



Health First
Colorado

Dental Annual Report SFY22

A summary of financial and operating activity for the Health First Colorado Dental Program administered by DentaQuest, Inc., for the period July 1, 2021, to June 30, 2022

Health First Colorado, Dental Program Annual Report

Table of Contents

Executive Summary	3
Data Used for this Report	3
IDD Waiver Members	4
Adult Members.....	4
Caseload and Utilization.....	4
Contact Center	11
Providers	13
Utilization Management	18
Claims.....	19
Grievances, Reconsiderations, and Appeals	21
Utilization Review	22
Member Outreach and Education.....	23
Definition of Terms	24
Addendum	26

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, 2021, to June 30, 2022. This is the eighth 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 seventh 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:

- **595,451** unique individuals received services from July 2021 to June 2022
- DentaQuest processed and paid over 1.6 million claims
- Over \$349 million was paid to 1,966 unique providers for services rendered
- Member Outreach staff attended 478 virtual meetings and provided direct advocacy to resolve 145 member issues.
- The average per member per month cost was \$25.36 for children, \$14.64 for adults and \$21.60 for IDD members

COVID-19 Impact

While 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, SFY21 and SFY 22 were not directly impacted.

In SFY19-20 Health First Colorado added D9995 (teledentistry – synchronous; real-time encounter) as a covered benefit to address some of the access limitations caused by the pandemic. While this code is still a part of the benefit package, it has not been used since in-person dentistry has resumed.

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 in September 2021.

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 1 shows the IDD program summary.

IDD Summary	SFY16	SFY17	SFY18	SFY19	SFY20	SFY21	SFY22
Members	9,701	10,042	10,275	10,733	11,235	11,665	12,378
Utilizers	5,883	6,157	6,472	6,890	6,639	6,619	7,315
Total Claims Paid (state plan and waiver)	\$4,034,229	\$4,977,372	\$4,227,096	\$5,396,313	\$4,900,598	\$5,703,045	\$6,265,891

Table 1 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 SFY22, 17,278 adults reached their maximum benefit allowance.

Caseload and Utilization

Caseload increased for adults and children. 595,451 unique members received dental Services.

Caseload (the number of eligible Health First Colorado members per month, or “member months”) is shown in Figures 1 and 2. Federal laws declaring a State of Emergency generally forbid the normal recalculation of member eligibility. This resulted in higher-than-expected member months throughout the fiscal year. Table 2 shows the Unique Members by Program.

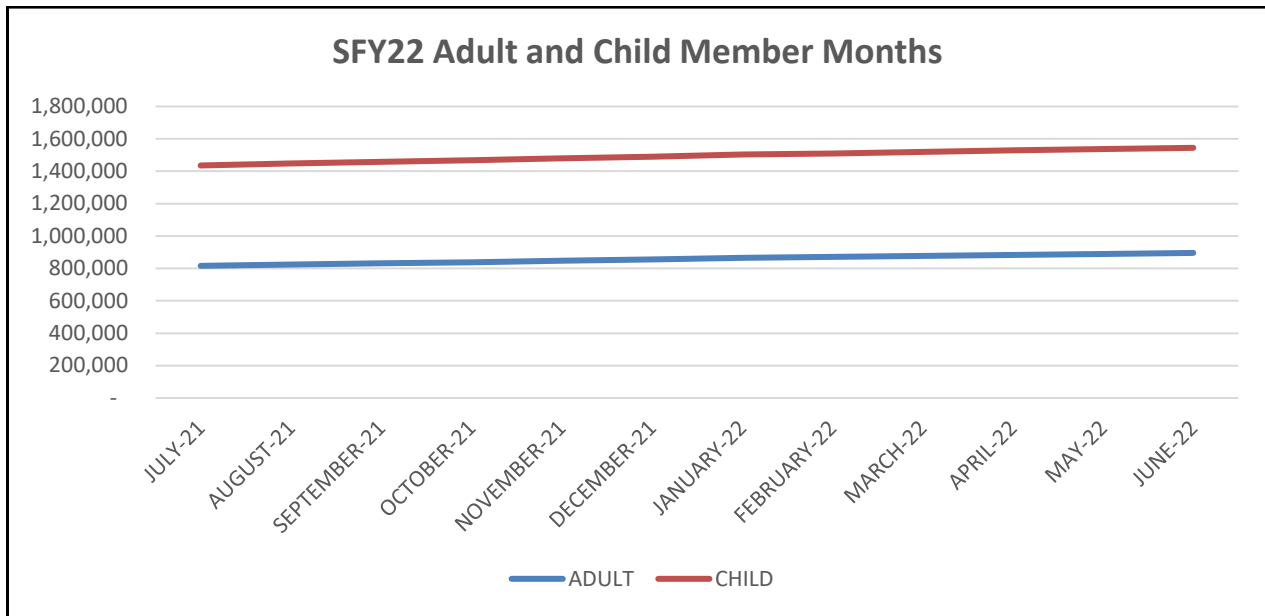


Figure 1 Adult and Child Member Months

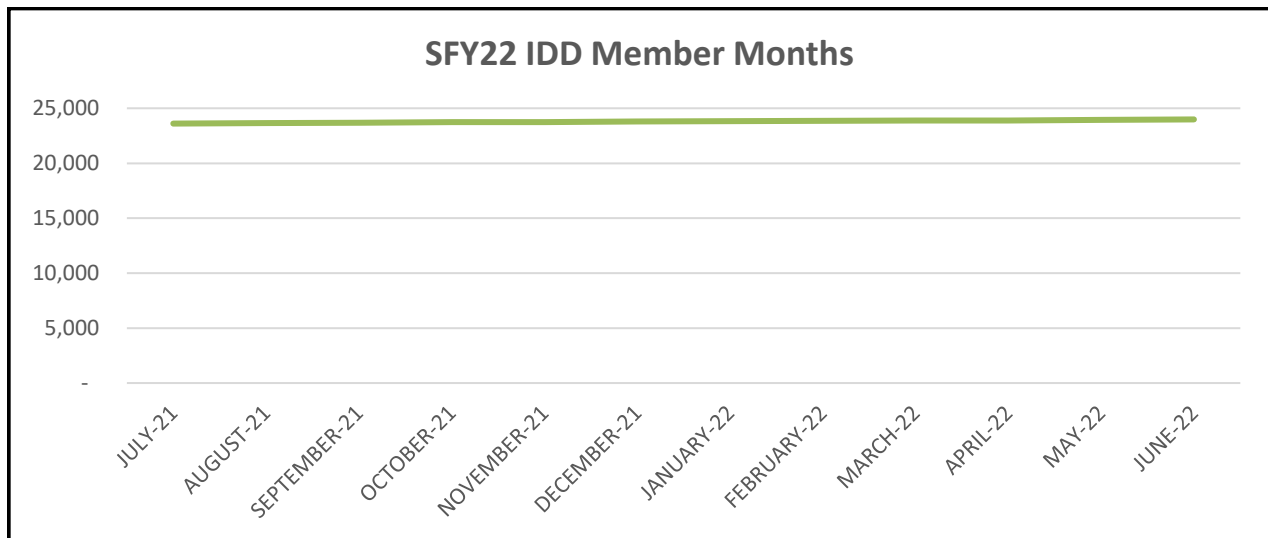


Figure 2 IDD Member Months

Unique Members by Program	
Adult	948,734
Child	697,566
IDD	12,378

Table 2 Unique Members by Program

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.

Not all members eligible for benefits seek and receive services. When a member receives at least one dental service, they are considered a utilizer of the program. Table 3 shows annual utilizers by program through the past 8 years. Table 4 shows the monthly member access rate for this fiscal year.

Member Utilization by Program								
Member Type	SFY15	SFY16	SFY17	SFY18	SFY19	SFY20	SFY21	SFY22
Adult Member Utilizers	183,139	217,455	225,438	224,508	217,440	194,787	195,390	241,015
Adult access rate	25%	27%	26%	25%	26%	24%	24%	25%
Child member utilizers	318,139	353,785	359,229	349,830	338,260	308,968	309,611	354,436
Child access rate	50%	51%	51%	50%	50%	48%	48%	51%
IDD member utilizers	n/a	5,883	6,229	6,472	6,890	6,639	6,619	7,315
IDD access rate	n/a	62%	62%	63%	64%	60%	57%	59%

Table 3 Member Utilization by Program per SFY (Unique members utilizing at least one dental service.)

Member Monthly Access Rate												
	July-21	Aug 21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	April-22	May-22	June-22
Adult	9.70%	10.21%	9.25%	9.37%	8.80%	8.71%	8.50%	9.09%	11.09%	9.54%	8.73%	9.75%
Child	5.21%	5.31%	5.01%	4.92%	4.77%	4.51%	4.35%	4.39%	5.18%	4.85%	4.73%	4.81%
IDD	5.88%	6.55%	6.46%	5.91%	5.53%	5.56%	5.28%	5.31%	6.87%	5.96%	5.89%	5.94%

Table 4 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 5.

Member Utilization – QMB & SLMB	
QMB	1,397
SLMB	1,893

Table 5 Monthly Access Rate by Program

An age breakdown of utilizers per age group and program is shown in Table 6.

Utilizers by Age and Program	
Age	Utilizers
Less than 1	4,290
1-2	35,028
3-5	62,898
6-9	88,298
10-14	105,330
15-18	64,837
19-20	20,828
21-55 (Adult)	189,688
55-60 (Adult)	20,318
61 and over (Adult)	32,889
21-55 (IDD)	5,837
55-60 (IDD)	574
61 and over (IDD)	990

Table 6 Unique Utilizers by age and program

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

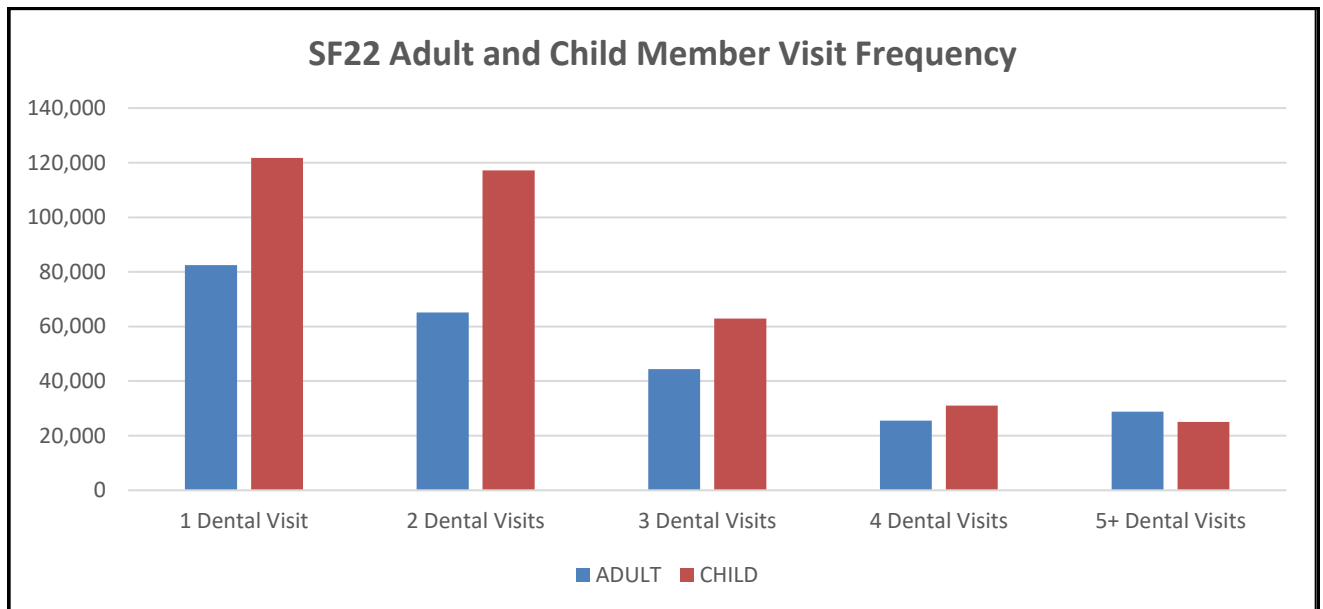


Figure 3 Adult and Child Member Visit Frequency

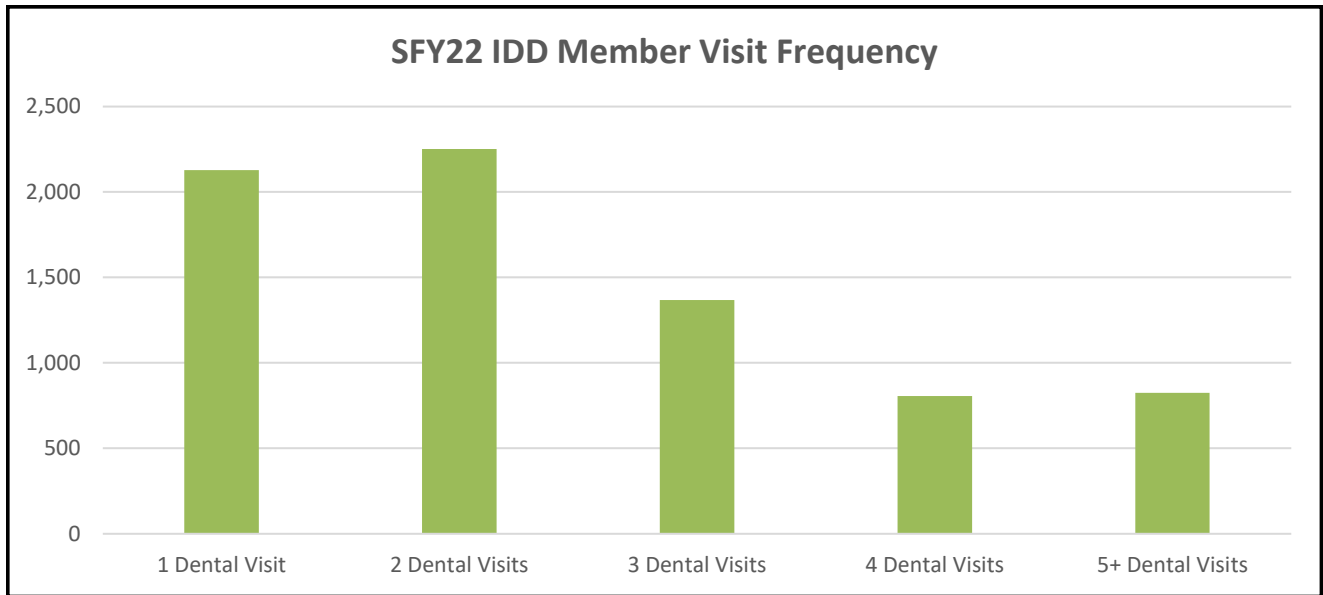


Figure 4 IDD Member Visit Frequency

Category of Service Data

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.

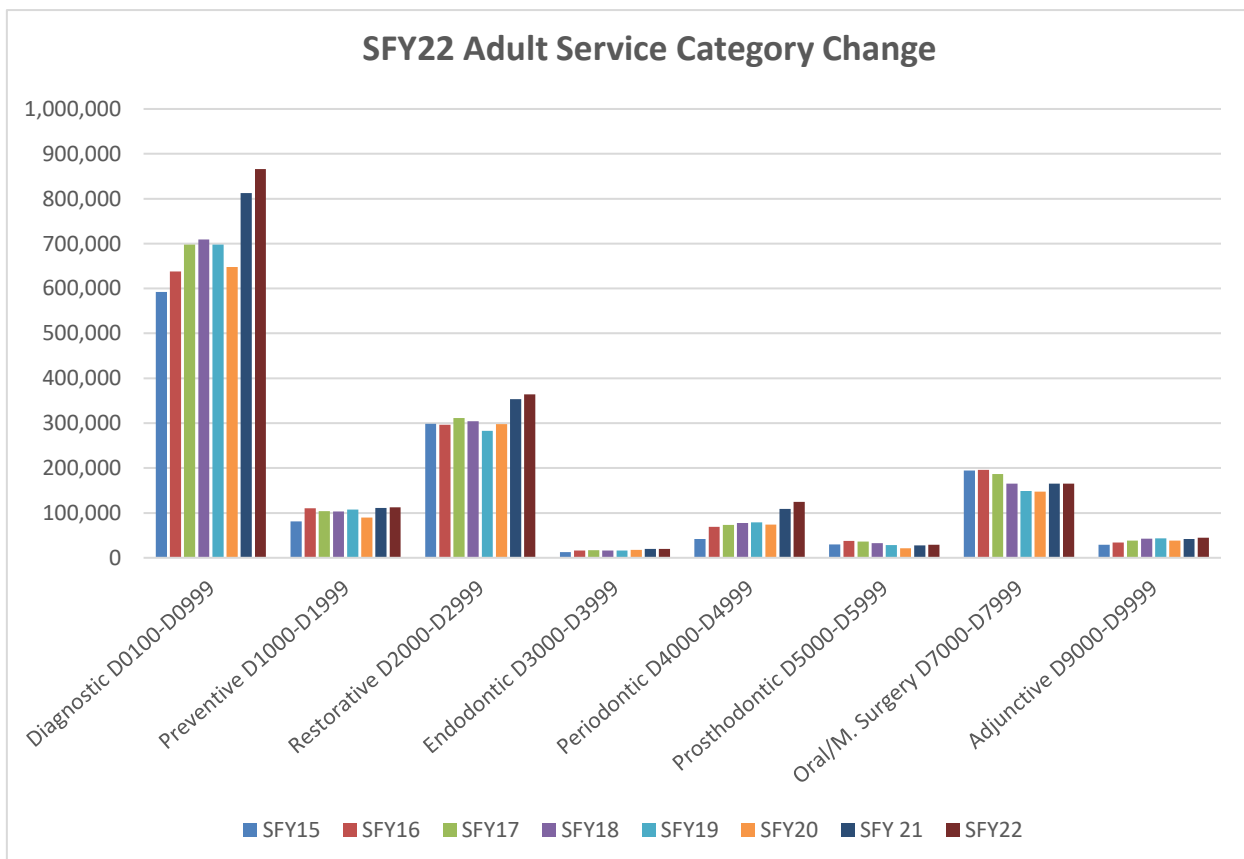


Figure 5 Adult Service Category Changes (number of individual service codes paid)

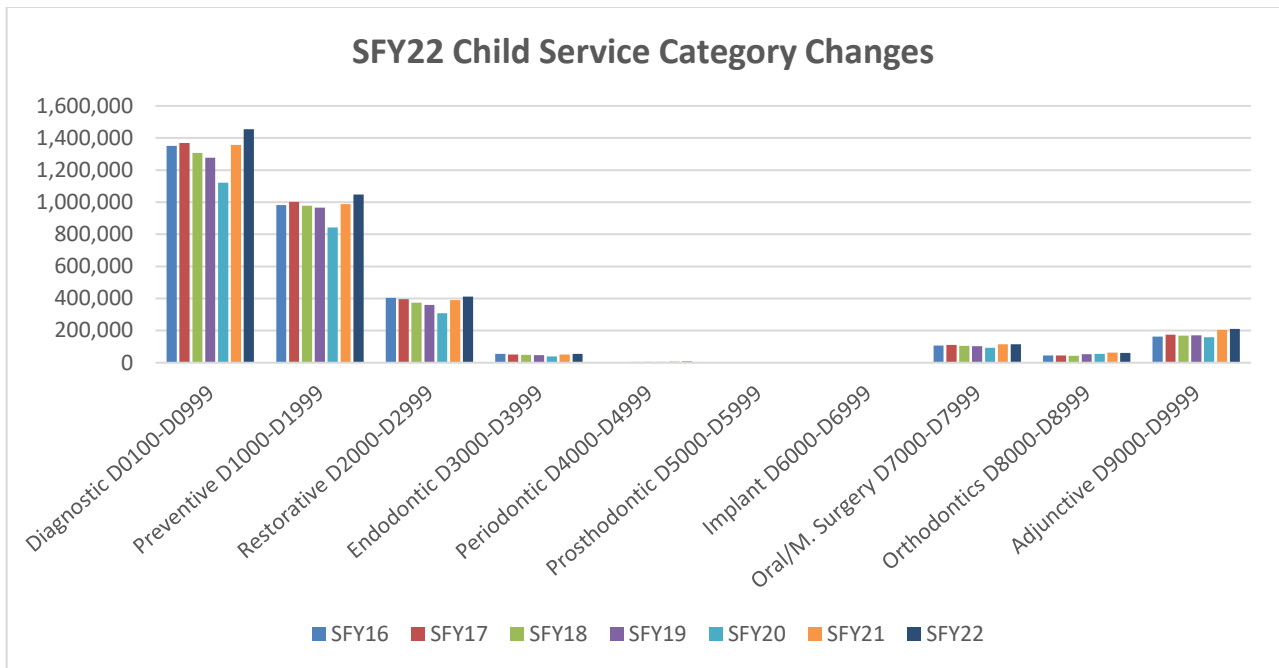


Figure 6 Child Category of Service Changes (number of individual services paid)

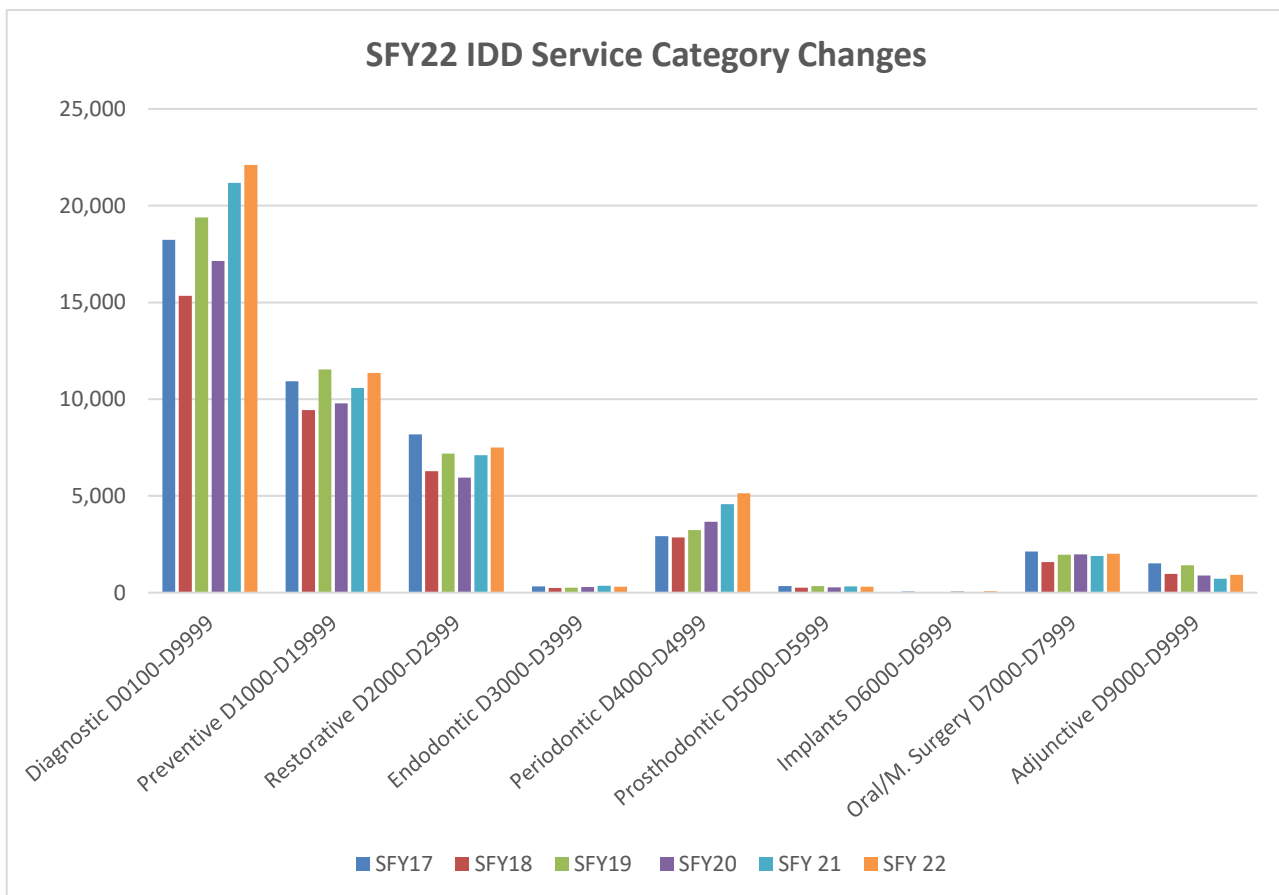


Figure 7 IDD Category of Service Changes in Waiver Benefit only (number of individual services paid). This number is does not include state plan services accessed by Waiver member.

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 category is Restorative services. The child program is the only one which offers an Orthodontic benefit; it 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 state plan 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 8, 9, and 10. The legend for these figures is shown in Table 7.

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 7 Legend for Dental Service Categories and Procedures

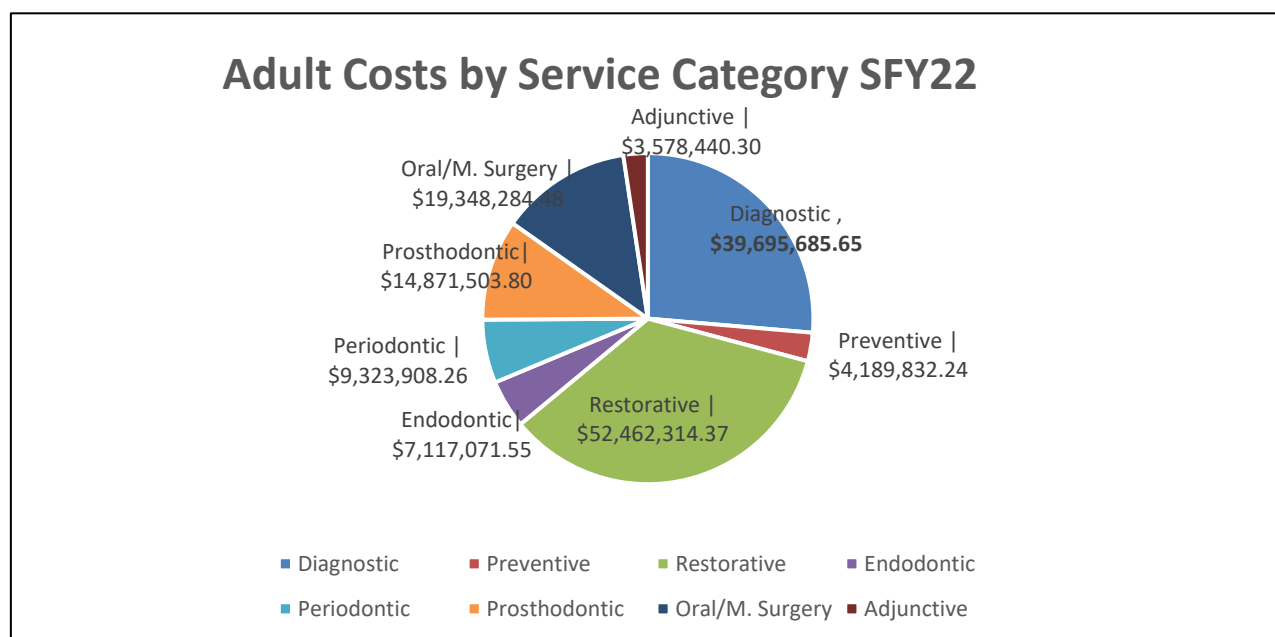


Figure 8 Adult Cost Distributions over Service Category

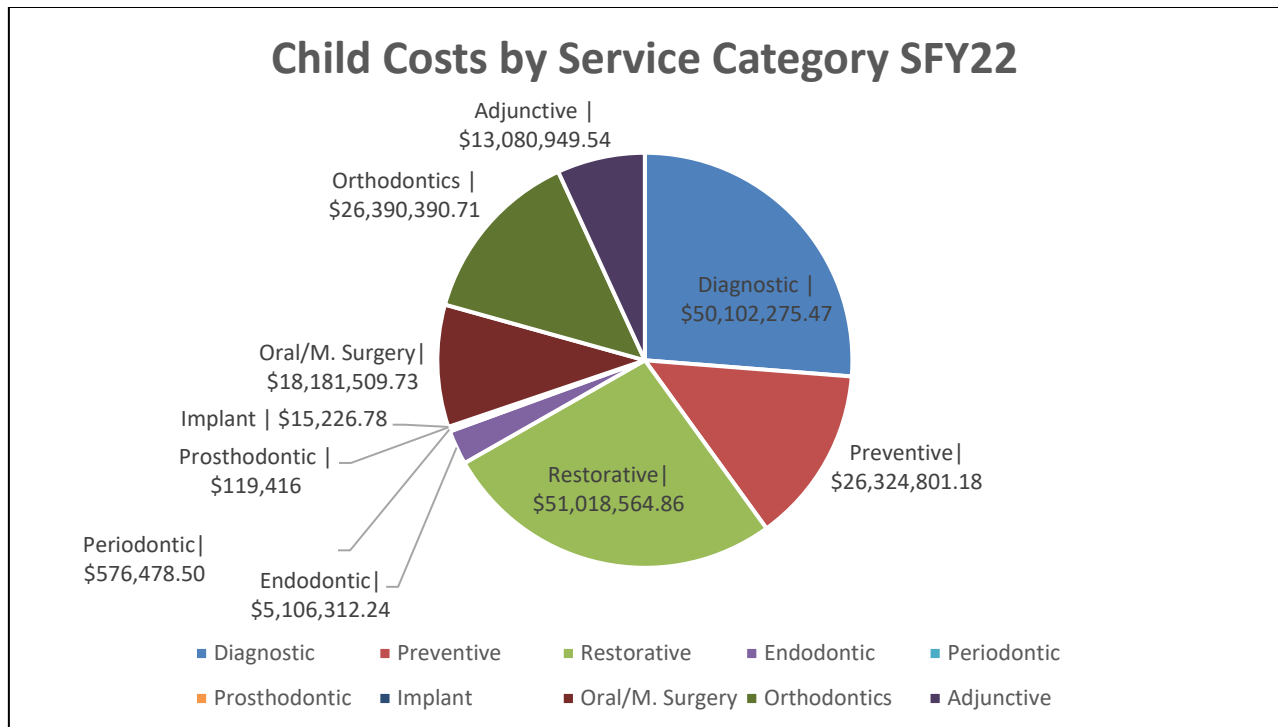


Figure 9 Child Cost Distribution over Service Category

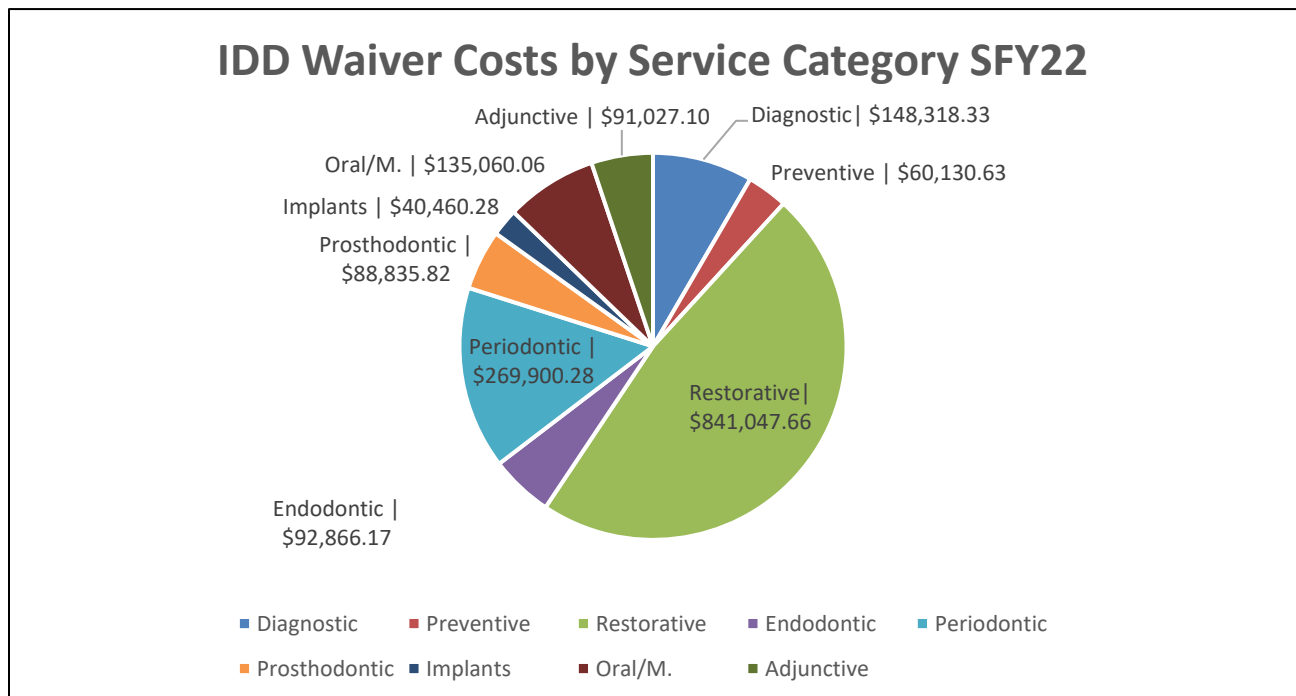


Figure 10 IDD Cost Distribution over Service Category (waiver services)

Contact Center

The Contact Center answered over 51,000 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 SFY22, DentaQuest answered 29,364 member calls and 23,056 provider calls (Table 8).

Member and Provider Calls		
	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
SFY21	28,896	30,760
SFY22	29,364	23,056

Table 8 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 9 presents the Contact Center’s annual summary of calls and shows the key measures for members and providers.

Contact Center 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	28,580	10	0.2%	23
Providers	22,773	4	0.4%	N/A

Table 9 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.

Provider Portal

DentaQuest offers a secure portal for providers to use for the submission of electronic claims. The ORM, special provider communications, and other resources are also available on the provider portal.

Providers

Providers were paid over \$332 million for services rendered in SFY22

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 network relationships and ensuring an adequate network of providers.

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 10 edits made to the ORM for SFY22. All updates are chronicled in a change log and published on the provider web portal.

Provider Network Managers, Education and Communication

In keeping with its goal of providing high touch service, DentaQuest established a team of in-state Network Managers representatives who provide one-on-one assistance to all participating

dental providers. This team compliments the other resources available to providers, including the Contact Center provider line, 24-hour Interactive Voice Recognition system, the DentaQuest provider portal, the provider website, and the Office Reference Manual.

Four Network Managers are located geographically throughout the State, including a manager living and working on the Western Slope. The Network Managers serve as a trusted business partner, helping providers keep their offices running at peak efficiency. They are responsible for recruiting, training, and educating providers and staff on the provider web portal and other resources available to them.

Additionally, Network Managers visit all new offices in person or virtually to introduce themselves and provide hands-on training. During the provider enrollment and orientation process, the provider and staff are trained on how to use the portal for member benefit usage, prior authorization, claim submission, payment tracking, and checking the status of the adult member's annual dental benefit allowance. The Network Managers also provide an in-depth overview of the ORM to ensure the provider and staff can take advantage of this important tool. As COVID- 19 continues to limit in-person visits, provider relations staff have adopted 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 Network Managers resumed attendance at both The Rocky Mountain Dental Convention and the CU School of Dentistry fair.

Provider Recruitment

Provider recruitment is a continuing part of the duties of Network Managers. Network Managers take advantage of every opportunity to recruit new providers to 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 10. 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.

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Health First Colorado Active Dental Providers	
Specialty Designation of Active Providers	Count
Endodontists	43
General Practitioner	1075
Hygienist	395
Oral Surgeon	72
Orthodontist	193
Pedodontist	212
Prosthodontist	15
Public Health	21
Total	2026

Table 10 Active Providers by Specialty Designation *Determined by HCPF in September 2022

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 11, 12, and 13).

Network Analysis Provider Map

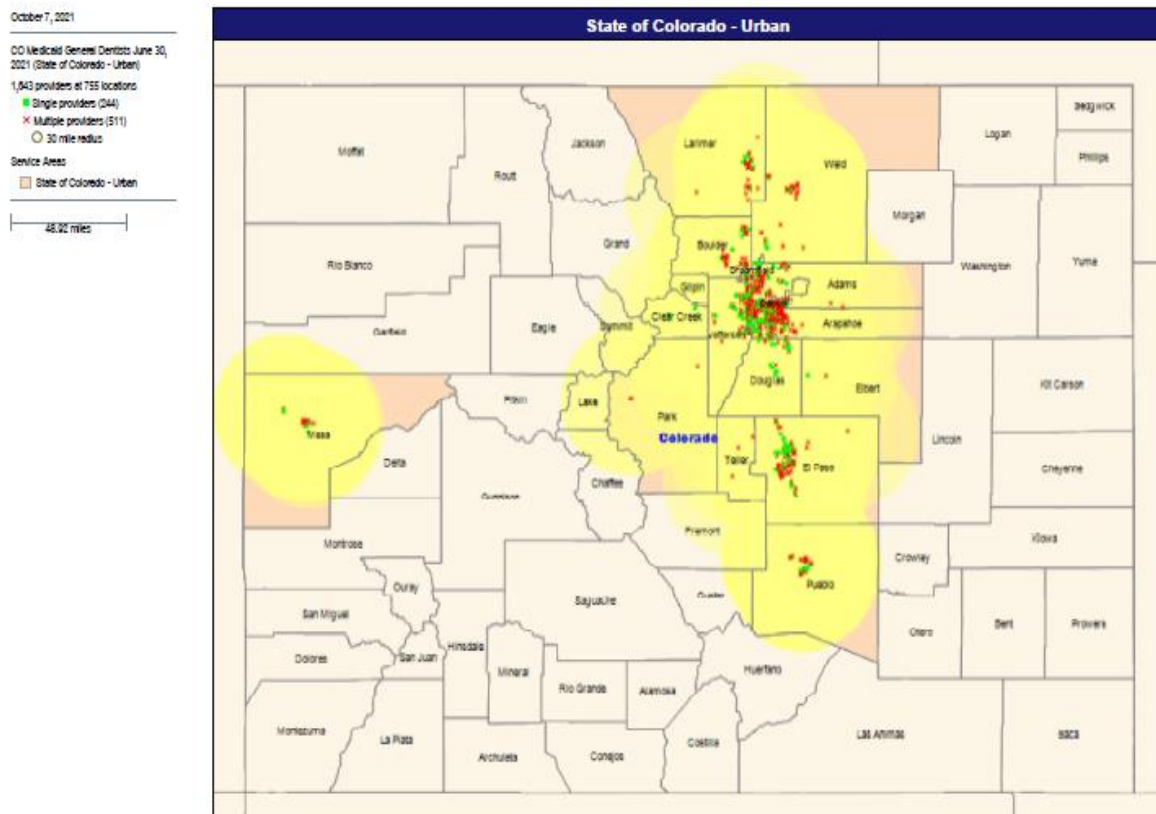
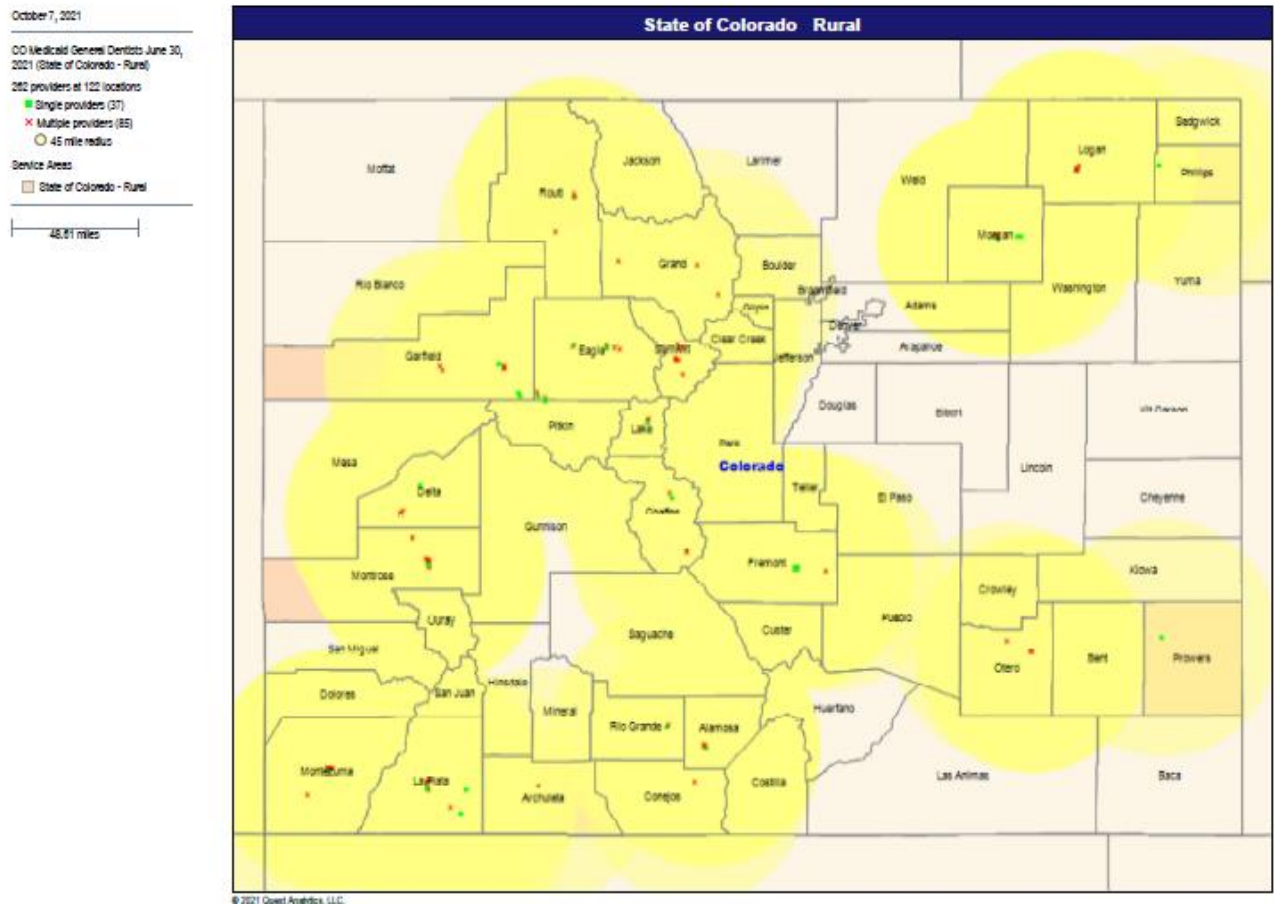


Figure 11 Provider Map Urban Location (30 miles)



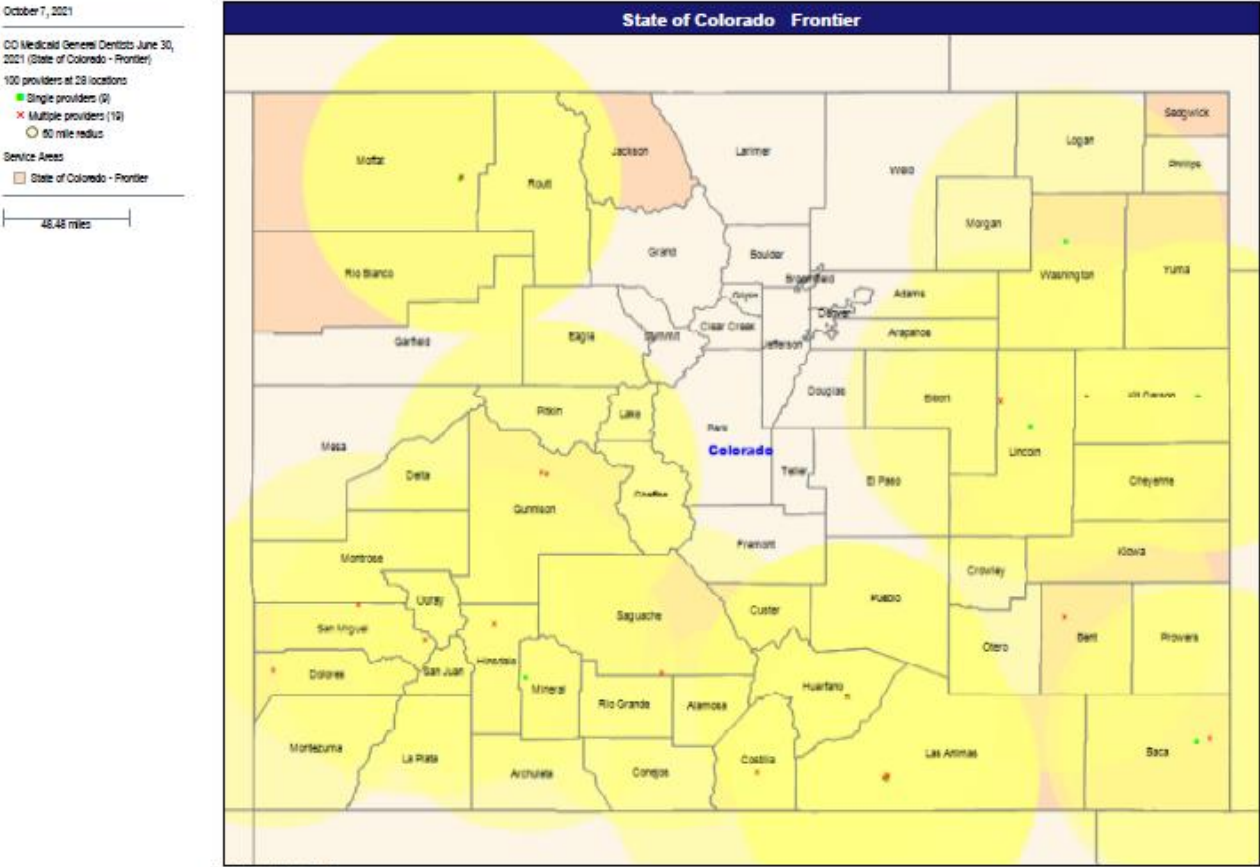


Figure 13 Provider Map Frontier Location (60 miles)

Utilization Management

In SFY22, DentaQuest reviewed over one million 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 SFY22, the approval rate for PARs was 64% for adult members, 46% for child members, and 39% 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 was 1.0 business day for adults, 0.7 business day for children, and 0.8 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 SFY22 was 72% for adult members, 88% for child members, and 60% for IDD members.

Claims

DentaQuest processed over 1.6 million Health First Colorado dental claims in SFY22

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. Windwards 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 12,000 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 1,626,806 Health First Colorado dental claims in SFY22, and average of 135,567 claims per month. The total amount paid for claims processed was over \$349 million, an average of \$29 million paid per month. A table comparing these figures among state fiscal years is below (Table 11). 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	SFY21	SFY22
Total Claims Processed	1,306,317	1,570,957	1,559,286	1,561,577	1,544,501	1,364,311	1,555,334	1,626,806
Average Monthly Claims Processed	108,860	130,913	129,941	130,131	128,708	113,693	129,611	135,567
Total Claims Paid	\$228,134,277	\$326,035,734	\$318,847,671	\$309,344,235	\$309,574,173	\$278,238,253	\$332,761,230	\$349,409,091
Monthly Claims Paid	\$19,011,190	\$27,169,645	\$26,570,639	\$25,778,686	\$25,797,847	\$23,186,521	\$27,730,102	\$29,117,424

Table 11 Claims Processed and Paid Adult and Child Program

The cost per service is shown in Table 12.

Cost Per Service								
	SFY15	SFY16	SFY17	SFY18	SFY19	SFY20	SFY21	SFY22
Adult	\$86.03	\$104.30	\$100.58	\$85.91	\$86.17	\$91.37	\$88.00	\$86.77
Child	\$52.82	\$63.65	\$63.55	\$57.46	\$58.16	\$58.50	\$56.99	\$56.46
IDD	\$37.09	\$96.68	\$111.82	\$61.13	\$59.78	\$60.80	119.27	\$60.78

Table 12 Cost Per Service

Grievances, Reconsiderations, and Appeals

DentaQuest processed 478 Grievances and 16,249 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 billing/reimbursement issues. After investigation, it was determined most were a result of miscommunication between the provider office and the member or member guardian. Out of the 462 member grievances received, 68 cases were substantiated. There were 7 Provider grievances with most of them relating to inappropriate member behavior.

Reconsiderations and Peer-to-Peer Review

In SFY21, DentaQuest received 1,095 member reconsiderations and 14,982 provider reconsiderations. A reconsideration may be requested by a provider (or member) for a denied PAR or service, which is a second review by a Dental Director with the same expertise and specialty as the submitting provider. The reconsideration is always performed by a different Dental Director than the one who made the original determination. The second reviewer may uphold the denial, overturn, or request/review additional documentation from the provider to make their decision (Table 13).

Member and Provider Reconsiderations Upheld (Percentage)		
	Member Reconsiderations Upheld	Provider Reconsiderations Upheld
Clinical Denials Upheld	84.06%	68.70%
Administrative Denials Upheld	86.71%	67.30%

Table 1 Reconsiderations Upheld

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

Appeals (State Fair Hearings)

Members may request a state fair hearing after a denial of service. This is in addition to their right to use the grievance process. Within two business days of notification of a member appeal, a Complaints and Grievances Specialist will provide the Department an appeals packet containing the initial submission documents, notice of action, provider determination notice, reconsideration or second review information, x-rays or narrative, and the clinical criteria utilized to make the decision. A DentaQuest Dental Director and the Complaints and Grievances Specialist attend the hearing to support the Department. There were 173 state fair hearings in SFY22. Table 14 shows the numbers of Reconsiderations, Grievances, and Appeals.

Reconsiderations, Grievances and Appeals (State Fair Hearings)			
Type	Members	Providers	Totals
Reconsiderations	1,095	14,982	16,077
Grievances	462	7	469
State Fair Hearing	164	9	107
Total	1,721	14,998	16,719

Table 24 Reconsiderations, Grievances, and Appeals (State Fair Hearings)

Utilization Review

All providers were reviewed monthly for outlying practice patterns.

The DentaQuest Utilization Review system is set up to statistically evaluate treatment patterns of participating provider's use of codes compared to providers performing similar procedures. The system identifies those providers whose treatment patterns deviate significantly from the norms for both over-and under-utilization. Over-utilizers may be providing medically

unnecessary care, while under-utilizers may not be providing necessary care to members.

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

Member Outreach and Education

Member Outreach staff attended 478 virtual meetings and provided direct advocacy to resolve 145 member issues.

The Colorado Member Outreach Team's mission is to increase access to and utilization of high-quality dental benefits for all enrolled Health First Colorado and Child Health Plan Plus (CHP+) members. In support of this mission Member Outreach staff forges strong relationships with community partners across the state to promote Medicaid and CHP+ dental benefits and the importance of oral health. In 2021-2022 Member Outreach carried out 36 virtual presentations, provided oral health information and/or dental kits and collaborated with more than 34 partner organizations including community-based organizations, advocacy groups and government departments to distribute program materials.

Colorado Outreach efforts include three wellness programs: Smiling Stork, Healthy Beginnings and the Broken Appointment program.

Smiling Stork was established to ensure that women receive dental care while pregnant. The program integrates the services and support of OB/GYNs, dental providers and community organizations to ensure pregnant women are accessing dental care. It provides written information and education to women on:

- The importance of being screened for periodontal disease during pregnancy
- How to access covered dental services during pregnancy
- The value of establishing good oral health habits for their babies

Healthy Beginnings provides age-specific oral health education at each birthday for DentaQuest's youngest members, ages 0 to 2. Healthy Beginnings materials outline important advice on topics from pacifier use and baby bottle dental decay, to how to engage young toddlers in brushing their own teeth. Both programs encourage finding and visiting a dental home provider.

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

In 2021-22 Outreach contacted 1,117 members as part of the Smiling Stork program, sent Healthy Beginnings 24,152 mailers to members and contacted 4841 members through the Broken Appointment program.

The team reached 201 households by direct member call campaign in Weld County as part of our CHP+ Performance Improvement Project (PIP) to remind members to schedule their bi-annual dental check-up.

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

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

DentaQuest Colorado Team	26
DentaQuest Monthly “Scorecard” of Performance Measures	27

DentaQuest Colorado Team	
Member Outreach	
Ivy Beville, Suprena Crawford, Sarony Young	
Provider Relations	
Natalie Archuleta, Cristal Chavez, Jennifer Labishak	
Dental Director	
James Grant	
Client Engagement (local)	
Maureen Hartlaub, Logan Horn, Lisa Reynolds, Tracy Schroeder	
Client Engagement (national)	
Aaron Washburn	

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 21-22											
July	100.00%	100.00%	99.99%	100.00%	11 seconds	23 seconds	0.00%	7 out of 7 were resolved	100%	N/A	Yes
August	100.00%	100.00%	99.95%	100.00%	9 seconds	25 seconds	0.10%	12 out of 12 were resolved	100%	N/A	Yes
September	100.00%	100.00%	100.00%	100.00%	6 seconds	20 seconds	0.00%	2 out of 2 were resolved	100%	N/A	Yes
October	100.00%	100.00%	99.99%	100.00%	5 seconds	24 seconds	0.20%	9 out of 9 were resolved	100%	N/A	Yes
November	100.00%	100.00%	99.99%	100.00%	7 seconds	25 seconds	0.00%	39 out of 39 were resolved	100%	N/A	Yes
December	100.00%	100.00%	99.99%	100.00%	2 seconds	30 seconds	0.00%	17 out of 17 were resolved	100%	N/A	Yes
January	99.95%	99.84%	99.99%	100.00%	3 seconds	21 seconds	0.00%	22 out of 22 were resolved	100%	N/A	Yes
February	100.00%	100.00%	100.00%	100.00%	4 seconds	21 seconds	0.00%	68 out of 68 were resolved	100%	N/A	Yes
March	100.00%	100.00%	99.90%	100.00%	12 seconds	25 seconds	0.03%	27 out of 27 were resolved	100%	N/A	Yes
April	99.98%	99.86%	100.00%	99.90%	14 seconds	21 seconds	0.03%	72 out of 72 were resolved	100%	N/A	Yes
May	100.00%	100.00%	99.90%	99.90%	10 seconds	28 seconds	0.30%	36 out of 36 were resolved	100%	N/A	Yes
June	99.97%	99.90%	100.00%	100%	11 seconds	20 seconds	0.40%	29 out of 29 were resolved	100%	N/A	Yes