Background

On September 1, 2008, dental health services were carved out of the healthcare package of benefits which were previously administered by four Medical Care Organizations (MCOs). Under the newly designed healthcare delivery program, the delivery of dental health services for all HUSKY enrolled individuals have been delegated to a single administrative services organization (ASO) model which is contracted with the Department. The dental health program is called the Connecticut Dental Health Partnership (CTDHP).

Objectives of the Dental Administrative Services Organization

- Expansion and enhancement of access to and promote the active use of dental homes;
- A strong preference for delivery and management of services within local communities including public health settings;
- Promote member compliance with Early, Periodic, Screening, Diagnosis and
- Treatment (EPSDT) services through an established dental home;
- Early intervention evidence – based strategies for children and adults who have been identified as being high – risk for decay;
- Intervention strategies to reduce Emergency Department (ED) utilization;
- Simplification of administrative processes for dental providers;
- Development of the prevention and interceptive model versus one that focuses on disease treatment
- Utilization of data analytics to establish baseline metrics and on – going performance and result monitoring.

Administrative Integration

The Department uses a common administrative infrastructure to support the goals of Connecticut's Medical Assistance Program. The shared infrastructure promotes the effective and efficient management of all health services including oral health services provided to members of the HUSKY Health Program.

In the desired administrative infrastructure the Department, its fiscal intermediary, Hewlett Packard Enterprises, INC. (HPE will process all dental claims and is responsible for the enrollment of all providers into the Medicaid Management Information System(MMIS). The dental ADMINISTRATIVE SERVICES ORGANIZATION shares select administrative functions.

The Department seeks to continue to improve member's overall health and well – being through the delivery of public sector oral health services by a person – centered approach. The means to achieve the goal is to maintain an ample supply of PCDs and specialists, increase appropriate member utilization through member education activities, through partnering with primary care providers and external stakeholders all in an effort to improve the state of Connecticut's residents' knowledge of the importance of oral healthcare. The dental ASO also ensures the provision of quality oral healthcare by the network. Toward this end, in addition to the standard functions provided by a third party contractor, the Department initiated the following actions with the last request for proposal (RFP) for dental services and expects to continue the functions:

- Use of the LEAN and Balanced Scorecard methodology for process management and service delivery;
- Required in – depth data collection, reporting and analysis;
- Promoted a full service call center for members and providers;
- Developed an intense interventional care coordination program;
- Developed multiple innovative, targeted outreach methodologies to improve the knowledge of the importance of oral healthcare to multiple audiences;
- Partnered with the Connecticut State Dental Association and all interested stakeholders;
- Developed unique clinical outreach activities;
- Developed intervention – founded quality improvement projects;
- Developed an advanced web portal for processing prior authorization requests and communicating with members and offices.

Provider Related Integrated Services

- Counsel and assist providers regarding documentation for the application process;
- Network assessment, recruitment and management;
- Development of provider education and outreach materials including a detailed provider manual describing processes used by both the dental Administrative Services Organization and HPE;
- Review, approval and transmission of manually priced claims;
- Cllaims submission of all orthodontic rendered procedures;
- Prior authorization determination and transmission of approvals to the fiduciary agent.

Member Specific Services

The dental Administrative Services Organization is expected to work with the behavioral health Administrative Services Organization, medical Administrative Services Organization and transportation Administrative Services Organization to develop a streamlined process for inter – Administrative Services Organization member referral, to elicit assistance for referring members who are non – utilizers of dental services and to ensure that members utilize a dental home that is within proximity to their place of residence or work (15 mile radius or less).

Coordination with Members' Medical Plans

As demonstrated by the growing body of scientific literature, one's oral health can directly or indirectly impact a person's overall health and well – being. It is essential to educate the medical community about the importance of getting their patients into dental homes for regular oral healthcare. The medical and dental Administrative Services Organization will work together on primary care education and initiatives to improve ease of referral between primary medical and dental care providers and inter –Administrative Services Organization referralsl.

- The HUSKY Health medical Administrative Services Organization will continue to be responsible for hospital Emergency Department services for facial trauma, operating room services or same day surgery suites (excluding the approval of the dental procedures and oral surgery services performed by an oral and maxillofacial surgeon). The dental and medical Administrative

Services Organization will work together to develop and implement a cross – Administrative Services Organization referral process.

The Dental Administrative Services Organization is responsible for:

Administrative Functions:

- Conduct the grievance and administrative hearing processes and coordination of the hearings for members and providers;
- Benefit and eligibility verification for providers and members;
- Coordinate with the fiduciary agent for member and provider eligibility;
- Coordinate with the fiduciary agent for prior authorization and claims files;
- Prior authorization of medically necessary services;
- Maintain a data system for member's radiographs, authorization review results, claim history and other relevant information;
- Data analysis and reporting;
- Analysis of member claims data;
- Analysis of provider claim data;
- Conduct community and member educational outreach forums;
- Conduct professional presentations;
- Provider and member utilization management;
- Develop, print and distribute the provider manual and outreach materials;
- Develop, print and distribute member outreach materials

Member Centered Services:

- Complete care coordination activities;
- Data construct and analysis;
- Eligibility verification;
- Intensive case management;
- Grievance hearing management and administrative appeals;
- Oral health education;
- Outreach activities and initiatives;
- Prior authorization of services;
- Translation services;
- Assistance with provider location in convenient locations, appointment scheduling and transportation arrangements;
- utilization monitoring and promotion; and
- Maintain an interactive website for multiple devices.
- Translation assistance;
- One-on-one benefit reviews;
- Appointment scheduling assistance;
- Facilitation of radiograph and dental record transfer;
- Intensive care coordination for identified members;
- Case management and care coordination activities for:members with special healthcare needs and pregnant women; and non – utilizers of oral healthcare.

Provider Centered Services:

- assistance with the provider enrollment process;
- Data construct and analysis;
- Network evaluation, management and recruitment;
- Provider education, inspection, outreach and relations;
- Prior authorization of designated services;
- Utilization evaluation, management and monitoring;
- Utilization monitoring and promotion; and
- Maintain an interactive website and portal.
- Network recruitment, monitoring and maintenance;
- Professional office inspection and evaluation;
- Develop quality improvement projects with definable metrics;
- Develop and maintain a HIPAA compliant website portal for providers, community partners and clients;

Functional Construct of the Dental Administrative Services Organization

I. Call Center

- Call Center Manager
- 8 customer Services Representatives
- 1 Lead Call Center Representative

The Dental ASO call center provides assistance to both HUSKY members and providers

Customer Service Representatives:

- Culturally Aware and Sensitive
- Bi-lingual
- Knowledge of dental industry in some capacity (assistant, representative, etc.)
- Must have ability to handle difficult members/situations

1. Member Services

- Assist members with finding a participating dentist and educate members about the importance of having a dental home in order to obtain and maintain good oral and overall health
- Assist members that have an urgent or emergent need by providing the member with a same or next day dental appointment
- Assist members with any questions regarding their HUSKY eligibility, benefits, or any other services available such as interpreter or transportation services
- Assist members with any questions they may have regarding a dental prior authorization or claim
- Assist members with any issues or complaints they may have with a provider

2. Provider Services

- Assist providers with obtaining eligibility and claim history, benefits, or prior authorization status on behalf of their patients
- Assist providers with issues or complaints they may have regarding a patient or a patient's prior authorization or claim

3. Other tasks performed by the representatives of the call center:

- Schedule automated calls which are sent out to members that are not utilizing benefits, have seen a dentist in a year's time or have been seen in an emergency room for a dental issue, and/or contact members with children who have been determined to have a risk for caries (through the use of screening codes). When a member returns the automated call, each member is educated and is provided with assistance in getting an appointment or a dental home.
- CSR call all newly enrolled HUSKY members from a listing identified through enrollment files; the goal is to educate the member/family about the importance of oral health and to get them into a dental home as soon as possible.
- CSRs call providers periodically to conduct surveys to ensure that the contact information, participation status and the services provided are accurate
- CSRs each give a presentation on a dental topic or a team related topic to the rest of the call center team on a rotating basis

II. Care Coordination and Outreach

- Director of Care Coordination and Outreach – oversees all processes and staff
- Outreach Coordinator –responsible for the organization and management of all outreach activities and materials
- Coordinator of Care Coordination –manages case assignment, office coverage scheduling, quality, case and process documentation and training
- Six Regional Dental Health Care Specialists (DHCS) – Live and work in the six regions of the state.
- Develop relationships with dental providers, medical providers, community agencies. Perform outreach in their regions.
- Provide Care Coordination for members in their regions.
- 1 DHCS Dedicated to Members with Special Health Care Needs (CSHCN) –
    - Develops relationships with providers who treat CSHCN and provides statewide.
- 1 DHCS in-Office – Backs up the other DHCS, provides assistant for more complex Care Coordination.

III. Care Coordination/Intensive Case Management

1. Care Coordination

Referrals are received from the CTDHP Call Center, State Departments, Community Agencies, dental providers and medical providers, members themselves and others. Members are assigned to DHCS either by region, SHCN or other factors. Cases are opened in the Member Relationship Management (CRM) system which has claims data, eligibility data and historical case and call center issue data. DHCS reach out to the member usually by phone and have interactions with the member, assess the situation, provide assistance involving care and benefits, help find providers, provide referrals, perform appointment assistance, arrange transportation, arrange translation services, perform claims review, problem solve, provide education, make provider and community contacts and more. In short these staff members the do what is needed to get the member into a dental home and getting needed dental care. They record case notes, documents and other information in the CRM. Cases are also created from claims data: Hospital Emergency Department dental utilizers, screenings, problem-focused exam over-utilizers and other items. Cases for pregnant women and their infants are created from Community Health Network of Connecticut's perinatal list. The list is provided bi – monthly with over a thousand cases opened each year.

2. Outreach

The six regional DHCS work to develop relationships with dental providers, medical providers, community agencies who see HUSKY Health members and other organizations that can have contact with HUSKY Health members. These relationships assist with both care coordination activities and are instrumental in furthering outreach. These organizations will distribute member educational materials to those 'community partners' and attend meetings and events in their regions. They persuade 'trusted persons' in those community partners to promote the importance of oral health to our members and provide information on how to use CTDHP to get care and learn about oral health. Over a thousand outreaches (visits, meetings, etc.) are conducted each year. Nearly one-hundred-thousand pieces of materials are distributed each year including oral health kits, baby bibs and posters.

IV. Provider Relations and Network Development

- 1 Network Manager – with specific experience for dental network management
- Provider Assistant Representative
- .5 Clerical Assistance

- Provider Application Assistance- Review application status in Connecticut's fiscal intermediary and Enrollment Broker, Hewlett Packard Enterprises (HPE). When the application is incomplete the Provider Assistant contacts the provider's office to gather the additional information needed to complete the application and transfer documents to HPE. The average number of outstanding applications per month is approximately 50
- Provider Contract Renewal-Review Reports are run on a daily and weekly basis to determine providers that need to re-enroll with HPE for their continued participation in the Connecticut Medical Assistance Program (CMAP). The Provider Assistant contacts providers to educate them on the re-enrollment requirements and if necessary, the process. The Provider Assistant will follow up with providers to ensure the new contract is complete and assist with final certification documents that need to be transferred to HPE. The average number of renewals per month is approximately 97.
- The Network Manager makes office visits to all newly enrolled providers to welcome offices into the program, educate office staff, resolve provider issues and answer day to day questions. The network manager is also used to follow up on complaints and at times perform an office assessment based on the severity of the complaint. The office assessment may be performed in conjunction with a hygienist depending upon the nature of the complaint.
- The team is responsible for the creation and maintenance of the Welcome Packages containing fee schedules, contact sheets and program guidelines which sent to each office. A hard copy of the Provider manual is mailed to each new office.
- Complaint Follow up- Complaint reports are reviewed on a daily basis, assigned a severity point and are addressed in a timely fashion.
- Provider Survey- A survey is conducted on an annual basis to review office and provider data. The information is gathered and input into the database to allow the CSRs, DHCS and other staff to make the most appropriate referrals for members.
- Secret Shopper- A Secret Shopper Survey is performed every two years to determine the appointment wait time for a member to be seen by a dentist. A script is developed and a list of members is compiled. A non-partial vendor is hired to perform the survey. The data from the survey is reviewed and reported on. Corrective action plans are developed for non-compliant offices.

- Network Analysis Report- is performed on a monthly basis and delivered to the Department of Social Services.
- Network Adequacy Analysis is performed 2 times a year or as needed. Geo Access Reports in combination with member to provider ratio reports are reviewed. Recruitment initiatives are developed as necessary.
- Network Add and Delete Report – Monthly reports to the Department of Social Services is generated to identify new offices/providers and terminated offices/providers.
- Terminated Provider Member Letters- When an office terminates a process is followed to mail letters to the members of the terminated office to assist the members in finding a new dental home.
- Provider Education- Provider education is performed in many ways. There is a quarterly newsletter that is produced, a provider manual that is in print and on the website, provider bulletins and lunch and learn meetings. The Network Manager also holds group sessions to meet multi-location practices or specialty group education needs.
- Marketing Guidelines Enforcement- offices and locations where marketing is taking place are visited to educate marketers and providers on the CMAP guidelines. Corrective action steps which include telephone calls and in person visits are performed.
- Quality Assurance- Weekly reviews are performed of new application and termination data entry and feedback is provided to the Provider Relations and CSRs teams. Daily system reports are reviewed for provider data errors. Corrections are made on a daily basis.

V. Appeals and Grievance /Quality Assurance

- 1 Quality Assurance Manager
- 1 Grievance and Appeals Supervisor/Coordinator
- 2 Grievance and Appeal Support Staff
- 1 clerical support staff
- Professional QA staff

- The Appeals and Grievance Department is responsible for creation and mailing of Notice of Action (NOA) letters which are sent to members who are being denied a requested service. The Appeals and Grievance Department is also responsible for researching all member appeals received from the Department of Social Services to ensure that appeals were filed before the 60 day time limit. Grievance and Appeals representatives locate and provide copies of documentation to the Office of Legal Counsel, Regulations and Administrative Hearings (OLCRAH) which are necessary for a hearing to be scheduled.
- Representatives of the Grievance and Appeals Department arrange for second reviews to be performed on all dental and orthodontic cases which are being appealed. After the review is completed, the representative contacts the member to advise if the service has been approved or if the denial was upheld. If the service was approved on second review, or if the member decides not to move forward with the appeal, the representative will coordinate the withdraw of the hearing request with the member and the processing technician assigned to the case at OLCRAH.
- Prior to the scheduled hearing date, a Grievance and Appeals Representative will contact the member to confirm that they intend to attend the hearing scheduled for them. If the member needs to reschedule the date or if they decide to withdraw the request for a hearing, the representative will coordinate the change with the member and the processing technician assigned to the case at OLCRAH. If the member decides to go forward with the hearing, a

Grievance and Appeals Representative attends the hearing on behalf of CTDHP and DSS. The representative is responsible for establishing a video/voice connection with the Hearing Officer located in Hartford and for escorting the member into the hearing room. CTDHP also arranges for a licensed dentist to attend the hearing via telephone to answer any technical or clinical questions that arise during the hearing. After the hearing is completed, the representative will arrange for review of any additional information that was presented by the member at the hearing and will send the results of that review to the hearing officer assigned to the case.

- Unit is involved in quality assurance activities – monitoring and assessment interacting with other major divisions.

1. Essential Functions

- Log all appeals into appropriate tracking spreadsheets
- Locate and copy Notice of Action Letter sent to member for service which is being appealed, and send to required personnel at DSS and OLCRAH
- Locate and copy all claim forms, assessment records and other required data for the Hearing Summary
- Create Summary Work Flow for member and update spreadsheet with necessary information
- Arrange for second review of denied services
- Correspond with member to advise of results of second review in language which member requested on hearing notice
- Coordinate withdraw of hearing request for members who have been approved for service after second review or have decided not to continue with the hearing request
- Confirm intention of member to appear at scheduled hearing
- Attend Fair Hearings on behalf of the CTDHP/DSS
- Adhere to all established procedures to ensure that guidelines sent by DSS/OLCRAH are followed and met

VI. Claim Review / Prior Authorization

- 1 Claim Manager
- 6 Provider Relations Support Staff (1 orthodontic specialist)
- 8 Clinical Dental CConsultants
- 1 Corporate Dental Director (to assure for consistency of and quality for CMAP Regulations)
- Administrative staff validate PA requests for compliance with required documentation & function as support personnel for dental provider office staff
- Prior Authorization effectuated through online claim review of digital PA requests and submitted documentation performed by licensed CT dentists to ensure rendering and billing provider compliance with CT Medicaid Dental Regulations, prevailing community standards of care, medical necessity and clinical appropriateness
- Individual determinations are made in every case
- Only approved PAs are transmitted to HPE against which dentists can submit claims for payment
- Providers receive notices of PA status within 15 business days (actual Turn – around – Time ~4.to 6 business days for 2016 YTD);
- Providers upload or can access PA status information securely through CTDHP.com;
- Three tier provider PA appeal protocol is in place and escalates through CTDHP consultants for second review, BeneCare's Dental Director for tertiary review and DSS Dental Director for final "internal review". External appeals are effectuated through UCONN School of Dental Medicine

and one final appeal is available through the Connecticut State Dental Association's (CSDA) peer review process

- NOAs are generated as the result of any prospective reduction, suspension or denial of services made
- Claim review processes are monitored by utilization management statistical profiling of each dentist billing entity's practice patterns conducted on an annual or more frequent basis if aberrant practices are identified.
- Claim review and UM processes are informed by member complaints, provider complaints, and sanctions activity.

VII. Committees

1. Quality Assurance and Improvement Committee

- Composed of three external dental practitioners with different areas of oral health interest and one pediatrician
- Composed of Operations staff
- Is a committee established to develop and meet on a quarterly basis to propose, design and for the vendor to carry out quality improvement projects which may relate to member or provider utilization activities, outreach or oral health education and improvement activities

2. Dental Policy Advisory Committee

- Composed of external advocacy groups, sister state agencies, community agencies and oral health stakeholders
- Purpose is to advise on dental policy, program changes and program activities geared to improving the oral health of the HUSKY Health Program as well as the citizens of Connecticut where applicable