A summary of financial and operating activity for the Health First Colorado, Dental Program administered by DentaQuest, Inc., for the period July 1, 2016 to June 30, 2017.
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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 third year of the agreement between the Colorado Department of Health Policy and Financing (“HCPF” or “the Department”) and DentaQuest, from July 1, 2016 to June 30, 2017. This is the third 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 second year for the DIDD (Division of Intellectual and Developmental Disabilities) Waiver members.

The Department maintains the Health First Colorado dental provider network, control of setting rates for reimbursement and policy creation for the Program, while 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.

DentaQuest lends its expertise to Health First Colorado in operationalizing new policies and systems. In SFY17, the Department implemented a new MMIS system, the state’s first Medicaid tele dentistry program, a change in the Orthodontic payment structure and more.

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

- 590,896 unique individuals received services from July 2016 to June 2017
- DentaQuest processed and paid over 1.5 million claims
- Over $318 million was paid to providers for services rendered
- DentaQuest reached out to more than 15,000 members/individuals and participated in over 100 community events
- The average per member per month cost was $26.10 for children, and $15.76 for adults and $41.87 for DIDD members.

Contracting with DentaQuest to manage the Health First Colorado Dental Program brings many benefits to HCPF and Colorado tax payers, including:

- State of the art claims processing system designed specifically for dental programs, modified to operationalize the Department’s policies. This system judiciously protects taxpayer dollars by ensuring claims are paid only for medically necessary services.
- Best practices for member outreach with proven results of increasing utilization and access across multiple states.
- Industry-leading medical/dental integration programs to impact not only oral health, but overall health.
- Clinical experts that analyze Health First Colorado claims data to develop program management strategies designed specifically for Medicaid programs.
• Proven policies and procedures to govern nearly every aspect of the Dental Program from network development and provider education, to complaints and grievances, utilization management and peer review.

• Familiarity with the administrative barriers faced by dentists participating in government-sponsored programs, and the ability to minimize such barriers through high touch, high tech solutions.

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 this 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 July 25, 2018. DIDD program data includes both state plan and waiver expenditures.

DIDD Waiver Members

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

Providers submit DIDD member claims the same way they submit all other claims; DentaQuest applies the correct fee schedule and adjudicates claims through the two different programs for proper payment. To help clarify these differences for providers, DentaQuest offers monthly WebEx trainings specifically for DIDD providers. The Office Reference Manual and the Provider representatives are additional resources for questions about the program.

<table>
<thead>
<tr>
<th>DIDD Program SFY Summary</th>
<th>SFY16</th>
<th>SFY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members</td>
<td>9,701</td>
<td>10,042</td>
</tr>
<tr>
<td>Utilizers</td>
<td>5,883</td>
<td>6,157</td>
</tr>
<tr>
<td>Total Claims Paid (state plan and Waiver)</td>
<td>$4,034,229</td>
<td>$4,977,372</td>
</tr>
</tbody>
</table>

Table 1  DIDD Program Summary
Caseload and Utilization

Caseload increased slightly throughout the year. 590,896 unique members received dental services.

Caseload (the number of eligible Health First Colorado members) increased slightly for adult members and stayed relatively steady for child and DIDD members. (Figures 1 and 2, Table 2). Adult caseload growth outpaced children caseload growth during SFY15, SFY16, and SFY17. Table 3 shows the total number of unique members by program.

![Adult and Child Member Months](image-url)

Figure 1  Adult and Child Membership by Month

![DIDD - Member Months](image-url)

Figure 2  DIDD Membership by Month
### Member Months by Program

<table>
<thead>
<tr>
<th></th>
<th>July-16</th>
<th>Aug-16</th>
<th>Sept-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-16</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>April-17</th>
<th>May-17</th>
<th>June-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>686,048</td>
<td>692,985</td>
<td>689,971</td>
<td>689,549</td>
<td>696,811</td>
<td>699,755</td>
<td>699,102</td>
<td>715,285</td>
<td>717,121</td>
<td>722,757</td>
<td>728,039</td>
<td>731,880</td>
</tr>
<tr>
<td>Child</td>
<td>609,763</td>
<td>611,571</td>
<td>611,904</td>
<td>611,323</td>
<td>611,155</td>
<td>609,359</td>
<td>608,777</td>
<td>614,166</td>
<td>615,024</td>
<td>615,931</td>
<td>615,931</td>
<td>617,357</td>
</tr>
<tr>
<td>DIDD</td>
<td>18,276</td>
<td>18,392</td>
<td>18,464</td>
<td>18,593</td>
<td>18,730</td>
<td>18,782</td>
<td>18,676</td>
<td>18,592</td>
<td>18,285</td>
<td>18,356</td>
<td>18,465</td>
<td>18,434</td>
</tr>
</tbody>
</table>

Table 2 Member Months by Program

### Unique Members by Program

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>857,563</td>
</tr>
<tr>
<td>Child</td>
<td>708,744</td>
</tr>
<tr>
<td>DIDD</td>
<td>10,042</td>
</tr>
</tbody>
</table>

Table 3 Unique Members by Program

During SFY17, 590,896 unique members received dental care; 15,773 more members than the previous fiscal year. Utilization by program is shown in Table 4.

### Member Utilization by Program

<table>
<thead>
<tr>
<th>Member Type</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult member utilizers</td>
<td>183,139</td>
<td>217,455</td>
<td>225,438</td>
</tr>
<tr>
<td>Adult access rate</td>
<td>25%</td>
<td>27%</td>
<td>26%</td>
</tr>
<tr>
<td>Child member utilizers</td>
<td>318,139</td>
<td>353,785</td>
<td>359,229</td>
</tr>
<tr>
<td>Child access rate</td>
<td>50%</td>
<td>51%</td>
<td>51%</td>
</tr>
<tr>
<td>DIDD member utilizers</td>
<td>n/a</td>
<td>5,883</td>
<td>6,229</td>
</tr>
<tr>
<td>DIDD access rate</td>
<td>n/a</td>
<td>61%</td>
<td>62%</td>
</tr>
</tbody>
</table>

Table 4 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. Tables 4 and 5 show Unique members by Program, and the Monthly Member Access rate. Member measures are based on date of service, not the claim payment date.

### Member Monthly Access Rate

<table>
<thead>
<tr>
<th></th>
<th>July-16</th>
<th>Aug-16</th>
<th>Sept-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-16</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>April-17</th>
<th>May-17</th>
<th>June-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>5.64%</td>
<td>6.11%</td>
<td>5.62%</td>
<td>5.46%</td>
<td>5.29%</td>
<td>4.94%</td>
<td>5.39%</td>
<td>5.10%</td>
<td>5.45%</td>
<td>4.91%</td>
<td>5.19%</td>
<td>5.05%</td>
</tr>
<tr>
<td>Child</td>
<td>8.99%</td>
<td>10.85%</td>
<td>9.40%</td>
<td>9.77%</td>
<td>9.56%</td>
<td>8.77%</td>
<td>9.59%</td>
<td>9.50%</td>
<td>11.05%</td>
<td>9.33%</td>
<td>9.59%</td>
<td>9.67%</td>
</tr>
<tr>
<td>DIDD</td>
<td>6.00%</td>
<td>7.17%</td>
<td>6.82%</td>
<td>6.63%</td>
<td>6.48%</td>
<td>6.00%</td>
<td>6.37%</td>
<td>6.78%</td>
<td>7.33%</td>
<td>6.25%</td>
<td>7.11%</td>
<td>6.86%</td>
</tr>
</tbody>
</table>

Table 5 Monthly Access Rate by Program
The distribution of the number of visits per utilizer (unique member) is shown in Figures 4 and 5. Interestingly, child members have a much higher utilization frequency of one or two visits than adult members. This may be because parents know the value of bi-annual preventive visits. Preventive care is a large component of Member Outreach and Education (page 21).

Figure 3  Adult and Child Member Visit Frequency

Figure 4  DIDD Member Visit Frequency

**Category of Services Analysis**

Dental services are categorized by type of services (preventive, restorative, etc.) The following graphs (Figures 5, 6, and 7) show the change in the category of services between state fiscal years.
Figure 5: Adult Service category Changes (number of individual service codes paid)

Figure 6: Child Category of Service Changes (number of individual services paid)
Analysis of Cost distribution

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 category is Restorative services. Diagnostic and Preventive services are the other large cost categories for each program. The child program is the only one which offers an Orthodontic benefit, which is the third highest cost category for children. The cost distribution by program and service category is shown in Figures 8, 9, and 10. The legend for these figures is shown in Table 6.

![DIDD Service Category Changes over SFY](image)

**Legend for Figures 9, 10, and 11**

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

Table 6 Legend for Dental Procedures
**Adult Cost by Service Category**

- Diagnostic: $2,830,563
- Preventive: $18,338,517
- Restorative: $31,173,131
- Endodontic: $20,079,449
- Periodontic: $5,798,002
- Prosthodontic: $5,602,533
- Oral/M. Surgery: $40,857,057
- Adjunctive: $4,207,057

Figure 8 Adult Cost Distributions over Service Category

**Child Cost by Service Category**

- Diagnostic: $9,338,262
- Preventive: $44,995,021
- Restorative: $38,731,022
- Endodontic: $16,132,845
- Periodontic: $13,164
- Prosthodontic: $98,284
- Oral/M. Surgery: $282,678
- Implant: $5,182,221
- Orthodontic: $46,233,537
- Adjunctive: $2,830,563

Figure 9 Child Cost Distribution over Service Category
Contact Center

The Contact Center answered 78,539 calls from both members and providers in SFY17.

The DentaQuest Contact Center for the Health First Colorado Dental Program consists of 17 Full Time Equivalents (FTE) trained in the CO Program requirements and dedicated to serving the members and providers of the Program. The DentaQuest Contact Center’s hours mirror Health First Colorado’s Contact Center hours.

In SFY17, DentaQuest answered 34,993 member calls and 43,546 provider calls (Table 7). The number of calls received from both members and providers has decreased each year of the program, including a 20,000 drop from SFY16 to SFY17. This is expected as both members and providers become more familiar with the program under DentaQuest’s administration.

<table>
<thead>
<tr>
<th>Member and Provider Calls Answered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member Calls</strong></td>
</tr>
<tr>
<td>SFY17</td>
</tr>
<tr>
<td>SFY16</td>
</tr>
<tr>
<td>SFY15</td>
</tr>
</tbody>
</table>

Table 7 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 bi-lingual (English and Spanish) representatives, and translation services for over 50 languages. Table 5 presents the Contact Center’s annual summary of calls and shows the key...
measures for members and providers. DentaQuest met the Contact Center performance requirements.

<table>
<thead>
<tr>
<th>Contact Center Phone Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls Answered</td>
</tr>
<tr>
<td><strong>Performance Requirements (member calls only)</strong></td>
</tr>
<tr>
<td><strong>Members</strong></td>
</tr>
<tr>
<td><strong>Providers</strong></td>
</tr>
</tbody>
</table>

Table 8  Contact Center Phone Summary

**Other Communication Channels**

*Website*
While the telephone is the most common way to reach the Contact Center, providers may also email through the provider portal. Contact Center staff responds to emails throughout the year. An Interactive Voice Response (IVR) telephone system is available 24/7 to both providers and members to check member eligibility, claims, benefits, history, and authorization status. DentaQuest maintains a Health First Colorado Dental Program-specific website, with member and provider pages, which can be found at [www.dentaquest.com/state-plan/regions/colorado.com](http://www.dentaquest.com/state-plan/regions/colorado.com)

*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, languages spoken at the office, if the provider can accommodate specialist needs, if the office is handicap accessible, and if the provider is accepting new patients.

*Member Portal*
New this year is 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. 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 $318 million for services rendered in SFY17.

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.

According to the 2013 Pew Charitable Trust report, “In Search of Dental Care: Two Types of Dentist Shortages Limit Children’s Access to Care,” burdensome administrative processes is a top frustration and reason for not joining a Medicaid program. With that fact in mind, DentaQuest is committed to easing the administrative burden for providers. DentaQuest accomplishes this through offering high touch and high tech solutions including:

- A free, self-service provider web portal to manage their Health First Colorado patient base from a centralized location
- A responsive Contact Center with highly trained staff dedicated to the Health First Colorado Dental Program
- A single source document – the Office Reference Manual – that provides transparency and clearly outlines program requirements, clinical criteria and billing policies
- Regionally-based support from dedicated provider relations representatives
- A Colorado-based Dental Advisory Committee to ensure their voices are heard
- Paying claims timely and accurately
- Determining authorization requests timely and with clinical consistency

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 includes detailed benefit tables for the adult, child and DIDD Programs, listing each covered code with its corresponding authorization requirements and benefit limitations. The ORM clearly outlines the clinical criteria used to evaluate and make a determination of medical necessity.

The ORM is a “living” document that translates dental program rules and polices 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, clarifications are added based on provider questions, and edits are made due to billing procedure or policy updates from the Department. 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.

Three provider relations representatives are located geographically throughout the State, including a representative living and working on the Western Slope. The team members are managed by a provider relations supervisor. 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. In addition, they help change and improve the perception of Health First Colorado (Colorado’s Medicaid program) in the community.

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 provider portal for eligibility verification, prior authorization, claim submission, payment tracking, and checking the status of the adult member’s annual dental benefit allowance. The provider relations representatives also provide an in-depth overview of the ORM to ensure the provider and staff can take advantage of this important tool.

In addition to personalized services, DentaQuest communicates regularly with providers through quarterly newsletters, written correspondence, fax blasts for time-sensitive information, updates posted to the provider portal, and Town Hall meetings. The Provider Representatives increased their presence in the community by hosting a booth at the Rocky Mountain Dental Convention CU School of Dentistry fair, and the American Dental Association convention.

During SFY17 DentaQuest continued to help providers with Centers for Medicaid and Medicare Services (CMS) required “revalidation” by reaching out to providers at risk of termination for non-compliance.

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 stop in to perspective offices to discuss becoming a Health First Colorado provider, sending recruitment e-mails, and following up on leads provided by providers and community stakeholders. The breakout of dental providers is listed in Table 7. 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 SFY17*

<table>
<thead>
<tr>
<th>Specialty Designation of Active Providers</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiologists</td>
<td>19</td>
</tr>
<tr>
<td>Endodontists</td>
<td>36</td>
</tr>
<tr>
<td>General Practitioner</td>
<td>1439</td>
</tr>
<tr>
<td>Hygienist</td>
<td>291</td>
</tr>
<tr>
<td>Oral Pathologist</td>
<td>15</td>
</tr>
<tr>
<td>Oral Radiologist</td>
<td>0</td>
</tr>
<tr>
<td>Oral Surgeon</td>
<td>150</td>
</tr>
<tr>
<td>Orthodontist</td>
<td>206</td>
</tr>
<tr>
<td>Pediodontist</td>
<td>273</td>
</tr>
<tr>
<td>Periodontist</td>
<td>38</td>
</tr>
<tr>
<td>Prosthodontist</td>
<td>19</td>
</tr>
<tr>
<td>Public Health</td>
<td>37</td>
</tr>
<tr>
<td>Total</td>
<td>2523</td>
</tr>
</tbody>
</table>

Table 9 Active Providers by Specialty Designation. * Determined by HCPF on July 25, 2018. “Active provider” is defined as any provider who submitted at least one claim during the SFY.

Member Access in Urban Counties
This map shows member access to general dentists in Urban counties. Green dots indicate access (with in 30 miles) and red dots indicate no access. (Figure 11 and Table 10.)

![Urban Members, Access to General Dentists](image-url)

Figure 11 Urban member access to general dentists.
However, access is much better than the 30 miles in most Urban counties:

<table>
<thead>
<tr>
<th>Distances to Providers</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distance to 1st closest provider</td>
<td>1.6 miles</td>
</tr>
<tr>
<td>Distance to 2nd closest provider</td>
<td>1.9 miles</td>
</tr>
<tr>
<td>Distance to 3rd closest provider</td>
<td>2.1 miles</td>
</tr>
</tbody>
</table>

Table 10 Urban member average distance to general dentist.

Utilization Management

In SFY17, DentaQuest reviewed over 850,000 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 prior to being performed. This is referred to as “Prior Authorization.” These may be more complex procedures, expensive treatment or services which are likely to be rendered but are not medically necessary. The service codes requiring PAR and supporting documentation are clearly identified in the ORM.

Review process:

- DentaQuest’s claims processing system, Windward, 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, Windward automatically generates a determination notice. In addition, decisions are posted on the provider web portal.
- If the request cannot be auto-decided based on the algorithms in the UM database of Windward, the prior authorization is forwarded to a CRS for review.
- The CRS will examine the request, proposed treatment plan, and required documentation. Based on the specifications of the program, the CRS will make a determination.
• If the request is approved following the review by the CRS, the decision will be updated in Windward and an approval letter will be auto-generated for both the member and provider, and available on the Provider Portal.
• If the review by the CRS leads to a denial, the case is forwarded to a licensed dentist for review and to make a determination.
• The dental consultant will either uphold the denial or update the authorization if it is determined the service meets medical necessity requirements. The decision will be updated in Windward and a 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 SFY17, the approval rate for PARs was 64% for adult members, 44% for child members, and 45% for DIDD members. On average, PARS were turned around in less than one day.

Pre-Payment Review (PPR)
In an effort 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 in lieu 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 SFY2017 was 68% for adult members, 91% for child members, and 60% for DIDD members.

Claims

*DentaQuest processed over 1.5 million Health First Colorado dental claims in SFY17.*

DentaQuest’s claims processing system, Windward, contains thousands of edits to adjudicate dental claims in a sophisticated and client-focused manner. Windward was designed specifically to adjudicate Health First Colorado dental claims, whereas an MMIS must be broader in scope to accommodate claims for many different services including medical, behavioral health, pharmacy, dental, etc. The result is that Windward offers a more 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. The types of claims that require manual processing include orthodontia or retrospective clinical review. 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. DentaQuest exceeds the performance standards set by the Department. 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 audited. Financial accuracy is measured by the total claim dollars paid correctly divided by the total claim dollars paid in the audit sample.

**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 has the ability to 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 1,559,286 million Health First Colorado dental claims in SFY17, an average of 129,941 claims per month. Total amount paid for claims processed was over $318 million, an average of $26.5 million paid per month. A table comparing these figures among state fiscal years is below (Table 10). The figures for SFY15 do not include the DIDD Waiver members, whose claims were not administered by DentaQuest until SFY16.

<table>
<thead>
<tr>
<th>Claims Processed and Paid Per Year</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Claims Processed</td>
<td>1,306,317</td>
<td>1,570,957</td>
<td>1,559,286</td>
</tr>
<tr>
<td>Monthly Claims Processed</td>
<td>108,860</td>
<td>130,913</td>
<td>129,941</td>
</tr>
<tr>
<td>Total Claims Paid</td>
<td>$228,134,277</td>
<td>$326,035,734</td>
<td>$318,847,671</td>
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<tr>
<td>Monthly Claims Paid</td>
<td>$19,011,190</td>
<td>$27,169,645</td>
<td>$26,570,639</td>
</tr>
</tbody>
</table>

Table 11 Claims Processed and Paid for SFY15/16/17, standard program

Cost per service for adult members is higher than both child and DIDD members. Typically adult members utilize more costly services than children, especially when there is pent up demand for dental services. This may be the case for Colorado as the adult Health First Colorado dental
benefit was offered, for the first time, to adult Health First Colorado members starting July 1, 2014.

<table>
<thead>
<tr>
<th>Cost Per Service</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>$86.03</td>
<td>$104.30</td>
<td>$100.58</td>
</tr>
<tr>
<td>Child</td>
<td>$52.82</td>
<td>$63.65</td>
<td>$63.55</td>
</tr>
<tr>
<td>DIDD</td>
<td>$37.09</td>
<td>$96.68</td>
<td>$111.82</td>
</tr>
</tbody>
</table>

Table 12 Cost per service

Grievances, Reconsiderations and Appeals

_DentaQuest processed 379 Grievances and 17,983 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.

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

The majority of member grievances are related to quality of 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 371 member grievances received, 123 cases were substantiated.

**Reconsiderations and Peer-to-Peer Review**
In SFY17, DentaQuest received 451 member reconsiderations and 17,272 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 (Table 11).

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 186 state fair hearings in SFY17.

<table>
<thead>
<tr>
<th>Type</th>
<th>Members</th>
<th>Providers</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reconsiderations</td>
<td>451</td>
<td>17,272</td>
<td>17,723</td>
</tr>
<tr>
<td>Grievances</td>
<td>371</td>
<td>6</td>
<td>377</td>
</tr>
<tr>
<td>State Fair Hearings</td>
<td>N/A</td>
<td>N/A</td>
<td>195</td>
</tr>
</tbody>
</table>

Table 13  Reconsiderations, Grievances and Appeals SFY17

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. There were 41 audits conducted in SFY17.

Adult Benefit

In 2013, Colorado Governor John Hickenlooper signed into law SB 13-242, a bill authorizing a limited adult dental benefit and authorizing the Department to contract the administration of dental services to an outside organization. DentaQuest won the contract, and started administering both the child and adult benefits on July 1, 2014. The bill provided adults up to $1,000 annually for services such as exams, cleanings and restorative treatment.

As stated in the bill:
• Regular dental care and prevention are the most cost-effective methods available to prevent minor oral conditions from developing into more complex oral and physical health conditions that would eventually require emergency and palliative care.

• One in four adults has untreated tooth decay. Early detection and access to preventive and restorative treatments for oral health conditions can be up to ten times less expensive than treating those same conditions in an emergency setting.

• Research has also shown that good oral health improves Medicaid beneficiaries’ ability to obtain and keep employment. Employed adults lose more than one hundred and sixty-four million hours of work each year due to dental problems.

• Children are more likely to receive regular dental services if their parents have access to dental services.

• Pregnant women are one of the most vulnerable adult populations that are without oral health benefits under Medicaid. During pregnancy, the physical changes a woman’s body undergoes can negatively affect oral health. Untreated decay and periodontal disease are associated with adverse pregnancy outcomes such as increased risk for preeclampsia, pre-term labor, and low birth weight babies.

**Outreach and Education**

*DentaQuest reached out to more than 15,392 individuals and hosted 102 events. We distributed over 162,600 new member welcome packets in SFY 2016-2017.*

DentaQuest has innovative and broad reaching outreach and education programs. Sixty-six events were held in urban areas, while thirty-six events were held in rural areas. This greatly exceeds the contractual requirements to host quarterly outreach events in each of the 12 geographical regions determined by the Colorado Dental Association and conduct 15 activities/events in rural areas.

**Dedicated Outreach and Education Staff**

A key component to DentaQuest’s outreach and education strategy is to maintain a dedicated staff that live and work in Colorado. DentaQuest’s Colorado Outreach and Education team is comprised of a full time coordinator and two full time representatives. These representatives are responsible for managing the outreach and education efforts for specific areas of the state, allowing them to address specific barriers and become familiar with the various community partners that also serve the Health First Colorado population. The team includes one representative who lives and works on the Western Slope and has one representative that is bilingual in English and Spanish.

**New Member Engagement**

To help educate members on their benefits and how to access dental care, all newly enrolled members receive a welcome packet, which contains; a welcome letter, a link to Health First Colorado’s member handbook, and an identification card. Members also receive an insert of emergency care options, aimed at reducing emergency department visits for routine or non-urgent dental care.
The welcome packet includes information found on the Health First Colorado website with information for members, including a “Find a Dentist” tool which helps members locate dentists accepting new Health First Colorado members in their area.

Assisting individuals with limited English proficiency
In consideration of the large Hispanic population served by the Health First Colorado program, DentaQuest ensures its member materials are culturally sensitive and are offered in both English and Spanish. Additionally, DentaQuest employs bi-lingual call center staff and contracts with a certified language line to ensure individuals with limited English proficiency can receive the assistance they need.

Customized Messaging
To support the efforts of the Outreach and Education team, DentaQuest developed low barrier, culturally sensitive and visually engaging materials and presentations. Recognizing that oral health education is not “one size fits all,” DentaQuest maintains a library of materials to ensure the right message is shared with the right audience. These are printed in English on one side and Spanish on the other. For example, parents of young children may receive information on how to prevent baby bottle tooth decay, while pregnant women receive education on the potential connection between gum disease and pre-term low birth weight deliveries.

DentaQuest developed and uses a fotonovela for the Program. A fotonovela is a small pamphlet similar to a comic-book format but with photographs instead of illustrations, combined with small dialogue bubbles. Fotonovelas are frequently used in the Spanish-language culture as a way to promote health education.

Community Events
Another key component of DentaQuest’s outreach and education strategy is to participate, collaborate and host member-facing events in the community.

Library Displays
In support of February’s National Children’s Dental Health Month, DentaQuest developed oral health informational displays for posting in libraries across the state. The Outreach and Education team created 49 library displays across Colorado. Last year there were 27 displays. As in years past, several libraries chose to expand on the dental health displays by hosting oral health story times, parent education sessions and activities for young children. Our collaborative partnerships with these library systems continues to grow each year, allowing our message to reach an expanding number of individuals and families across the state.

- The displays focused on dental sealants: the effectiveness in preventing caries, ease in application, and the fact that they are a covered benefit for Health First Colorado members.
- The displays were visible for the full month of February 2016.

Audio Information Network Channel (AINC)
The AINC is a radio channel geared towards visually impaired individuals. DentaQuest was proud to partner with the AINC this year to produce twelve 60-second narratives on 12 different oral health topics (one topic per month). These were read aloud over the AINC. The narratives
were run several times during the course of the month, which improves the effectiveness of the messaging. This important partnership allows us to reach the visually impaired population in an efficient and cost effective way.

**Early Childhood Setting Oral Health Curriculum**

DentaQuest’s work with Head Start and other early learning institutions led to the development of a comprehensive oral health curriculum that can be incorporated into the early childhood setting. This packet, which DentaQuest can share electronically or on paper, has information on incorporating oral health education into the classroom or day care setting. It includes a parent information letter, activities that can be done with children of varying ages, video links to show in class, and “talking points” guide for teachers and others. These packets have been distributed to Head Start programs and day care centers across the state, with a great deal of positive feedback.

**Oral Screening Events**

The Outreach and Education team is working to fill oral health gaps in rural communities whenever possible. One way DentaQuest supports rural areas lacking access to dental providers, is to assist in the coordination of school and community based dental health screenings. These screenings can be simple visual mouth exams or can extend to the application of sealants and/or fluoride varnish. The goal of these screening events is to identify dental concerns in children who might otherwise not be receiving adequate dental care. Members who participate are given a “report card” highlighting the results of their screening, including information on the visual assessment of their oral hygiene and their dental decay findings.

The Outreach and Education team and partnering agencies refer all children, in need of follow up care, to an appropriate dental care provider and follow up with a phone call to ensure that the child is receiving the necessary dental care. DentaQuest’s participation varies from event to event, and may include but is not limited to recruiting the needed clinical staff from the Health First Colorado provider network, coordinating logistics with school or site staff, educating parents about oral health care, or providing an oral health activity for the children while they wait for their screening. DentaQuest always provides information about the Health First Colorado dental benefits and can assist members in finding a provider.

**Collaboration with Community Partners**

DentaQuest believes the success of the 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. The Outreach and Education team attended over 150 meetings with agencies and coalitions across the State. Again, DentaQuest’s collaboration with community based organizations surpassed the contractual obligations.

Coordination ranges from educating other agencies on what DentaQuest does, to partnering with other agencies on events or long-range projects. This collaboration allows effective use of resources, avoids duplicity, and expands the outreach done by the DentaQuest team. Working with various partners ensures that we are fully exploring our communities, understanding
existing oral health programs and services, and wisely promoting oral health in a very effective manner.

A partial list of Program collaborators includes:
- Regional Care Collaborative Organizations (RCCOs)
- Regional HRSA Oral Health Specialist
- Localized Community Oral Health Collaboratives
- Public Health Departments
- Healthy Community Coordinators
- Cavity Free at Three
- Nurse Family Partnership and WIC offices
- Early Childhood Councils
- Head Start and Early Head Start agencies
- Boys and Girls Clubs
- Community Food Banks and TEFAP (The Emergency Food Assistance Program) Distribution Sites
- Homeless Shelters and low income housing groups
- School Districts: school nurses, family liaisons, community outreach and other staff

Program Initiatives
DentaQuest Outreach and Education department has numerous targeted educational programs for our members, and provides additional member support in the form of written materials. These programs have all been developed by DentaQuest’s corporate offices for use in markets across the nation, and have a proven track record of success.

Smiling Stork
Developed to increase awareness about the importance of oral health during pregnancy, DentaQuest mails out materials to Health First Colorado members identified as pregnant. The materials highlight the message that oral care during pregnancy is important for both mother and child. Mailings go out monthly to capture all newly identified pregnant members.

Healthy Beginnings
A program specifically designed to support the oral care needs of children birth to two years old. It involves an annual mailing to the families sharing important information about caring for those young mouths. A total of three (3) mailings go out to the family: one upon birth, one near the child’s first birthday and one near the second birthday.

Preventistry™ Program
This program is designed to support and encourage the use of two (2) proven preventive strategies: fluoride treatments and sealants. This program is unique in that it provides communication to providers, as opposed to directly reaching out to members. DentaQuest mails all network providers two separate lists of children in their practice. The first list contains the
names and contact information of their current patients who are due for sealant application. The second list contains the same information about when fluoride treatments are due.

**Primary Care Physician (PCP) Integration Program**

Research shows us that families are more likely to take children in for medical wellness check-ups than for dental check-ups. Our PCP Integration program strengthens the messaging that oral health matters by partnering with primary care providers to encourage dental care visits. DentaQuest has developed an easy to use “prescription pad style” reminder card that PCP’s can use when meeting with a member - they simply tear off a sheet from the pad and remind the member to schedule an appointment with a dental care provider. Hearing this reminder from a valued medical professional carries great weight and encourages members to seek dental care for their young children. The pads have also been requested for use by Nurse Family Partnership staff, Home Visitor Program reps, WIC clinics, and many other agencies in their work with Health First Colorado enrolled members and families.

**Dental Care Reminders**

Postcards and automated calls go out to Health First Colorado members who are due for a dental care visit, or are overdue for a dental visit.

**Ambassador and Grassroots efforts**

Ambassador efforts find DentaQuest out in the community partnering with agencies to understand the oral health efforts in communities across the state, and providing oral health support for the families they serve. DentaQuest actively attends coalition meetings with RCCO’S, ECC’s and other groups, meeting with county health departments, food banks, local TEFAP site coordinators, Boys and Girls Club chapters, title one schools, and many other organizations to find the best ways to boost the oral health of the Health First Colorado population.

Grassroots efforts include attending health fairs, community events, children’s festivals and other events. The Outreach and Education team educates members and potential members about the dental benefits available through Health First Colorado, and answers questions, distributing oral health information and toothbrushes.

Following are pictures of member outreach and education events and displays.
Outreach Representative Betsy Holman hosts a Halloween oral health craft and educational booth during a community festival in Loveland.
This photo shows an educational table display during a community health fair. We offer a variety of supportive information to our members during these outreach events including oral health instruction, benefit review, provider location assistance, and issue resolution consultations.
The Outreach and Education team supports National Children’s Oral Health month each February. Part of our work involves collaborating with public libraries and schools across the state to install educational oral health displays, such as the one shown here, for the public to enjoy and learn from. These displays have information about a specific topic each year (in 2017 we chose to highlight the importance of sealants), and information on accessing the dental benefits available through Health First Colorado. We have been coupling these displays with story time, craft activities, parent educational components or other expanded offerings in conjunction with the displays at several locations and have had a very positive response from the library and site hosts.
During a visit to a local preschool, kids are engaged in a healthy food sorting game to help them understand that some foods are better for their teeth than others. In this game, kids choose the healthy foods out of the play set and place them in the healthy tooth “sorter”. This game is a big hit with the younger children; the kids enjoy talking about the different foods and love the action of putting the fruits and vegetables in the tooth and the teachers appreciate that the kids are having fun while learning!
Looking Forward

Outreach and Education
In addition to the management of the “standard” programs outlined earlier, the Outreach and Education team will implement the following initiatives in SFY18:

Members with Diabetes
DentaQuest will expand outreach to this population. Outreach will start with an assessment of current programs, looking for areas of collaboration with other organizations. DentaQuest will create written and visual documents as needed.

Increasing the use of Sealants
DentaQuest will focus on increasing the number of child receiving sealants, a preventive measure that reduces the need for more costly and invasive restorative work at a later time.

Colorado Association of School Nurses
Collaborate with this association to better integrate oral health into the state-wide school system. Since oral health can impact a child’s educational experience, this is an important partnership.

Provider Recruitment
DentaQuest will continue to focus on recruiting providers in the geographical locations and specialties where they will make the most impact.

Quality Improvement
DentaQuest consistently audits processes for quality and efficiency. These audits revealed areas for improvements that were implemented in SFY17. This is an ongoing process that will continue in SFY18 and for the life of the contract.

DentaQuest works closely with the Department to recommend appropriate updates to clinical criteria and benefit programs, as well as operationizing new policies and legislation.

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 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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**Client Engagement (2.25 FTEs)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maureen Hartlaub</td>
<td>Executive Director</td>
<td>1 FTE</td>
</tr>
<tr>
<td>Lisa Reynolds</td>
<td>Account Representative</td>
<td>1 FTE</td>
</tr>
<tr>
<td>Jim Burns</td>
<td>Regional Director</td>
<td>0.25 FTE</td>
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</table>

**Figure 12 DentaQuest Client Engagement FTE**

**Provider Relations (4.25 FTEs)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brenda Walker</td>
<td>Regional Director</td>
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<tr>
<td>Tina Pierre</td>
<td>Provider Relations Supervisor</td>
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<tr>
<td>Lisa Larkin-Allen</td>
<td>Provider Relations Representative</td>
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<tr>
<td>Richard Spencer</td>
<td>Provider Relations Representative</td>
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</tr>
<tr>
<td>Christie Robson</td>
<td>Provider Relations Representative</td>
<td>1 FTE</td>
</tr>
</tbody>
</table>

**Figure 13 DentaQuest Provider Relations FTE Allocation**
**Member Outreach (3 FTEs)**

Nancy Greene  
Member Outreach Coordinator  
1 FTE

Ivy Beville  
Member Outreach Representatives  
1 FTE

Betsy Holman  
Member Outreach Representatives  
1 FTE

**Customer Service – Call Center (11.25 FTEs)**

Jewell Parker  
Call Center Director  
0.25 FTE

Call Center Supervisor  
0.5 FTE

Call Center Team Coordinator  
0.5 FTE

<table>
<thead>
<tr>
<th>Role</th>
<th>Trained &amp; Assigned Resources</th>
<th>Dedication</th>
<th>FTEs</th>
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<tbody>
<tr>
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<td>60%</td>
<td>7</td>
</tr>
<tr>
<td>Backup</td>
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<td>25%</td>
<td>3</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

**Figure 14** DentaQuest Member Outreach FTE Allocation

**Figure 15** DentaQuest Customer Service FTE Allocation
Figure 16  DentaQuest Health First Colorado Support Organizational Chart
### Table 13 Claims Summary SFY17

<table>
<thead>
<tr>
<th>Month</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Total YTD</th>
<th>Average YTD</th>
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<tbody>
<tr>
<td>Claims fully paid for the month</td>
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<td>94,306</td>
<td>87,575</td>
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<td>79,966</td>
<td>78,442</td>
<td>87,843</td>
<td>105,558</td>
<td>65,699</td>
<td>103,107</td>
<td>84,847</td>
<td>1,103,443</td>
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<tr>
<td>Claims denied for the month</td>
<td>8,095</td>
<td>8,614</td>
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<td>11,193</td>
<td>9,979</td>
<td>10,087</td>
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<td>9,874</td>
<td>11,373</td>
<td>11,984</td>
<td>15,105</td>
<td>31,804</td>
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<tr>
<td>Clean claims for the month</td>
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<td>120,524</td>
<td>148,874</td>
<td>112,527</td>
<td>106,964</td>
<td>127,138</td>
<td>157,169</td>
<td>124,536</td>
<td>146,063</td>
<td>130,368</td>
<td>1,568,250</td>
<td>129,411</td>
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<tr>
<td>Unpaid claims for the month</td>
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<tr>
<td>Total claims for the month</td>
<td>117,054</td>
<td>142,776</td>
<td>132,281</td>
<td>120,524</td>
<td>148,874</td>
<td>112,527</td>
<td>106,964</td>
<td>127,138</td>
<td>157,169</td>
<td>124,536</td>
<td>146,063</td>
<td>130,368</td>
<td>1,568,250</td>
<td>129,411</td>
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<tr>
<td>Claims adjudicated within 30 days</td>
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<td>142,776</td>
<td>132,281</td>
<td>120,524</td>
<td>148,874</td>
<td>112,527</td>
<td>106,964</td>
<td>127,138</td>
<td>157,169</td>
<td>124,536</td>
<td>146,063</td>
<td>130,368</td>
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<td>129,411</td>
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<tr>
<td>% of claims adjudicated within 30 days</td>
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<td>1.000</td>
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<td>106,964</td>
<td>127,138</td>
<td>157,169</td>
<td>124,536</td>
<td>146,063</td>
<td>130,368</td>
<td>1,568,250</td>
<td>129,411</td>
</tr>
<tr>
<td>% of claims adjudicated within 45 days</td>
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<td>127,138</td>
<td>157,169</td>
<td>124,536</td>
<td>146,063</td>
<td>130,368</td>
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<td>129,411</td>
</tr>
<tr>
<td>% of claims adjudicated within 60 days</td>
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<tr>
<td>% of claims adjudicated within 90 days</td>
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<td>Aug-16</td>
<td>Sep-16</td>
<td>Oct-16</td>
<td>Nov-16</td>
<td>Dec-16</td>
<td>Jan-17</td>
<td>Feb-17</td>
<td>Mar-17</td>
<td>Apr-17</td>
<td>May-17</td>
<td>Jun-17</td>
<td>Total YTD</td>
<td>Average YTD</td>
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<td>117,054</td>
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<td>1,568,250</td>
<td>129,411</td>
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<tr>
<td><strong>Total</strong></td>
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