

Part II: Technical Approach

K Member/Provider Service

Delta Dental is pleased to offer the Louisiana Department of Health and Hospitals (DHH) our well-established, comprehensive approach to Member and Provider services. Our Member Services activities are designed to ensure that Louisiana Dental Benefit Management Program (DBMP) members receive the information and support necessary to access high quality dental services. Our Provider Services management ensures that providers receive the ongoing training, information and support to provide quality dental care to the members.

Delta Dental's solution meets the RFP requirements and we are committed to compliance.

K.1 Contact Center

K.1 Provide a narrative with details regarding your member services line including

- *Training of customer service staff (both initial and ongoing);*
 - *Process for routing calls to appropriate persons, including escalation; The type of information that is available to customer service staff and how this is provided (e.g., hard copy at the person's desk or on-line search capacity);*
 - *Process for handling calls from members with Limited English Proficiency and persons who are hearing impaired;*
 - *Monitoring process for ensuring the quality and accuracy of information provided to members;*
 - *Monitoring process for ensuring adherence to performance standards;*
 - *How your customer service line will interact with other customer service lines maintained by state, parish, or city organizations (e.g. Partners for Healthy Babies, WIC, housing assistance, and homeless shelters); and*
 - *After hours procedures.*
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Delta Dental has decades of experience performing Contact Center functions for government programs. We understand that this form of communication is critical for assisting members and providers with a wide variety of questions and concerns. The Contact Center is the primary resource for members and providers to obtain the one-on-one information, guidance and assistance. For example, members may obtain information on locating and accessing a provider, program coverage, coordination of benefits and treating children with special health care needs. Members may also call with requests for interpretive services and assistance with appointment scheduling or filing a grievance. Provider calls also are handled by the Contract Center. Providers can call for information on prior authorization requests, provider appeals, provider processes, provider complaints and provider responsibilities.

Delta Dental's Contact Center features:

- Separate toll-free numbers for members and providers
- A speech recognition and touch tone enabled interactive voice response (IVR) system
- Fax-back capabilities

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- “Screen pop” feature allowing the customer service representative to see information that the member or provider has already entered into the IVR, which eliminates the need for the caller to repeat information already given
- One-hundred-percent call recording with screen capture, allowing management to review calls and provide feedback and training to the customer service representatives in a timely manner.

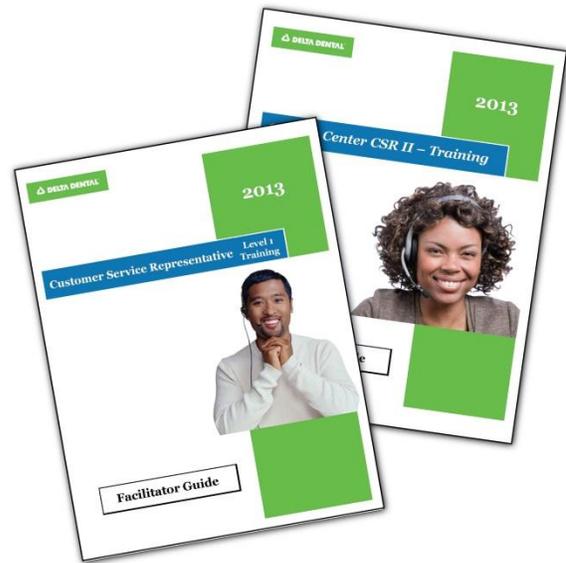
Contact Center staff are available to receive calls from 7 a.m. to 7 p.m. Central Time, Monday through Friday, excluding State-approved holidays. Our Contact Center handles calls from both members and providers. We are proud of our performance in this area, which is demonstrated by the following statistics:

- Average speed of call answering – 17 seconds
- Calls resolved on the same day – 99.7%.

Customer Service Training

Delta Dental fully trains all Contact Center and customer service representatives before they assume operational duties. Staff undergoes comprehensive training that prepares them to interact efficiently and professionally with members and providers. See Attachment K.1-1, CSR I Training Materials and Attachment K.1-2, CSR II Training Materials.

Our training covers Delta Dental’s service-focused philosophy, mission, general policies, telephone etiquette, problem-solving skills, automated systems and tools, and HIPPA compliance requirements. Staff receives training designed specifically for the Louisiana DBMP and the training curriculum is updated as program changes occur. Initial and ongoing training covers all aspects of the program requirements including network provider roles and responsibilities, and member benefit levels covered services including member responsibilities.



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through a series of short prompts to determine if the caller can be serviced via the IVR system or needs to be routed to a representative. If a call cannot be completed via the IVR system, our solution uses a customized program to route calls to the appropriate area based on menu selections. The IVR supports the option of accessing information through the automated system or speaking with a representative.

Customer Service Staff Tools and Support

Incoming calls are routed to either a Member Services Representatives or a Provider Services Representatives through an automated call distribution (ACD) system. When calls require interaction with a representative, the system places the incoming calls in the queue. Based on the caller (member or provider), and the subject the caller selects from the menu; the ACD system distributes the calls to the first available representative based on the type of caller, type of requests, provider referrals or translation/interpretation services. Representatives can access a broad range of data online to address member and provider questions. Additionally, all training materials and manuals are available online and are easily searchable. With the available online tools and resources, callers' questions are generally resolved during the initial call. However, when unable to resolve, we arrange a call-back appointment at the convenience of the caller. The representative establishes a pending call record, researches the issue(s) and calls the member or provider back with the resulting information.

Call Escalation

The Contact Center is organized into teams that include a supervisor, a team lead, and member services representatives and provider services representatives. The coordinator helps representatives find answers to complex inquiries and provides mentoring to advance skills and knowledge.

Delta Dental has a call escalation queue that gives callers access to a supervisor during the initial call if the representative cannot answer a question or resolve an issue. Complex issues may also be referred to the Case Management team or Professional Service staff to provide specialized assistance and resolution.

Language Assistance

Assistance for Hearing Impaired

Hearing impaired members may reach Delta Dental through the Telecommunications Relay Service (TRS) by dialing 711, which is nationally recognized. TRS permits persons with a hearing or speech impediment to use the telephone system via a text telephone (TTY).

Bilingual and Multilingual CSRs

Delta Dental provides sufficient members of bilingual and multi-lingual staff to fully support the needs of members and providers. Currently 22% of Delta Dental's representatives available to serve DBMP members speak Spanish and 8% speak other languages. Callers can request interpreter services and Delta Dental makes them available.

Quality Management

Delta Dental has implemented a comprehensive monitoring plan to promote the accuracy and appropriateness of responses to member and provider inquiries and adherence to overall Contact Center

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performance standards. Attachment K.1-3, Contact Center Quality Assurance Policies, provides the overview of the policies that guide our quality program.

Monitoring Quality and Accuracy of Responses

Our Contact Center and management team review a sampling of representative calls to evaluate representative professionalism, responsiveness and accuracy of information provided:

- Appropriate greeting is used
- Proper level of professionalism is maintained
- Conversation stays on topic
- Conflict resolution skills are appropriately used
- Word choices are professional
- Jargon and slang are avoided
- Effective voice inflection, delivery, volume and rate of speech are used
- Appropriate empathy is shown relative to caller's situation/feelings
- Suitable closings are expressed.

Quality Management (QM) staff reviews a sample of calls and system navigation by representatives during calls using the screen capture function. Call monitoring is performed according to industry standards and methods for process reviews. The software used by Delta Dental saves all calls received daily and stores them in an electronic folder to be retrieved for monitoring. From this folder, a sample is selected which is evaluated for quality. In 2013, our Enterprise Quality score was 95%:

- Quality reviews also evaluate and verify the information provided is complete and correct
- That all HIPAA privacy policies and procedures are followed

We use the findings from these reviews for training purposes and for our continuous performance improvement activities. To help ensure that representatives deliver the same level of service to both English and non-English speaking members we include a relative percentage of other language calls in the sample.

Monitoring Adherence to Performance Standards

Delta Dental tracks the Contact Center's overall statistical performance using the following tools:

- **Desktop Graphical Displays** — Each supervisor has access to two applications: Real Time Display through our phone system and Real Time Adherence through the Workforce Management (WFM) system. The application graphically displays current call volumes and performance statistics to enable real-time monitoring of Contact Center activity.
- **Workforce Management (WFM) Software** — We use software that enables us to forecast contact volumes and patterns, optimize agent schedules to meet service levels, track employee adherence to schedules, measure call data and analyze operational efficiencies. The software also helps us define and set targets for performance indicators using industry standard benchmarking.
- **Telecommunications System Reports** — The telecommunications system generates ad-hoc reports on call volumes by set intervals – for example, every 15 minutes. Call and agent data is pulled directly from the telecommunications database to create a comprehensive report for analysis and performance guarantee reporting if needed.

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While specific Contact Center performances measures vary by contract, typical measures include average hold time, call abandonment rate, percent of calls receiving a busy signal and number of calls answered within a defined time period or a defined number of rings. This gives us the opportunity to identify trends over time and develop and modify continuous quality improvement activities to help ensure optimal performance.

Delta Dental has established a best-in-class Quality Monitoring Program which includes 360 degree quality reviews of our member and provider services staff performance. The Quality Monitoring Handbook guides quality reviews by thoroughly defining and guiding the following processes:

- Establishing a clear vision and mission
- Setting core objectives for the evaluation process, coaching, calibration and trend analysis
- Establishing consistent quality monitoring guidelines
- Understanding professional growth through coaching
- Consistent scoring through weighted measures across core performance areas including using customer service skills and following policies and procedures
- Determining and reporting on trends for performance
- Determining recommendations for coaching staff

This approach ensures staff understands responsibility for using all available resources at their disposal in order to properly handle all calls. Delta Dental’s quality monitoring and review process is a recognized industry leader.

Our customer service performance for 2013 is shown below Exhibit K.1-2, Enterprise Metrics for 2013.

Exhibit K.1–2, Enterprise Metrics for 2013

[REDACTED]	[REDACTED]

Coordination with Other Entities

Following contract execution, Delta Dental works closely with DHH and other partners, such as the Louisiana Statewide Oral Health Coalition, to design specific protocols and processes for interaction with other customer service lines maintained by state, parish or city organizations, such as Partners for Healthy Babies, WIC, housing assistance and homeless shelters. Delta Dental is passionate about oral health and its importance to the children and future generations. Attachment K.1-4, Community Partnership Program Policies, provides the guidelines Delta Dental’s State Government Programs group uses for a variety of member services support functions.

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Community Support

Delta Dental knows that improving oral health means more than just offering quality dental benefits programs or paying for treatment. It also requires ingenuity and a corporate commitment to address the causes of dental disease. By directly supporting community activities and dental programs, as well as by helping fund research and education projects, we create partnerships that will ultimately help improve oral health in all communities nationwide.

Delta Dental proudly participates in several state and county-based programs that provide dental benefits to underserved populations.

Three new programs administered by Delta Dental were offered through Superior Health Plan. The STAR Health (TX Foster Care) program provides dental coverage for children and young adults (currently in foster care or participants in the Former Foster Care for Higher Education program) through their 22nd birthday. Superior also provides value-added dental services for adults who are currently enrolled in Superior's STAR+PLUS Medicaid program in the Bexar and Nueces Service Areas, as well as Medicare eligible members residing in Bexar County, enrolled in the Advantage by Superior Medicare managed care program. The Superior STAR – Pregnant Women is a value-added benefit for adult pregnant women enrolled in Superior's STAR program in the Bexar, Nueces, El Paso, Travis and Lubbock Service Delivery Areas.

After Hours Procedures

Members or Providers who call the toll-free member services number outside of normal business hours (7 am CST - 7 pm CST) receive a recorded message informing them of the times a representative is available, what to do in case of an emergency and offering service through the IVR. The IVR is available to members 24 hours a day 7 days a week. Information accessible for members includes enrollment information, benefits available, how to locate a provider and what to do if emergency care is needed. After hours information available to providers includes instructions on how to verify enrollment for a member with an emergency or urgent dental condition.

K.2 Member Hotline Reports

K.2 Provide member hotline telephone reports for your Medicaid or CHIP managed care contract with the largest enrollment as of January 1, 2013 for the most recent four (4) quarters, with data that show the monthly call volume, the trends for average speed of answer (where answer is defined by reaching a live voice, not an automated call system) and the monthly trends for the rate.

Delta Dental has one-hundred-percent call recording with screen capture. We track the Contact Center's performance and capture statistical metrics to measure call activity and data. We use this data to compile monthly status reports for the Contact Center activity. See Exhibit K.2-1, Provider Toll-Free Lines Monthly Status Report for a sample of the monthly status report for provider calls. Exhibit K.2-2, Member Toll-Free Lines Monthly Status Report provides a sample of the monthly status report for member calls.

In January 2013, California's Healthy Families Program (HFP) members transitioned into the Denti-Cal program. This affected approximately 600,000 Healthy Families members. As a result of this transition, Denti-Cal's Contact Center was greatly impacted. Due to the increase in member calls, the Medi-Cal

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Dental Services Division granted Delta a performance waiver for the period of December 2012 through September 2013. Prior to the HFP transition, Delta had continuously met Contact Center performance requirements.

Exhibit K.2–1, Provider Toll-Free Lines Monthly Status Report

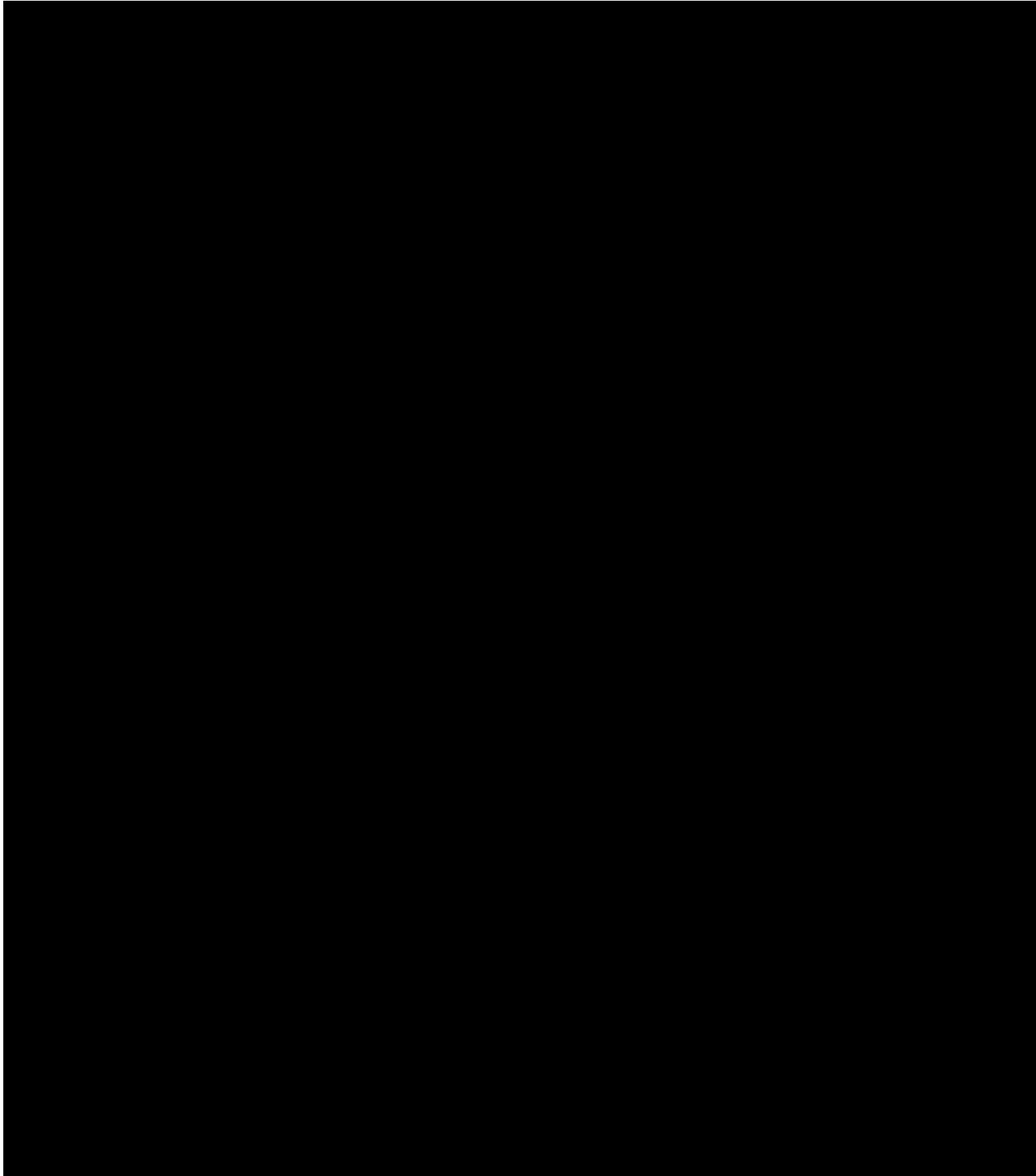
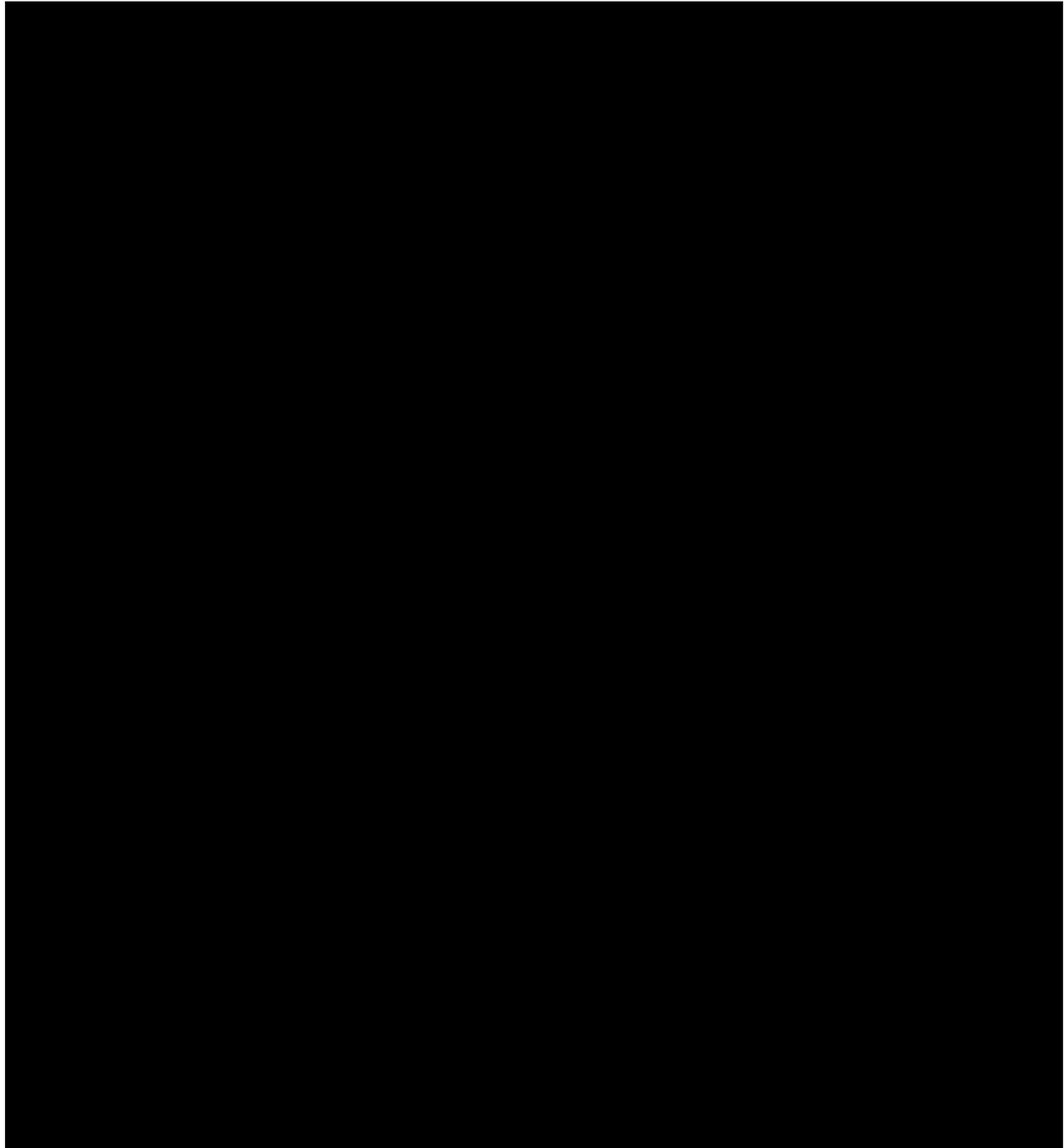


Exhibit K.2–2, Member Toll-Free Lines Monthly Status Report

Attachment K.2-1 Telephone Service Center Report (January 2013 - December 2013), presents requested telephone reports for our largest Medicaid program, the California Medi-Cal program known as Denti-Cal. The Denti-Cal program serves more than 8 million members.

The data is shown monthly and summarized quarterly and annually for the time period covering the most recent four quarters (January 2013 through December 2013). As required in the RFP, the average speed of answer is defined by reaching a live voice, not ACD or IVR.

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K.3 Member Services Scenarios

K.3 Describe the procedures a Member Services representative will follow to respond to the following situations:

- *A member has received a bill for payment of covered services from a network provider or out-of-network provider;*
 - *A member is unable to reach her PCD after normal business hours;*
 - *A Member is having difficulty scheduling an appointment for preventive care with her PCD; and*
 - *A Member becomes ill while traveling outside of the state.*
-

Delta Dental's customer service staff is trained to thoroughly understand the policies, procedures and operating environment of the DBMP in order to respond to member questions and issues. The following scenarios and action steps illustrate our readiness to deliver effective member services.

Scenario #1: A Member Has Received a Bill for Payment of Covered Services from a Network Provider or Out-Of-Network Provider

Action Steps: The representative takes the following steps:

- Retrieve the member's eligibility, benefit and service history using the member's identifying information.
- Identify the services and charges in question.
- Confirm that the services are covered for the eligible member.
- Place a conference call to the provider's office and request an explanation of the bill.
- Ensure the provider understands the DBMP and how to verify member coverage.
- Notify the member that the issue has been resolved and the bill for payment can be ignored.
- If requested by the member, assist the member in locating a new provider.
- Log the incident in the provider's file in the event there are similar situations, in which case, the matter is turned over to Professional Services.
- Follow up with the provider in one week to make sure the account receivable is totally off the provider's books.

Scenario #2: A Member Is Unable to Reach Her PCD After Normal Business Hours

Action Steps: The representative will determine the time of the call to the provider, the reason for the call and what happened to the call. For example: "Was the after-hours recording incomplete or not working? What did the recording say?"

If the call was to schedule a routine appointment and the member reached a recording with appropriate appointment scheduling instructions, the representative helps the member understand the need to call the dentist during normal business hours and, if needed, call the provider to help schedule the member's appointment. If the after hours recording was not complete, the representative contacts the provider to review the provider's contract.

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Scenario #3: A Member is having difficulty scheduling an appointment for preventive care with her PCD

Action Steps: Our CSR will ask the member to describe the nature of the difficulty. For example:

- Is the member having trouble getting to the appointment?
- Has Medicaid eligibility expired?
- Is the waiting time for an appointment too long?
- Is the member having trouble reaching the provider by telephone?
- Are there language barriers or other communication issues with the provider's office?
- If the issue is related to eligibility for coverage or benefits, the representative explains the situation and provides information on other potential resources.
- If language or a special need is preventing the member from scheduling, the representative identifies the issue and takes action to satisfy the member. This could be providing an interpreter or finding a new dentist equipped for the member's special needs.

The member uses information in the system to verify Medicaid eligibility and availability of benefits. If member is eligible and the services covered, the representative places a three-way call to the provider's office to make an appointment for the member. If the desired services are not covered or eligibility has lapsed, we explain this to the member. The CSR informs the member of other options that may be available for obtaining care. The representative logs the incident in the provider's file in the event there are other similar occurrences, in which case, the matter is turned over to Professional Services. The representative calls the provider to review after the member is satisfied.

Scenario #4: A Member Becomes Ill While Traveling Outside of the State.

Action Steps: The representative determines if the member is seeking urgent or emergency care and if assistance is needed to locate a provider. If a member develops a dental emergency while traveling outside of the state, the representative informs the member that any provider anywhere in the United States, without prior authorization may treat the emergency. If the need is urgent and the member desires help in contacting a provider, we determine the member's location and telephone number, end the call and check the on-line network provider file to locate a dentist in the area. The representative then contacts the selected provider's office and arranges the urgent or emergency appointment. The representative calls the member back and relays the appointment information.

K.4 Cultural Competency

K.4 Describe how you will ensure culturally competent services to people of all cultures, races, ethnic backgrounds, and religions as well as those with disabilities in a manner that recognizes values, affirms, and respects the worth of the individuals and protects and preserves the dignity of each.

Delta Dental places a high priority on cultural competency training to ensure that all members and providers regardless of culture, ethnicity, language, literacy level, religion or disability receive the same high quality level of services. Our well-established cultural competency program meets Delta Dental's corporate commitment to excellence in this area and is used in our similar Medicaid and CHIP programs.

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To ensure that we meet all applicable DBMP requirements, we focus our efforts on the following activities:

- We update our Cultural Competency Plan, which details the methods we use to serve people with varying cultural, ethnic and religious backgrounds, as well as those members who have special needs or language or literacy barriers that impede their access to dental services.
- In conjunction with updating the Cultural Competency Plan, we review all applicable processes and procedures to confirm that members with limited English proficiency are effectively informed and can have meaningful access to programs, benefits and activities in their primary language.
- We identify network providers who may be having difficulty serving members in a culturally competent manner and develop intervention strategies to prevent services delivery disparities.

Delta Dental meets the DBMP cultural competency requirements through a training program specifically geared toward helping our staff serve members in a way that recognize their value, respects their individual worth and preserves their dignity.

K.5 Services for Limited English Proficiency and Hearing-Impaired Members

K.5 Describe how you will ensure that covered services are provided in an appropriate manner to members with Limited English proficiency and members who are hearing impaired, including the provision of interpreter services.

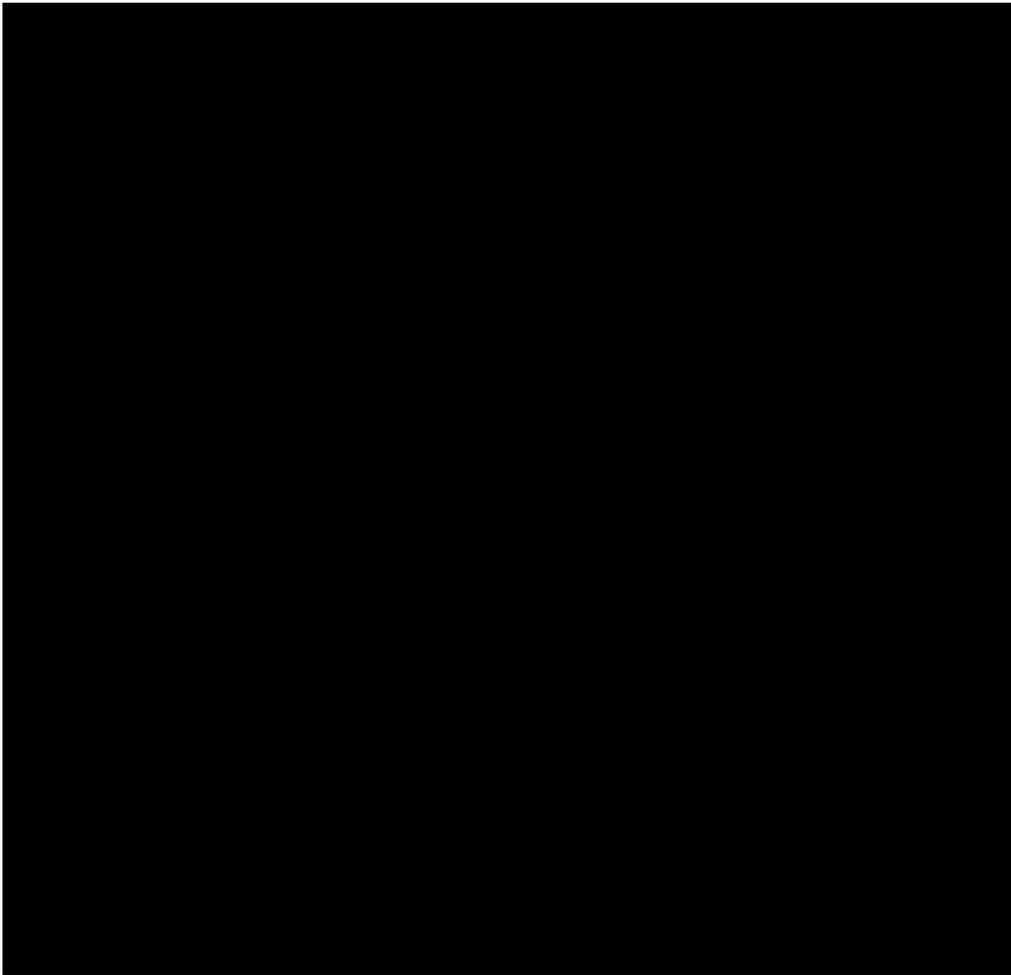
Facilitating member access to covered services is a primary objective of all our Medicaid and CHIP programs. Promoting access to care is an integral part of all member services activities, including Contact Center and member materials. The following paragraphs described our specific activities to ensure that covered services are available and accessible in an appropriate manner particularly for members with limited English proficiency and members who are hearing or visually impaired, including the provision of interpreter services and availability of information in other languages and formats.

Availability of the On-Demand Language Line and Interpretive Services

To assist members in languages other than English, Delta Dental maintains 24/7 access to interpreter services through the Language Line. This service provides members with an interpreter in their preferred language upon request. The languages available through the Language Line represent approximately 98.6% of all customer requests from the 6,809 languages spoken in the world today, including Creole/Haitian.

Language Line agents assist non-English-speaking callers with the selection of a dentist who speaks their language or in choosing an office that provides interpretive services. If a member arrives at a dental office and is unable to communicate, the provider can call our Contact Center to request interpretive services through the Language Line. Exhibit K.5-1, Dentist Tools & Services, is a screen shot from our website available to providers.

Exhibit K.5–1, Dentist Tools & Services



Assistance for Hearing Impaired Members

Hearing-impaired members may access Telecommunications Display for the Deaf (TDD) services through a separate toll-free number, which is prominently displayed in the DBMP Member Handbook. The Language Line service also offers American and Mexican sign language through video interpretation technology.

Bilingual and Multilingual Network Providers

We identify the languages spoken in a provider’s office in the provider directory. This enables members to choose a network dentist who speaks their language or to choose a facility that offers interpreting services in their language. If communication difficulties arise or are anticipated, members can call the Contact Center at any time to arrange for telephone or face to face interpreter services.

Availability of Materials in Languages Other than English

Delta Dental understands that member materials need to be useful, accurate, comprehensive and accessible to all members, including those who may have special needs. We place a high priority on cultural competency among our staff, which helps ensure that all members, regardless of culture, ethnicity, language, literacy level, religion or disability, receive the same high quality services. Part of our

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ongoing cultural competency effort, which is documented in the Cultural Competency Plan described in Section K.4, includes making member materials available in languages other than English.

As described in Section J, Member Materials, Delta Dental's member materials are available in English, Spanish and any other prevalent languages, as defined by DHH. Materials are prepared at or below a sixth-grade reading level as measured by the Flesch-Kincaid readability index.

Availability of Materials in Braille and Other Alternate Formats

Delta Dental will make member materials available in formats designed for visually impaired members (e.g., large print, Braille and audiotapes) on request.

New Technology

We continue to build on the new technology platform we introduced in 2011 with a sophisticated mobile application that allows members to access benefits, eligibility and claim information on their smartphone and expedite other frequently used functions (finding a dentist, pulling up their ID card to show the dental office). See Exhibit K.5-2, Availability of Materials via a Mobile App, below.

Exhibit K.5–2, Availability of Materials via a Mobile App



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We introduced in 2011 a sophisticated mobile application that allows members to access benefits, and claims on their smartphone. The mobile app expedites other frequently used functions, such as finding a dentist, retrieving the ID card to show the dental office. We enhanced the desktop version of our popular "Find a Dentist:" feature, improving the search function so that it is easier to find a conveniently located dentist. We began working to convert our plan to the new systems, which brings seamless administration across all our products.

Improving service for members and providers also means streamlining services for our enterprise's network dentists so they can focus on patient care instead of administrative processes.

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Additional Statement of Work Requirement for Provider Services

To address additional Statement of Work requirements from the RFP for Provider Services, Delta Dental is providing information on Provider Website, Provider Handbook, Provider Education and Training, Provider Complaint System.

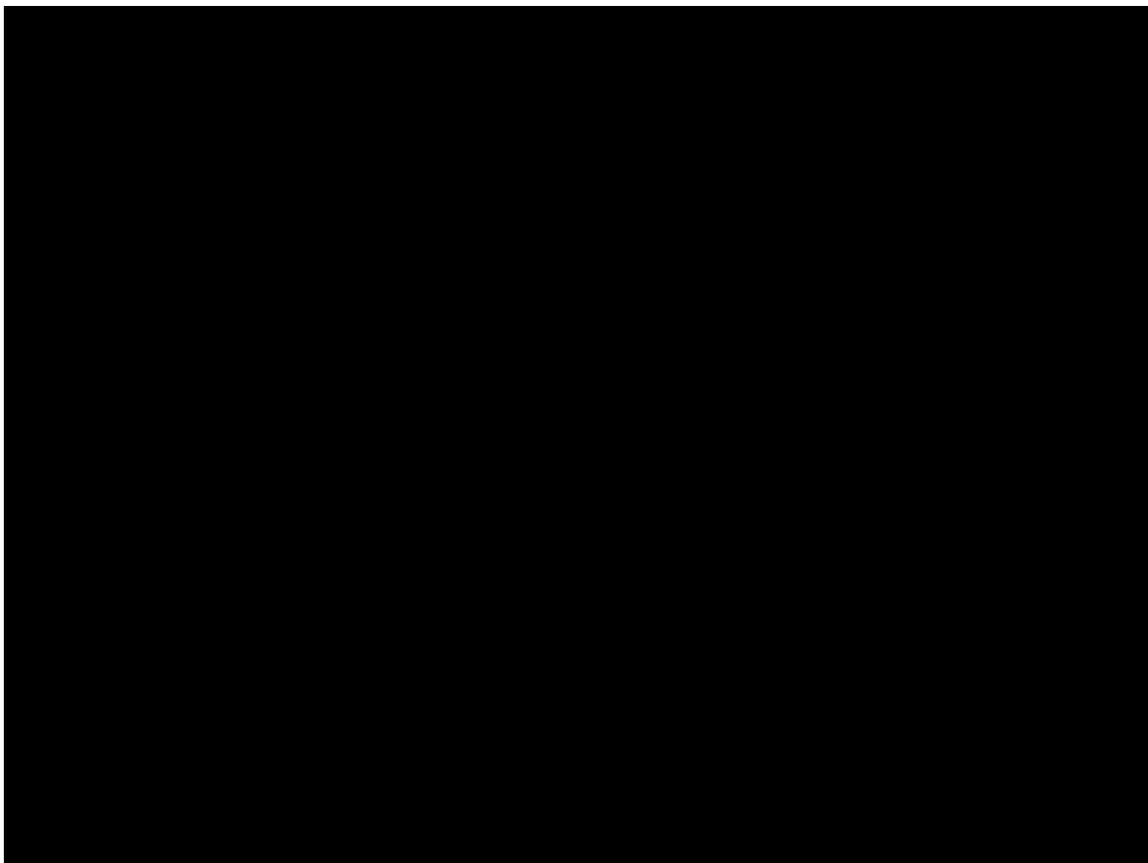
Provider Website

Delta Dental's provider website gives providers an intuitive, easy to use portal designed to make interactions with the DBMP as easy as possible. Key features of the website include:

- Member eligibility verification
- Claims submission
- Viewing of payments and remittance advices
- Direct Deposit
- Support Information

Exhibit K.5-3 is a sample of one of the screens the providers can navigate to for support information.

Exhibit K.5–3 Dentist Support Guide



Please see Section F, Provider Network, for more information on the Provider Website, the Provider Handbook and Provider Education and Training.

Please see Section M, Grievance and Appeals for more information on Provider Complaints.

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Attachment K.1-1, CSR I Training Materials

Please see the following page(s).

L Emergency Management Plan

Delta Dental maintains a comprehensive enterprise-wide Disaster Recovery (DR) and Business Continuity (BC) program. The program is designed to ensure the continuation of all vital corporate and business functions in the event of a disaster. We use an All-Hazards approach in developing the specific DR and BC plans. Our plans include processes, procedures and recovery frameworks which can be expanded or contracted to apply to any type of incident.

We define an incident as any event that, if left unaddressed, will result in the inability to perform critical business functions for an extended period of time. This may include hurricanes, floods, fires earthquakes, and other events that cause damage to the facility, staff, data, systems or our constituents, such as members. Delta Dental has the expertise and experience to meet the DBPM Emergency Management Plan (EMP) requirements as set for in the RFP.

Delta Dental's Emergency Management Plan solution meets the requirements of the RFP, specifically Contingency Plan and Emergency Management Plan and we commit to compliance.

[REDACTED]

[REDACTED]

M Grievance and Appeals

Overview

This section of Delta Dental's proposal addresses our approach for meeting the member Grievance and Appeals requirements in Section 3.B.11.j.xvii (Scope of Work) of the RFP and Attachment VI, Part II, Section M. Our Grievance and Appeals process is well-established and rooted in best practices. We incorporated detailed requirements as described in the RFP, as well as applicable state and federal regulations and policies. We also incorporated related state policies or regulations that may not be identified in the RFP but that are applicable to our Grievance and Appeals process.

Delta Dental's Grievance and Appeals Plan meets the requirements of the RFP and we commit to compliance.

M.1 Grievance and Appeals Staffing and Organization

M.1 Provide a flowchart (marked as Chart C) and comprehensive written description of your member grievance and appeals process which comply with the RFP requirements, including your approach for meeting the general requirements and plan to:

- Ensure that the Grievance and Appeals System policies and procedures, and all notices will be available in the Member's primary language and that reasonable assistance will be given to Members to file a Grievance or Appeal;*
- Ensure that individuals who make decisions on Grievances and Appeals have the appropriate expertise and were not involved in any previous level of review; and*
- Ensure that an expedited process exists when taking the standard time could seriously jeopardize the Member's health. As part of this process, explain how you will determine when the expedited process is necessary.*

Include in the description how data resulting from the grievance system will be used to improve your operational performance.

Our Grievance and Appeals adjudication is performed by the Professional Services department, which is headed by the Vice President of Professional Services, who is a dentist. Within that organization, decisions regarding grievances are made by the specialists who follow well-defined protocols and procedures. Three in-house dentists are part of this organization. The Louisiana DBMP Dental Director is identified in the procedures as a consultant to the specialists when local input is required. The Dental Director is engaged in the process and has access to all grievance and appeal documentation, system records and decisions.

Exhibit M.1-1, Delta Dental Grievance and Appeals Organization, provides an organization chart of our Grievance and Appeals organization.

Exhibit M.1–1, Delta Dental Grievance and Appeals Organization



Position Based in Louisiana



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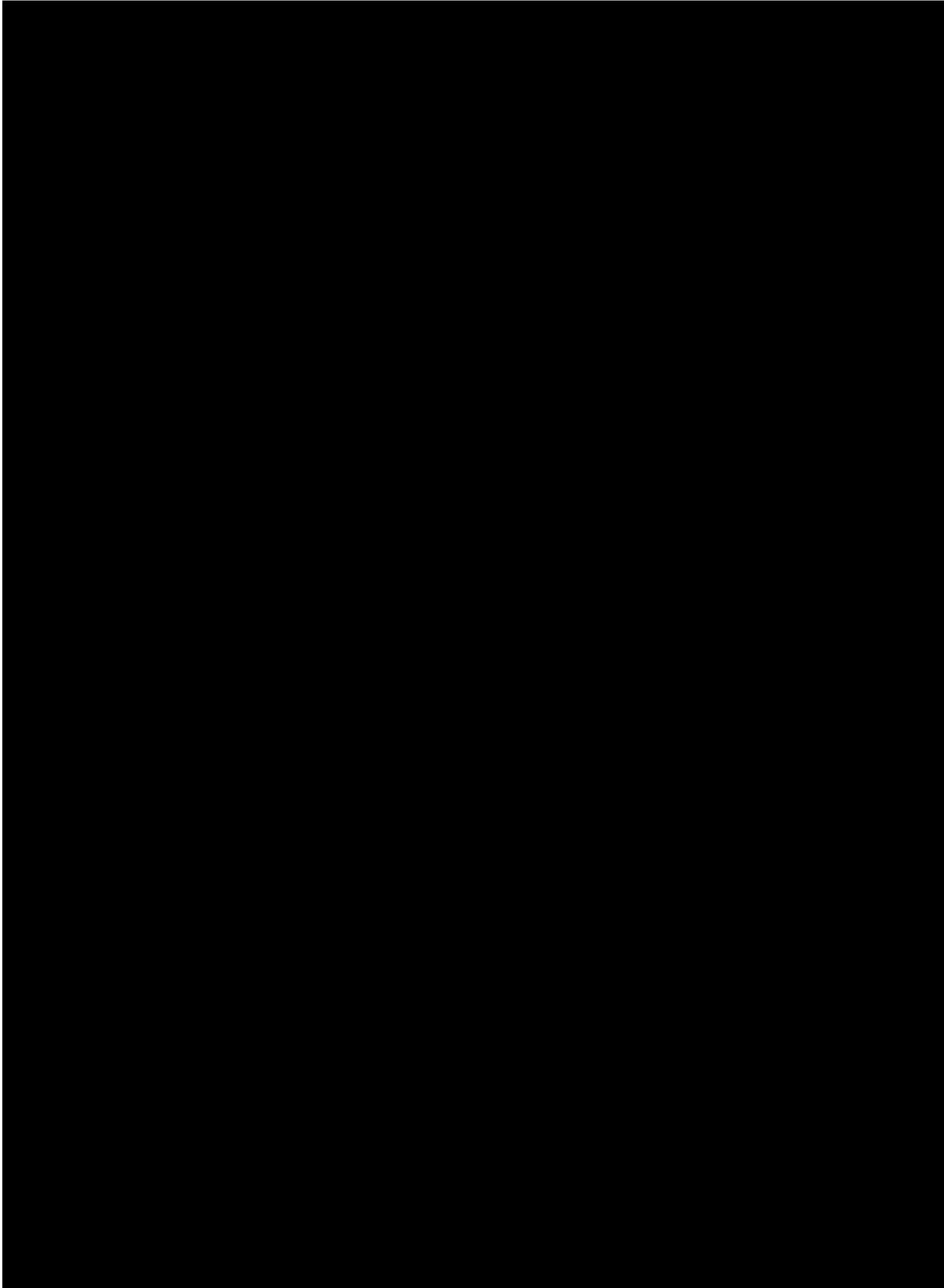
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Grievance and Appeals Workflow Process

General Overview

Exhibit M.1-2, Grievance and Appeals Work Flow Diagram (Chart C) provides work flow diagrams for our Grievance and Appeals process. It includes workflows for standard and expedited processing and Appeal and State Fair Hearings sub-processes.

Exhibit M.1–2, Grievance and Appeals Work Flow Diagram (Chart C)



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Our Grievance and Appeals process consists of four sub-processes including:

- **Grievance Filing and Review Process**—This includes member or authorized representative grievance filings, internal review and decisions, and communicating decisions to the member or authorized representative within 90 calendar days of filing. The majority of grievances are resolved to the member’s satisfaction in this process.
- **Expedited Grievance and Appeals Process**—In some instances, where the health condition of a member requires an accelerated grievance decision, the member is entitled to an expedited review of the grievance or appeal to resolution within 72 hours. Examples of qualifying health conditions include:
 - Patient in severe pain
 - Patient feels that without immediate resolution to the situation, their health will deteriorate
 - Patient cannot get through the day or afternoon without relief
 - Patient reports swelling in the mouth or on their face
- **Appeals Process**—In the event of member dissatisfaction with the decision resulting from initial filing, the member or authorized representative is entitled to appeal that decision to Delta Dental within 30 calendar days of the notice of action resulting from the original filing. The appeal involves a second level internal review of the decision that adversely impacts the member, appeal decision, and communication of results of the appeal to the member.
- **Access to State Fair Hearings Process**—Should a member remain dissatisfied with Delta Dental’s decision at the conclusion of either the standard or expedited process, this member is entitled to request a State Fair Hearing as provided by Louisiana law. Delta Dental provides assistance to the member in applying for a State Fair Hearing and provides all documentation resulting from the Grievance and Appeals process to support the hearing.

Our grievance and appeal process includes the following activities:

- Providing an anonymous grievance and appeals process
- Timely grievance and appeals resolution, including provisions for expediting resolutions
- Electronically tracking and updating the status and disposition of every grievance and appeal
- Maintaining the grievance and appeal outcome data for six years or until all litigation is complete
- Making all records available to DHH or its authorized representatives on request
- Provides for appropriate segregation of duties to ensure the appropriate expertise is available and staff were not involved in any other previous level of review

Expedited Grievances and Appeals

Members or an authorized representative may request expedited grievance and appeals processing verbally or in writing. The following process is used to handle expedited grievance and appeals resolution.

- In an emergency we assign the highest priority to the expedited grievance of appeal, regardless of the time or day of its receipt.
- Immediately upon receipt, we route emergency grievances and appeals to the Manager in the Member Services department for expedited handling and resolution. The Manager makes contact with

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Professional Services to identify the specialist to whom the expedited grievance and appeal is to be routed.

- We inform the member in writing of the expedited review decision no later than 72 hours after receiving the grievance or appeal. We may extend the time under the conditions provided by the RFP.
- Every effort is made to notify the member of the result by telephone and simultaneously, a Notification of Action or Notification of Appeal Resolution is mailed to the member.

Standard Process for Grievances

We receive member grievances and appeals via telephone, correspondence, fax or e-mail. Member Services personnel are available to assist members in filing grievances and appeals. On request by a member, Member Services provides a grievance packet that includes a self-addressed, postage paid envelope for filing grievances and appeals. Member grievance packet and notices are available in member primary language. Members may also access the Delta Dental website to complete the grievances and appeals on line.

The following identifies the more detailed processing steps for non-expedited grievances:

- A member or authorized representative may file a grievance.
- A network provider may file a grievance with the member's written authorization.
- A member or authorized representative may file a grievance either orally or in writing.
- Incoming correspondence is annotated with a receipt date.
- Upon receipt of a member grievance, we mail an acknowledgement letter within five calendar days of receipt, notifying the member that the grievance has been received and the date when a Notification of Action will be mailed, unless extended with DHH's approval.
- Translate grievance correspondence received in a foreign language for scanning and entry into the system.
- Distribute grievances to analysts or dental consultants for resolution, depending on whether the grievance is administrative or quality of care.
- Analysts research the issues and request any additional documentation necessary to make determination.
- Initiate internal requests for additional documentation.
- Send claims requiring adjustments for processing.
- Mail Notifications of Action letters to members in accordance with the RFP-specified format and requirements.
- Scan all case documentation and associate it with the original case control number.
- Reach final disposition on grievances within 90 days from the date of receipt, unless extended under terms for extending set forth in the RFP.

While final disposition of a grievance is in process, we adhere to certain specific RFP specified time frames for mailing Notifications of Action for the following situations:

- Services previously authorized are terminated, suspended or reduced
- Denial of payment at the time of any action affecting the claim
- Standard services authorizations that deny or limit services

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Standard Process for Appeals

Members are entitled to appeal grievance decisions. The member appeals filing and processing procedures mirror those for grievances, with the following additions:

- Members must file appeals within 30 days from the date of Notification of Action.
- To ensure continuation or reinstatement of previously authorized benefits during the appeals process, members must file appeals on or before the later of the following time frames:
 - Ten calendar days from receipt of the Notification of Action being appealed
 - The effective date of the Notification of Action
- Member benefits continue during the appeals process in accordance with RFP-specified criteria for the duration of continued benefits.
- Final disposition of appeals is reached within 30 calendar days from the day Delta Dental receives the appeal, unless extended according to the terms of the RFP.
- Members are advised of the action taken on an appeal with a written Notice of Appeal Resolution letter no later than 30 days from the date the appeal was received, unless extended.

State Fair Hearing

- We advise members of their right to pursue a State Fair Hearing when they have exhausted the grievance and appeals process.
- Upon receipt of a member request for a State Fair Hearing, we submit the request, along with a summary of evidence to the State Fair Hearing administrator within seven days of receipt.

Special Grievance and Appeals Processing and Handling Procedures

- Occasionally, a member requests disenrollment through the grievance process. In that event, we direct the disenrollment to DHH or its MMIS Fiscal Intermediary for processing. If the disenrollment request also includes a grievance, it is processed separately through the grievance and appeals process and associated with the disenrollment request.
- Upon receipt, we categorize member grievances as either administrative or quality of care. Administrative grievances involve issues such as eligibility or claim payment disputes and most are handled by Member Services. In house consultants review all quality of care grievances and appeals. When grievances concern the quality of care provided, we ascertain in each case that all relevant documents or appeals are presented. Such research includes, but is not limited to, the following:
 - Member history and correspondence files
 - Records and x-rays from providers
 - Clarification requests from members or providers
 - Second opinion clinical screening
- Delta Dental offers confidentiality to each complainant except when:
 - DHH or other authorized federal representatives request access to correspondence or dental records.
 - Information must be obtained from a member's treating provider(s).
- In processing appeals:
 - We provide the member reasonable opportunity to present evidence in person, as well as in writing.

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- We provide the member or representative opportunity before and during the appeals process to examine the member’s case file.
- We ensure that punitive action is not taken against a provider acting on behalf of a member with the member’s written consent.
- We provide verbal and written interpretation services to members, upon request.
- Every effort is taken to provide verbal communication of decisions to the member as soon as decisions are made.

Grievance and Appeals Process Management

ISO Certification and Continuous Improvement

We offer DHH the benefit of processes that build on those developed for our Fiscal Intermediary Services for California’s Denti-Cal program. Our Denti-Cal program is certified by International Standards Organization (ISO) to the ISO 9001:2008 standard and is recognized by the California Council for Excellence (CCE) with the California Awards for Performance Excellence (CAPE) Prospector Award. We maintain our ISO certification status by annual on-site audits. This confirms our continued compliance with all requirements for ISO certification.

By leveraging this experience in our Grievance and Appeals process, we provide DHH with objective verification by independent quality experts that our administrative processes conform to the most stringent quality standards in existence.

Continuous Improvement

The Quality Management department pursues continuous improvement by leveraging information from the grievance and appeals process to discern patterns that may suggest corrective action, policy changes or process improvements. Periodic review of grievance and appeals documentation identifies potential actions, policies and procedures that can be adjusted for the benefit of members, providers, DHH and the DBMP as a whole. Communication between Delta Dental and DHH and from Member and Provider Services is a source of information on the effectiveness of our grievance and appeals process and opportunities to improve it. In each of these instances we seek to learn from transactions to improve the efficiency in handling grievances and appeals and improve the effectiveness of our dental benefits and administration processes.

Member Education

In accordance with CFR.438.10 (c) and (d), we make all written information available to members in a manner that ensures ease of understanding.

Member Services ensures that all members are informed of the grievance and appeals process, including the State Fair Hearings process. The process is fully described in the Member Handbook. We make forms available to members or authorized representatives on the Delta Dental website.

Our Member Services personnel are available to assist members to initiate and file grievances and appeals requests. We provide verbal and written interpretive services for members submitting a grievance or initiating an appeal that need English language assistance.

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Employee Training

We have built a grievance and appeals support team and continuously train the team to support the Grievance and Appeals process for effective issue resolution. We recognize there are personnel in other departments whose support is required for its grievance and appeal process effectiveness. For this reason our training extends throughout our organization and is provided to applicable staff. Initial training is provided to all services staff, (Member, Provider and Professional) regarding State specific policies and procedures. In addition, periodic training updates are provided as required by new policies, procedures and state and federal regulations that affect the grievance and appeals process.

Our grievance and appeals training contributes to a member-focused culture that includes the following:

- Understanding the purpose and structure of the grievance and appeals process and each individual's role in the process
- The legal basis for the grievance and appeals member rights in that process and the responsibilities of Delta Dental, DHH and the State Fair Hearings Process, which operates outside of DHH
- Understanding the importance of due process and specific time frames that apply to each step in the process
- The grievance and appeals process desk-level procedures and specific performance requirements
- Clarity in written and oral communication

Records and Reports

Records

We assign a tracking number to each grievance and appeals action received. All supporting documentation including materials received after the initial submission, are associated with the case control number. We track each case electronically to its ultimate resolution and retain documents and records for six years. If there is litigation, negotiations, audit or other activity associated with a grievance or appeal, records are kept for six years, or until the case is fully resolved, whichever is longer.

Examples of electronic documents maintained in grievance and appeals case files include:

- Written and verbal statements
- Copies of grievance and appeals notification letters
- Correspondence
- Clinical examination reports and provider records

Examples of documents maintained in individual hard-copy files include clinical screening reports, radiographs, provider correspondence and related documentation.

Reports

We generate reports required by DHH from the grievance and appeals data base. These include but are not limited to:

- Monthly reports of grievance and appeals that include:
 - Member name

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- Medicaid ID number
- Summary of grievance and appeals
- Date of filing
- Current status
- Resolution and resulting corrective action, as applicable
- Information requested by DHH, members or network providers in support of a grievance or appeal resolution action and fulfillment status

System Capability to Capture, Track and Report Grievance Information

We utilize EXP Maccess, a SunGard product, to capture, distribute, archive and report work elements across the enterprise. EXP Maccess is part of the DDCPS. The application's functionality includes:

- Converting incoming grievance and appeals documents to electronic image
- Assigning a case control number
- Scanning documents to extract the data on the form
- Identifying scanned grievances and appeals by type and file and storing them to electronic folders by case
- Queuing each grievance or appeal by form type

A tracking utility captures the data elements and we enter progress notes as work continues. It is then routed to a work group for actions and a tracking form is generated. The final decision is summarized and all communication is attached. The tracking form is completed and closed.

These tracking forms, as well as any other items received by us, are available for easy retrieval with the electronic folder systems. We access all data fields for reporting purposes.

N Fraud and Abuse

This Section of Delta Dental’s proposal addresses our approach for meeting the Fraud and Abuse requirements in Section 3.D (Scope of Work) of the RFP and Attachment VI, Part II: Technical Approach, Section N. Delta Dental approaches its Fraud and Abuse responsibilities as a significant opportunity to conserve financial resources for Louisiana’s Dental Benefits Management Program (DBMP) and ensure that appropriate and high-quality dental services and access to oral health care are provided to Louisiana’s Medicaid members.

Delta Dental’s Fraud and Abuse Program is structured and designed to fully comply with Medicaid program integrity requirements. Our experienced approach has been tried, tested, and proven to be successful. We have resources to adapt our program policies and procedures to meet specific Department of Health and Hospital (DHH) requirements, making it a low risk approach. Our experienced Fraud and Abuse team offers DHH the benefit of being operations-ready, with tested and currently used processes, technology support and a deep understanding of how fraud and abuse can occur in the Medicaid program. We continually research and employ state-of-the-art tools to help in fraud prevention, detection and investigation. We understand our role and responsibility in detecting and investigating suspected fraud and abuse and we collaborate with DHH and the Louisiana Attorney General’s Office of Medicaid Fraud Control Unit (MFCU) in on-going investigations and prosecutions, and work with these entities to help remedy fraud and abuse. And finally, we learn from our experiences and are committed to continuously improving our efforts to strengthen our Fraud and Abuse prevention and detection programs.

Delta Dental’s solution meets the RFP requirements and we are committed to compliance.

N.1 Upholding and Maintaining Program Integrity

N.1 Describe your approach for meeting the program integrity requirements including a compliance plan for the prevention, detection, reporting, and corrective action for suspected cases of Fraud and Abuse in the administration and delivery of services. Discuss your approach for meeting the coordination with DHH and other agencies requirement.

Goals of Delta Dental’s Fraud and Abuse Program

The goals of Delta Dental’s Fraud and Abuse program align with DHH’s goals as addressed in the RFP. These goals are to assure that:

- Services are necessary and appropriate
- Services are rendered in an appropriate setting
- Services are rendered in a timely manner
- Available resources are utilized in an efficient manner
- Services are rendered in accordance with the scope of dental benefits of the Louisiana Medicaid program
- Employees are encouraged to raise any and all compliance concerns
- Delta Dental complies with all applicable laws, policies and procedures
- Delta Dental members, and network providers and contractors comply with all applicable laws, policies and procedures

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Working Definitions of Dental Fraud and Abuse (FA)

We achieve these goals through structured processes for preventing, detecting and investigating program integrity issues including dental fraud and abuse. For the purposes of this document, the definitions outlined in Exhibit N.1-1, Working Definitions of Dental Fraud and Abuse apply.

Exhibit N.1-1, Working Definitions of Dental Fraud and Abuse

Working Definitions of Fraud and Abuse

- **Fraud** – Any act that constitutes fraud under applicable federal or state law, including any intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to that person or some other person
- **Abuse** – Practices that are inconsistent with sound fiscal, business or dental practices, and that result in an unnecessary program cost or in reimbursement for services that are not medically necessary; do not meet professional recognized standards for health care; or do not meet standards required by contract, state, regulation, previously sent interpretations of any of the items listed, or authorized governmental explanations of any of the foregoing.

Declaration of Compliance

Delta Dental has carefully reviewed Louisiana’s requirements for Delta Dental’s responsibilities for Fraud and Abuse set forth in the RFP and currently meets these requirements in their entirety. We do so in accordance with appropriate Federal and State laws and regulations as referenced below:

- **CFR.438.226-438.228**—Access to Delta Dental’s member grievance and appeals information
- **42 CFR.438.608(a)**—Mandatory Fraud and Abuse Compliance Plan
- **42 CFR.438.608.(b)(2)**—Designated Fraud and Abuse Compliance Officer and Fraud and Abuse Compliance Committee
- **42 CFR Part 438.608(b) (4-6)**—Internal Monitoring and auditing reported fraud and abuse
- **42 CFR.438.610**—(Delta Dental) Prohibited from knowingly having a relationship with certain individuals excluded from participating in Medicare, Medicaid, and the Children’s Health Insurance Program or any federal healthcare programs
- **42 CFR.455.1 (a) (1) and 455.17**—Prompt reporting of suspected fraud and abuse and neglect information to MFCU and DHH
- **42 CFR 1003.102(a)(2)**—Prohibited Affiliations; also Section 1128A(a)(6) of the Social Security Act

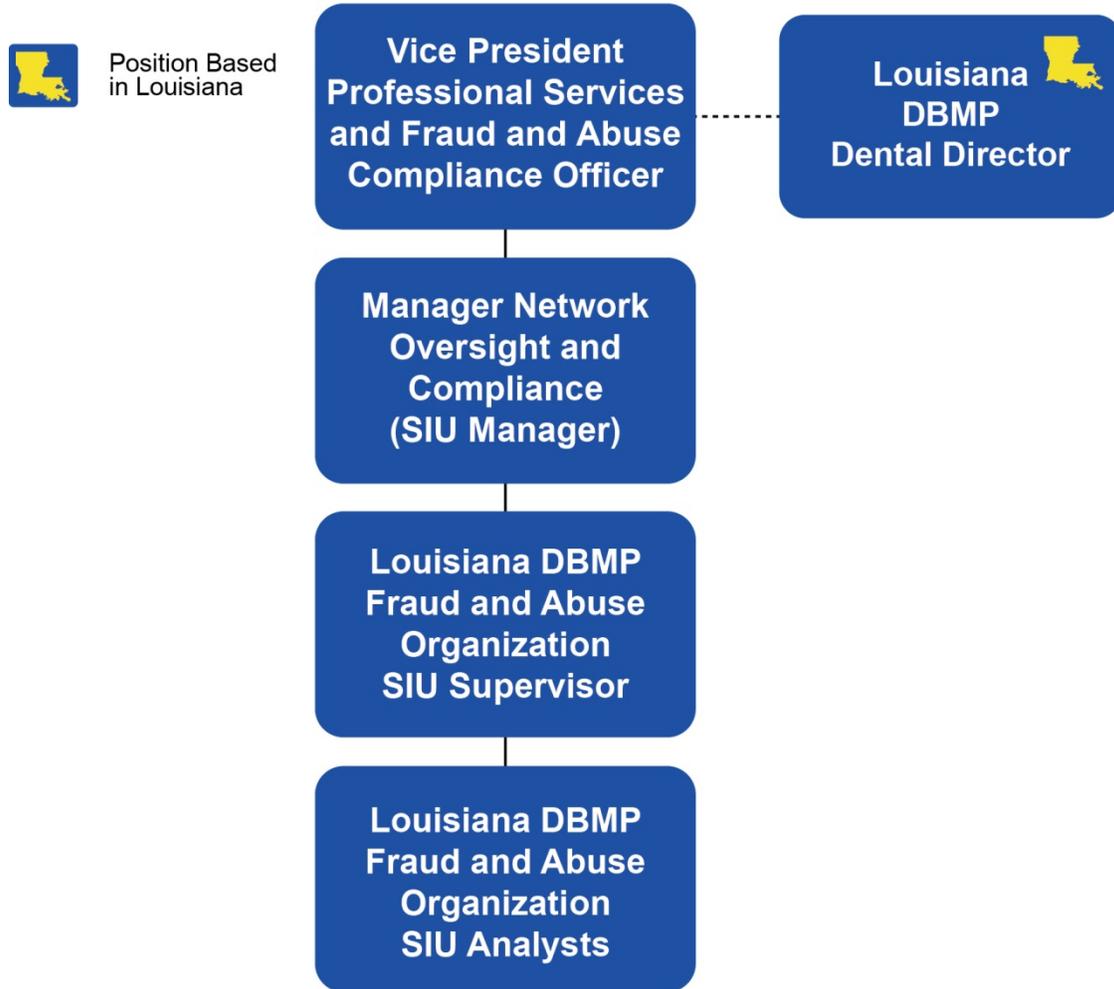
Fraud and Abuse Organization

Delta Dental’s FA program is performed across the Delta Dental enterprise as a shared service, under the control and oversight of our Fraud and Abuse Compliance Officer, a dentist. The manager of our Fraud and Abuse Network Oversight and Compliance (NOC) Unit provides day-to-day oversight of our FA program. The manager of NOC is also the designated manager of the Special Investigative Unit (SIU). This distribution of authority allows us to place a high priority on the observance and monitoring of both business and clinical data throughout the Delta Dental organization. The Louisiana Fraud and Abuse Program resides in this organization and is carried out by professionals who are well-trained and experienced in detection, prevention and investigations. The DBMP Dental Director is also a member of the team that develops, implements and administers the Fraud and Abuse Program for this contract. This group has responsibility for developing and implementing Delta Dental’s Louisiana Fraud and Abuse

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Compliance Plan. In Exhibit N.1-2, we present an overview of Delta Dental’s fraud and abuse organizational structure.

Exhibit N.1-2, Delta Dental Fraud and Abuse Organization



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Understanding the Scope of Delta Dental’s Fraud and Abuse Responsibilities

Delta Dental’s responsibility to the State of Louisiana with respect to Fraud and Abuse is to work collaboratively with DHH and the Medicaid Fraud Control Unit (MFCU) of the Office of Attorney General and other State and Federal Agencies responsible to curtail Medicaid fraud, abuse and wasteful spending. We undertake best practices for preventing, detecting, and investigating fraud and abuse and reporting these results to the DHH and MFCU. Further, we support DHH, MFCU and other State and Federal agencies in prosecuting cases of fraud and abuse including access to all relevant Delta Dental records, member dental files, and member grievances.

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Delta Dental Scope of Fraud and Abuse Responsibilities

Exhibit N.1-3 presents Delta Dental's Scope of Fraud and Abuse responsibilities.

Exhibit N.1–3, Scope of Fraud and Abuse Responsibilities

Scope of Fraud and Abuse Responsibilities

- Collaboration with DHH and Attorney General Medicaid Fraud Control Unit
- Delta Dental Fraud and Abuse Compliance Plan—Approved by DHH
- SIU for executing our Fraud and Abuse Compliance Plan
- Comprehensive Approach for FA prevention, detection, investigation and reporting
- Fraud and Abuse Compliance Committee
- Fraud and abuse education and training
- Full cooperation and access by State and Federal agencies, including DHH
- Prohibited associations compliance
- Record keeping and reporting

Approach to Fulfilling Fraud and Abuse Requirements

The following discussion describes our approaches to implementing our fraud and abuse responsibilities.

Collaboration with DHH and MFCU

The responsibility for prosecuting suspected fraud and abuse cases rests with the Louisiana Office of Attorney General. The MFCU is the Attorney General's Administrative arm for detecting, investigating and prosecuting FA cases. DHH administers the State Medicaid program including the DBMP and is responsible for a program of prevention and detection including a process for individuals to report suspected Medicaid fraud. We document suspected cases of fraud and abuse for DHH and MFCU investigation and eventual prosecution. We commit to work in close cooperation with DHH and MFCU in a comprehensive program of detection and prosecution.

The Fraud and Abuse Compliance Officer and SIU staff develop and maintain a collaborative relationship with DHH and MFCU to maximize the effectiveness of our efforts to prevent, reduce, and detect fraud and abuse. The Fraud and Abuse Compliance Officer and other senior Delta Dental staff are available to participate in MFCU/DHH meetings to promote program integrity.

While our relationship with DHH and MFCU is of primary importance, other stakeholders are important in this process and we collaborate with these stakeholders to prevent, reduce and detect fraud and abuse. Our members and the dental community play a critical role in minimizing and identifying fraud and abuse. Educating our members and providers about member and provider rights and responsibilities instills interest and ownership for the program and encourages the notification of suspected violations. Informational materials, such as the member and provider handbooks, stress the need for members and providers to protect the integrity of the program by reporting suspected acts of fraud or abuse.

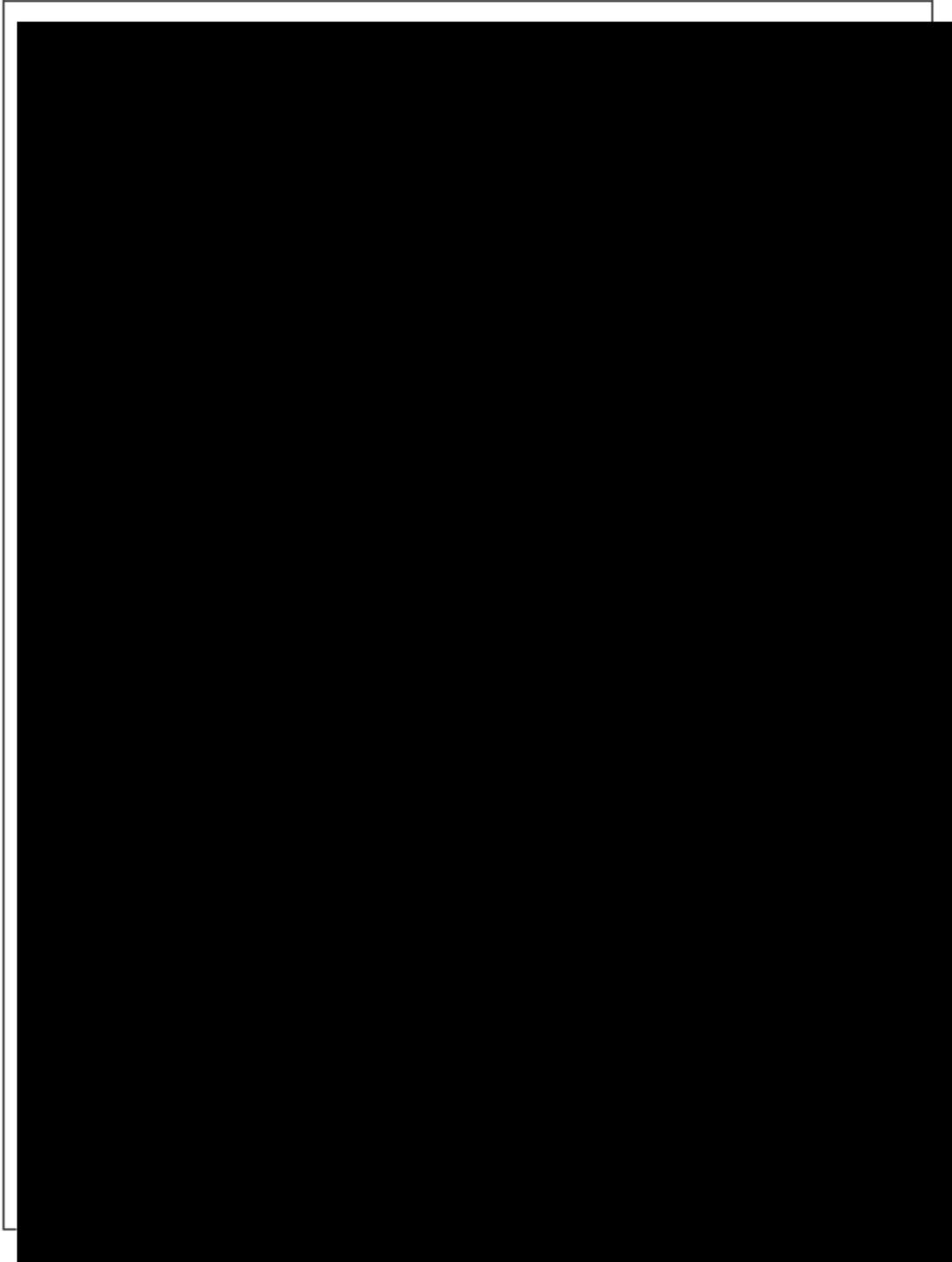
We are available as resources to participate in DHH-sponsored forums or training sessions. This, too, supports effective collaboration and enhancement of our collective knowledge related to fraud and abuse. These sessions may involve MFCU and other enforcement agencies, DHH Medical Plans and/or other DHH contractors.

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Fraud and Abuse Compliance Plan

Delta Dental's Fraud and Abuse Compliance Plan is approved by DHH and is the roadmap for our Fraud and Abuse Program. We restructure the Plan to incorporate any Louisiana-specific requirements. We provide, in Exhibit N.1-4, the Table of Contents from of one our Fraud and Abuse Compliance Plans.

Exhibit N.1-4, Table of Contents for Fraud and Abuse Compliance Plan



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We submit the restricted and updated Plan to DHH no later than 30 days prior to the Delta Dental Readiness Review. We submit Plan updates for DHH approval no later than 30 days prior to the effective date of the plan.

Delta Dental develops and administers the Fraud and Abuse Compliance Plan with the Vice President of Professional Services, a dentist, who has oversight over the Plan and also serves as our Dental Fraud and Abuse Compliance Officer. The Fraud and Abuse Compliance Officer is also responsible for and holds overall authority for our fraud and abuse compliance functions.

The Fraud and Abuse Compliance Plan presents a clear explanation of our approach to preventing, detecting and investigating fraud and abuse, as well as our methods for reporting it, educating concerned parties about it, maintaining confidentiality and ensuring our fraud and abuse techniques are current and effective.

The Plan meets the requirements of the RFP as well as requirements of Federal and State Statutes as identified above. The Plan is dynamic and updates are aggressively made to the Plan to handle and incorporate changes in State or Federal law, regulations and policy. We take special care in incorporating needed changes in the Plan and work closely with DHH to ensure that the Plan is timely updated with accurate information and consistent with continuously evolving legislative law changes and policy changes by state and federal governments.

To reflect Medicaid requirements, the Plan fully complies with Section 1902(a)(68) of the Social Security Act by establishing written policies that detail information about the False Claims Act, administrative remedies and civil or criminal penalties for false claims, and whistleblower protections. Delta Dental's Louisiana Dental Director within the Division of Professional Services advises the Fraud and Abuse Compliance Officer regarding the Medicaid provisions of the Social Security Act.

Finally, the Fraud and Abuse Compliance Plan incorporates the policy and procedures specified in Appendix U of the Louisiana RFP relating to coordination of Fraud and Abuse Complaints and Referrals and related policies.

Delta Dental distributes the DHH-approved Fraud and Abuse Compliance Plan to the MFCU, the DHH Program Integrity Office and other DHH and State Government Units as requested. We provide information about our Fraud and Abuse Program and Plan to our employees and contractors, and make this information available through the Delta Dental web site. Additionally, we include information about our Fraud and Abuse Compliance Plan and Member and Provider Handbooks. Required on-line training of Delta Dental employees incorporates information about our Fraud and Abuse Compliance Plan in the training modules. This information is binding on all Delta Dental employees, managers, officers, contractors, subcontractors and agents, members and network providers.

Our Fraud and Abuse team contributes to the training material and handbooks to ensure that the elements of the Fraud and Abuse Compliance Plan are effectively communicated. We make every effort to increase awareness of and access to the Fraud and Abuse Compliance Plan among all participants in Delta Dental's program. The widespread communication of this information is effective in preventing FA in our Dental Services program.

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Special Investigative Unit (SIU)

Delta Dental appoints an established SIU to assume responsibility for fraud and abuse activities specifically related to the Louisiana DBMP. The SIU Manager reports to the Vice President of the Division of Professional Services/Fraud and Abuse Compliance Officer. The SIU Supervisor reports to the SIU Manager and oversees the fraud and abuse analysts. The SIU performs tasks necessary to prevent, detect and investigate fraud and abuse cases in Delta Dental’s dental services program. These activities, as detailed throughout our response, focus on dental services delivered by providers and received by members. Delta Dental does not contract with any other entity for the investigation of fraud and abuse in the program. Our SIU is accountable to the Vice President of Delta Dental’s Professional Services/Fraud and Abuse Compliance Officer, and our SCI Unit is staffed entirely by Delta Dental employees.

We pattern the SIU after our highly successful Surveillance and Utilization Review (SUR) Program that Delta Dental of California currently operates in its role as the Fiscal Intermediary for the California Medicaid Dental Program (Denti-Cal). Delta Dental’s Denti-Cal program is certified by the International Organization for Standardization (ISO) to the ISO 9001:2008 standard and recognized by the California Council for Excellence (CCE) with the California Awards for Performance Excellence (CAPE) Prospector Award. The DHH benefits from this knowledge base of Delta Dental employees who have a wealth of experience in implementing industry best practices in the prevention, detection, and investigation of fraud and abuse.

SIU Functional Responsibilities

The SIU has broad responsibility for developing, operating and monitoring the fraud and abuse Program with authority to report directly to DHH and MFCU. The SIU functional responsibilities are reflected in Exhibit N.1-5 below:

Exhibit N.1-5, SIU Functional Responsibilities

SIU Functional Responsibilities
<ul style="list-style-type: none"> • Completing and updating the Fraud and Abuse Compliance Plan • Making effective use of Claims payment data and data analytical tools to identify and detect FA • Conducting investigations and identifying remedies • Identifying strategies for identifying and preventing future FA • Maintaining a well-publicized disclosure and compliance program for reporting of potential compliance program violations • Maintaining a record of all allegations that may constitute suspected FA • Reporting suspected FA in a timely manner • Ensuring that the compliance risks known to Delta Dental, both internal and external, are assessed on a regular basis.

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Fraud and Abuse Data Base

The SIU uses established tools and methodologies to identify and deter FA and poor quality of care. The integrity of the Fraud and Abuse Program is tied closely to the integrity of our fraud and abuse database. The database is password-protected to prevent access by unauthorized persons. It is designed to perform the following functions:

- Maintain an audit trail of all notices of suspected fraud and abuse from all sources
- Serve as a single repository for all allegations, whether related to dental services or business activities
- Assign a unique tracking number to each reported incident
- Protect the identity of the person submitting the report
- Provide a record of all actions taken upon receipt of the notice and
- Record the final disposition of all allegations based on results of the SIU's investigation

Comprehensive Approach

Delta Dental offers a comprehensive program for the prevention, detection, investigation and reporting of FA. Our approaches and methodologies are described in detail below.

Fraud and Abuse Compliance Officer, and Committee

Delta Dental's Fraud and Abuse Compliance Officer provides overall direction for Delta Dental's Fraud and Abuse Program and serves as the single point of contact with DHH and MFCU on matters pertaining to FA. This individual also oversees the operation of the Delta Dental's Fraud and Abuse Special Investigations Unit (SIU) that is staffed for the implementation of the Fraud and Abuse Compliance Plan.

Fraud and Abuse Compliance Officer

The Fraud and Abuse Compliance Officer has clinical dental training, direct experience in overseeing fraud and abuse detection and investigation within Delta Dental, is familiar with investigative protocols and clinical standards and is committed to executing all responsibilities described in the Plan.

The Fraud and Abuse Compliance Officer oversees all Fraud and Abuse Compliance Plan tasks. The Compliance Officer and the Fraud and Abuse program team have responsibility and authority for reporting to the DHH and MFCU on all investigations that result in a finding of suspected FA.

Delta Dental's Fraud and Abuse Compliance Officer:

- Ensures a single point of contact for DHH and MFCU in matters pertaining to FA,
- Serves as a Senior member of Dental Dental's management team, and
- Reports to Delta Dental's Compliance Committee.

Serving in these roles the Fraud and Abuse Compliance Officer is responsible for all aspects of Delta Dental's FA Compliance Program. We provide a summary of these responsibilities in Exhibit N.1-5, Fraud and Abuse Compliance Officer Responsibilities.

Exhibit N.1–5, Fraud and Abuse Compliance Officer Responsibilities

Responsibilities
<ul style="list-style-type: none"> Design and direct the implementation, administration and operation of Delta Dental's Fraud and Abuse Compliance Program to ensure compliance with the laws and regulations, terms and conditions of government contracts, and Delta Dental's Fraud and Abuse Compliance Program.
<ul style="list-style-type: none"> Ensure that all employees, agents, consultants, independent contractors and vendors are aware of Delta Dental's Fraud and Abuse Compliance Program and with Delta Dental's expectation that they are expected to comply with the Program's requirements when performing contractual functions.
<ul style="list-style-type: none"> Review periodically the Delta Dental Fraud and Abuse Compliance Program to ensure its consistency with changes in applicable laws or regulations.
<ul style="list-style-type: none"> Report directly on a regular basis to the Delta Dental Fraud and Abuse Compliance Committee regarding the operation of the Compliance Program.
<ul style="list-style-type: none"> Ensure the availability of appropriate general and specialized training and/or education program for DBMP members and network providers regarding the provisions of the Fraud and Abuse Compliance Plan; monitor the effectiveness of the training and education program; ensure that an effective notification process is available to all Delta Dental employees, contractors, consultants, members and providers for reporting suspected fraud and abuse complaints.

Fraud and Abuse Compliance Committee

Delta Dental's Fraud and Abuse Compliance Committee provides oversight, advice, support and general guidance to the Fraud and Abuse Compliance Officer. With the Fraud and Abuse Compliance Officer, the Committee is accountable to Delta Dental's corporate leadership team for fraud and abuse compliance matters. Some of the primary responsibilities of the Fraud and Abuse Compliance Committee include:

- Building appropriate infrastructure for the administration of the Fraud and Abuse Compliance Program, including procedures and systems for long-term support
- Making recommendations regarding Delta Dental's Fraud and Abuse Compliance Program regarding legal and regulatory environment, requirements and risks
- Monitoring internal and external audits for identifying fraud and abuse compliance issues and identifying deficiencies and implementing corrective and preventive action for an effective program of fraud and abuse prevention, detection and investigation

Fraud and Abuse Education and Training

An important part of effectively administering the Fraud and Abuse program is educating relevant parties about the reason for the program and helping the parties understand the content of the Fraud and Abuse Compliance Plan and its importance in administering Delta Dental's Fraud and Abuse program. Our approach to providing fraud and abuse education and training is addressed below. The purpose of our fraud and abuse education and training program is to:

- Create an awareness of how to identify, prevent, reduce, report and investigate acts of fraud and abuse and
- Encourage continued vigilance on the part of every individual and organizational entity throughout the course of the Louisiana Dental Services contract

Our educational program places significant emphasis on individuals gathering as much information as possible about any suspicious activity, regardless of whether or not there is certainty that the act

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constitutes fraud or abuse. We place equal emphasis on reporting incidents on suspected FA so that those responsible for the fraud and abuse function can make a final determination.

The SIU supports the development of educational and training content for provider, member, employees, and contractors; however the delivery of that content is shared among Delta Dental’s Office of Compliance for employees, and the Member and Provider services departments for Network Providers and Members in the development of handbooks. We make significant use of Delta Dental’s Web Site, DHH websites, provider and member enrollment orientation materials in promoting FA awareness among members and providers.

Employee Education and Training

Fraud and Abuse training for Delta Dental employees is incorporated in employee enterprise compliance training developed by Delta Dental Office of Compliance (OOC). Delta Dental employees are trained to actively combat fraud and abuse in all forms, by any individual or organization.

Delta Dental’s Office of Compliance incorporates fraud and abuse training in our online Learning Management System, an online training software program. We regularly update the training plan to incorporate new requirements. The fraud and abuse training materials include information about:

- Health Insurance Portability and Accountability Act (HIPAA) provisions and its relationship to fraud and abuse processes,
- Understanding Louisiana’s DHH Medicaid program integrity role and functions,
- Identifying both conspicuous and subtle indicators of fraud and abuse, and
- Reporting requirements related to suspicious activity on the part of providers and/or members.

Delta Dental maintains a log of fraud and abuse training, which is available to DHH upon request. The log contains information on the name of the individual taking the course and the date and time the course was taken.

Exhibit N.1-6, Employee Education and Training Summary summarizes the general schedule for administering our Fraud and Abuse Employee Training and Education.

Exhibit N.1–6, Employee Education and Training Summary

Title/Description	Training Date
Delta Dental Fraud and Abuse Initial Training – to Update Employee’s knowledge about the Louisiana Dental Services Program and its Fraud and Abuse Compliance Plan	Not later than operational start date
Delta Dental Fraud and Abuse Training – New Hires Fraud and Abuse Compliance Plan	Within 90 days of hire
Delta Dental Annual Training Fraud and Abuse Compliance Plan	One time per year

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Member Education

The principal tool for educating members about fraud and abuse issues is Delta Dental's Dental Services Member Handbook. The Handbook explains and presents examples of fraud and abuse in the dental program. Also contained in the Handbook are instructions on how and where to file a report of suspected fraud and abuse. We advise members to obtain a copy of the Abuse and Fraud Reporting Form by contacting Delta Dental's Member Contact Center and by accessing Delta Dental's website.

Network Provider Education

Delta Dental makes the provider aware of the provider's fraud and abuse prevention and reporting responsibilities during the network recruiting and contracting process. Our recruiting materials, provider contract and Provider Handbook for the program contain accurate and informative material that contractually binds network providers to ethical business practices and accepted standards of dental care.

Our Provider Education Program ensures that the network provider complies with program policies and procedures. When it is determined that the provider is either misinformed or confused about program rules and there has been no willful intent to defraud, the SIU makes sure that the provider receives the appropriate information and training to help achieve and maintain compliance.

The Provider Handbook is our principle vehicle for communicating Fraud and Abuse compliance information and guidelines to our provider network. We include definitions of fraud and abuse, examples of fraudulent, abusive and wasteful acts under the program rules and the penalties and sanctions for violations. We advise the provider about maintaining patient and business records associated with the program and granting access to these records to Delta Dental, DHH, MFCU or their designees if requested. We encourage the provider and the provider's staff to be vigilant in identifying and reporting suspected acts of fraud and abuse on the part of members (for example, allowing one person to obtain program benefits under another person's name). Furthermore, we educate the provider on how to identify and report potential fraud and abuse perpetrated by other providers.

Delta Dental reinforces network provider awareness of fraud and abuse issues through ongoing provider communications including:

- Provider bulletins
- Ongoing provider training
- Onsite visits
- Participation in dental industry conferences and
- Training publications

The common message that we convey to the provider is that Delta Dental and DHH maintain vigorous fraud and abuse control programs, that violators are subject to penalties and prosecution and that each provider has a responsibility to protect members from harm and to safeguard public funds.

DHH Training Support

Delta Dental and DHH share the common goal of preventing, identifying and investigating potential acts of fraud and abuse in the Louisiana DBMP. Both organizations benefit from understanding the processes and protocols each organization employs. We are available to present DHH staff with an overview of

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Delta Dental's Fraud and Abuse Program at contract beginning and as new hires join the DHH workforce. We always welcome DHH's contributions to our internal training programs.

Program Access and Cooperation

Delta Dental's SIU collects and stores information necessary and valuable to DHH, MFCU and other state and federal agencies in the process of completing formal investigations and eventual prosecutions. Delta Dental cooperates fully in ensuring that these records are accessible for these purposes. We provide copies of relevant materials at no additional cost and as rapidly as possible. Additionally, we provide access to documentation resulting from the member grievance process as well as individual member dental records.

Prohibited Associations Employee, Contractors, Provider Screenings

Delta Dental is compliant with Federal law requiring that any individual or entity that employs or contracts with an excluded provider/individual cannot claim reimbursement from Medicaid for any services by the excluded provider or individuals. Delta Dental's Dental Network Administration and Contracting Division are responsible for meeting the provider screening requirements of this law. The Provider Credentialing Unit performs the screening and reports results as requested to the provider or to the appropriate internal units if screening detects questionable issues with employees, or contractors. Delta Dental uses the identified Web sites listed below to support this screening.

Our screening process is not a one-time process but a continuing process to capture updated information. Delta Dental's operational procedures specify:

- Provider screening at the time of credentialing and re-credentialing
- Monthly scanning of primary web sites and other sources of information to identify exclusions that must be addressed in on-going employment, and contracting processes

We notify the provider in writing in cases where a provider exclusion issue arises. The provider has the opportunity to present any information that may be used by the Credentialing Unit to complete the credentialing process.

Additionally, in addition to provider screening, our Human Resources Department screens every employee and contractor in advance of employment and contracting, and subsequently on a monthly basis.

We continuously review web sites for information that may pertain to Delta Dental network providers, employees, and contractors. These include:

- Office of Inspector General (OIG) List of Excluded Individuals/Entities: [exclusions.oig.hhs.gov/search.aspx](https://www.exclusions.oig.hhs.gov/search.aspx)
- Healthcare Integrity and Protection Data Bank (HIPDB) The Data Banks, npdb-hipdb.hrsa.gov/resources/HIPDBGuidebook.pdf
- Data Bank Homepage, npdb-hipdb.hrsa.gov/index.jsp
- Excluded Parties List Serve (EPLS): explore.data.gov/Information-and-communications/Excluded-Parties-List-System-EPLS-lbxj-jjvs

Part II: Technical Approach

We report discoveries of exclusions resulting from this on-going process to DHH within three business days of discovery, formatted to DHH specifications.

Reporting, Records Retention and Access

Fraud and Abuse Data Base

As addressed earlier in this proposal, our Fraud and Abuse Data Base is password-protected to prevent access by unauthorized persons and is designed to perform the following functions:

- Maintains an audit trail of all notices of suspected fraud and abuse from all sources
- Serve as a single repository for all allegations – whether related to dental services or business activities
- Assigns a unique tracking number to each reported incident
- Protects the identity of the person submitting the report
- Provides the identity of the person submitting the report
- Provides a record of all actions taken upon receipt of the notice
- Records the final disposition of all allegations based upon results of the SIU’s investigation

The fraud and abuse database is the source from which Delta Dental generates notices and reports for DHH. We log all suspected and/or reported cases of fraud and abuse and investigative information that we receive into our secure fraud and abuse database system. The records include the nature of the complaint or report, the allegation or suspected violation, the date the allegation was received, the provider and member identifiers and status of the investigation and other information as may be prescribed by the DHH or MFCU. We close and document in our system investigated cases that do not result in confirmed findings of suspicious activity and tally them in a quarterly report to DHH.

Delta Dental provides timely reporting to DHH and or its fiscal intermediary in accordance with the RFP. We address our reporting activities in the text that follows and summarize them below for clarity.

- Within three business days from discovery:
 - Report to DHH any Delta Dental employees, network provider, contractor, or contractor’s employees who have been excluded, suspended, or debarred from any state or federal healthcare benefit program
 - Report receipt of notice that action is being taken against Delta Dental or its employee, network provider, contractor or contractor employee that could result in exclusion, debarment, or suspension of the Delta Dental program or a contractor from the Medicaid program or other programs identified in Executive Order 12549
- Within five business days of discovery
 - Report to DHH and MFCU any suspected fraud, abuse and neglect information in accordance with RFP requirements for report content
- Quarterly
 - Report through Fraud and Abuse Compliance Officer all FA activities

We prepare and transmit all reports that are required and requested using the DHH referral formats and within specified timeframes.

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Member Dental Records

Delta Dental captures a complete dental record for each member. We rigidly enforce the RFP requirements for complete individual dental records through periodic audits and reviews. These records are important for many reasons, and especially for determining that reimbursed services were provided to the member. This is a significant element of our ongoing FA detection effort.

Delta Dental provides to DHH, the Office of the Attorney General-Medicaid Fraud Control Unit (MFCU), the Centers for Medicare and Medicaid Services (CMS) and/or the United States Health and Human Services, Office of Inspector General (HHS-OIG) immediate access to all records maintained under this Plan. We deliver all copies of records free of charge to the requesting entity.

Delta Dental complies with requests from DSS, MFCU and all other authorized State and Federal agencies asking for records related to our Fraud and Abuse Program. We comply as rapidly as the availability of these records allows to an authorized state or federal agent within 24 hours; however we provide immediate access to such records in less than 24 hours if an authorized state or federal agency believes records may be destroyed or altered. Some examples of records requests that we anticipate receiving are noted below. We would have some of these only if they resulted from a case that we audited or the claim was a procedure in which radiographs and other documentation is stored by our claims department.

- Clinical patient records
- Other patient records
- Radiographs
- Program payment documentation
- Diagnoses-related records
- Invoices
- Delivery documentation of equipment or supplies
- Business and accounting records with supporting documentation
- Statistical documentation
- Computer records and data
- Provider and subcontractor contracts
- Training logs for fraud and abuse training
- Logs of all fraud and abuse incidents reported from all sources

We retain all notices of fraud and abuse and related investigative records for the program for a minimum period of six years or until final disposition of the case, whichever is longer.

Comprehensive Approach for Dental Fraud and Abuse Prevention, Detection and Investigation

When fraud and abuse occurs in dental services it may relate to either provider or member activities. The following table (Exhibit N.1-7, Fraud and Abuse Examples by Providers and Members) illustrates examples of fraud and abuse by providers and members.

Exhibit N.1–7, Fraud and Abuse Examples by Providers and Members

Fraud and Abuse Examples	
Provider FA Examples	<ul style="list-style-type: none"> • Billing for dental services not rendered • Providing excessive dental work that is not needed by the patient • Falsifying the date of service to correspond with the member's coverage period • Billing for non-covered services using an incorrect code to have the service(s) covered
Member FA Examples	<ul style="list-style-type: none"> • Using another person's Medicaid Identification Card or other insurance card • Forging or altering a prescription • Not disclosing coordination of benefits • Claiming false dependents • Intentionally receiving unneeded services or supplies • Accepting cash or other bribes for receiving services • Deliberately giving incorrect information to receive benefits

Delta Dental offers a comprehensive approach to prevent, detect, investigate, and report suspected cases of these types of FA. Moreover, when we discover new types of FA or more nuanced forms of the typical types of FA, we initiate steps to review program policies, claims processing system edits and other means to prevent the reoccurrence of FA.

Prevention Methods

Preventing FA is critical to conserving resources in Louisiana's DBMP. Because of our highly successful and proactive FA program, the time spent on investigation and recovery is reduced and this conserves and safeguards state dollars. Delta Dental uses a variety of pre-payment controls to combat fraud and abuse associated with the delivery and receipt of dental care as profiled below.

Automated System Edits and Audits

Delta Dental's Claims Processing System incorporates automated system edits and audits designed to prevent payment for dental services that appear to be inappropriate, unnecessary or obtained by unauthorized patients. As we process claims through our Claims Processing System, the system routinely validates all provider, member, claims and payment data to insure data integrity. The system maintains a complete history of claims and encounters submitted for Louisiana's DBMP members for a three-year period. It contains an embedded rules base that can identify and isolate claims meriting further review and identify claim inconsistencies or anomalies such as:

- Member data on claims that do not match eligibility data in the system
- Billing provider data that does not match enrolled provider data in the system
- Services rendered that do not correspond to the schedule of authorized benefits for the program
- Services rendered that are inconsistent with standard protocols for billed procedures, including frequency, past procedures for same tooth or condition and age-related or health status restrictions
- Current claims that are inconsistent with claims history for the same or different provider, for the same procedure and patient.

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Historical data is downloaded from the Delta Dental Claims Processing System DDCPS to the IBM-based Fraud and Abuse Management System (FAMS), the principal tool used for monitoring service patterns and performing both random and targeted utilization review. FAMS is fully integrated into the DDCPS; however, to explain the technical functionality for fraud and abuse we refer to it by its trade name in this proposal section. From FAMS, analysts generate reports such as:

- Statistical profiles that reveal providers with unusual service patterns and
- Statistical profiles that identify members with unusual utilization patterns

Additionally we generate specific claims and payment information by provider and/or member from the Business Objects reporting from our data warehouse, including:

- Detailed claims/encounter information by provider and/or member
- Current and historical payment information by provider and/or member

These reports are used to support audits, service pattern monitoring and payment reviews as described in subsequent plan sections.

Special Provider Review

On occasion, Delta Dental identifies providers who have minor compliance issues with program rules or dental protocols that do not rise to the level of fraud and abuse and whose continued participation in the program is desirable to ensure geographic or cultural access. In these instances, the quality management group may request that a provider be placed on special review for a period of time while appropriate clinical or administrative staff work with the provider to achieve compliance. In this instance, all of the provider's claims or claims for particular services or types of services are pended for review prior to payment. During this time, we may require the provider to submit additional substantiation for services performed, depending on the nature of the concern. This process is only applied in situations where there is no potential harm to patients.

Detection and Notification Methods

We monitor program compliance and detect suspected fraud and abuse in dental services in several ways. Delta Dental internally identifies potential cases of fraud and abuse as part of our ongoing UM program. This is accomplished using automated system edits and audits, issuing written notices to members as required by 42 CFR 455.20 (b), monitoring service patterns and conducting post-payment reviews. Additionally, other individuals may independently identify potential acts of fraud and abuse in the delivery of dental services and notify Delta Dental of the suspected violation.

Our written notice to the member identifies claims submitted on the member's behalf. Upon receipt of such notices, the member may contact Delta Dental to report discrepancies between the services received and those listed on the notice. Thus, regular production and issuance of notice to the member is a key tool that we use to verify the member's receipt of services, and in turn to detect potential fraud or abuse.

The notification process involves a standard form for reporting potential provider or member violations to Delta Dental. This process is illustrated in Exhibit N.1-8, Notification Process for Suspicious Provider and Member Acts. The subsequent information highlights characteristics of this process.

Exhibit N.1–8, Notification Process for Suspicious Provider and Member Acts



Coordination of Notifications of Suspected FA

Delta Dental acknowledges DHH’s guidance for coordinating notifications of suspected FA and processes notifications in accordance with this guidance. This guidance includes:

- Complaints received by Delta Dental about a member’s eligibility for Medicaid/CHIP are referred to the Program Integrity Section of DHH which has access to member eligibility files. The referral is made within three business days.
- Complaints received by the Delta Dental about a member’s utilization of benefits are handled internally in accordance with our Fraud and Abuse Compliance Plan.

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We investigate complaints received against a network provider or contractor internally in accordance with our Fraud and Abuse Compliance Plan.

Internal Identification and Notification

Delta Dental's QA and UM Departments refer potential fraud and abuse cases that they identify to the SIU for investigation. We also train other Delta Dental staff members to identify and report suspicious situations that may surface during routine operational activities. Typically, these occur in claims processing. However, an unusual phone call from a provider or member, an observation during an on-site provider visit, an irregularity with a provider check or any one of innumerable other circumstances could alert Delta Dental staff to a possible FA situation.

We document all suspected incidents of FA identified by internal sources using a standard Fraud and Abuse Reporting Form. We forward all completed forms to the SIU. The SIU processes the form as described in the Investigation Methods and Results in Dental Services Section.

Through initial and ongoing training, Delta Dental increases staff awareness as to what constitutes suspicious activity. We also provide guidance on what information to collect and report, including:

- The person(s) who committed the suspicious act
- The suspect's status in the DBMP program
- The provider or recipient identification number, if applicable
- The source of the information
- How the activity was identified
- The nature of the suspected fraud and/or abuse
- The date the issue was identified
- Other details pertinent to the allegation

Monitoring Service Patterns

The Delta Dental Claims Processing System generates statistical reports to aid in the detection of providers whose service patterns deviate from expected norms. Provider profiles compare individual providers to all network dentists, as well as other providers who deliver the same type of service (for example, diagnostic, preventive, endodontics, oral surgery, periodontics and prosthetics).

Fraud and Abuse Management System

Delta Dental uses FAMS to build models by both provider specialty classification and treatment codes and descriptions to identify utilization patterns. These models enable us to readily identify both normative patterns and outliers. The models also enable us to easily determine the number of standard deviations that the outliers are from normative patterns. We have created models that are specific to certain procedure codes that are most apt to be up-coded (coded for reimbursement at a higher rate than allowed for the procedure performed) as well as models that may reveal either overtreatment or indications that services are being billed that may not have been rendered.

The FAMS data base further refines profile report data by drilling down to lower levels of detail to produce ratio reports that pinpoint providers who exceed norms in terms of services per patient. Norms are determined by comparing total allowed services by procedure (or procedure category) to the number

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of patients receiving that procedure per provider. The FAMS reports also reveal where an individual provider ranks in relation to the norm. Ratios are calculated for each provider within an area, specialty or procedure category.

We have the capacity to generate additional drill-down reports on providers based on the result of the ratio report analysis that may indicate further investigation. These reports include:

- Provider-trended analyses
- Frequency of procedures performed
- Claim error analyses
- Claim detail reports

Prescription medications are not included as covered benefits of the program; therefore, Delta Dental does not have access to member claims data for prescription drug medications. However, member treatment profiles can indicate aberrant behavior such as excessively frequent office visits to a single provider or the use of multiple providers.

Based on these statistical profiles, we review the claim detail reports to assess the potential for member FA. Members making office visits to multiple providers in the same month, particularly without additional diagnostic or therapeutic services being performed, may indicate attempts to obtain multiple prescriptions. These reports may also indicate the sharing of member identification cards. In such cases Delta Dental requests copies of the member treatment and encounter records from the dental provider and evaluates them for potential FA issues.

Attempted fraud and abuse by members may also be detected and prevented through claims processing system pre-payment edits and audits described in Automated System Edits and Audits in this section. These edits and audits are designed to identify member history conflicts, such as a restoration on a tooth that has previously been extracted. Claims processing staff forward irregularities resulting from claims processing to the SIU to determine whether they are billing errors or potential FA by a member or provider.

Following analysis of all reports and data identifying providers and members with indicators of over- or under-utilization of services and/or practice patterns inconsistent with norms, analysts prepare summary report of results. Further analysis is performed, segregating cases that do not appear to have a justifiable basis for deviation from norms. For such cases, the SIU prepares the Fraud and Abuse Reporting Form and logs it into the fraud and abuse database.

Payment Reviews

Our Claims Processing System routinely generates standardized reports that aid in detection of FA. These reports include:

- Providers with the highest aggregate payments
- Providers with the highest claim volume
- Providers with the highest per claim payments
- Trended provider volume/payments
- Providers with highest volume/payment per recipient

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From these reports, utilization management analysts identify single provider payments or payment patterns that appear suspicious. We review such cases with the UM Coordinator. If they are still deemed suspicious, we submit these to the SIU. Upon receipt of the report, the SIU evaluates the data and segregates those that do not appear to have a justifiable basis for deviation from norms. The SIU analyst prepares a Fraud and Abuse Reporting Form and logs it into the fraud and abuse database.

External Identification Sources

Delta Dental may receive notices of suspected fraud and abuse from a variety of external sources. Members and providers, who receive reporting instructions in their respective program handbooks, may submit reports by e-mail, telephone, facsimile transmission or mail. Providers and members are instructed to use the Fraud and Abuse Reporting Form to notify Delta Dental of suspected program violations.

Third parties, such as community advocacy groups, non-network providers or other interested individuals, may also submit reports by contacting Delta Dental through e-mail, telephone, facsimile transmission or mail. We provide reporting instructions to those who call our telephone number published on our Website. This same reporting information and instructions are accessible through our website.

We may receive notices from DHH of potential fraud and abuse and these may require preliminary investigation by the SIU. Such referrals may range from reports that were inadvertently directed to DHH to highly suspicious allegations documented by DHH in the course of a separate investigation. If requested, Delta Dental handles these referrals on an expedited basis.

Telephone Notices

When individuals contact Delta Dental by telephone to report suspected fraud or abuse, the procedure is as follows:

- Individuals can call Delta Dental 24 hours a day, 7 days a week **hotline** regarding suspicious provider or member activity. We connect all calls immediately to the automated telephone response system which plays an introductory message and offers a variety of prompts for further action.
- During business hours, callers can choose to be connected directly to a Customer Service Representative or leave a voice mail message in a dedicated fraud and abuse mailbox.
- If callers choose to speak to a representative, we connect them to staff trained to accept verbal notices of suspected fraud and abuse. With the caller's assistance, the representative completes a Fraud and Abuse Reporting Form and e-mails it to the SIU.
- If callers choose to be forwarded to the voice mailbox, the mailbox message prompts the caller to provide the information needed to initiate an investigation or to leave contact information for a return call by a Delta Dental representative.

A Customer Service Representative checks the fraud and abuse voice mailbox each workday. If any calls were received, the representative transfers each caller's information to the reporting form, and e-mails the form(s) and the transcript to the SIU. This form is sent immediately to the SIU.

E-mail Notices

The electronic reporting form can be sent directly to the SIU via e-mail from internal staff. These notices are sent directly to an internal Delta Dental e-mail address used exclusively for fraud and abuse notices.

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Access to the mailbox is limited to the SIU manager and supervisor, which protects the identity of the submitter and the integrity of the review process. All e-mail notices are printed to paper and maintained in secure storage. The original e-mail is routed to a password-protected file for storage.

Facsimile Notices

We receive notices submitted by facsimile through a secure machine within the Member Services area. The facsimile document is forwarded to the SIU, where we review and record it in the fraud and abuse database. We retain the original facsimile transmission in secure storage.

Mail Notices

We instruct members, providers and others to mail fraud and abuse notices to Delta Dental's business address. Delta Dental's mailroom staff delivers these notifications to the SIU. The SIU reviews the notification and records it in the fraud and abuse database. We retain the original document in secure storage.

Processing Initial Notifications

Delta Dental's prefers initial reports of fraud and abuse be submitted using the Fraud and/or Abuse Reporting Form. We accept initial reports in an alternate format and subsequently transfer the information into the preferred format prior to initiating the investigation. In the interest of receiving complete and uniform notifications, however, we attempt to contact the submitter whenever feasible, furnish the submitter with a Fraud and Abuse Notification Form for completion and append the submitter completed form to the original report. This additional step does not delay the investigation if the initial notice contains sufficient information to undertake a preliminary review.

Escalation of Notifications

All Delta Dental investigative staff are trained to immediately escalate any notification of fraud or abuse when there is reason to believe a delay may result in:

- Harm or death to patients
- The loss, destruction or alteration of valuable evidence
- A potential for significant monetary loss that may not be recoverable or
- Hindrance of an investigation or criminal prosecution of the alleged offense

In these instances, the SIU manager expedites referral to DHH. Expedited referrals include an explanation of the reason that immediate action is necessary.

We record all new notices of potential fraud and abuse in the fraud and abuse database, which includes assigning them unique identification numbers. We forward the new notices via e-mail to the SIU Manager and/or supervisor, who assigns them to investigative staff for processing.

Investigation Methods and Results

When incidents of abuse or fraud are suspected in the delivery of dental care, the investigative process is frequently aided by the evidentiary nature of dentistry. Clinical protocols require radiographs for most

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therapeutic procedures, thereby providing DHH and Delta Dental with an objective basis for evaluating suspicious dental services.

Preliminary Investigations

We conduct preliminary investigations within 15 workdays of the identification and/or reporting of potential fraud and abuse. The purpose of preliminary investigations is to gather information that enables a determination to be made about whether there is a basis for a full investigation. Considerations in the preliminary investigation may include:

- Prior fraud and/or abuse reports concerning the provider(s) and/or member(s)
- Outcomes of any prior reports or investigations, and the relationship of prior allegations to the current situation
- Documentation of any education or training the providers or members received related to the allegation
- Ad hoc FAMS reports of billing patterns and payment history over the past three years and the presence or absence of suspicious indicators in this data
- Identification of Louisiana Medicaid Dental Services program statutes, regulations, administrative procedures or contractual requirements that may have been violated
- Identification of any Delta Dental policies and procedures, as detailed in the Provider Manual and Member Handbook, that may have been violated;
- The specific claim or claims referenced in the allegation that may indicate noncompliance with administrative or clinical protocols
- Current status of the provider with regulatory agencies and other programs

Investigative staff within the SIU completes the preliminary investigation and prepares a report for the SIU Manager and/or supervisor. The manager and supervisor review the report, along with all supporting documentation related to the allegation, and make a determination as to whether further review is appropriate. If it is, SIU staff are directed to commence an integrity review, which is the next step in the investigative process. If suspicion of fraud and abuse is not present, the case is closed.

We document all actions taken as a result of fraud and abuse investigations in the fraud and abuse data base. Additionally, fraud and abuse case documentation identifies recommendations and future actions that may be appropriate to prevent new issues from arising.

Integrity Reviews

Cases that clearly indicate potential fraud and abuse are subjected to an “integrity review,” which consists of:

- Selecting an historical claims sample related to the fraud and/or abuse allegation for the provider(s) and/or member(s)—sample includes a minimum of 50 members or 15% of a provider’s claims
- Requesting corresponding patient treatment records for claims sampled
- Completing the review

The purpose of reviewing patient treatment records is to confirm that services were delivered, assess utilization and quality of care and confirm that claim data submitted by providers is accurate. Failure of a provider to supply copies of patient treatment records as requested results in the provider being reported

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to the DHH for refusing to supply records upon request. Other sanctions may be imposed on non-cooperating providers.

At the conclusion of the integrity review, SIU staff prepares an Integrity Review Report that compiles all relevant information collected during the review. The report documents a finding of either confirmed suspicion of fraud and/or abuse or no evidence confirming suspicion of fraud and/or abuse. If suspicion of fraud and/or abuse is confirmed, the report also includes vital information concerning the scope of the apparent violation, including:

- Statement of the allegation
- Citation of violated statutes and/or regulations for the period in question
- Investigation results
- Copies of program rules and regulations in effect at time of violation
- Total dollar amounts involved and estimated overpayment
- Summary of interviews conducted
- Claims data submitted for the period in question
- All supporting documentation obtained during investigation
- Documentation implicating other providers and/or members

In preparing the Integrity Review Report, as throughout the investigation, SIU staff comply with evidentiary protocols in the event the case is subject to prosecution. From experience, Delta Dental knows that a well-developed and documented case can provide sufficient cause for a defendant to favorably settle a case, thereby saving DHH significant time and financial resources.

We forward the Integrity Review Report to the Fraud and Abuse Compliance Officer for formal review along with the SIU's recommendation.

Investigation Findings

Upon completion of the integrity review, and under the direction the SIU manager, SIU staff are responsible for ensuring that:

- Cases not resulting in confirmed allegation of fraud and abuse are so noted, closed, and included in the monthly Open Case List Worksheet that is furnished to DHH.
- Cases with a confirmed allegation of fraud and/or abuse are noted in the database. Within five workdays, an electronic DHH Waste, Abuse and Fraud Referral Form is generated to notify DHH and MFCU of the finding. A copy of the electronic referral form (with the assigned DHH Case Number) is sent by mail to DHH. Accompanying the referral form is the hard-copy case file containing the items listed above in Integrity Reviews (statement of allegations, citations and copies of violated statutes and/or regulations, estimated overpayment, summary of interviews, related claims data and all supporting documentation including implication of other providers and/or members, if any).
- Delta Dental sends an expedited referral to the DHH and MFCU when investigation findings indicate a delay may result in (or has resulted in) bodily harm, exploitation, or death.
- Delta Dental informs the DHH and MFCU of cases where suspension of provider payments due to confirmed allegations of fraud and/or abuse could jeopardize member access to care, and implements DHH and/or MFCU directives on whether exceptions to payment withholding rules are permissible.

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Following the referral to the DHH and at Delta Dental's expense, Delta Dental staff who participated in the review are available to the DHH and MFCU (or its designees). Our staff respond to questions regarding the material provided, supply additional information, participate in legal proceedings or coordinate access to other information or individuals needed to support legal steps that may be undertaken by the DHH and MFCU.

O Third Party Liability

Introduction

The State of Louisiana works to conserve the scarce health care resources that are available in today's tight budget environment. Not every DBMP member has resources to pay for dental services. When such resources are not available to the member, by law, unless there are specific exclusions in the law, Medicaid steps in to take care of the member's dental health care. Medicaid, however, is the payer of last resort and, as such, constant diligence is required to identify members that have or obtain other coverage.

As the Department of Health and Hospital's (DHH) partner in administering the program, Delta Dental assists in identifying whether or not resources other than Medicaid are available to the member and works to adjudicate claims whenever possible, conserving scarce state resources. In cases where the member has "Other Health Coverage" (OHC) and the DBMP is not responsible for payment, a Third Party Liability (TPL) entity is identified and becomes responsible for payment.

We comply with the RFP requirement for a presentation of our comprehensive Post- Payment Recovery Program during the scheduled Readiness Review. We have also discussed industry best practices for Medicaid third party recovery that are incorporated into our comprehensive program procedures presented in Readiness Review. Delta Dental's TPL solution meets the requirements of the RFP and we commit to compliance. In the following section, we present our holistic approach to TPL.

Declaration of Compliance

Delta Dental undertakes its TPL responsibility in accordance with all appropriate federal and state laws and policies. These are:

- **42 CFR.433.135 et seq.** — Coordination of Benefits, Cost Avoidance and Post Pay Recovery
- **Louisiana Revised Statutes, Title 46** — Coordination of Benefits, Cost Avoidance and Post-Pay Recovery
- **42 CFR.447.50 through 447.58** — Cost Sharing Imposed on Medicaid Member
- **42 CFR.433.138** — Identify Existence of Potential TPL
- **Louisiana Medicaid State Plan**

Understanding Third Party Liability

A DBPM member may have OHC from multiple insurance plans or circumstances, such as court ordered health coverage. Delta Dental links personal dental health situations to potential OHC(s) and confirms whether the OHC is liable and fulfilling payment responsibility. At Delta Dental we take our TPL responsibilities seriously and work diligently to conserve every dollar of the State's scarce and valuable resources, getting claims paid timely and by the responsible entity.

Some of the more common types of insurance plans and circumstances, as well as personal dental health situations, encountered in processing dental claims for Medicaid members are identified in the two tables, Exhibits O-1, Types of Third Party Liability and O-2, Examples of Dental Third Party Liability Situations, that follow. Delta Dental uses these to identify the responsible TPL payer. Timely identifying these responsible payers prevents DHH from making unnecessary payments and holds the responsible

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TPL accountable, saving state resources in that DBMP does not spend unnecessary resources in recovering state monies.

Exhibit O-1, Types of Third Party Liability

Types of TPL
• Group/Employer Health Plans
• Self-Insured Health Plans
• Managed Care Organizations
• Medicare
• Court-Ordered Health Coverage
• Coverage from Liability Injury
• Workers Compensation

Exhibit O-2, Examples of Dental Third Party Liability Situations

Examples of Dental TPL Situations	
1. Member has other dental insurance coverage	Other insurance may include private dental insurance, Tri-care or an employer-administered Employee Retirement Income Security Act (ERISA) Plan
2. Member sustained a dental injury in accident	Accident is the responsibility of another party; the other party has casualty liability insurance that may pay cost of member's dental care
3. Member involved in civil suit (Tort) possibly resulting in court ruling	A court ruling may direct another party to pay the cost of the member's dental care
4. Member sustained dental injury while at work	There may be Workers' Compensation insurance available to pay the cost of the member's dental service
5. Member is deceased and left resources in an estate	Resources may be sufficient to reimburse the cost of dental care previously paid by the DBMP

O.1 Delta Dental's Strategic Approach to TPL

O.1 Describe how you will coordinate with DHH and comply with the requirements for cost avoidance and the collection of third party liability (TPL) specified in this RFP, including:

- *How you will conduct diagnosis and trauma edits, including frequency and follow-up action to determine if third party liability exists; (2) How you will educate providers to maximize cost avoidance;*
- *Collection process for pay and chase activity and how it will be accomplished;*
- *How subrogation activities will be conducted;*
- *How you handle coordination of benefits in your current operations and how you would adapt your current operations to meet contract requirements;*
- *Whether you will use a subcontractor and if so, the subcontractor's responsibilities; and*
- *What routine systems/business processes are employed to test, update and validate enrollment and TPL data.*

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Our approach to TPL incorporates a range of industry best practices for an effective TPL Program. Because there are various member situations where TPL applies and TPL is not always known at the time member claims are being adjudicated, our approach effectively captures TPL information. We subsequently use this information, preventing future unnecessary Medicaid expenditures and eliminate the need for recovery efforts.

Delta Dental educates providers about TPL using various methods of outreach and training, including program materials, website updates and features, IVR messages, phone assistance and EOBs explaining cost avoidance.

Coordination of Benefits

Delta Dental’s approach is best described as our Coordination of Benefits Program. This program is intended to make Medicaid the payer of last resort. Our ongoing efforts include:

- Capturing TPL information in member enrollment in Medicaid
- Identifying TPL for members and updating the member’s file
- Collections process for post-pay recoveries
- Prompt reporting of discovered TPL to DHH

These actions help ensure that the various dental benefits that a member may have are applied to a member’s dental expense either before a claim is paid or through post-payment recovery.

Our strategic approach is driven by seven strategic objectives that incorporate industry best TPL practices. The objectives are identified in Exhibit O.1-1, Third Party Liability Strategic Approach and described in the subsequent narrative.

Exhibit O.1-1, Third Party Liability Strategic Approach

TPL Strategic Approach
<ul style="list-style-type: none"> • Medicaid payer of last resort • TPL enforcement consistent with federal and state laws and policy • All reasonable measures taken to determine TPL • Cost avoidance is desired first option for enforcing TPL • Post-pay recovery timely billed and aggressive tracking of receipts payable • EPSDT TPL enforcement consistent with law, policy • Timely and accurate reporting to DHH

Payer of Last Resort

Medicaid is by law the payer of last resort with respect to services to eligible Medicaid members, and in this instance, members of the DBMP. Since Medicaid is the payer of last resort, unless there is a specific law or policy to the contrary, with respect to services for eligible Medicaid members, all non-Medicaid liability for cost of services to a member are fully exhausted prior to Medicaid payment. In some cases, however, TPL may not immediately be known to Delta Dental at the time a claim is processed for payment. In such instances, we take the necessary steps and actions to discover the member’s OHC and initiate a “post-payment” recovery. It also means that an otherwise legitimate claim is denied if it is

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determined that a TPL has responsibility for payment. Delta Dental takes these and other steps to identify and enforce TPL and adheres to federal and state statutes and regulations.

All Reasonable Measures Taken: Cost Avoidance and Post-Payment Recovery

Delta Dental’s comprehensive Coordination of Benefits Program is structured in a manner that every reasonable action is taken to make Medicaid the payer of last resort for DBMP members.

The two TPL processing scenarios are illustrated in Exhibit O.1-2, Third Party Liability Processing Scenarios, below.

Exhibit O.1-2, Third Party Liability Processing Scenarios

TPL Processing Scenarios	
Cost-Avoidance	A. OHC indicated on eligibility file but there is no EOB from other carrier attached B. OHC not indicated on eligibility file but potential OHC discovered in processing
Post-Payment Recovery	OHC unknown at time of claim adjudication but discovered later or law or policy require claim to be paid as billed with post-payment recovery to follow

When TPL is known before or discovered at the time a claim is being processed, a process referred to as Cost Avoidance is applied, meaning the third party is billed first and Medicaid pays based on the amount paid by the third party. However, when TPL is not known at the time a claim is processed but discovered later, a process referred to as Post-Payment Recovery is applied. This means, that Medicaid pays the claim, assuming the claim is payable based on all other edits applied, and then Medicaid recovers any amounts due from a third party when and if a third party is identified.

Cost Avoidance

Delta Dental incorporates industry best practices in preventing Medicaid payments when there is an identified third party with liability for a claim. If TPL of any kind is known to exist, it is identified in the member’s record and updates on a daily basis.

In processing a DBMP Member’s claim, payment is not allowed when there is a positive indicator for OHC in the member’s eligibility record, unless there is evidence attached to the claim showing that OHC was fully used, or an Explanation of Benefits (EOB) showing that OHC had been billed and paid or denied, or legitimately unavailable at the time services were rendered.

If a document suspends from processing because an edit identified a positive OHC indicator, we perform a manual review to determine if proof is attached to the document that establishes that OHC is exhausted or unavailable for an acceptable reason. An EOB from the other insurer confirming denial because the service is not a plan benefit is normally acceptable proof that OHC is exhausted or unavailable. However, if the EOB states denial of the service was due to the provider’s non-participation in a prepaid dental plan’s network or due to untimely submission of the claim, these are not considered acceptable proof that OHC is unavailable. In such cases, the claim is denied. Delta Dental’s process does not require proof that OHC benefits are exhausted or unavailable if the OHC Code furnished by DHH indicates the payment is limited to the co-payment portion of the claim.

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Delta Dental denies the claim to the billing provider in cases where the member's eligibility record indicates a positive OHC indicator and where payment/coverage verification from the other payer is missing. In this way, the billing provider is advised first to pursue payment from the named third party(s) and instructed to rebill the claim with evidence of third-party payment or non-payment. If the billing provider does not furnish appropriate evidence of non-payment/non-coverage by the other payer(s), Delta Dental denies the claim. In this way Delta Dental avoids paying the cost of the service. This is consistent with federal law that Medicaid must be the payer of last resort, meaning that all known payment resources available to a member must be exhausted before federal funds are used to pay the cost of service.

Post-Payment Recovery

Various circumstances may exist that make it impossible to use a cost-avoidance approach in processing members' claims. These include:

- A member may have recently acquired private dental insurance through a parent who began a new job, and this information has not yet been reported to the State.
- A member may have incurred a dental injury in an accident, and there may be a delay before the member knows whether or not the at-fault party has casualty liability insurance and/or whether that insurance pays for the member's dental treatment.
- A member may not report at the time of first becoming eligible for the Medicaid Dental Benefits that other health coverage (OHC) includes dental benefits.
- A member may have TPL resulting from tort actions, casualty liability insurance or workers compensation insurance, all of which are rarely possible to pursue through the Cost-Avoidance process because there are no indicators in the eligibility file to alert the claims processing system that this form of TPL exists at the time a claim is adjudicated.

In these and similar situations, the Delta Dental Claims Processing System may adjudicate the claim to payment and then Delta Dental may seek to recover the amount paid from the liable third party. This approach to handling TPL cases is referred to as Post-Payment Recovery. When TPL is discovered and is reported to DHH, Delta Dental initiates a post-payment recovery action on behalf of the member in a subrogation transaction.

For this approach to work effectively, a sound methodology is critical. Delta Dental uses extensive resources and investigatory efforts to determine and identify members who have potential TPL resources applicable to a particular claim.

The following details Delta Dental's procedures for a comprehensive Post-Payment Recovery process:

- Investigating and identifying member TPL and adding it to the member file;
- Capturing and reporting suspected TPL to the TPL Investigations Unit;
- TPL investigations and reporting;
- Recouping, reporting and internal accounting for Post-Payment Recovery;
- Voiding encounters for claims that are recouped in full;
- Submitting replacement encounters for recoupments that resulted in an adjusted claim value.

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These procedures incorporate Post-Payment Recovery industry best practices as described below. When TPL is discovered, we initiate a Post-Payment Recovery action on behalf of the member in a subrogation transaction.

Claims for EPSDT-eligible members are paid and Delta Dental initiates post-payment recovery if available.

Identify Potential TPL in Claims Documentation

One of Delta Dental's primary approaches is training our claims processing staff to identify clues in a claim document or attachment that may suggest potential for TPL. If the claim becomes questionable for the claims processing staff, we pay the provider for the claim and subsequently refer the matter to our TPL Investigation Unit for evidentiary determination of TPL for recovery.

Indicators to claims processing staff that the member may have OHC in the instance of this claim may be found on the header of the claim where provider may enter "yes" or "no", indicating whether or not the service pertains to an accident or work-related injury. Injury and trauma are two of the most common types of situation where a third party may be liable for the cost of dental care, possibly unknown to the member or provider. Claims processing edits are applied to this field to alert the claims examiner. If there is a "yes" indicator, although the claim is processed for payment, that claim is flagged for further review for potential TPL.

Leverage Claims Processing System Editing Capability

Our second approach to TPL discovery involves effective use of the claims processing claims editing capability to identify potential TPL. The claims processing subsystem also contains edits that suspend claims having procedure codes likely to be associated with an accident or injury (such as maxillofacial procedures).

Claims Investigation for Potential TPL

When the Delta Dental Claims Processing System flags a claim for further investigation of potential TPL, our TPL investigative staff takes certain actions to ascertain if there is evidentiary information that the other insurance coverage applies to the claim under investigation.

In these instances, we generate a TPL Follow-Up Report identifying claims to be investigated for possible TPL resources. Delta Dental enters the information from this report in a database, along with the member's address.

On a weekly basis, we prepare and send a TPL questionnaire to members identified in the database. The questionnaire asks members if their dental service was related to an accident or injury for which someone else was responsible. If a member responds affirmatively, follow up is made to collect information that is more detailed. Members are provided a stamped, self-addressed envelope for use in returning the questionnaire. Upon receipt of the returned questionnaire, follow up with the members is pursued as necessary.

We compile information from the completed member questionnaires. If requested, we deliver this information to DHH in a format, medium and at the frequency required by DHH. Confirmed TPL

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information is added to the member's file for future reference in claims processing. If requested, we also forward the completed questionnaires to DHH with complete identifying information for every member included on the report.

Logging TPL Recovery Transactions and Tracking

We log post-Payment Recovery actions into a TPL accounts receivable data base, and track them until they are closed. The TPL Post-Payment Recovery data base provides monthly "ticklers" for accounts receivable follow up.

Handling of Recovered Funds

The State of Louisiana permits Delta Dental to retain recovered funds and report them as offsets to incurred dental expenses. Delta Dental, however, requests and receives approval from DHH prior to accepting settlement on claims of \$25,000 or more. Delta Dental retains up to 100% of its TPL collections when the following conditions exist:

- Total collections received do not exceed the total amount of the DBMP financial liability for the member.
- There are no payments made by DHH related to FFS, reinsurance or administrative costs (i.e., lien filing).
- Such recovery is not prohibited by state or federal law.

Delta Dental applies recovery collection data to the encounter data sent to DHH. DHH utilizes this recovery collection data from the encounters in setting future capitation rates.

Timely Collections

Delta Dental recognizes the importance of timely and expedient payments, by us and other insurers. In this regard, we apply two major considerations.

First, Delta Dental is a large dental insurer with customers throughout many states across the nation. Consequently, there are times when we may serve as both the private insurer and the DBMP payer for a member. We make every effort to use the cost avoidance approach in processing claims, as for members who have Delta Dental coverage under another Delta Dental plan. In those rare instances where Delta Dental private insurance is not known prior to the claim being processed through the DBMP and it detected that the member has private Delta insurance, we reimburse the DHH for the cost of the service within ten business days from the date the private coverage is confirmed.

Second, DHH requires and expects the DBMP collect all identified third-party payments as soon as possible following the date the TPL resources are identified. However, if Delta Dental fails to collect payment from the TPL within 365 days from the date of service, DHH may invoke its right to pursue recovery. If DHH determines that we are not actively engaged in cost avoidance, Delta Dental becomes responsible for all administrative costs associated with DHH's collection activities.

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TPL Reporting

Internal TPL Tracking and Reporting

Delta Dental's system identifies and tracks potential collections. The system captures and produces reports indicating open receivables, closed receivables, amounts collected, amounts written off and amounts avoided.

Timely and Accurate TPL Reporting to DHH

In addition to the reports noted above, Delta Dental compiles and sends to DHH additional reporting information as identified in the RFP. These reports are transmitted to DHH on a specific frequency and in an approved electronic format required by the DHH. Such reports include Weekly Report of TPL information to the DHH Medicaid Fiscal Intermediary in a format and medium described by DHH, On Request Reports and an Annual Report. The Weekly Report includes:

- Identification of the existence of TPL
- Collections and claims information in the encounter data submitted to DHH, including any retrospective findings via encounter adjustments.

On Request Reports

- As requested by DHH, we provide information not included in encounter data submissions that may be necessary for the administration of TPL activity. This information is provided within 30 calendar days of DHH's request. Such information may include individual dental records for the express purpose of a TPL resource to determine liability for the services rendered.
- As requested by DHH, Delta Dental demonstrates that reasonable effort has been made to seek, collect and/or report TPL and recoveries. DHH solely determines whether reasonable efforts have been demonstrated. Reasonable efforts determination takes into account reasonable industry standards and practices.

Annual Report

Delta Dental submits an Annual Report of all health insurance collections for its members along with copies of Form 1099s received from insurance companies for that period.

TPL Operations Work Flow and Procedures

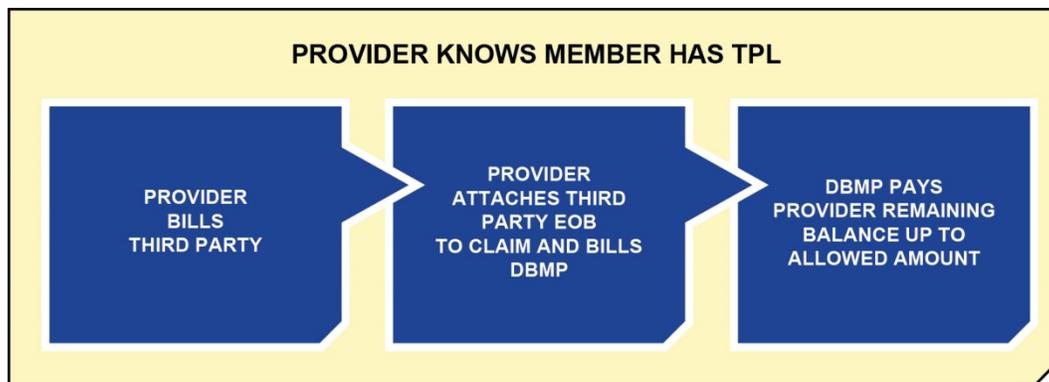
Our work flow and procedures for handling different types of TPL transactions are described below. Four scenarios are presented, three of which relate to variations of Cost Avoidance and the fourth relates to Post-Payment Recovery.

Cost Avoidance

Unless prohibited by applicable federal or state law or regulations, the DBMP is required to cost-avoid a claim if the existence of OHC is known at the time a claim is processed. This process flow is shown below in Exhibit O.1-3, Cost Avoidance, Part 1.

Scenario: Provider Knows Member has TPL

Exhibit O.1-3, Cost Avoidance, Part 1



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Ideally, a dental provider has a dental record for the member that indicates the existence of OHC. This information is provided by the member at the time of service in the form of an ID card indicating the OHC, or the provider previously provided service to the member and the claim was returned by Delta Dental for OHC. The provider updates the member's dental record with that information.

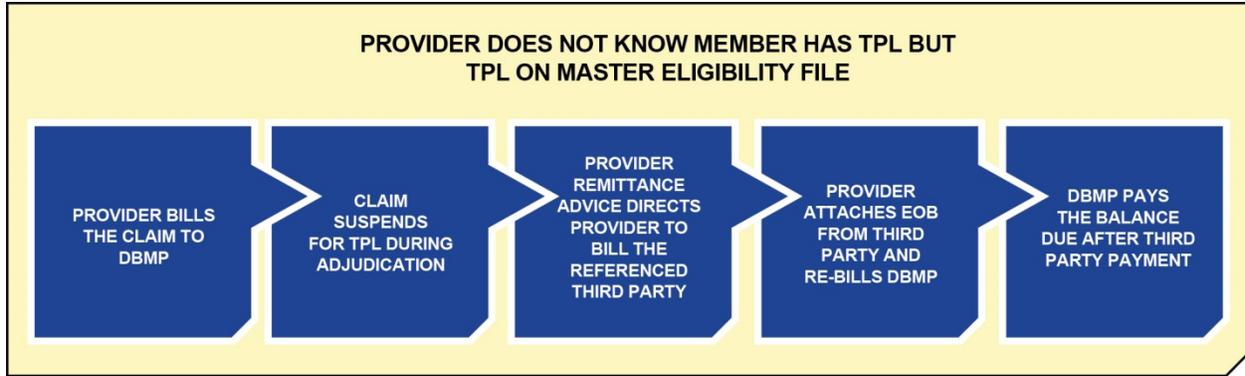
In an instance where the provider knows the member has TPL, the provider typically bills the OHC prior to billing Medicaid. When the OHC responds with payment or denial, the EOB is attached to the claim to Medicaid with a Medicaid billed amount less the amount paid by OHC.

When the claim is processed by Delta Dental, an edit is posted indicating the presence of OHC. The claims examiner checks for an EOB attached to the claim. If present, the claim is processed to adjudication. If it is not, the claim is denied and the provider is notified to bill the OHC.

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Scenario: Provider Does Not Know That Member Has TPL But TPL Present On Eligibility File

Exhibit O.1-4, Cost Avoidance, Part 2

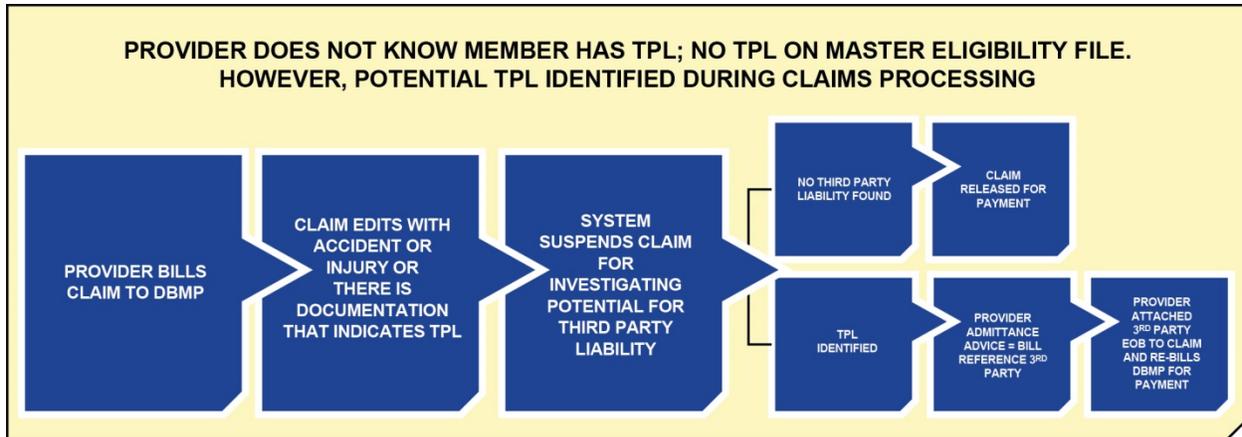


In Exhibit O.1-4, Cost Avoidance, Part 2, the member does have OHC on the member file used by Delta Dental in processing claims. However, the provider is unaware of that since the member apparently did not provide that information when presenting for service. In processing the claim, the claims examiner encounters the edit indicating OHC present for this member. After verifying that there is not an EOB from the OHC attached to the claim, the claims examiner denies the claim with the message to the provider that the member has OHC and includes the billing address of the OHC. The provider subsequently bills the OHC and upon payment and receipt of an EOB from the OHC, rebills the unpaid portion of the claim to Medicaid. Delta Dental then processes the claim in the same manner described in the first example noted above. By law EPSDT-eligible member claims are exempt from cost avoidance and the DBPM must utilize the post payment recovery process to recover payments from OHC's.

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Scenario: Provider Does Not Know That Member Has TPL. There Is No TPL Present On Master Eligibility File; However, Potential TPL Identified During Claims Processing

Exhibit O.1-5, Cost Avoidance, Part 3



*Note: in some instances DHH may require claim be paid and pursued in post-pay recovery

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The above Exhibit, O.1-5, Cost Avoidance, Part 3 is more complicated. The Provider does not know that the member has OHC nor does the member's file indicate OHC. However, during processing, one or more edits post indicating trauma or injury or there is documentation indicating a third party is possibly responsible for the payment. In this case, the claims processing system suspends the claim for investigation by suspended claims staff for potential TPL. The investigation may involve phone calls or a questionnaire to the member to attempt to determine if there may be TPL and if so, by whom. In the event that the investigation fails to identify any TPL for the service, the claim is released for payment. In the event that OHC is identified, the claim is denied to the provider with the message to bill the referenced third party. Typically, however, the claim is paid since the time required for the third party to pay for the service places an undue burden on the provider. Therefore, the claim may be paid and an electronic record created in the system to initiate Post-Payment Recovery.

In instances of trauma or injury-related claims where TPL is identified, Delta Dental seeks reimbursement when the aggregate value of claims is equal to or exceeds \$500. However, we may pursue reimbursement when the aggregate value is less than \$500.

If the member is EPSDT eligible, the claim automatically proceeds to adjudication and the DDCPS creates an electronic record initiating Post-Payment Recovery.

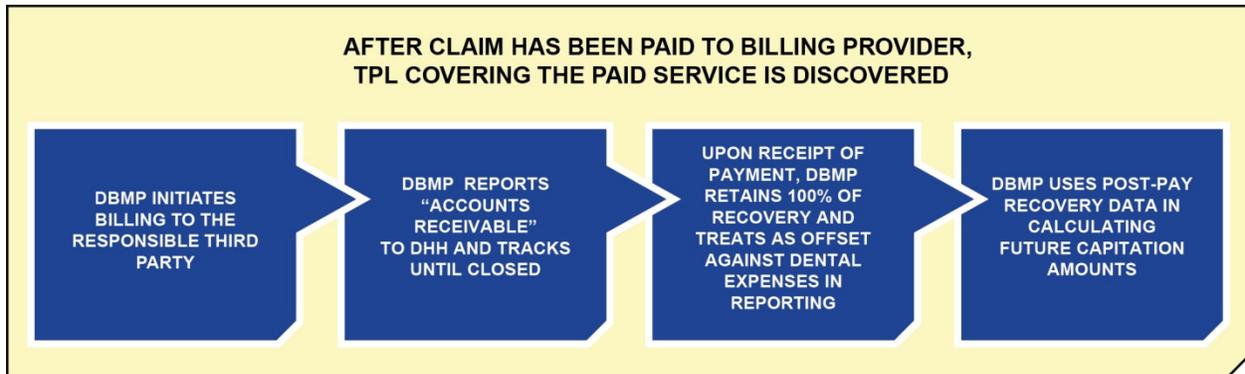
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Post-Payment Recovery

As required by the DHH, Delta Dental bills the private insurance within 60 days from the date of discovery of liability. Further, EPSDT claims may be handled through Post-Pay Recovery. This process is shown in Exhibit O.1-6, Post-Payment Recovery.

Scenario: After claim paid to billing provider, TPL covering paid service is discovered or is EPSDT

Exhibit O.1-6, Post-Payment Recovery



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Post-Payment Recovery is far less cost-efficient than Cost Avoidance with respect to TPL. However, there are instances where it is unavoidable, as with EPSDT or a situation where some future circumstances, as with a Tort recovery or court judgment, renders the previously paid claim reimbursable by a third party. In such cases, the DBMP initiates a post-payment recovery action to the third party.

The DBMP initiates the Post-Payment Recovery within 60 days of discovery, and enters the action in an electronic Accounts Receivable File. That file is managed according to procedures which determine how often the billed claim is re-billed. If a recovery is not closed within 365 days, the DHH has the right to assume responsibility for it.

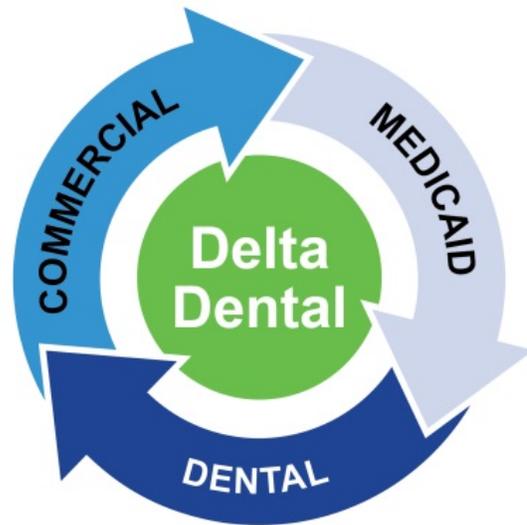
Delta Dental reports to DHH and retains any funds received as the result of a Post-Payment Recovery if three criteria are met:

- The total collections received do not exceed the total amount of the DBMP financial liability for the member.
- There are no payments made by DHH related to FFS, reinsurance or administrative costs.
- Such recovery is not prohibited by state or federal law.

These are then reported as offsets to Delta Dental's dental services expense. There are exceptions when a recovery is \$25,000 or more. In this instance, DHH authorizes the recovery and disposition of the funds.

P Claims Management

The Louisiana Department of Health and Hospitals’ (DHH) requirements for Dental Benefits Management Program (DBMP) claims management are very high, indicative of DHH’s expert understanding about the importance of it to the success of the program. Claims management is about more than timeliness and accuracy. Removing the “red tape” from claims management encourages providers to participate and members to use services. Consistent claims management rules enforce program policies, supporting a sustainable financial model. These outcomes align with DHH’s goals for the DBMP and heightened the importance of claims management.



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Delta Dental is the partner of choice for dental benefits claims management. With more than 26 million members and more than 39 million claims processed in 2013, we have the credentials and structure in place to deliver on DHH’s expectations. Our claims management processes are highly rated by dentists as being simple well documented, supported by automation and consistent applied. Members cite satisfaction with our claims management processes year after year in patient satisfaction surveys. And our clients realized more than \$3 billion in savings over fee-for-service dental plans in 2012.

In this proposal section, we provide an over view of our claims management solution - the technology, people and processes that make it the best in the industry.

We use a shared services model for core dental benefits plan administration enabling us to leverage best practices across our entire organization. This provides DHH with highly experienced resources, a member-centric business model, an integrated technical solution and mature, well-practiced business processes.

The Delta Dental Claims Processing System (DDCPS) was tailored specifically for the state government sector, leveraging our commercial claims processing solution and supplementing it with Medicaid-specific functions and features. The DDCPS supports all functions, and procedures required for Louisiana’s DBMP as specified in the Request for Proposal (RFP). Our processes comply fully with all applicable Health Insurance Portability and Accountability Act (HIPAA) provisions. Delta Dental’s claims management solution meets all RFP requirements and we commit to compliance.

Enabling Technology Overview

The DDCPS is a single unified system that integrates essential functionality and interoperates seamlessly with external systems and entities. The system supports the following functions:

- Member enrollment
- Provider enrollment

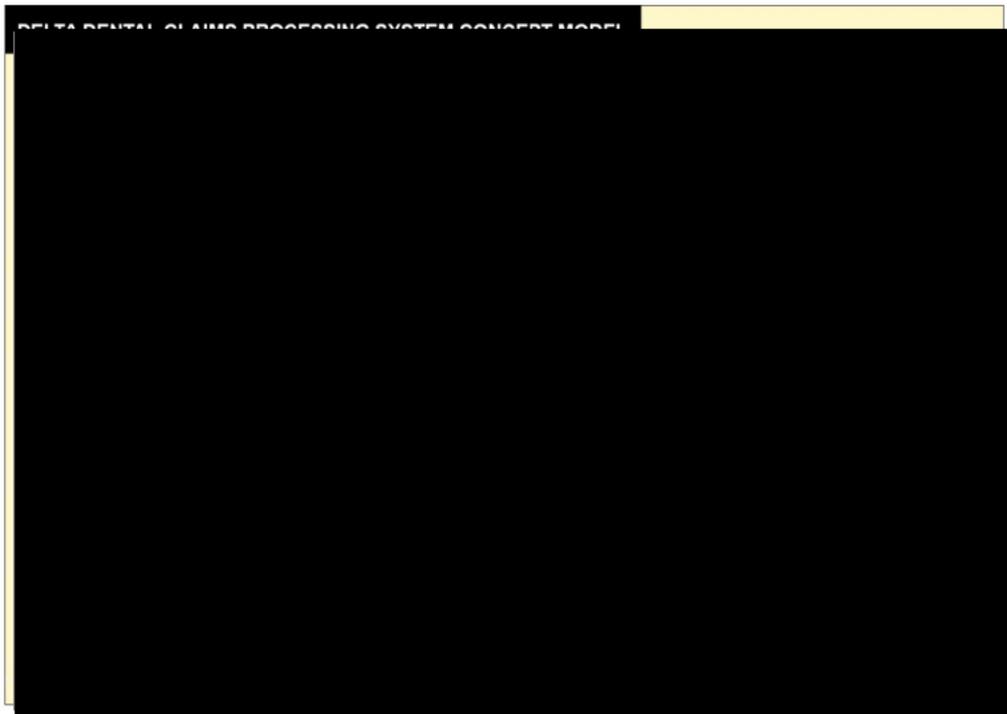
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- Provider network and payment schedule
- Real time claims adjudication
- Benefit plan administration
- Early Periodic Screening Diagnosis and Treatment (EPSDT)
- Financial management
- Customer service
- Encounter processing
- Utilization review and prior authorization (PA) processing
- Customized and standard operational and statistical reports
- Electronic data transmission, exchange and interface capabilities
- Third party liability, recovery and coordination of benefits processing

Delta Dental clearly understands DHH's objectives for claims processing and the reasons why each objective is important to the success of the DBMP. Actions taken in claims processing must be accurate and consistently applied. We use a repeatable system of checks and balances to ensure our Claims management services meet and exceed DHH's requirements. We have experience across the entire spectrum of Medicaid, commercial solutions and dental benefits management enabling us to deliver a total compliant solution to DHH.

The DDCPS provides an integrated services structure to deliver business process functionality using commercial off the shelf (COTS) business applications. Our claims processing system is highly configurable and flexible. Business applications can be added, upgraded, replaced or retired and set-up via configuration rather than using long expensive system development projects. The DDCPS Concept Model is depicted in Exhibit P-1.

Exhibit P-1, Delta Dental Claims Processing System Concept Model

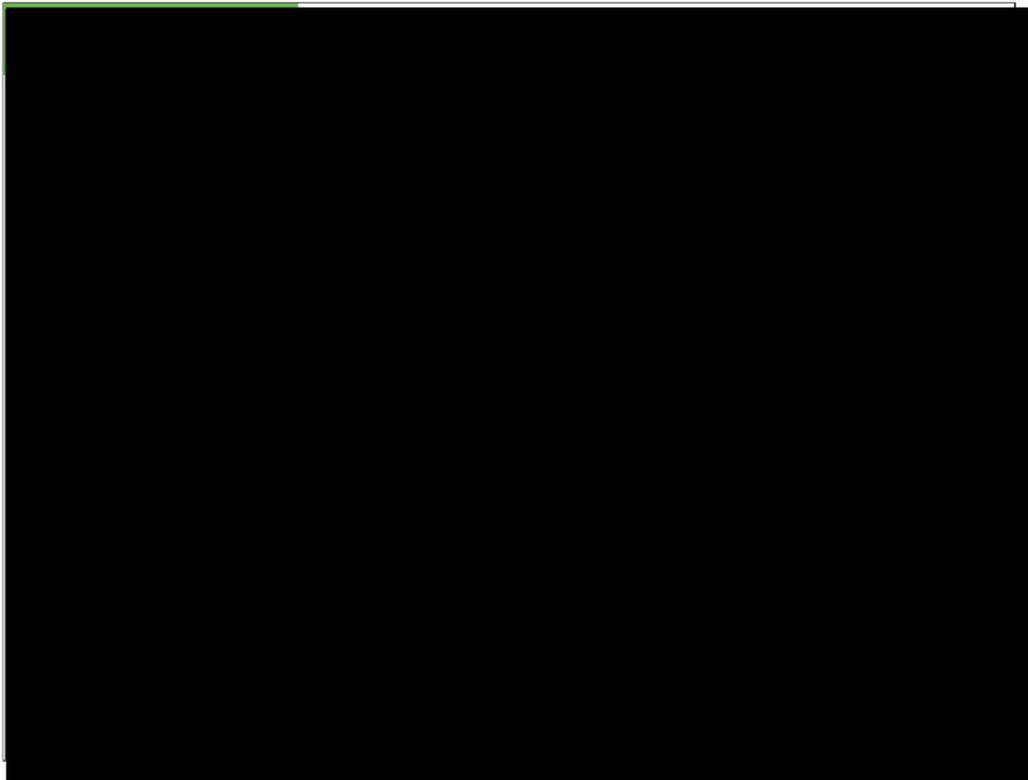


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Some of the key technical features of the DDCPS include:

- **Electronic Data Interchange (EDI)** — manages X12 and non X12 transactions for all inbound and outbound electronic data
- **Security service structure** — provides robust protection and control of data using role-based rules, compliant with HIPAA standards, DHH and federal policies and regulations
- **Business process and workflow rules engines** — physically and virtually routes transactions and data to the right queue
- **Enterprise reporting and analytics** — uses Microsoft SQL to provide near real time and historical data for use in standard and custom reports
- **Provider Portal** — gives providers an intuitive interface designed to make interactions with the DBMP as easy as possible. The Dentist Support Guide is presented in Exhibit P-2. Key functions include:
 - Member eligibility verification
 - Claims submission
 - Claims Status
 - Payments and remittance advices
 - Provider Manual
 - DBMP policy information
- **Member Portal** — access to the member’s profile, to search for dentists and obtain information and receive marketing and education materials.

Exhibit P–2, Dentist Support Guide



Core Claims Processing Business Applications

MetaVance: Delta Dental uses MetaVance as its core claims processing business application. This COTS product was developed by Hewlett Packard (HP). MetaVance's member-centric model supports tailored benefits for the members, simple processes for providers and robust integration capabilities. It has a service-oriented architecture (SOA) and uses transaction application programming interfaces that achieve interoperability with other systems, including MVS, HP-UX, and Windows.

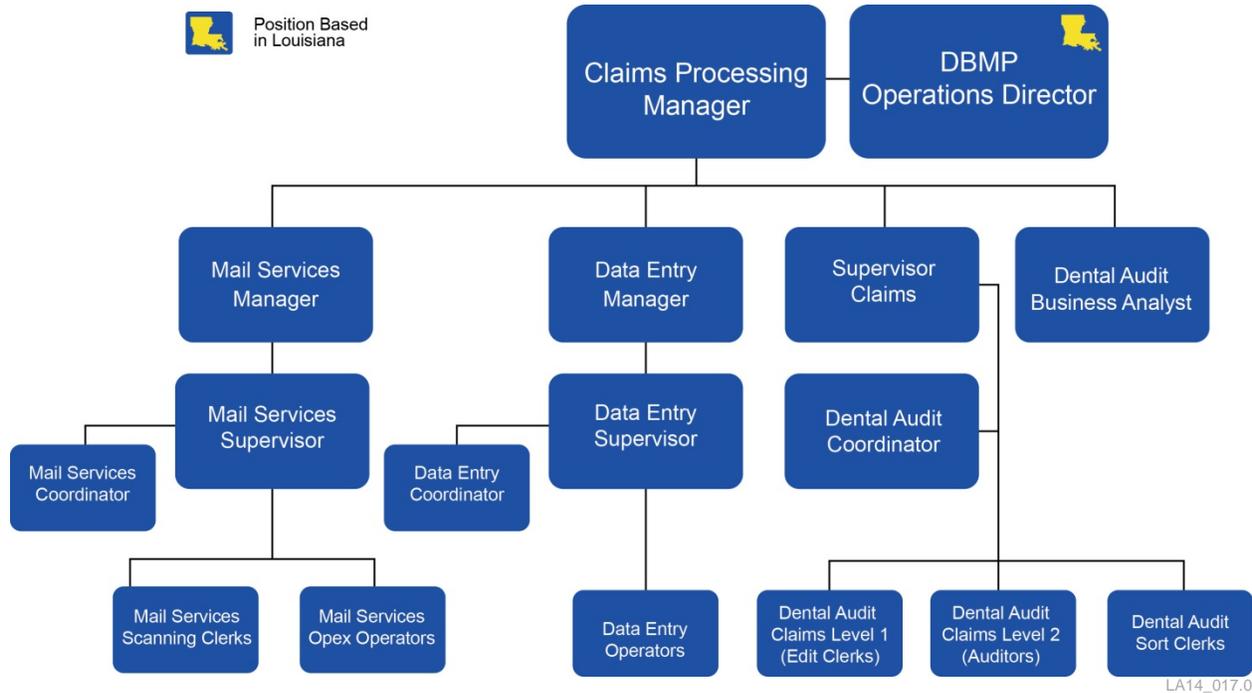
EXP Macess: EXP Macess, a SunGard product, is a workflow management application enabling Delta Dental to capture claims and related information as it enters the workflow and electronically distribute it through user-defined business rules. It blends business process management, content management, business activity monitoring, application and system integration and information services into a cohesive, unified IT architecture. EXP Macess supports Delta Dental in maintaining transactional control to achieve reliable, scalable, and efficient claims processing over large data sets.

It allows key functions to be viewed within the context and parameters set forth for the DBMP. Important data is kept secure and data intuitively travels when and where it is required. Processes are integrated and streamlined, while complexity is replaced with automated processes that enable Delta Dental to meet its objectives.

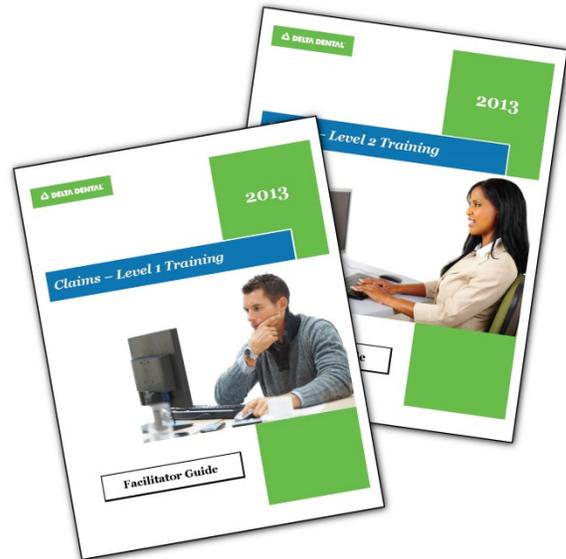
Claims Processing Organization

Delta Dental's claims processing staff are some of the most experienced in the market. Our claims processing staff has an average of eight years' experience in dental and insurance experience, demonstrating Delta Dental's ability to retain talented individuals to high quality claims processing services. Please see Exhibit P-3 of our proposed organizational structure for the DBPM contract.

Exhibit P-3, Proposed Organizational Structure



We allocate a minimum of six weeks of training per employee for all newly hired claims processing staff and provide a defined career path to all staff. Delta Dental knows that training is a key component in attaining quality results, as well as retaining quality staff. Please see Attachment P-1 Claims – Level 1 and Level 2 Training for a sampling of our Claims training materials.



Relationship Between Claims Processing and Contact Centers

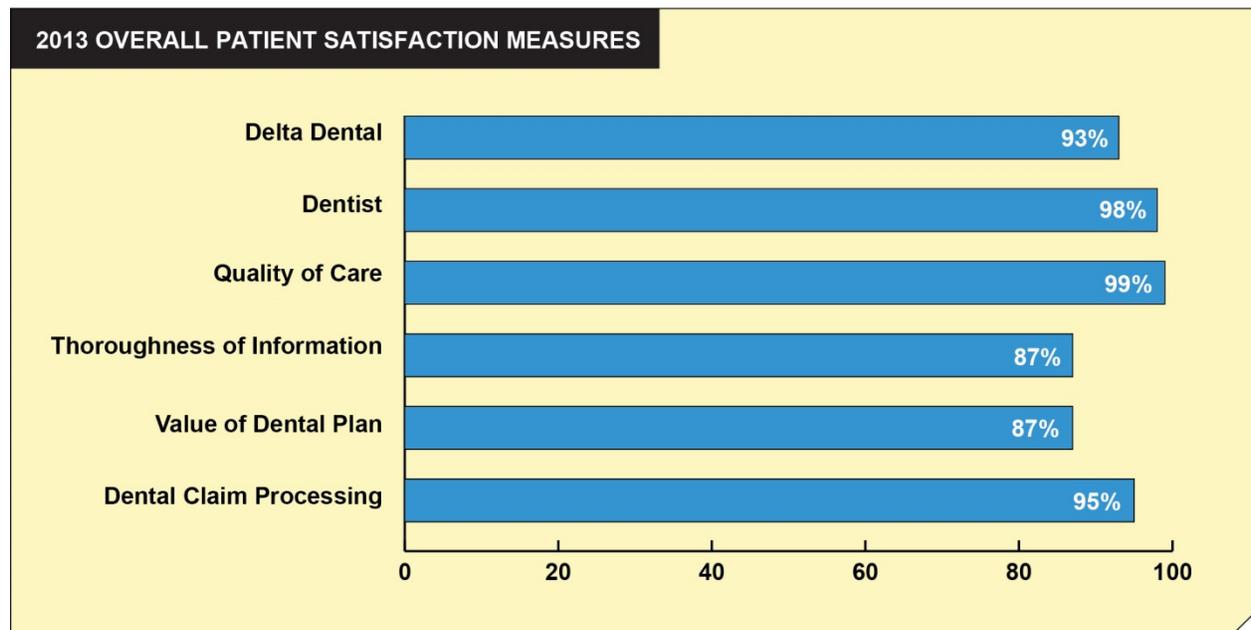
The effectiveness of claims processing is evident in calls to the Contact Center. As such, Delta Dental maintains a tight pairing between claims and service. We also use administrative complaints (i.e. grievances and appeals) to gain greater insight into claims processing as viewed by members and providers.

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Claims and contact center management meet weekly to address member and provider inquiries and look for linkages to potential claims processing issues. The tight pairing helps us respond effectively to both claims issues and inquiries about these issues. Delta Dental’s view of claims and service as a continuous loop has yielded positive results. In our 2013 Patient Satisfaction Survey, satisfaction with claims processing was rated 95 out of 100 points. Please see Exhibit P-4, 2013 DDIC Global Patient Satisfaction Survey.

Exhibit P-4, 2013 DDIC Global Patient Satisfaction Survey

The survey instrument contains an overall satisfaction question in each major question category. The graph below presents the scores on these overall questions



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High Level Overview of Claims Processing Approach

Data Capture

Delta Dental uses FormWorks, by SunGard, to process both paper and Electronic Data Interchange (EDI) transactions. FormWorks is a comprehensive, automated front-end data capture solution that streamlines the processing of transactions, ensuring quality control and reducing manual data entry and processing. Paper is imaged via an Optical Character Resolution (OCR) process in the application and put into digital form which can then be transferred to the proper processing path. Electronic claims are received from providers on a daily basis from a clearinghouse (EDI) or real time through our Business to Business (B2B) gateway.

This system solution supports web-based workflow management, which enables authorized managers access tools for viewing and modifying data flow from remote locations. In addition, FormWorks Navigator streamlines the process for granting and removing security authorizations and increases users’ ability to design and produce customized reports. FormWorks includes an application for collecting and reviewing samples of documents, which can be used for quality management (QM) or a variety of other purposes. Users are allowed a wide range of options for setting sample selection parameters. Further, the sampling application can be used in conjunction with the report generation feature so that sampled items feed into specific reports. FormWorks reporting module allows users to create visual representations of data on reports. For example, the history of a particular claim could be presented in a colorful display, which is easier to read and understand than the report format used previously.

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Claims Adjudication

All claims are subject to edits to verify provider status, member eligibility, dates of service, procedure codes, prior authorization number and other essential data elements. Claims that pass all edits are adjudicated for payment. Claims that fail one or more fatal edits are adjudicated for denial. Claims that are identified as needing manual review are pended for review. A claims examiner reviews the edits and audits and enters prescribed values to resolve the edits. These claims then continue through the adjudication process, resulting in a paid or denied claim.

Claims Payment, Remittance and Explanation

All claims that are adjudicated to a pay status are accumulated for the next payment cycle. Payments are made via check or electronic funds transfer (EFT). Remittance Advices (RA) and Explanations of Benefits (EOB), both as paper or X12 transactions, are generated for all paid claims and all claims, respectively.

Data Use

All claims data is housed in the Enterprise Data Warehouse (EDW) and used in a variety of ways, including, inquiry, quality and utilization management, EPSDT, grievance and appeals, fraud and abuse monitoring and third party liability management. Reports are generated using claims data, including performance dashboards, standard reports and custom queries.

P.1 Claims Management System

P.1 Describe the capabilities of your claims management systems as it relates to each of the requirements as specified in Electronic Claims Management Functionality Section and the Adherence to Key Claims Management Standards Section. In your response explain whether and how your systems meet (or exceed) each of these requirements. Cite at least three examples from similar contracts.

Electronic Claims Management Functionality Requirements

Delta Dental's approach to Electronic Claims Management (ECM) uses the capabilities of electronic data interchange (EDI), which is a computer-to-computer transfer of transactions and information. EDI is an efficient, paperless, HIPAA-compliant methodology used by providers to transmit data to the DDCPS via our business-to-business (B2B) gateway. Delta Dental is committed to adhering to those key claims management standards set forth in this RFP.

Our experience and success confirms that one of the most significant advantages of EDI is that documents submitted electronically typically have fewer errors than hard-copy documents. DHH requires the DBMP to utilize the software provided by Edifecs to qualify formats during testing with the provider. Delta Dental has used this technique for years and we have a standing business relationship with the Edifecs vendor.

Our EDI expertise and long-standing, positive relationships with the dental community enables the DBMP to benefit from the higher than average EDI participation. Currently, Delta Dental has a 63% EDI submission rate and our goal is to increase that percentage quarter after quarter. We encourage, support

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and guide the provider through the entire EDI process, which includes enrollment, testing and implementation.

The availability of technical support is critical to the provider choosing to use EDI. We make technical support readily available to providers by maintaining a full complement of EDI support analysts. Our analysts are responsible for assisting providers in the following areas:

- Completing the EDI application and enrollment process
- Conducting required tests to achieve EDI certification using Edifecs software
- Furnishing technical support to active EDI providers or their authorized agents after the provider begins submitting EDI transactions in the production environment and
- Disseminating information to all providers about the benefits of EDI

For EDI, we furnish the provider with a dedicated phone number for contacting our technical support staff. EDI specialists are available to handle EDI-related telephone calls and we maintain a separate e-mail for EDI inquiries.

Adherence to Key Claims Management Standards Requirements

Prompt Payment to Providers

Delta Dental consistently meets this objective through the weekly payment process, including generation of RAs and accompanying EOBs for each provider payment cycle. Clean claims are paid to providers within 15 days and 99% of all clean claims are paid within 30 days. In addition we comply with all performance standards.

Attachment P.1-1, Provider EOB is a sample of the EOB for providers generated from the DDCPS.

Attachment P.1-2, Member EOB is a sample of the EOB for members generated from the DDCPS.

DDCPS automatically generates RA letters for claims denied for lack of required information or supporting documentation. The missing information or documentation is clearly identified in the RA letter. The provider needs only to send the requested information. This process allows us to update claims with required information without the need for the provider to resubmit the claim, which delays the payment of the claim.

We do not deny when a provider is seeking payment from a third party in coordination of benefits or other third party liability (TPL) situation. In TPL situations, timeframes for filing a claim begin when resolution of the claim is completed by the third party. We waive the requirement to file claims within one year from the date of service. We do not pay claims submitted from providers who are excluded from our provider network pursuant to section 1128 or 1156 of the Social Security Act or are not in good standing with DHH, as communicated by DHH.

Claims Dispute Management

If the provider is dissatisfied with an adjudication decision, the provider has the right to file a grievance. This type of grievance is called an administrative grievance. The grievance process is fully documented in the Provider Manual and on the website. Delta Dental processes all grievances, including denials for

Part II: Technical Approach

claims received more than one year after the date of service in accordance with the standards specified in the RFP. We are responsible for grievance review activities that pertain specifically to claims processing actions, such as provider and member edits and audits, as well as correct application of DHH policies.

Delta Dental communicates with the provider by telephone, mail or email, based upon the providers preference and reviews provider correspondence and all relevant documentation. To reach a decision on the grievance, we apply processing rules that were in effect at the time the disputed action took place.

During review of the grievance, if the provider indicates the need for instruction on proper claims or PA submission procedures, Delta Dental promptly furnishes it. We recognize that when the provider knows the requirements, many grievances are avoided. We provide the Claims Dispute Management Plan to DHH within 30 days from the date the contract is signed.

We develop an internal claims dispute process for claims that are denied or where payment amount is grieved. We present our claims dispute management plan to DHH within 30 days of contract signing, prior to readiness review. Our claims dispute process includes provisions for:

- The Contact Center staff responsible for answering questions about handling provider grievances and appeals
- Specific timeframes for the submission of claim reconsideration or adjustment requests
- Process for providers to submit paper claims for review or reconsideration
- Specific information providers are required to submit for electronic and paper claim reconsideration or adjustments

The EDW houses all claims data, including the status and resolution of claim along with the original claims data.

Claims Payment Accuracy Report

We submit a claims payment accuracy report to DHH monthly. This report is based on claim audits performed by staff that are independent of claims management. Each claim is tested for the following attributes:

- Is the data entered correctly in the system?
- Is the claim associated with the correct provider?
- Is the proper authorization obtained for the services provided?
- Is member eligibility applied correctly on the date of processing?
- Is the payment amount in line with the provider's contract rate?
- Has a payment been made for the same claim?
- Is the denial reason appropriately applied?
- Are the modifier codes applied correctly?
- Does the claim have the proper coding?

The claims payment accuracy report documents the above results for each selected claim. The results from the sample audit group are rolled up to provide summary level claims payment accuracy reports.

Part II: Technical Approach

Encounter Data

We rely on our Secure File Transfer Protocol (SFTP) process to support HIPAA-compliant encounter data transmission and processing. This is a well-tested and stable protocol used by most dental providers who use EDI. It allows Delta Dental to plan a low-risk implementation for file transfer of the dental encounter data between our claims processing system and DHH and its agent, the Louisiana MMIS Fiscal Intermediary. Our proposed solution uses MoveIT DMZ SFTP software for secure transactions. We use MoveIT DMZ to safely and securely collect, store, manage and distribute sensitive information between Delta Dental and external entities, such as authorized trading partners. We quickly and securely exchange files using MoveIT DMZ over encrypted connections using any of the following methods:

- Hypertext Transfer Protocol (HTTP) over Secure Sockets Layer (SSL) (HTTPS)
- FTP over SSL (FTPS)
- FTP over Secure Shell (SSH) (SFTP) protocols

All files received by MoveIT DMZ are securely stored using Federal Information Processing Standards 140-2, Security Requirements for Cryptographic Modules, validated Advanced Encryption Standard encryption and the U.S. and Canadian government encryption standard. MoveIT DMZ is configured to identify unique dental files according to the Health Plan Code.

Cited Similar Contracts

Exhibit P.1-1; Examples of Similar Contracts, provides information on Medicaid and group plans similar in size and scope to the DBMP.

Exhibit P.1–1, Examples of Similar Contracts

Program	Implementations	Contract Duration
California Medi-Cal Dental Program	1974, 1984, 1989, 1994, 1998, 2004	Consecutive contracts since 1974
Tricare Retiree Dental Program	1997, 2002, 2008	Consecutive contracts since 1997
Healthy Families	1998, 2005, 2010	Consecutive contracts since 1998
Florida Healthy Kids Program	2001	2001 – 2004
AARP Retiree Program	2001, 2004, 2007, 2010	Consecutive contracts since 2001
Texas CHIP Program	2005	2005-2011

We are proud that in 2013 we did not have any performance guarantee penalties on a base of more than 39 million claims processed.

Part II: Technical Approach

P.2 Claims Payment Accuracy

P.2 Describe your methodology for ensuring that claims payment accuracy standards will be achieved per, Adherence to Key Claims Management Standards Section. At a minimum address the following in your response:

- *The process for auditing a sample of claims as described in Key Claims Management Standards Section;*
- *The sampling methodology itself;*
- *Documentation of the results of these audits; and*
- *The processes for implementing any necessary corrective actions resulting from an audit. The process for auditing a sample of claims as described in Key Claims Management Standards Section;*
- *The sampling methodology itself;*
- *Documentation of the results of these audits; and*
- *The processes for implementing any necessary corrective actions resulting from an audit.*

Our Claims Management quality function has three programs in place: global post-payment, client level post-payment and system level pre-payment. The Claims Processing department has a daily pre-payment performance management program in place.

- Daily performance management audits are performed on approximately 5% of all claims that are handled by claims examiners and 1% at the system level. The audit report provides a summary at the examiner level and unit level. Any errors detected for an individual examiner are referred to the appropriate claims supervisor for review and action.
- Post-payment audits are based on sound statistical principles and provide a formal measure of performance accuracy levels measured by the quality goals of Delta Dental. Weekly post-payment audits are performed on a global basis. The sample size of our audits is determined based on valid statistical formulas. Errors detected along with performance accuracy results are reported to Claims Processing management for correction, analysis and action.
- Client level post-payment review is conducted to measure our performance for client-specific performance standards. The client specific audits are reported to each client at the required interval (i.e. quarterly, semi-annually and annually.)
- Daily pre-payment audits are performed on approximately 0.5% of all system level claims that that auto adjudicate. Errors detected are referred to the appropriate area for correction, review and analysis.

Did You Know Delta Dental

- Has more than 26 million members
- Processed over 39 million claims in 2013
- Achieved a claims accuracy rate of 99% in 2013

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Part II: Technical Approach

For performance management review, 5% of all finalized claims, including prior authorizations at the claim examiner level are randomly selected for review daily.

For post-payment review, claims are randomly selected on a global basis from total claims transactions. Post-payment claims review is conducted weekly. The formulas and criteria for the post-payment sample size calculation include:

- Confidence level of 95%
- Prior year's processing accuracy
- Margin of error of 1.25%
- Monthly volume

Performance management and post-payment claims with errors are returned to the Claims Processing department via DDCPS' workflow for validation, correction, tracking and reporting. For performance management error findings, the Claims Processing department is responsible for identifying the root causes of claims processor errors and implementing corrective actions including training. All errors, regardless of the sample methodology are reviewed with the examiner that made the error and a review of the desk-level procedures is completed. Procedural clarifications are provided to the Training department to include in future materials.

Attachment P.2-1, Sample Post-pay Claims Accuracy Report, provides a sample of a report generated via post-payment audit.

P.3 Claims Processing Methodology

P.3 Describe your methodology for ensuring that the requirements for claims processing, including adherence to all service authorization procedures, are met.

Delta Dental's claims processing methodology is member-centric and based on benefit guidelines. When a new plan is established, we configure the benefits in DDCPS. Configuration includes benefit levels, business rules and member history (e.g., periods of coverage). The configurations are thoroughly tested by Information Systems in coordination with claims personnel in a model office environment. DDCPS is a business rules-based solution for claims processing. As DHH makes changes to the benefit plan, we can accommodate change through configuration rather than a lengthy custom development project. This provides DHH with maximum responsiveness and flexibility as oral health care needs evolve. For example, if utilization management reveals a program change is warranted, the change can be made quickly upon DHH approval to effect change as quickly as possible.

Delta Dental processes PAs to meet the service authorization requirements described in the RFP. Unlike a claims submission, PA does not specify a date of service. Providers may submit service authorization requests via EDI, paper or the provider portal. Once submitted, the DDCPS identifies the DBMP rules and edits the request against the procedure code to determine if a PA is needed. If so, appropriate processing guidelines are followed. If approved, prior authorization is issued. The PA provides the procedure's approved time, time period and estimated payment amount. PAs are not a guarantee of payment as the member must be eligible when the service is rendered. Once the services have been performed, the provider submits the claim for the procedure. DDCPS matches the claim to the prior authorization and issues payment, if all other conditions are met.

Part II: Technical Approach

If a PA is required but the request does not meet all the criteria or have all required documentation, it is denied. The provider is notified that the service is not approved or that additional information is required.

If a PA is not required, DDCPS notifies the provider that the service does not require pre-authorization.

The original paper document images are stored in DDCPS. A rendered image for EDI and web requests are created and stored in DDCPS.

R Veteran or Hudson Initiative

R.1 Veteran/Hudson Initiative: Proposer should demonstrate participation in Veteran Initiative and Hudson Initiative Small Entrepreneurships or explanation if not applicable (See Attachment I).

Delta Dental fully supports the Louisiana’s Department of Health and Hospitals’ (DHH) policies to include participation in Veteran Initiative and Hudson Initiative Small Entrepreneurships businesses in the contract.

Per Attachment I of the RFP, Delta Dental reviewed the current list of Veteran-Owned and Service-Connected Disabled Veteran-Owned and Hudson Initiative small entrepreneurships from the Louisiana Economic Development Certification System website and those registered in the State of Louisiana, LaGov Supplier Portal website from the State of Louisiana Procurement and Contract (LaPAC) Network. Our team went through a process of vetting the companies and made a short list of the entities most compatible with our mission. We selected those most capable of providing effective and appropriate complementary services to our solution.

The Veteran Initiative and Hudson Initiative Small Entrepreneurships subcontractors in our proposal bring unique abilities to strengthen and better customize our service offering to support this new and important initiative and meet the needs of DHH and the program.

Delta Dental has a long standing history of commitment and experience working with other states in supporting similar initiatives such as the Disabled Veterans Business Enterprise (DVBE) established in the State of California and Historically Underutilized Businesses (HUB) in the State of Texas. Delta Dental’s knowledge, skills, resources and understanding on how to successfully locate, solicit and engage the participation of certified Veteran or Hudson small entrepreneurships as subcontractors, confirms our commitment to work with DHH and make the Louisiana Dental Benefit Management Program (DBMP) successful.

Identification of Subcontract Work

Delta Dental has pursued identifying and securing agreements with six Louisiana Veteran Initiative and Hudson Initiative Small Entrepreneurships. Each has been selected based on the entity’s qualifications, track record, stability, experience and how that complements Delta Dental’s offerings.

A brief summary of each of the six subcontractors’ experience and qualifications, including a high level summary as to how each organization contributes to our solution follows.

Artemis Advantage, LLC

Artemis Advantage, LLC is a woman-owned/Native American-owned disadvantaged small business registered with the State of Louisiana. Artemis Advantage, LLC provides a wide variety of services that includes project management and program administration in the areas of environmental management, sustainability and community development. Delta Dental has chosen to partner with Artemis because of the entity’s expertise in community involvement and outreach planning, as well as expertise in establishing and delivering training programs.

Part II: Technical Approach

As part of the implementation phase, Artemis is scheduled to work with Delta Dental in analyzing anticipated training materials and drafting modifications to ensure their applicability to the DBMP. Artemis' participation allows us to accelerate the development of training materials, paving the way for a smooth transition and DBMP start-up. In addition, with a focus on the southwestern portion of the State, Artemis is able to enhance our ability to more effectively educate this often underserved area.

D. Jackson and Associates

D. Jackson and Associates, a Baton Rouge-based firm, develops and leads the implementation of strategy, relationship development, public policy engagement and overall business advancement initiatives with key federal, state and local policy makers. The company's previous experience includes over 16 years of public relations, internal and external communications, corporate philanthropy and emergency management.

We selected D. Jackson and Associates to be a part of the Delta Dental team based on their expertise in the areas of emergency communication planning and management, print, radio, television and online advertising, community relations, employee communication campaigns, technical and consumer public relations, mobile marketing, special events and event management. D. Jackson and associates provides just-in-time contingency resources to support Delta Dental in multiple areas during the transition period. We view this firm's well-rounded capabilities as an important bench of talent that can help us in multiple areas.

Marmillion/Gray Media, Inc.

Marmillion/Gray (M/G) Media is a woman-owned small business, certified active as a Small Entrepreneurship with the Louisiana Department of Economic Development's Hudson Initiative and as a Disadvantaged Business Enterprise (DBE) by the Louisiana Department of Transportation and Development. The firm is experienced in developing advertising and public relations campaigns that effectively communicate with hard-to-reach and vulnerable populations for critical purposes, including public projects, such as the US Census count and local emergency preparedness.

M/G Media developed a logo and theme for Baton Rouge's efforts to assure an accurate 2010 Census count called "Be in That Number." The campaign communicated that Baton Rouge benefits from a strong census count and used respected and well-known local officials to appeal to citizens to participate in the census, especially targeting African-American audiences, which closely matched the lowest performing census tracts. To extend reach, M/G Media distributed more than 75,000 flyers to churches, community centers, schools, libraries, small businesses and in neighborhoods, door-to-door.

M/G Media has experience in the healthcare sector, working with The NeuroMedical Center, one of the most highly respected specialty hospitals and clinics in the State of Louisiana. M/G Media did a medical branding and advertising campaign to increase awareness for a Center of Excellence in the Neurosciences. The campaign was designed to enhance The NeuroMedical Center brand for referrals and increase patient population in the region. The company worked with The NeuroMedical Center physicians and staff to develop targeted marketing materials and activities to communicate with medical professionals. The campaign included the design and production of television, print and web collateral. The campaign included partnerships with community wellness programs, support groups associated with neurological disorders, charitable organizations and the media.

Part II: Technical Approach

Delta Dental is including M/G Media as part of our team to enhance the level of exposure for Louisiana's DBMP. Using sophisticated communications planning, public outreach and innovative community techniques, we bolster the effectiveness of our member and provider outreach efforts.

Medical Executive Partners, LLC

Medical Executive Partners (MEP) is a pioneer in helping the health care industry with timely and innovative health care management strategy and regulatory compliance solutions. As one of the few consulting companies focusing on health care compliance, MEP differentiates itself by its unique expertise, qualifications and people.

The company's leaders and key personnel have worked in the highest levels of private and public sector health care organizations and interfaced with the enforcement and regulatory agencies of the state and federal government. MEP's staff and advisors include senior level consultants both industry and government. MEP's experience includes engagements with the Louisiana DHH, Health and Human Services Office of Inspector General (HHS OIG), Centers for Medicare and Medicaid Services (CMS), as well as with private sector hospital systems, academic medical centers, long term care organizations, pharmaceutical companies and managed care organizations.

Delta Dental has chosen to include MEP on our team, based on its track record in the areas of healthcare consulting, healthcare project management and community healthcare system quality assurance. Past projects include developing medical centers in underserved markets, venture start-ups, clinical research center creation, organizational restructuring and forging public-private partnerships for efficient health care delivery.

MEP brings good counsel to guide Delta Dental's leadership and help ensure our team delivers a successful transition and timely go-live. MEP also enhances our understanding of how to most appropriately apply the federal and state-specific regulations for the DBMP.

Survey Communications, Inc.

Survey Communications, Inc. (SCI) has been interviewing America for 27 years. The company has served political, commercial, governmental and health care clients, providing strategic data collection and tabulation services for clients throughout the United States.

Delta Dental selected SCI to help develop, tailor and administer customer satisfaction surveys to assist us in evaluating the services we deliver meet the needs and expectations of DHH, members and providers. Feedback from DHH, members and providers is assessed on an ongoing basis to help Delta Dental improve the delivery of our services and the reporting of them. Feedback is received in a variety of ways, to include calls into our Contact Center, complaints and grievances, one-on-one communications with providers during on-site visits, satisfaction surveys and focus groups. Feedback from all sources is reported to DHH and our Quality Assurance Committee for review and assessment. Our member satisfaction measurement activities are an excellent source of valuable feedback.

Also, critical to meeting some of the needs of RFP Section E, SCI assists us in service coordination support. The company will serve as a point of contact for members in active treatment plans to assure that there is no interruption of services. SCI also receives calls from special needs patients who request

Part II: Technical Approach

coordination of care services. SCI provides information intake and refers the case to Delta Dental's Case Management group, which determines the best response to the member's request. It is expected that, over time, the role of SCI can grow to serve as advocates and assist and guide members in transition.

Patriot Purchasing, Inc.

Patriot Purchasing is a small Veteran-owned and operated printing business located in Lafayette, LA. Delta Dental selected Patriot Purchasing based on the company's proven record of delivering excellent products on time and within budget for a variety of Louisiana state agencies. The availability of Patriot Purchasing is helpful in making high quality print materials accessible to dentists and members as they become part of the DBMP.

Summary

At the conclusion of this section, we provide Exhibit R-2, Certified Veteran or Hudson Initiative Value Table, with the anticipated annual dollar value for each company, expressed as first year and contract life time amounts. The table also presents the anticipated dollar value for all six subcontractors over the three-year term of the contract.

Delta Dental assumes full responsibility for the services performed and work products produced by the Veterans and Hudson Initiative contractors under the DBMP contract. We are responsible for making work assignments, directing how assignments are carried out and ensuring quality. During the life of the contract we will not alter our subcontractor relationships without the prior written permission from the DHH.

Subcontractor Statements

This section includes Exhibit R-1, Certified Veteran or Hudson Initiative Subcontractor Statements, five statements from proposed subcontractors. Each statement is signed by an individual who is legally authorized to bind that subcontractor and:

- Acknowledges the entity's intended participation on the project
- Acknowledges the entity's availability to work on the project
- Acknowledges that the entity's official representative has read or been made aware of the terms and conditions of the contract and agrees to comply with them

These letters appear in the following order:

1. Artemis Advantage, LLC
2. D. Jackson and Associates
3. Marmillion/Gray Media, Inc.
4. Medical Executive Partners, LLC
5. Survey Communications, Inc.

Exhibit R-1, Certified Veteran or Hudson Initiative Subcontractor Statements



Artemis Advantage, LLC
Sustainable Project Management & Professional Services

February 24, 2014

Mr. Joe Ruiz, Vice President
State Government Programs
Delta Dental
11155 International Dr.
Rancho Cordova, CA 95670

Re: Letter of Agreement, Proposal in Response to RFP # 305PUR-DHHRFP-DENTAL-PAHP-MVA

Dear Mr. Ruiz:

In response to Request for Proposal (RFP) Number 305PUR-DHHRFP-DENTAL-PAHP-MVA entitled, "DENTAL BENEFIT MANAGEMENT PROGRAM", Artemis Advantage acknowledges that we are named in this proposal as a subcontractor to Delta Dental to provide services related to said contract. The services required are related to technical writing, education, and outreach targeted for dental professionals and the community in southwest Louisiana in support of improving dental care and outcomes of the served population.

We acknowledge being named as a subcontractor, our intent to participate in this project, and our availability to work on this project. We confirm that we have read the applicable sample terms and conditions of the proposed Louisiana Dental Benefit Manager Program contract. We understand and agree to comply with all applicable final contractual requirements.

We acknowledge that our subcontractor relationship proposed in response to this RFP shall not be changed during the procurement process or prior to contract execution and that our pre-identification as a subcontractor does not affect Department of Health and Hospitals right to approve subcontractors, personnel or staffing selections or changes made after the contract award.

I am an official representative authorized to legally bind my company to the statements in this letter.

Sincerely

President
Sincerely,



Christina Baker
Artemis Advantage, LLC
Christina.Baker@ArtemisAdvantage.com

P.O. Box 1301, DeRidder, LA 70634

318-602-5473

**Exhibit R-1, Certified Veteran or Hudson Initiative Subcontractor Statements
(Continued)**

D. JACKSON AND ASSOCIATES, LLC

February 24, 2014

Mr. Joe Ruiz, Vice President
State Government Programs
Delta Dental
11155 International Dr.
Rancho Cordova, CA 95670

Re: Letter of Agreement, Proposal in Response to RFP # 305PUR-DHHRFP-DENTAL-PAHP-MVA

Dear Mr. Ruiz:

In response to Request for Proposal (RFP) Number 305PUR-DHHRFP-DENTAL-PAHP-MVA entitled, "DENTAL BENEFIT MANAGEMENT PROGRAM", D. Jackson and Associates, LLC dba Opus Capitol Strategies acknowledges that we are named in this proposal as a subcontractor to Delta Dental to provide services related to said contract. The services required are related to Community Relations, Emergency Management and Crisis Communications and Public Affairs.

We acknowledge being named as a subcontractor, our intent to participate in this project and our availability to work on this project. We confirm that we have read the applicable sample terms and conditions of the proposed Louisiana Dental Benefit Manager Program contract. We understand and agree to comply with all applicable final contractual requirements.

We acknowledge that our subcontractor relationship proposed in response to this RFP shall not be changed during the procurement process or prior to contract execution and that our pre-identification as a subcontractor does not affect Department of Health and Hospitals right to approve subcontractors, personnel or staffing selections or changes made after the contract award.

I am an official representative authorized to legally bind my company to the statements in this letter.

Sincerely,



Deidra L. Jackson
Principal

543 SPANISH TOWN ROAD
BATON ROUGE, LA 70802
(225) 308-2041

**Exhibit R-1, Certified Veteran or Hudson Initiative Subcontractor Statements
(Continued)**

February 24, 2014

Mr. Joe Ruiz, Vice President
State Government Programs
Delta Dental
11155 International Dr.
Rancho Cordova, CA 95670

Re: Letter of Agreement, Proposal in Response to RFP # 305PUR-DHHRFP-DENTAL-PAHP-MVA

Dear Mr. Ruiz:

In response to Request for Proposal (RFP) Number 305PUR-DHHRFP-DENTAL-PAHP-MVA entitled, "DENTAL BENEFIT MANAGEMENT PROGRAM", Marmillion/Gray Media, Inc. acknowledges that we are named in this proposal as a subcontractor to Delta Dental to provide services related to said contract. The services required are related to developing and implementing a coordinated marketing and advertising plan, public outreach and other activities designed to inform the public and raise awareness of the services to be provided by Delta Dental as outlined in this proposal.

We acknowledge being named as a subcontractor, our intent to participate in this project and our availability to work on this project. We confirm that we have read the applicable sample terms and conditions of the proposed Louisiana Dental Benefit Manager Program contract. We understand and agree to comply with all applicable final contractual requirements.

We acknowledge that our subcontractor relationship proposed in response to this RFP shall not be changed during the procurement process or prior to contract execution and that our pre-identification as a subcontractor does not affect Department of Health and Hospitals right to approve subcontractors, personnel or staffing selections or changes made after the contract award.

I am an official representative authorized to legally bind my company to the statements in this letter.

Sincerely,



Rannah Gray
President
Marmillion/Gray Media, Inc.

838 North Boulevard Baton Rouge, LA 70802 Phone: 225.381.3036 Email: Rannah@marmilliongray.com

**Exhibit R-1, Certified Veteran or Hudson Initiative Subcontractor Statements
(Continued)**



Transforming medical organizations through custom business solutions.

February 24, 2014

Mr. Joe Ruiz, Vice President
State Government Programs
Delta Dental
11155 International Dr.
Rancho Cordova, CA 95670

Re: Letter of Agreement, Proposal in Response to RFP # 305PUR-DHHRFP-DENTAL-PAHP-MVA

Dear Mr. Ruiz:

In response to Request for Proposal (RFP) Number 305PUR-DHHRFP-DENTAL-PAHP-MVA entitled, "DENTAL BENEFIT MANAGEMENT PROGRAM", Medical Executive Partners acknowledges that we are named in this proposal as a subcontractor to Delta Dental to provide services related to said contract. **The services required are health care consulting specific and are related to the implementation, operation and regulatory compliance of the Dental Benefit Management Program in Louisiana.**

We acknowledge being named as a subcontractor, our intent to participate in this project and our availability to work on this project. We confirm that we have read the applicable sample terms and conditions of the proposed Louisiana Dental Benefit Manager Program contract. We understand and agree to comply with all applicable final contractual requirements.

We acknowledge that our subcontractor relationship proposed in response to this RFP shall not be changed during the procurement process or prior to contract execution and that our pre-identification as a subcontractor does not affect Department of Health and Hospitals right to approve subcontractors, personnel or staffing selections or changes made after the contract award.

I am an official representative authorized to legally bind my company to the statements in this letter.

Sincerely,

Heidi Redmond Raines
President & CEO

1441 Canal Street, Suite 224, New Orleans, LA 70112
504.264.5566, tel • 504.264.5577, fax
www.medicalexecutivepartners.com

**Exhibit R-1, Certified Veteran or Hudson Initiative Subcontractor Statements
(Continued)**



"You can't manage what you don't measure."

February 26, 2014

Mr. Joe Ruiz, Vice President
State Government Programs
Delta Dental
11155 International Dr.
Rancho Cordova, CA 95670

re: Letter of Agreement,
Proposal in Response to RFP # 305PUR-DHHRFP-DENTAL-PAHP-MVA

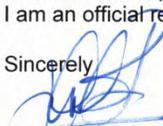
Dear Mr. Ruiz:

In response to Request for Proposal (RFP) Number 305PUR-DHHRFP-DENTAL-PAHP-MVA entitled, "DENTAL BENEFIT MANAGEMENT PROGRAM", John S. Boston, President of SCI Research and Consulting, Inc. (SCI), acknowledges that we are named in this proposal as a subcontractor to Delta Dental to provide services related to said contract. The services required are related to market research; customer/patient satisfaction.

We acknowledge being named as a subcontractor, our intent to participate in this project and our availability to work on this project. We confirm that we have read the applicable sample terms and conditions of the proposed Louisiana Dental Benefit Manager Program contract. We understand and agree to comply with all applicable final contractual requirements. We understand that for the period of the contract, SCI's work product(s) will amount to \$90,000 (first year) and potentially \$240,000 over the life of the contract.

We acknowledge that our subcontractor relationship proposed in response to this RFP shall not be changed during the procurement process or prior to contract execution and that our pre-identification as a subcontractor does not affect Department of Health and Hospitals right to approve subcontractors, personnel or staffing selections or changes made after the contract award. I am an official representative authorized to legally bind my company to the statements in this letter.

Sincerely,



John S. Boston,
President

SCI Research and Consulting, Inc.
4511 Jamestown Avenue. Baton Rouge. LA 70808 • 225-928-0220 / 800-695-0221 / 225-924-1174 fax

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Part II: Technical Approach

Exhibit R-2, Certified Veteran or Hudson Initiative Value Table

Company	Initiative Type	Work to Perform	Anticipated Dollar Value
Artemis Advantage, LLC 495 Loggerhead Lane Many, LA 71449 (337) 515-6987	SE Cert. #11413	Community Outreach, Technical Writing	\$40,000 per year (\$120,000 life of contract)
D. Jackson & Associates 8549 Foxfield Drive Baton Rouge, LA 70809 (832) 545- 5506	Hudson Cert. #11360	Community Outreach, Communications	\$25,000 per year (\$75,000 life of contract)
Marmillion/Gray Media, Inc. 838 North Boulevard Baton Rouge, LA 70802 (225) 381-3036	Hudson Cert. #10905	Community Outreach, Communications	\$50,000 first year (\$90,000 life of contract)
Medical Executive Partners, LLC 1441 Canal Street Suite 224 New Orleans, LA 70112 (504) 264-5566	Hudson Cert. #7596	Community Outreach, Communications, Project Management	\$50,000 per year (\$150,000 life of contract)
Survey Communications, Inc. 4511 Jamestown Avenue Baton Rouge, LA 70808 (225) 928-0220	Hudson Cert. #10248	Service Coordination support, Satisfaction Surveys, Focus Groups	\$90,000 first year (\$240,000 life of contract)
Patriot Purchasing, Inc. 105 Hantsport Square Lafayette, LA 70508 (337) 981-8765	Veteran Cert. #9398	Printing	\$10,000 per year (\$30,000 life of contract)
Total for Life of Contract			\$705,000