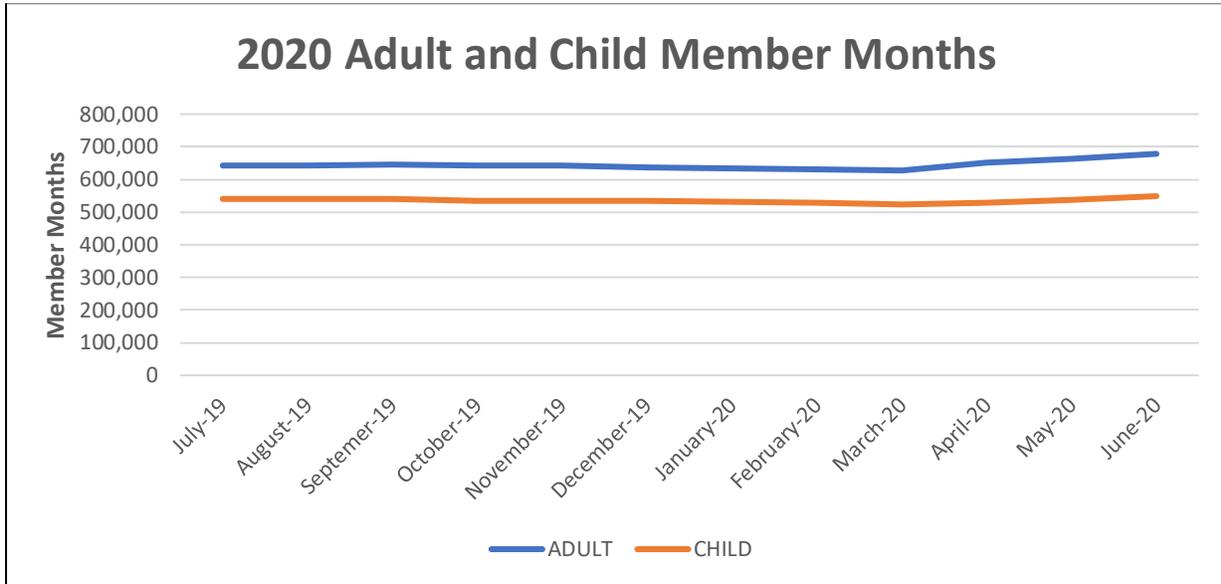


Figure 1 Adult and Child Membership by Month

Unique Members by Program	
Adult	809,729
Child	649,443
IDD	11,235

Table 5 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 6 shows utilizers by program. The mandatory dental office shutdown affected overall utilization, despite the uptick in caseload near the end of the fiscal year.

Member Utilization by Program						
Member Type	SFY15	SFY16	SFY17	SFY18	SFY19	SF20
Adult member utilizers	183,139	217,455	225,438	224,508	217,440	194,787
Adult access rate	25%	27%	26%	25%	26%	24%
Child member utilizers	318,139	353,785	359,229	349,830	338,260	308,968
Child access rate	50%	51%	51%	50%	50%	48%
IDD member utilizers	n/a	5,883	6,229	6,472	6,890	6,639
IDD access rate	n/a	61%	62%	63%	64%	60%

Table 6 Utilization by Program per SFY (Unique members utilizing at least one dental service.)

Most, but not all, Health First Colorado enrolled members are eligible for the Dental Program administered by DentaQuest. The Department determines which Health First Colorado eligibility “groups” are eligible for dental benefits, in compliance with State statutes and rules. Table 7 shows the monthly member access rate. Member measures are based on the date of service, not the claim payment date. Dental offices were closed from 3/23/20 through 4/26/20, affecting utilization during that time and for the following few months.

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
Adult	6.29%	6.14%	5.57%	5.74%	5.08%	5.05%	5.87%	5.36%	3.92%	1.14%	3.15%	4.78%
Child	11.04%	11.39%	9.97%	10.72%	9.67%	9.44%	11.37%	10.39%	6.31%	0.94%	6.18%	9.19%
IDD	7.24%	6.85%	6.70%	6.85%	5.95%	6.49%	7.24%	6.12%	3.94%	0.38%	3.22%	5.83%

Table 7 Monthly Access Rate by Program

The Health First Colorado dental program offers benefits to members who have Medicare A and/or B and State Plan Medicaid. The number of these members who received at least one dental service is shown in Table 8.

Member Utilization – QMB & SLMB	
QMB	624
SLMB	1,543

Table 8 Monthly Access Rate by Program

An age breakdown of utilizers per age group and program is in Table 9.

Unique Utilizers by Age and Program	
Age	Utilizers
Less than 1	5,004
1-2	30,083
3-5	52,668
6-9	72,401
10-14	93,124
15-18	52,409
19-20	14,616
21-55 (Adult)	152,213
55-60 (Adult)	17,670
61 and over (Adult)	26,328
21-55 (IDD)	5,257
55-60 (IDD)	606
61 and over (IDD)	853

Table 9 Unique Utilizers by age and program

The distribution of the number of visits per utilizer (unique member) is shown in Figures 2 and 3. Preventative care is a significant component of Member Outreach and Education.

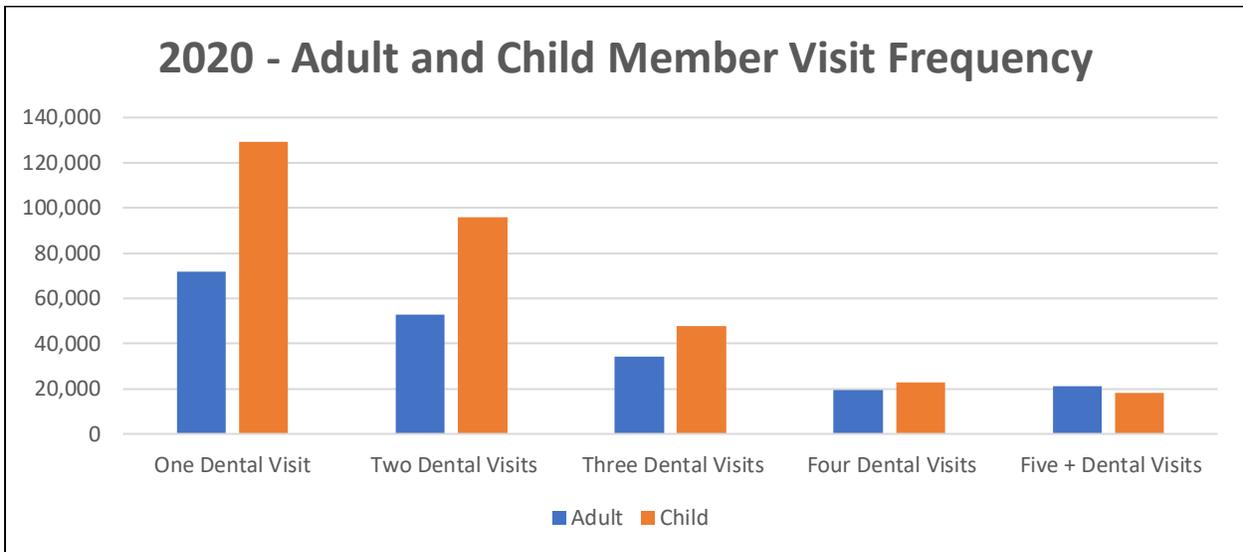


Figure 2 Adult and Child Member Visit Frequency

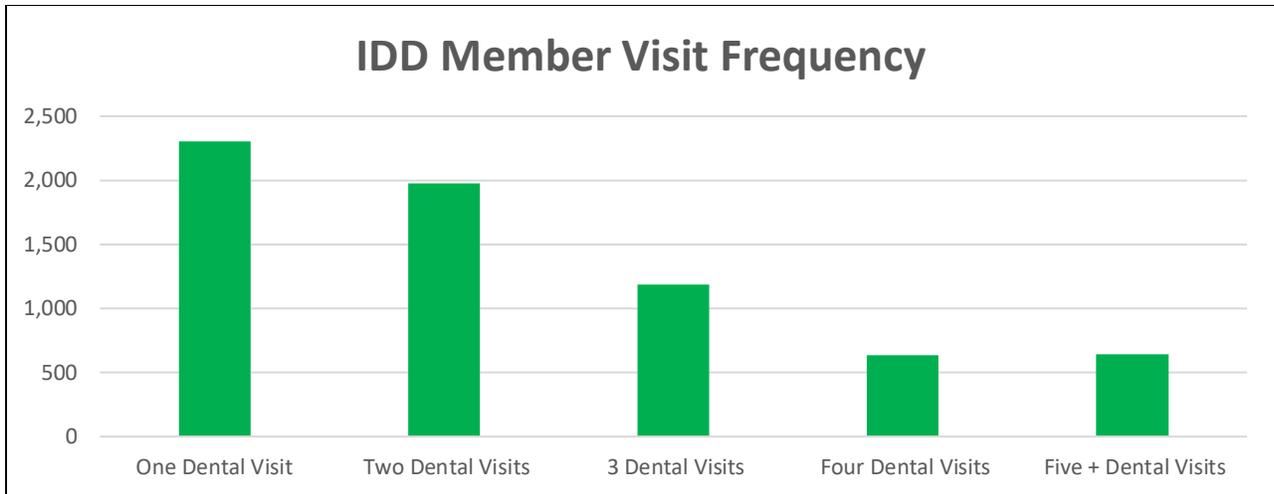


Figure 3 IDD Member Visit Frequency

Category of Service Analysis

Dental services are categorized by type of services (preventive restorative, etc.). The following graphs (Figures 4, 5, and 6) show the change in the category of services between state fiscal years.

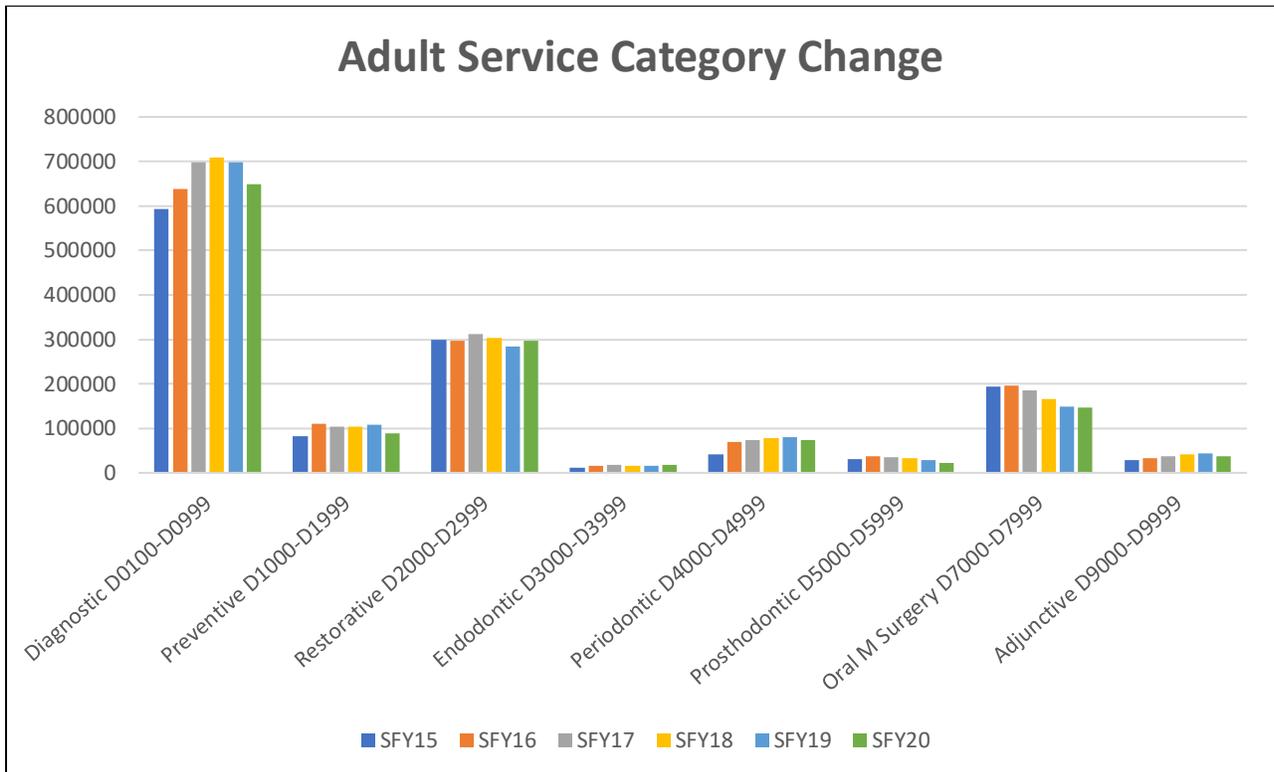


Figure 4 Adult Service Category Changes (number of individual service codes paid)

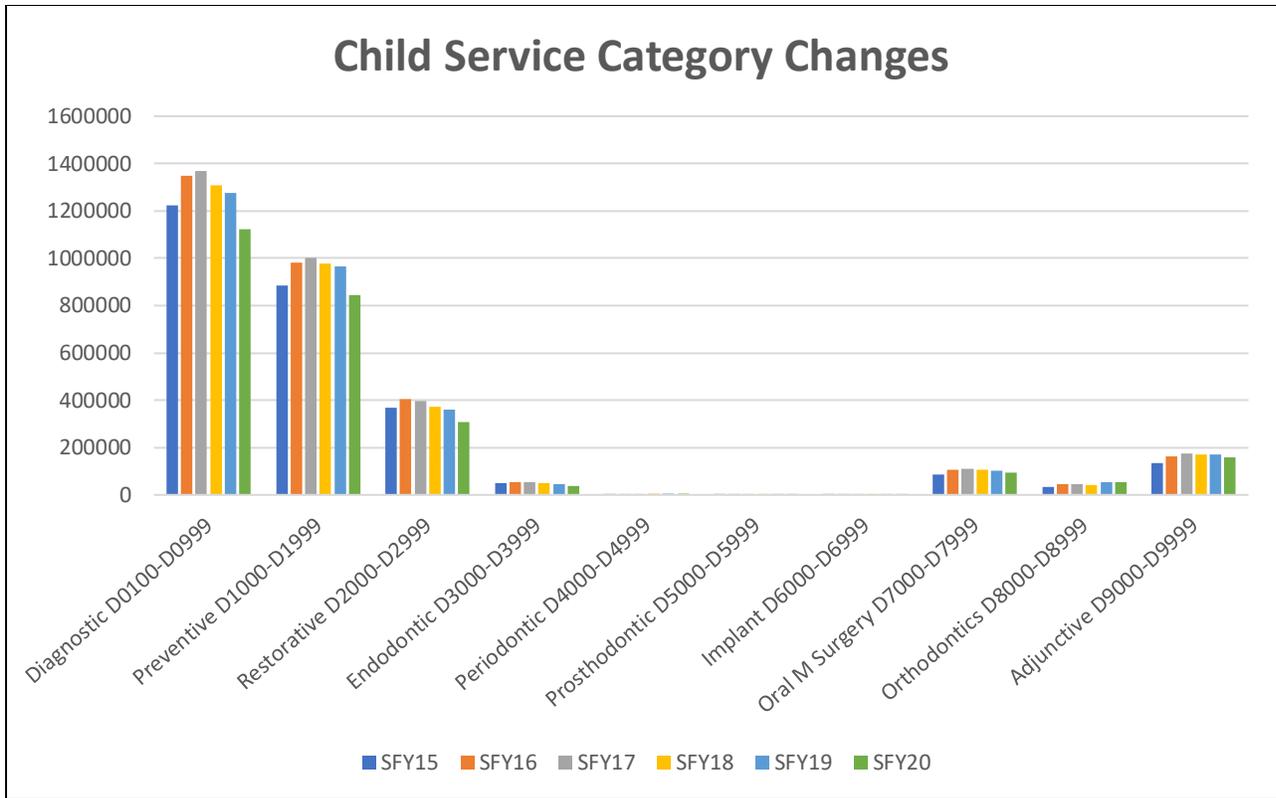


Figure 5 Child Category of Service Changes (number of individual services paid)

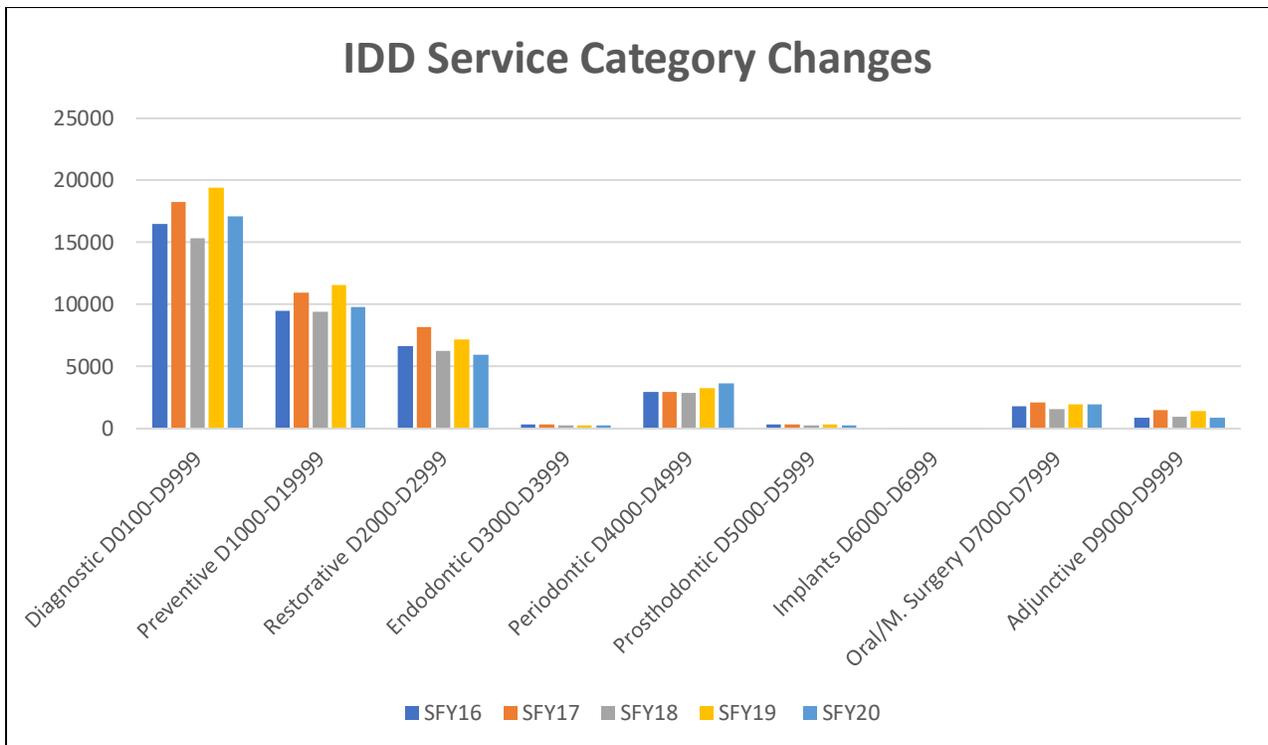


Figure 6 IDD Category of Service Changes (number of individual services paid). This number is underrepresented due to services covered in both programs.

Cost Distribution

The average per member per month cost was \$23.92 for children, and \$15.80 for 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 all three programs, the highest cost categories are Diagnostic and Restorative services. The child program is the only one which offers an Orthodontic benefit, which is the third-highest cost category for children. The IDD costs are for waiver services only; they do not include adult state plan services rendered to IDD members. IDD members utilize benefits from the adult program before they access waiver benefits. This is where the bulk of their diagnostic and restorative services are paid from. The cost distribution by program and service category is shown in Figures 7, 8, and 9. The legend for these figures is shown in Table 10.

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 10 Legend for Dental Procedures

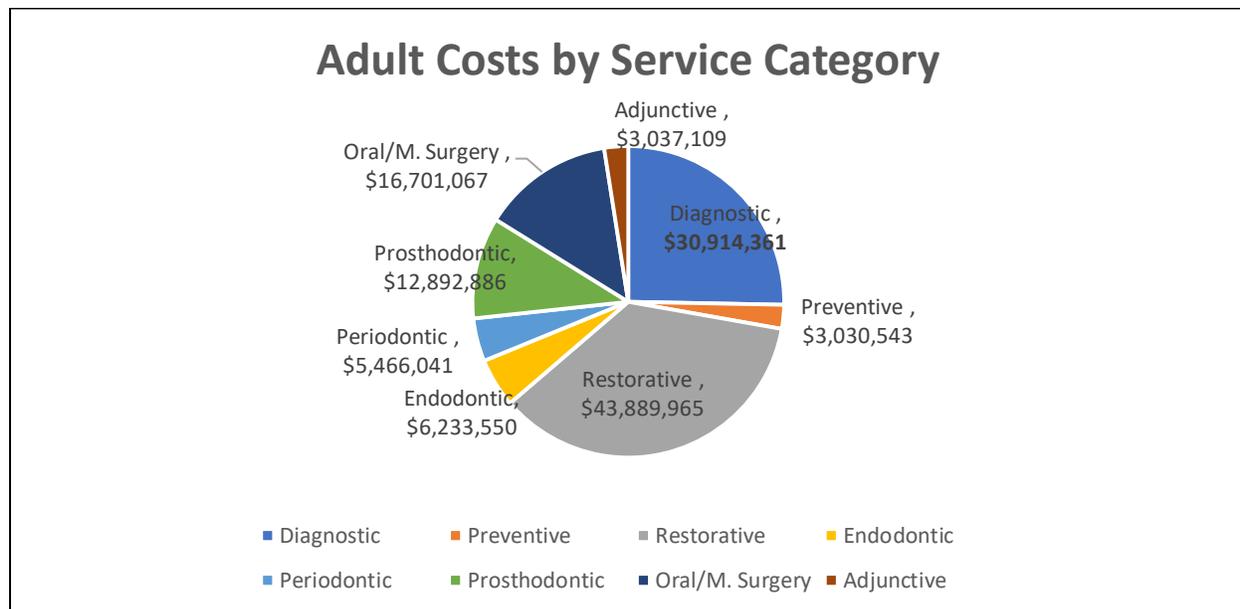


Figure 7 Adult Cost Distributions over Service Category

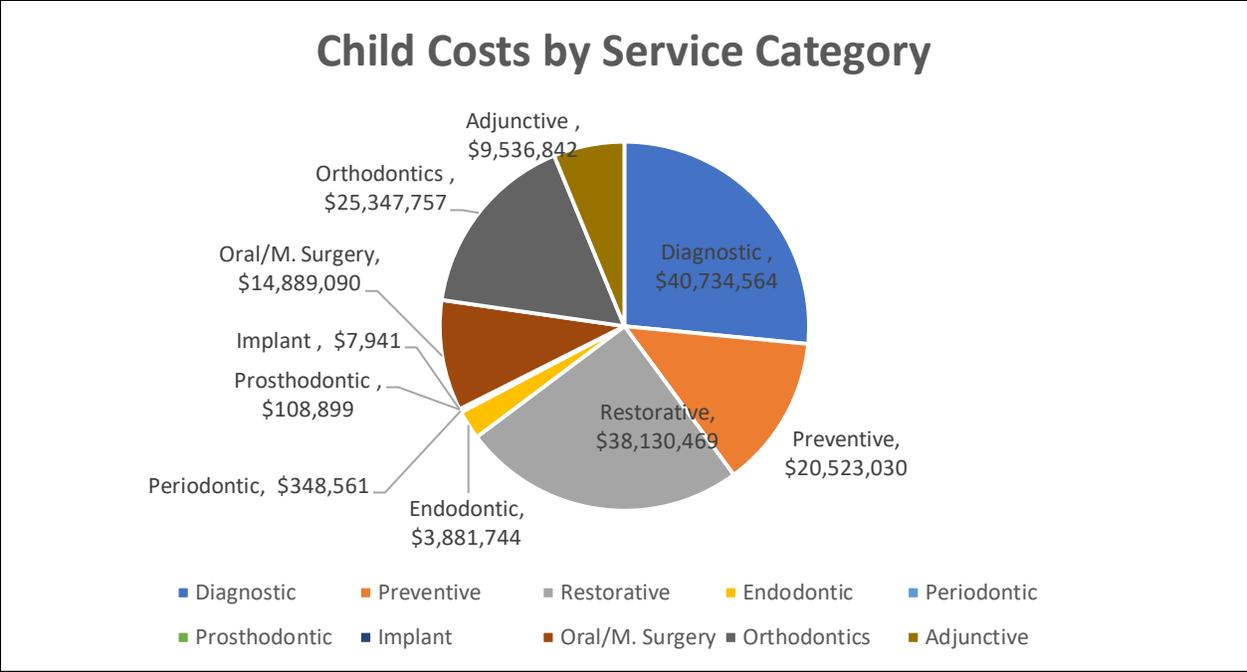


Figure 8 Child Cost Distribution over Service Category

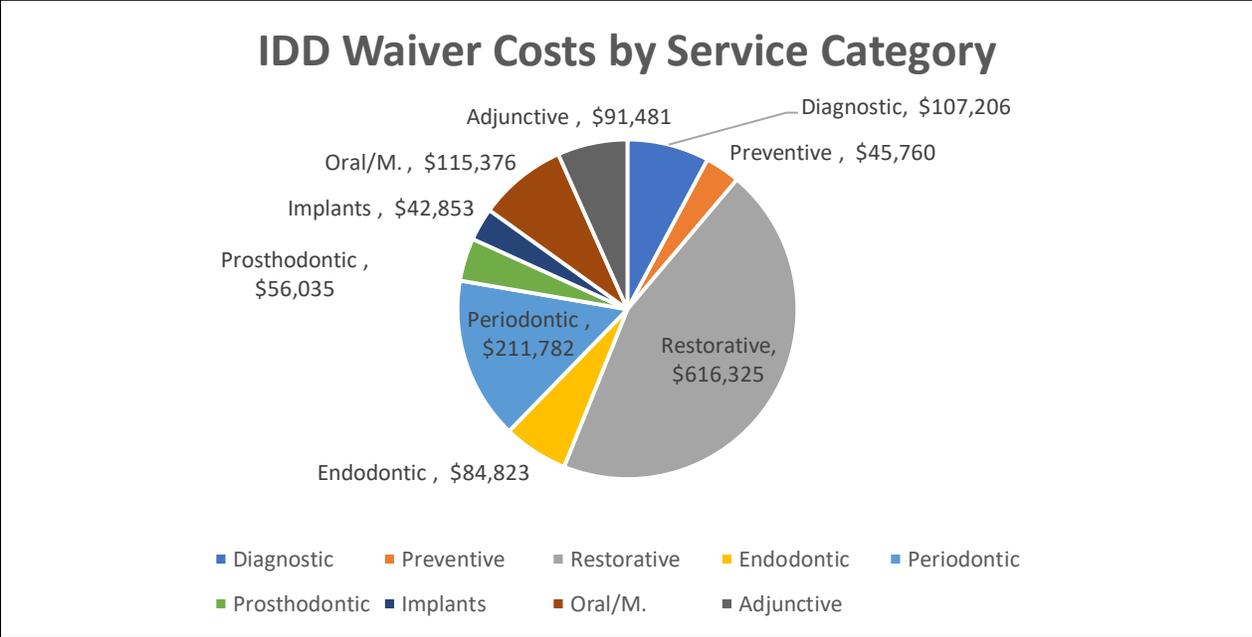


Figure 9 IDD Cost Distribution over Service Category (waiver services)

Contact Center

The Contact Center answered over 61,000 calls from members and providers

DentaQuest operates several contact centers, including one in Colorado for Health First Colorado members and providers. The Contact Center representatives are trained in the Health First Colorado Dental Program benefits and requirements. The DentaQuest Colorado Contact Center’s hours mirror Health First Colorado’s Contact Center hours.

In SFY20, DentaQuest answered 25,083 member calls and 36,907 provider calls (Table 11).

Member and Provider Calls Answered		
	Member Calls	Provider Calls
SFY15	76,353	52,249
SFY16	51,286	47,180
SFY17	34,993	43,546
SFY18	48,188	45,361
SFY19	30,401	36,468
SFY20	25,083	36,907

Table 11 Member and Provider Calls Answered

DentaQuest’s Contact Center supports the needs of the diverse Health First Colorado 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 12 presents the Contact Center’s annual summary of calls and shows the key measures for members and providers.

Contact Center Phone Summary				
	Calls Answered	Average Answer Time in Seconds	Abandonment Rate after 60 seconds	Hold Time in Seconds
Performance Requirements (member calls only)		≤ 30 seconds	< 5.0%	< 5 minutes
Members	25,083	42	2.3%	25
Providers	36,907	24	0.9%	N/A

Table 12 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 Health first Colorado 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 Health First Colorado participating provider using a variety of flexible criteria including distance office/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

A secure member portal which allows enrollees to log into their member account and use the portal to chat live 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 can securely access information on behalf of their charges, and parents can 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 Health First Colorado dental benefits.

Provider Pages

The provider pages include links to the Health First Colorado 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 \$278 million for services rendered in SFY20 (this amount is less than previous years due to COVID-19)

Health First Colorado dental providers are contracted with the Department, who is responsible for credentialing and enrollment of all providers. DentaQuest is responsible for provider relations and expanding the 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 33 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. As COVID-19 has limited in-person visits throughout the pandemic, provider relations staff have substituted virtual visit methods to ensure the activities continue. These include screen sharing and video chat functions to ensure that providers are receiving the same level of service.

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

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 Health First Colorado dental provider network. Part of the recruiting process is for the Provider Representatives to visit prospective offices to discuss becoming a Health First Colorado provider, and following up on leads provided by providers and community stakeholders.

The breakout of dental providers is listed in Table 13. The number of active providers was determined by the Department using different methodologies for each fiscal year. Therefore, care should be taken when making comparisons between fiscal years.

Health First Colorado Active Dental Providers	
Specialty Designation of Active Providers	Count
Endodontists	28
General Practitioner	863
Hygienist	320
Oral Surgeon	72
Orthodontist	164
Pedodontist	171
Prosthodontist	13
Public Health	14
Total	1665

Table 13 Active Providers by Specialty Designation *Determined by HCPF on November 2020

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 (Figures 10, 11, and 12).

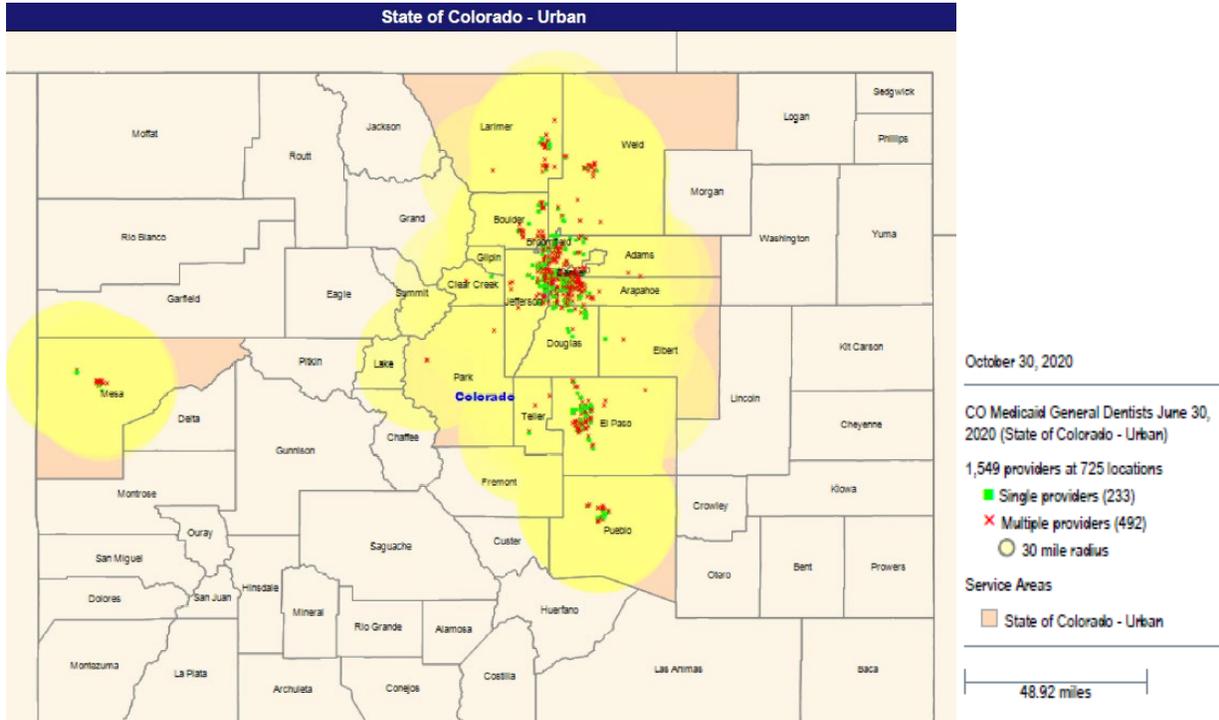


Figure 10 Provider Map Urban Location (30 miles)

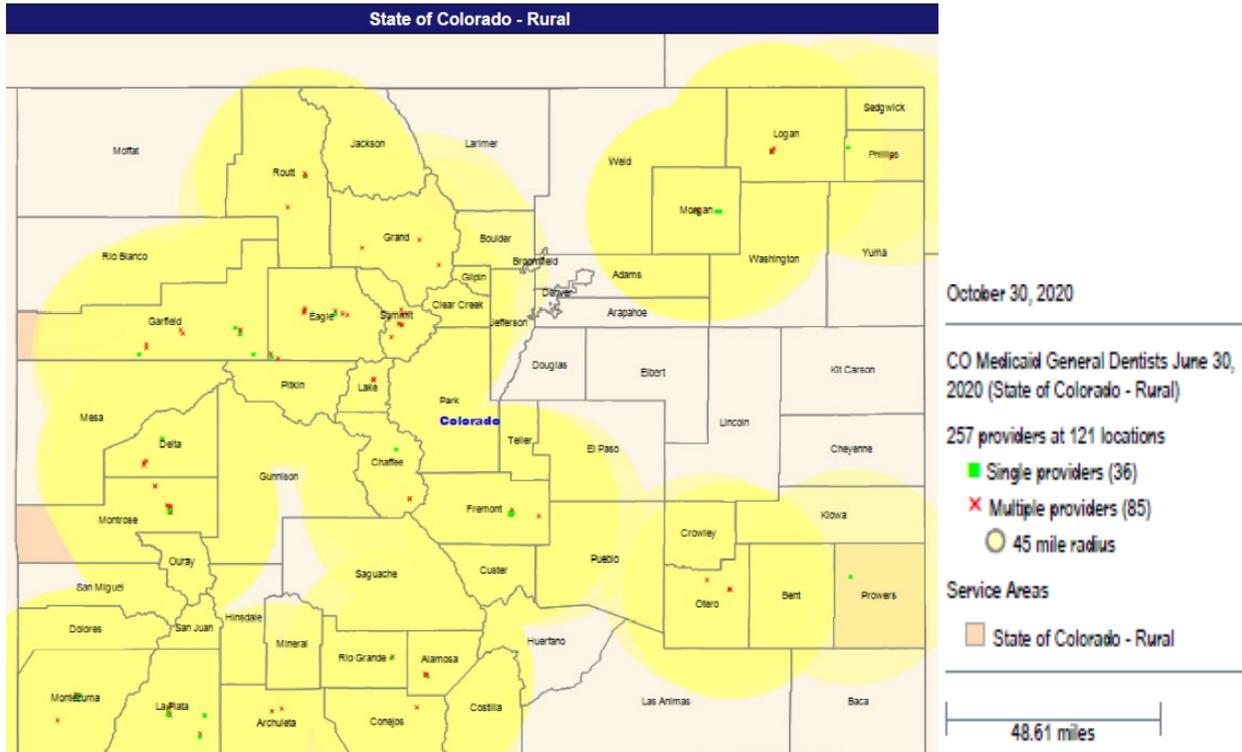


Figure 11 Provider Map Rural Location (45 miles)

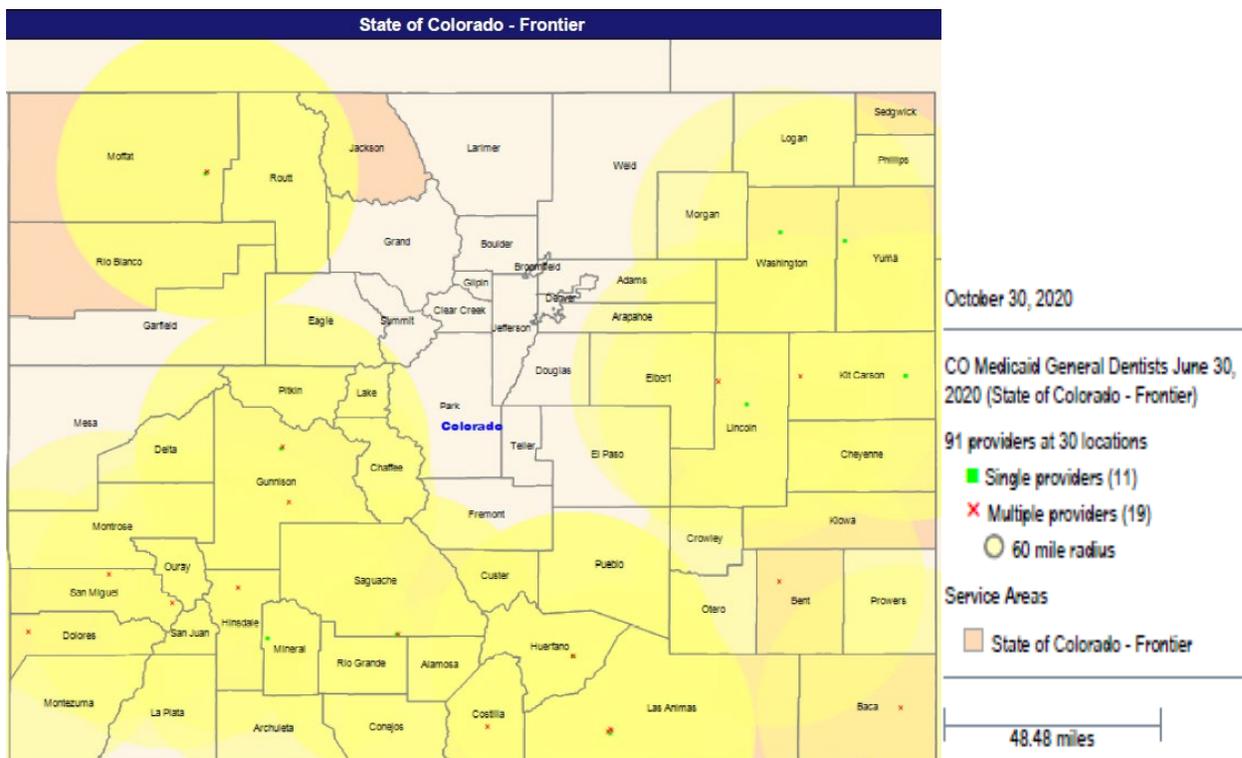


Figure 12 Provider Map Frontier Location (60 miles)

Utilization Management

In SFY20, DentaQuest reviewed over 805,000 service requests for medical necessity and appropriateness of care.

An effective utilization management (UM) program safeguards Health First Colorado resources by ensuring services delivered to members are medically necessary, consistent with the Department'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)

The Department in consultation with 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 Health First Colorado 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 approval rate for PARs was 60% for adult members, 49% for child members, and 38% for IDD members. PARs are denied for both clinical and administrative reasons.

Administrative denials are determined for PARs with missing or inaccurate information. The average PAR turnaround times were 1.6 business days for adults, 1.0 business day for children, and .09 business day for IDD members.

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 73% for adult members, 88% for child members, and 57% for IDD members.

Claims

DentaQuest processed over 1.3 million Health First Colorado 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 Health First Colorado 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 1,364,311 Health First Colorado dental claims in SFY20, and average of 113,693 claims per month. The total amount paid for claims processed was over \$278 million, an average of \$23.1 million paid per month. A table comparing these figures among state fiscal years is below (Table 14). The figures for SFY15 do not include the IDD Waiver members whose claims were not administered by DentaQuest until SFY16.

Claims Processed and Paid Per Year						
	SFY15	SFY16	SFY17	SFY18	SFY19	SFY20
Total Claims Processed	1,306,317	1,570,957	1,559,286	1,561,577	1,544,501	1,364,311
Average Monthly Claims Processed	108,860	130,913	129,941	130,131	128,708	113,693
Total Claims Paid	\$228,134,277	\$326,035,734	\$318,847,671	\$309,344,235	\$309,574,173	\$278,238,253
Monthly Claims Paid	\$19,011,190	\$27,169,645	\$26,570,639	\$25,778,686	\$25,797,847	\$23,186,521

Table 14 Claims Processed and Paid for SFY16/17/18/19/20. Adult and Child Program

The cost per service is shown in Table 15. Cost per service for adult members is consistently higher than both child and IDD members. Interestingly, adults also utilize fewer preventive services than either children or IDD members.

Cost Per Service						
	SFY15	SFY16	SFY17	SFY18	SFY19	SFY20
Adult	\$86.03	\$104.30	\$100.58	\$85.91	\$86.17	\$91.37
Child	\$52.82	\$63.65	\$63.55	\$57.46	\$58.16	\$58.50
IDD	\$37.09	\$96.68	\$111.82	\$61.13	\$59.78	\$60.80

Table 15 Cost Per Service

Grievances Reconsiderations, and Appeals

DentaQuest processed 245 Grievances and 14,981 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. Grievances are completed within 10 calendar days.

Most member grievances are related to quality of care, followed by quality of service. After investigation, it was determined most were a result of miscommunication between the provider office and the member or member guardian. Out of the 251 member grievances received, 67 cases were substantiated.

Reconsiderations and Peer-to-Peer Review

In SFY20, DentaQuest received 691 member reconsiderations and 14,299 provider reconsiderations. 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. Clinical denials were upheld for 89.68% of member and 65.16% of provider reconsiderations. Administrative denials were upheld for 82.99% of member and 63.43% of provider reconsiderations.

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

Appeals (State Fair Hearings)

Members may request a state fair hearing after a denial of service. This is in addition to their right to use the grievance process. Within two business days of notification of a member appeal, a Complaints and Grievances Specialist will provide the Department an appeals packet containing the initial documents submitted, 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 504 state fair hearings (SFH) in SFY20. Table 16 shows the number of Reconsiderations and Grievances.

NEW Reconsiderations, Grievances and Appeals (State Fair Hearings)

Type	Members	Providers	Totals
Reconsiderations	484	14,286	14,770
Grievances	251	10	261
Appeals (SFH)	504	N/A	504

Table 16 Reconsiderations, Grievance and Appeals SFY20

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 reached out to more than 20,981 individuals at events. We distributed over 154,953 new member Welcome Packets. The Health First Colorado Annual Reminder Campaign reached 738,146 households by phone or postcard.

DentaQuest provided 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 Member Outreach and Education team attended 28 meetings both in-person and virtually, with external partner agencies.

DentaQuest and the Regional Accountable Entities (RAE) partnered to resolve member issues and distribute oral health educational materials. The Member Outreach and Education teams participated in the RAE Performance Improvement Advisory Committees (PIAC) as attendees, voting members, and presenters. DentaQuest also presented to RAE Member Advisory Councils about dental benefits and responded to member questions.

Definition of Terms

ASO – Administrative Services Organization is an organization that provides outsourced solutions to meet the administrative needs of an organization, with the organization retaining the financial risks and liabilities.

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 Medicaid, 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.

Medicaid 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 program as determined by the Department.

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

Addendum

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

DentaQuest Monthly Performance “Scorecard”

Colorado Medicaid Monthly Report Performance Scorecard											
MONTH	CLAIMS				TELEPHONE RESPONSE			INQUIRY RESPONSE		DATA	ELIGIBILITY FILE
	Claims Payment/Financial Accuracy	Claims Transaction / Processing Accuracy	Claims Turnaround Time	Claims Turnaround Time	Average Telephone Response (member)	Contact Center Wait Time (members)	Average Call Abandonment (member)	Written Inquiries Response (member)	Written Inquiries Resolution (members)	Eligibility Data Processing	Eligibility File Uploaded as expected?
	PERFORMANCE STANDARD										
	99%	96%	98% w/in 30 days	99% w/in 60days	Less than 30 seconds	Less than 5 Minutes	Less than 5%	2 business days	90% resolved w/in 15 days	Weekly files updated w/in 2 business days of receipt	N/A
SFY 19-20											
July	99.90%	99.93%	100.00%	100.00%	38 secs	29 secs	2%	16 out of 21 were resolved	76%	N/A	Yes
August	99.83%	99.89%	100.00%	100.00%	156 secs	26 secs	9.70%	16 out of 18 were resolved	89%	N/A	Yes
September	99.51%	99.84%	99.97%	100.00%	59 secs	24 secs	3.30%	Met the standard - 2 out of 2 were resolved	100%	N/A	Yes
October	99.60%	99.74%	99.98%	100.00%	17 secs	31 secs	0.60%	Met the standard - 2 out of 2 were resolved	100%	N/A	Yes
November	99.21%	72.78%	99.94%	99.98%	15 secs	24 secs	0.70%	Met the standard - 0 out of 0 were resolved	N/A	N/A	Yes
December	97.70%	85.92%	99.99%	100.00%	5 secs	18 secs	0.30%	Met the standard - 0 out of 0 were resolved	100%	N/A	Yes
January	99.70%	99.29%	99.61%	99.62%	26 secs	20 secs	0.40%	Met the standard - 1 out of 1 were resolved	100%	N/A	Yes
February	99.66%	99.61%	99.99%	100.00%	40 secs	27 secs	1.80%	Met the standard - 2 out of 2 were resolved	100%	N/A	Yes
March	99.73%	99.89%	99.99%	99.99%	80 secs	16 secs	4.80%	Met the standard - 9 out of 9 were resolved	100%	N/A	Yes
April	98.65%	97.21%	99.99%	99.99%	2 secs	17 secs	0.00%	1 out of 6 were resolved	17%	N/A	Yes
May	97.93%	93.86%	99.98%	99.98%	8 secs	19 secs	0.20%	0 out of 5 were resolved	0%	N/A	Yes
June	99.78%	99.89%	99.99%	100%	27 secs	35 secs	0.90%	4 out of 9 were resolved	44%	N/A	Yes