Dental
HEALTH & WELLNESS
OF LOUISIANA

March 7, 2014

Mary Fuentes
Department of Health and Hospitals
Division of Contracts and Procurement Support
628 N 4th Street, 5th Floor
Baton Rouge, LA 70802

Dear Ms. Fuentes,

Centene is built on core belief in treating the whole person. We do that today in Louisiana through our local health plan which coordinates physical health, pharmacy, vision and other needed services for our members. With that focus on the whole person, we are excited to announce our new dental Medicaid managed care company, **Dental Health and Wellness (DWH)** and particularly happy to announce our intent to locate our DHW headquarters and operations in Louisiana. DHW is also pleased to respond to the Request for Proposal (RFP) # 305PUR-DHHRFP-DENTAL-PAHP-MVA issued by the Bureau of Health Services Financing Department of Health and Hospitals for participation in the Dental Benefit Management Program.

The attached proposal is submitted by Dental Health & Wellness of Louisiana (DHWL), a subsidiary of Centene Corporation. As a national leader in the Medicaid managed care market, Centene strives to remain a pioneer in Medicaid managed care by applying innovative approaches to help states under tight budget constraints deliver quality healthcare to members. To address the dental care needs of the members Centene serves nationwide, DHW has partnered with Scion Dental, a nationally recognized and experienced dental benefits management company. Through this collaborative partnership, DHW is able to bring the best of dental benefits management, advanced technological systems for dental claims management, and comprehensive member outreach and provider network management to our state clients. DHW's partnership with Scion Dental provides us with a unique blend of experience that is not found in the existing marketplace. ***With this innovative business partnership, we are able to take the concept of dental benefit management to the next level by delivering the best of both worlds to DHH and Louisiana's Medicaid recipients and dental providers.***

DHWL believes that by integrating the best practice aspects of Medicaid managed care and innovative dental benefit management support systems we have the expertise and resources to ensure delivery of quality healthcare services to the Medicaid recipients of Louisiana. DHLW offers several unique features that set us apart from other dental benefit management companies and provide exceptional value to both DHH and to the DBPM Program members.

- ***Unparalleled Medicaid Managed Care Experience.*** Dental Health & Wellness of Louisiana (DHWL) is a partnership that combines the expertise of Centene Corporation and Scion Dental, two highly respected entities that excel in serving the Medicaid population. Centene has **almost 30 years** of experience in full-risk Medicaid managed care. Centene health plans currently serve **over 2.6 million** members in managed care programs in **18 states**. Scion Dental currently manages dental benefits for over **5.5 million members** in **19 states for clients** including Amerigroup, AmeriHealth, and UnitedHealthcare.

- ***Unparalleled Experience in Successful Implementations of Medicaid Programs.*** Centene is very proud of our longstanding track record in Louisiana, and across the country, in successfully implementing health care programs. Through this experience we have learned that a successful implementation must meet the needs of DHH, our members, contracted providers and stakeholders. We understand that DHH has stated that the "go live" date for the DBMP is May 1, 2014. Based on our experience both nationally and in Louisiana, and our review of the implementation and readiness review requirements in the RFP, we believe that an implementation period of at least 90 days would best position the program for success.
- ***DHWL is local in every sense of the word.*** Maintaining our parent company's philosophy that health care is best delivered locally, DHW's national operations are being **headquartered in Louisiana**. We know that coordinated care means engaging with traditional Medicaid/CHIP providers, locating in communities where members live and work, and collaborating with community-based organizations to serve the whole individual in the context of family and informal supports.
- ***We know Bayou Health better than anyone.*** Through the experiences of our Louisiana affiliate, Louisiana Healthcare Connections, and our ongoing on the ground networking activities, DHWL is in the best position to serve the providers and residents of Louisiana. Our DHWL network staff have already made **over 700 face to face visits with dental providers** across the state.
- ***Innovative Technology and Dental Expertise Powered by Scion Dental, a national leader in managing Medicaid dental benefits.*** Our **Enterprise System** is a fully integrated platform of 35 modules that has been refined by dental experts that have more than 20 years of experience in the dental benefit management industry and is currently used by national managed care organizations such as United Healthcare and Amerigroup. The Enterprise System is designed to strategically support timely access to care, improved outcomes, targeted interventions, nimble use of data, compliance with State and federal IT requirements, and member, provider, and DHH satisfaction. Our Provider Profiles, Care Gap Alerts, and operational Dashboards provide actionable data to the right person (e.g. Provider, Member, and internal staff), for the right task (e.g. clinical intervention, internal workload adjustments, client reporting) at the right time (e.g. on schedule, or "in real time").
- ***A willing partner with DHH and Bayou Health Plans.*** DHWL looks forward to working together with DHH and existing Bayou Health plans on efforts to improve not only dental health but the holistic well-being of our members. Dental health has been correlated to positive health outcomes of chronic conditions such as asthma, diabetes, heart disease, and pregnancy. Emergency room care for dental symptoms is another opportunity for partnership with Bayou Health Plans.
- ***Access built with providers who already serve Medicaid members.*** According to the DHH Oral Health in Louisiana oral health status report, 45% of dentists in Louisiana are enrolled in Medicaid, but only 29% have billed for services. Through conversations with several Louisiana dentists, DHWL has identified providers who have existing capacity to treat more members, such as LSU's Dental School; DHWL will identify quality dental providers like these and will support member connectivity and education about the importance of the dental home. In fact, the following key STPs have all signed group LOIs with DWHL: LSU Dental, Just Kids Dental, Kid's Dental Zone, Bippo's Place and Louisiana Dental Centers.

  DHWL believes that access should never be a barrier for dental health. In order to make sure that no one is left behind, we are proposing unique solutions to expand access in even the most underserved areas. One such solution is through our relationship with Lumina Healthcare, which will expand dental access through the use of on-site and mobile dentistry.

- ***Continuity of Care through LSU relationship.*** DHWL has also already had conversations with leadership from LSU to discuss ways to retain the expertise and potentially the existing staff that currently conduct dental authorizations for DHH's dental program. We look forward to continuing these discussions following contract award and the potential resulting partnership or other arrangement that ensures that the local nuances of dental care delivery and cultural norms unique to Louisiana dental providers and Medicaid recipients are appropriately incorporated into DHWL's UM Program.
- ***Innovative Programs not currently seen in Dental Benefit Management.*** DHWL will implement Centene's best practice **MemberConnections Program** that will allow us to provide a level of in-person, **"boots on the ground"** interaction with our members that other dental benefit plans do not. Our MemberConnections Representatives (MCRs) are health outreach workers hired from within the communities we serve to ensure that our outreach is culturally competent and conducted by people who know the unique characteristics and needs of the local area. For example, Louisiana Healthcare Connections, our Louisiana based affiliate, conducted 1,484 outreach events and 4,245 community events over the past two years which included 24 dental events with engagement of 432 patients in 2013. As approved by DHH, MCRs will offer members free toothbrushes, toothpaste, and dental floss during these dental events. MCRs will assist members in making dental appointments and stress the importance of *keeping* the appointments.
    - Dental Days. Our proprietary **Dental Days** have helped promote and increase access to dental care services. We partner with high volume dental locations to block off a select portion of their day to see DHWL members, identify members who are assigned to the primary dental provider and due for services and then contact these members to schedule an appointment and transportation if needed. Additionally, our MCRs will be available onsite to greet and thank members for their participation and handout educational materials and DHH approved dental hygiene items such as tooth brushes, toothpaste and dental floss and offer administrative assistance for the provider's office staff.
    - Healthy Schools and Communities. MCRs partner with schools to conduct health literacy and education events. During our dental presentations, we read and distribute Scholastic Reader books to children and demonstrate brushing and flossing teeth. We have found these to be valuable tools to teach children about making healthy choices. Our community-based **Healthy Lifestyles Program** will provide outreach activities that promote healthy lifestyles, such as education about the importance of healthy eating and appropriate dental care. These events will be free and open to the public, and attendees will have the opportunity to win health-related giveaways, talk to DHWL staff and receive health tips and information.
    - Giving back to the communities we serve. To help provide education and increased awareness to all members, including those with disablilities, DHWL will commit to a **dental community reinvestiment program**. Through this innovative program, DHWL will guarantee that any profits above certain thresholds, noted in the table, will be specifcally used to help promote and increase access to oral healthcare for Louisianians. These initiatives may include but are not limited to funding community and school-based oral healthcare events and creating additional dental educational materials as well as funding new clinics or dental chairs and special equipment to accommodate children with special needs.

In closing, we believe that DHWL, through the combined experience of our parent Centene and our partner Scion Dental, along with the local presence of our entire organization uniquely position us to take dental benefit management to the next level and to improve dental outcomes for Louisianans while

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generating maximum value for DHH. We look forward to serving Bayou Health's members and to working with DHH to expand dental access for other populations, while creating a sustainable program that allows for ongoing improvements in Medicaid members' access to dental care.

If you have any questions or concerns please feel free to contact me by phone at (225) 201-8401 or by email at slaihinen@centene.com.

Sincerely,

Scott Laihinen
CEO & President, Dental Health and Wellness

Attachment: Organizational Conflict of Interest Mitigation Plan

LOUISIANA BAYOU HEALTH PROGRAM DBP PROPOSAL SUBMISSION AND EVALUATION REQUIREMENTS RFP # 305PUR-DHHRFP-DENTAL-PAHP-MVA	
PROPOSER NAME	

THE PROPOSER MUST COMPLETE THIS FORM AND SUBMIT WITH THEIR PROPOSAL.

PART ONE: MANDATORY REQUIREMENTS

The Proposer shall address ALL Mandatory Requirements section items and should provide, in sequence, the information and documentation as required (referenced with the associated item references).

The DHH Division of Contracts and Procurement Support will review all general mandatory requirements.

The DHH Division of Contracts and Procurement Support will also review the proposal to determine if the Mandatory Requirement Items (below) are met and mark each with included or not included.

Any contract resulting from this RFP process shall incorporate by reference the respective proposal responses to all items below as a part of said Contract (Refer to Section IV and V of RFP).

The Proposer shall adhere to the specification outlined in Section IV and V of the RFP in responding to this RFP. The Proposer should complete all columns marked in ORANGE ONLY.

NOTICE: In addition to these requirements, DHH will also evaluate compliance with ALL other RFP provisions.

Proposal Section and Page Number	PART ONE: MANDATORY REQUIREMENT ITEMS	For State Use Only	
		INCLUDED/NOT INCLUDED	DHH COMMENTS
A-1	**A.1** Provide the **Proposal Certification Statement** (**RFP Attachment II** completed and signed, in the space provided, by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract. ***The Proposer must sign the Proposal Certification Statement without exception or qualification.***		
A-3	**A.2** Provide a statement signed by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract guaranteeing that there will be no conflict or violation of the Ethics Code if the Proposer is awarded a contract. Ethics issues are interpreted by the Louisiana Board of Ethics.		

RESPONSE TO THE STATE OF LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS REQUEST FOR PROPOSALS FOR DENTAL BENEFIT MANAGEMENT PROGRAM RFP # 305PUR-DHHRFP-DENTAL-PAHP-MVA

PART I: MANDATORY REQUIRMENTS PROPOSAL

March 7, 2014

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PART ONE: MANDATORY REQUIREMENT ITEMS

A.1 PROPOSAL CERTIFICATION STATEMENT

Provide the Proposal Certification Statement (RFP Attachment II) completed and signed, in the space provided, by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract. The Proposer must sign the Proposal Certification Statement without exception or qualification.

Please see a copy of Dental Health & Wellness' (DHWL) Certification Statement on the following page.

Dental HEALTH & WELLNESS OF LOUISIANA

Attachment II

CERTIFICATION STATEMENT

The undersigned hereby acknowledges she/he has read and understands all requirements and specifications of the Request for Proposals (RFP), including attachments.

OFFICIAL CONTACT: The State requests that the Proposer designate one person to receive all documents and the method in which the documents are best delivered. Identify the Contact name and fill in the information below: (Print Clearly)

Date	March 3, 2014
Official Contact Name	Scott R. Laihinen, Chief Executive Officer
Email Address	slaihinen@centene.com
Fax Number with Area Code	(877) 811-5982
Telephone Number	(262) 573-9245
Street Address	543 Spanish Town Road
City, State, and Zip	Baton Rouge, LA 70802

Proposer certifies that the above information is true and grants permission to the Department to contact the above named person or otherwise verify the information I have provided.

By its submission of this proposal and authorized signature below, proposer certifies that:

1. The information contained in its response to this RFP is accurate;
2. Proposer complies with each of the mandatory requirements listed in the RFP and will meet or exceed the functional and technical requirements specified therein;.
3. Proposer accepts the procedures, evaluation criteria, mandatory contract terms and conditions, and all other administrative requirements set forth in this RFP.
4. Proposer's technical proposals are valid for at least 90 days from the date of proposer's signature below;
5. Proposer understands that if selected as the successful Proposer, he/she will have ***45*** calendar days from the date of delivery of initial contract in which to complete contract negotiations, if any, and execute the final contract document. The Department has the option to waive this deadline if actions or inactions by the Department cause the delay.
6. Proposer certifies, by signing and submitting a proposal for $25,000 or more, that their company, any subcontractors, or principals are not suspended or debarred by the General Services Administration (GSA) in accordance with the requirements in OMB Circular A-133. (A list of parties who have been suspended or debarred can be viewed via the internet at https://www.sam.gov).

Authorized Signature: Scott R. Laihinen

Original Signature Only: Electronic or Photocopy Signature are NOT Allowed

Print Name: Scott Laihinen

Title: CEO

A.2 ETHICS CODE STATEMENT

Provide a statement signed by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract guaranteeing that there will be no conflict or violation of the Ethics Code if the Proposer is awarded a contract. Ethics issues are interpreted by the Louisiana Board of Ethics.

Please see Dental Health & Wellness' signed Ethics Code Statement on the following page.

7700 Forsyth Blvd St. Louis, MO 63105 • 314-725-4477

March 3, 2014

Mary Fuentes
Department of Health and Hospitals
Division of Contracts and Procurement Support
628 N 4th Street, 5th Floor
Baton Rouge, LA 70802

Dental Health & Wellness of Louisiana guarantees there will be no conflict of interest or violation of the Ethics Code if Dental Health & Wellness of Louisiana should be awarded a Contract to operate as a Dental Benefit Manager for the Louisiana Health and Hospitals Dental Benefit Management Program RFP #305PUR-DHHRFP-DENTAL-PAHP-MVA.

Sincerely,

Scott Laihinen
Chief Executive Officer

PART II: TECHNICAL PROPOSAL & EVALUATION GUIDE
The Proposer should adhere to the specifications outlined in Section V of the RFP in responding to this RFP. The Proposer should address ALL section items and provide, in sequence, the information and documentation as required (referenced with the associated item references and text and complete all columns marked in ORANGE ONLY. **Proposal Evaluation Teams, made up of teams of State employees, will evaluate and score the proposal's responses.** **For those items in Part II that state "Included/Not Included" the proposals will be scored as follows:** **a. All items scored Included = 0 points** **b. If 1-3 items are scored "Not Included" = -10 points** **c. If 4-5 items are scored "Not Included" = -20 points** **d. If more than 6 items are scored "Not Included" = -30 points** **Any contract resulting from this RFP process shall incorporate by reference the respective proposal responses to all items below as a part of said contract.**

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	B. Qualifications and Experience (Sections 2, 3, and 4 of the RFP)	**155**		
B-1	**B.1** Indicate your organization's legal name, trade name, *dba*, acronym, and any other name under which you do business; the physical address, mailing address, and telephone number of your headquarters office. Provide the legal name for your organization's ultimate parent (*e.g*. publicly traded corporation). Describe your organization's form of business (i.e., individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and detail the names, mailing address, and telephone numbers of its officers and directors and any partners (if applicable). Provide the name and address of any oral health care professional that has at least a five percent (5%) financial interest in your organization, and the type of financial interest. Provide your federal taxpayer identification number and Louisiana taxpayer identification number. Provide the name of the state in which you are incorporated and the state in which you are commercially domiciled. If out-of-state, provider the name and address of the local representative; if none, so state. If you have been engaged by DHH within the past twenty-four (24) months, indicate the contract number and/or any other information available to identify the engagement; if not, so state.	**Included/Not Included**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
B-3	**B.2** Provide a statement of whether there have been any mergers, acquisitions, or sales of your organization within the last ten years, and if so, an explanation providing relevant details. If any change of ownership is anticipated during the 12 months following the Proposal Due Date, describe the circumstances of such change and indicate when the change is likely to occur. **Include your organization's parent organization, affiliates, and subsidiaries.**	**Included/Not Included**		
B-7	**B.3** Provide a statement of whether you or any of your employees, agents, independent contractors, or subcontractors have ever been convicted of, pled guilty to, or pled *nolo contendere* to any felony and/or any Medicaid or health care related offense or have **ever** been debarred or suspended by any federal or state governmental body. Include an explanation providing relevant details and the corrective action plan implemented to prevent such future offenses. **Include your organization's parent organization, affiliates, and subsidiaries**.	**0 to - 25**		
B-8	**B.4** Provide a statement of whether there is any pending or recent (within the past five years) litigation against your organization. This shall include but not be limited to litigation involving failure to provide timely, adequate or quality dental services. You do not need to report workers' compensation cases. If there is pending or recent litigation against you, describe the damages being sought or awarded and the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include a name and contact number of legal counsel to discuss pending litigation or recent litigation. Also include any SEC filings discussing any pending or recent litigation. I**nclude your organization's parent organization, affiliates, and subsidiaries.**	**0 to - 25**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
B-21	**B.5** Provide a statement of whether, in the last ten years, you or a predecessor company has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation providing relevant details including the date in which the Proposer emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of the court-approved reorganization plan. I**nclude your organization's parent organization, affiliates, and subsidiaries.**	**0 to - 50**		
B-22	**B.6** If your organization is a publicly-traded (stock-exchange-listed) corporation, submit the most recent United States Securities and Exchange Commission (SEC) Form 10K Annual Report, and the most-recent 10-Q Quarterly report. Provide a statement whether there have been any Securities Exchange Commission (SEC) investigations, civil or criminal, involving your organization in the last ten (10) years. If there have been any such investigations, provide an explanation with relevant details and outcome. If the outcome is against the Proposer, provide the corrective action plan implemented to prevent such future offenses. Also provide a statement of whether there are any current or pending Securities Exchange Commission investigations, civil or criminal, involving the Proposer, and, if such investigations are pending or in progress, provide an explanation providing relevant details and provide an opinion of counsel as to whether the pending investigation(s) will impair the Proposer's performance in a contract/Agreement under this RFP. I**nclude your organization's parent organization, affiliates, and subsidiaries.**	**0 to - 10**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
B-23	**B.7** If another corporation or entity either substantially or wholly owns your organization, submit the most recent detailed financial reports for the parent organization. If there are one (1) or more intermediate owners between your organization and the ultimate owner, this additional requirement is applicable only to the ultimate owner. Include a statement signed by the authorized representative of the parent organization that the parent organization will unconditionally guarantee performance by the proposing organization of each and every obligation, warranty, covenant, term and condition of the Contract.	**Included/Not Included**		
B-25	**B.8** Describe your organization's number of employees, client base, and location of offices. Submit an organizational chart (marked as Chart A of your response) showing the structure and lines of responsibility and authority in your company. **Include your organization's parent organization, affiliates, and subsidiaries.**	**Included/Not Included**		
B-31	**B.9** Provide a narrative description of your proposed Bayou Health project team, its members, and organizational structure including an organizational chart showing the Louisiana organizational structure, including staffing and functions performed at the local level.	**5**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
B-38	**B.10** Attach a personnel roster and resumes of key people who shall be assigned to perform duties or services under the Contract, highlighting the key people who shall be assigned to accomplish the work required by this RFP and illustrate the lines of authority. Submit current resumes of key personnel documenting their educational and career history up to the current time. Include information on how long the personnel have been in these positions and whether the position included Medicaid managed care experience. If any of your personnel named is a current or former Louisiana state employee, indicate the Agency where employed, position, title, termination date, and last four digits of the Social Security Number. If personnel are not in place, submit job descriptions outlining the minimum qualifications of the position(s). Each resume or job description should be limited to 2 pages. For key positions/employees which are not full time provide justification as to why the position is not full time. Include a description of their other duties and the amount of time allocated to each.	**15**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
B-67	**B.11** Provide a statement of whether you intend to use major subcontractors (as defined in the RFP Glossary), and if so, the names and mailing addresses of the subcontractors and a description of the scope and portions of the work for each subcontractor with more than $100,000 annually. Describe how you intend to monitor and evaluate subcontractor performance. Also specify whether the subcontractor is currently providing services for you in other states and where the subcontractor is located. In addition, as part of the response to this item, for each major subcontractor that is not your organization's parent organization, affiliate, or subsidiary, restate and respond to items B.1 through B.7, B10 and, B.~~16~~ 15 through B.~~27~~ 23 If the major subcontractor is your organization's parent organization, affiliate, or subsidiary, respond to items B.1, B.8 and B.9. You do not need to respond to the other items as part of the response to B11; note, however, responses to various other items in Section B must include information on your organization's parent organization, affiliates, and subsidiaries, which would include any major subcontractors that are your organization's parent organization, affiliate, or subsidiary.	**5**		
B-79	**B.12** Provide a description your Corporate Compliance Program including the Compliance Officer's levels of authority and reporting relationships. Include an organizational chart of staff (marked as Chart B in your response) involved in compliance along with staff levels of authority.	**10**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
B-87	**B.13** Provide copies of any press releases in the twelve (12) months prior to the Deadline for Proposals, wherein the press release mentions or discusses financial results, acquisitions, divestitures, new facilities, closures, layoffs, significant contract awards or losses, penalties/fines/ sanctions, expansion, new or departing officers or directors, litigation, change of ownership, or other very similar issues, Do not include press releases that are primarily promotional in nature.	**5**		
B-91	**B.~~15~~ 14** Provide the following information (in Excel format) based on each of the financial statements provided in response to item B:~~31~~ 27: (1) Working capital; (2) Current ratio; (3) Quick ratio; (4) Net worth; and (5) Debt-to-worth ratio.	**10**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
B-91	**B.~~16~~ 15** Identify, in Excel format, all of your organization's publicly-funded managed care contracts for Medicaid/CHIP and/or other low-income individuals within the last five (5) years. In addition, identify, in Excel format your organization's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, provide the trade name, a brief description of the scope of work, the duration of the contract, the contact name and phone number, the number of members and the population types (e.g., TANF, ABD, duals, CHIP), the annual contract payments, whether payment was capitated or other, and the role of subcontractors, if any. If your organization has not had any publicly-funded managed care contracts for Medicaid/SCHIP individuals within the last five (5) years, identify the Proposer's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP individuals within the last five (5) years and provide the information requested in the previous sentence. I**nclude your organization's parent organization, affiliates, and subsidiaries.**	**25**		
B-92	**B.~~17~~ 16** Identify whether your organization has had any contract terminated or not renewed within the past five (5) years. If so, describe the reason(s) for the termination/nonrenewal, the parties involved, and provide the address and telephone number of the client. **Include your organization's parent organization, affiliates, and subsidiaries.**	**Included/Not Included**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
B-99	**B.~~18~~ 17** If the contract was terminated/non-renewed in B.~~17~~ 16 above, based on your organization's performance, describe any corrective action taken to prevent any future occurrence of the problem leading to the termination/non-renewal. **Include your organization's parent organization, affiliates, and subsidiaries.**	**0 to - 50**		
B-100	**B.~~19~~ 18** As applicable, provide (in table format) the Proposer's current ratings as well as ratings for each of the past three years from each of the following: • AM Best Company (financial strengths ratings); • TheStreet.com, Inc. (safety ratings); and • Standard & Poor's (long-term insurer financial strength).	**Included/Not Included**		
B-103	**B.~~20~~ 19** For any of your organization's contracts to provide oral health services within the past five years, has the other contracting party notified the Proposer that it has found your organization to be in breach of the contract? If yes: (1) provide a description of the events concerning the breach, specifically addressing the issue of whether or not the breach was due to factors beyond the Proposer's control. (2) Was a corrective action plan (CAP) imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed. (3) Was a sanction imposed? If so, describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage) (4) Was the breach the subject of an administrative proceeding or litigation? If so, what was the result of the proceeding/litigation? I**nclude your organization's parent organization, affiliates, and subsidiaries.**	**0 to - 20**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
B-104	**B.~~21~~ 20** Provide (as an attachment) a copy of the most recent external quality review report (pursuant to Section 1932(c)(2) of the Social Security Act) for the Medicaid contract identified in response to item B.16 that had the largest number of enrollees as of January 1, 2012. Provide the entire report. In addition, provide a copy of any corrective action plan(s) requested of your organization (**including your organization's parent organization, affiliates, and subsidiaries**) in response to the report.	**10**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
B-105	**B.~~22~~ 21** Identify and describe any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against your organization within the last five (5) years. In addition, identify and describe any letter of deficiency issued by as well as any corrective actions requested or required by any federal or state regulatory entity within the last five (5) years that relate to Medicaid or CHIP contracts. I**nclude your organization's parent organization, affiliates, and subsidiaries.**	**0 to - 15**		
B-127	**B.~~23~~ 22** Provide a statement of whether your organization is currently the subject or has recently (within the past five (5) years) been the subject of a criminal or civil investigation by a state or federal agency other than investigations described in response to item B.6. If your organization has recently been the subject of such an investigation, provide an explanation with relevant details and the outcome. If the outcome is against your organization, provide the corrective action plan implemented to prevent such future offenses. **Include your organization's parent company, affiliates and subsidiaries.**	**0 to - 10**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
B-128	**B.~~24~~ 23** Submit customer references (minimum of two, maximum of five) for your organization for major contracts; with at least one reference for a major contract you have had with a state Medicaid agency or other large similar government or large private industry contract. Each reference must be from contracts within the last five (5) years. References for your organization shall be submitted to the State using the questionnaire contained in RFP Attachment VII. You are solely responsible for obtaining the fully completed reference check questionnaires, and for submitting them sealed by the client providing the reference, with your Proposal, as described herein. You should complete the following steps: a. Make a duplicate (hard copy or electronic document) of the appropriate form, as it appears in RFP Attachment VII (for your organization or for subcontractors, adding the following customized information: • Your/Subcontractor's name; • Reference organization's name; and • Reference contact's name, title, telephone number, and email address. b. Send the form to each reference contact along with a new, sealable standard #10 envelope; c. Give the contact a deadline that allows for collection of all completed questionnaires in time to submit them with your sealed Proposal; d. Instruct the reference contact to: • Complete the form in its entirety, in either hard copy or electronic format (if completed electronically, an original should be printed for submission); • Sign and date it; • Seal it in the provided envelope; • Sign the back of the envelope across the seal; and • Return it directly to you. e. Enclose the unopened envelopes in easily identifiable and labeled larger	**20**		

B-128	envelopes and include these envelopes as a part of the Proposal. When DHH the opens your Proposal, it should find clearly labeled envelope(s) containing the sealed references. **THE STATE WILL NOT ACCEPT LATE REFERENCES OR REFERENCES SUBMITTED THROUGH ANY OTHER CHANNEL OF SUBMISSION OR MEDIUM, WHETHER WRITTEN, ELECTRONIC, VERBAL, OR OTHERWISE.** Each completed questionnaire should include: • Proposing Organization/Subcontractor's name; • Reference Organization's name; • Name, title, telephone number, and email address of the organization contact knowledgeable about the scope of work; • Date reference form was completed; and • Responses to numbered items in RFP Attachment # (as applicable). DHH reserves the authority to clarify information presented in questionnaires and may consider clarifications in the evaluation of references. However DHH is under no obligation to clarify any reference check information.			
B-129	**B.~~25~~ 24** Indicate the website address (URL) for the homepage(s) of any website(s) operated, owned, or controlled by your organization, including any that the Proposer has contracted to be run by another entity as well as details of any social media presence (*e.g.* Facebook, Twitter). If your organization has a parent, then also provide the same for the parent, and any parent(s) of the parent. If no websites and/or social media presence, so state.	**Included/Not Included**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
B-131	**B.~~26~~ 25** Provide evidence that the Proposer has applied to Louisiana Department of Insurance for a certificate of authority (COA) to establish and operate a prepaid entity as defined in RS 22:1016 and in accordance with rules and regulations as defined by the Department of Health and Hospitals.	**0 to - 10**		
B-133	**B.~~27~~ 26** Provide the following as documentation of financial responsibility and stability: • a current written bank reference, in the form of a letter, indicating that the Proposer's business relationship with the financial institution is in positive standing; • two current written, positive credit references, in the form of a letters, from vendors with which the Proposer has done business or, documentation of a positive credit rating determined by an accredited credit bureau within the last 6 months; • a copy of a valid certificate of insurance indicating liability insurance in the amount of at least one million dollars ($1,000,000) per occurrence and three million dollars ($3,000,000) in the aggregate; and • a letter of commitment from a financial institution (signed by an authorized agent of the financial institution and detailing the Proposer's name) for a general line of credit in the amount of five-hundred thousand dollars ($500,000.00).	**25**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
B-142	**B.~~28~~ 27** Provide the following as documentation of the Proposer's sufficient financial strength and resources to provide the scope of services as required: • The two most recent independently audited financial statements and associated enrollment figures from the Proposer. Compiled or reviewed financial statements will not be accepted. The audited financial statements must be: o Prepared with all monetary amounts detailed in U.S. currency; o Prepared under U.S. generally accepted accounting principles; and o Audited under U.S. generally accepted auditing standards. The audited financial statements must include the auditor's opinion letter, financial statements, and the notes to the financial statements. • The Proposer's four (4) most recent internally prepared unaudited quarterly financial statements (and Year-to- Date), with preparation dates indicated. The statements must include documentation disclosing the amount of cash flows from operating activities. This documentation must indicate whether the cash flows are positive or negative, and if the cash flows are negative for the quarters, the documentation must include a detailed explanation of the factors contributing to the negative cash flows. • Verification of any contributions made to the Proposer to improve its financial position after its most recent audit (e.g., copies of bank statements and deposit slips), if applicable. **Proposer shall include the Proposer's parent organization.**	**25**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section C: Planned Approach to Project	**75**		
C-1	Describe how you will launch a network and set up operations capable of supporting its membership and meeting the requirements of the RFP by May 1, 2014. **C.1** Discuss your approach for meeting the implementation requirements and include: • A detailed description of your project management methodology. The methodology should address, at a minimum, the following: o Issue identification, assessment, alternatives analysis and resolution; o Resource allocation and deployment; o Reporting of status and other regular communications with DHH, including a description of your proposed method for ensuring adequate and timely reporting of information to DHH project personnel and executive management; and o Automated tools, including use of specific software applications.	**20**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
C-21	**C.2** Provide a work plan for the implementation of the Louisiana Medicaid DBP Program. At a minimum the work plan should include the following: • Tasks associated with your establishment of a "project office" or similar organization by which you will manage the implementation of the DBP Program; • An itemization of activities that you will undertake during the period between the awarding of this procurement and the start date of the DBP Program. These activities shall have established deadlines and timeframes and as needed conform to the timelines established under this RFP for deliverables. o All activities to prepare for and participate in the Readiness Review Process; and o All activities necessary to obtain required contracts for mandatory dental care providers as specified in this RFP. • An estimate of person-hours associated with each activity in the Work Plan; • Identification of interdependencies between activities in the Work Plan; and • Identification of your expectations regarding participation by DHH and/or its agents in the activities in the Work Plan and dependencies between these activities and implementation activities for which DHH will be responsible. (In responding the DBP shall understand DHH shall not be obligated to meet the DBP's expectation.)	**15**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
C-29	**C.3** Describe your Risk Management Plan. • At a minimum address the following contingency scenarios that could be encountered during implementation of the program: o Delays in building the appropriate Provider Network as stipulated in this RFP; o Delays in building and/or configuring and testing the information systems within your organization's Span of Control required to implement the DBP program; o Delays in hiring and training of the staff required to operate program functions; o Delays in the construction and/or acquisition of office space and the delivery of office equipment for staff required to operate program functions; o Delays in enrollment processing during the implementation of DBP; and o Delays in the publication of marketing and related materials and/or the delivery of these materials to DHH and/or its agents. • For each contingency scenario identified in the Proposal, at a minimum the Risk Management Plan must include the following: o Risk identification and mitigation strategies; o Risk management implementation plans; and o Proposed or recommended monitoring and tracking tools.	**15**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
C-40	**C.4.** Provide a copy of the work plan, generated in Microsoft Project or similar software product that includes the aforementioned implementation activities along with the timeframes, person-hours, and dependencies associated with this activities.	**15**		
C-41	**C.5** Provide a roster of the members of the proposed implementation team including the group that will be responsible for finalizing the provider network.	**5**		
C-44	**C.6** Provide the resume of the Implementation Manager (the primary person responsible for coordinating implementation activities and for allocating implementation team resources).	**5**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section D: Member Enrollment and Disenrollment	**20**		
D-1	**D.1** Describe how you will ensure that you will coordinate with DHH and its Agent to transmit and obtain files sent by the Fiscal Intermediary.	**~~20~~ 10**		
D-4	**D.2** Describe the steps you will take to assign a member to a different Provider in the event a Primary Care Dentist requests the Member be assigned elsewhere.	**10**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section E: Service Coordination	**75**		
E-1	**E.1** DHH intends to provide DBPs with two years of historic claims data for members enrolled in the DBP effective the start date of operations. Describe how you will ensure the continuation of all active prior authorized services for members effective the start date of operations. The description should include: • How you will identify these enrollees, and how you will uses this information to identify these enrollees; • What additional information you will request from DHH, if any, to assist you in ensuring continuation of services; • How you will ensure continuation of services and use of non-contract providers; • What information, education, and training you will provide to your providers to ensure continuation of services; and • What information you will provide your members to assist with the transition of care.	**10**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
E-5	**E.2** Provide your communication plans with the Bayou Health Plans and Medicaid fee-for-service in coordinating the following services which will continue to be provided by the Medicaid fee-for-service and Bayou Health programs: • Outpatient facility fees for dental services • Fluoride Varnish performed by Primary Care Physician • Current Procedural Terminology (CPT) codes billed by Oral Surgeons .	**20**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
E-10	**E.3** What specific measures will you take to ensure that members in rural parishes are able to access specialty care? Also address specifically how will you ensure members with disabilities have access?	**15**		
E-17	**E.4** Detail the strategies you will use to influence the behavior of members to access oral health care resources appropriately and adapt healthier lifestyles. Include examples from your other Medicaid/CHIP managed care contracts as well as your plan for Louisiana Medicaid DBP members.	**20**		
E-24	**E.5** Much faith based, social and civic groups, resident associations, and other community-based organizations now feature health education and outreach activities, incorporate health education in their events, and provide direct oral health services. Describe what specific ways would you leverage these resources to support the oral health and wellness of your members.	**10**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section F: Provider Network	**100**		
F-1	**F.1** Provide a listing of the proposed provider network using the List of Required In-Network and Allowable Out-of-Network Providers as described in this RFP, including only those providers with whom you have obtained a signed LOI or executed subcontract. LOIs and signed subcontracts will receive equal consideration. LOIs and subcontracts should NOT be submitted with the proposal. DHH may verify any or all referenced LOIs or contracts. Along with the provider listing, provide the number of potential linkages per primary care dentist. Using providers, with whom you have signed letters of intent or executed contracts, provide individual maps and coding by parish. You should provide individual maps as well as overlay maps to demonstrate distance relationships between provider types, if applicable (i.e, pediatrics, general dentist and orthodontist). The DBP should provide an Excel spreadsheet of their proposed provider network and include the following information: (Sample spreadsheet is available in the Procurement Library) 1. Practitioner Last Name, First Name and Title - For types of service such as primary care dentist and specialist, list the practitioner's name and practitioner title such as DDS, DMD, etc. 2. Practice Name/Provider Name - - Indicate the name of the provider. For practitioners indicate the professional association/group name, if applicable. 3. Business Location Address - Indicate the business location address where services are provided including but not limited to, 1st line of address, 2nd line of address, City, State, Postal Code 4. Provider Type and Specialty Code - Indicate the practitioner's specialty using	~~30~~ 25		

	Medicaid Provider Type and Specialty Codes. 5. New Patient - Indicate whether or not the provider is accepting new patients. 6. Age Restriction - Indicate any age restrictions for the provider's practice. For instance, if a provider only sees patients up to age 19, indicate < 19; if a provider only sees patients age 13 or above, indicate > 13. 7. Primary Care Dentist - the number of potential linkages. 8. If LOI or contract executed. 9. Designate if Significant Traditional Provider. 10. Maps for this location.			
F-2	**F.2** Describe how you will handle the potential loss (i.e., contract termination, closure) in a parish of all providers within a certain specialty.	**5**		
F-7	**F.3** The DBP is encouraged to offer to contract with Significant Traditional Providers (STPs) who meet your credentialing standards and all the requirements in the DBP's subcontract. DHH will make available on www.MakingMedicaidBetter.com a listing of STPs by provider type by parish. Describe how you will encourage the enrollment of STPs into your network; and indicate on a copy of the listing which of the providers included in your listing of network providers (See ~~G~~ F.1) are STPs.	**15**		
F-10	**F.4** Based on discussions with providers in obtaining Letters of Intent and executed subcontracts as well as other activities you have undertaken to understand the delivery system and enrollee population in the parish(es) for which a proposal is being submitted, discuss your observations and the challenges you have identified in terms of developing and maintaining a provider network. Provide a response tailored to each parish of the following provider types/services: o Primary Care o Specialty Care o FQHC/RHC	**5**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
F-13	**F.5** Describe your process for monitoring and ensuring adherence to DHH's requirements regarding appointments and wait times.	**10**		
F-17	**F.6** Describe your primary care dentist assignment process and the measures taken to ensure that every member in your DBP is assigned in a timely manner. Include your process for permitting members with chronic conditions to select a specialist as their primary care dentist and whether you allow specialists to be credentialed to act as primary care dentists..	**5**		
F-19	**F.7** Describe how you will monitor providers and ensure compliance with provider subcontracts. In addition to a general description of your approach, address each of the following: o Compliance with cost sharing requirements; o Compliance with ~~medical~~ dental record documentation standards; o Compliance with conflict of interest requirements; o Compliance with lobbying requirements; o Compliance with disclosure requirements; and o Compliance with member education requirements.	**5**		
F-26	**F.8** Provide an example from your previous experience of how you have handled provider noncompliance with contract requirements.	**10**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
F-27	**F.9** Describe in detail how you will educate and train providers about billing requirements, including both initial education and training prior to the start date of operations and ongoing education and training for current and new providers.	**5**		
F-33	**F.10** Describe how you will educate and train providers that join your network after program implementation. Identify the key requirements that will be addressed.	**5**		
F-36	**F.11** Describe your practice of profiling the quality of care delivered by network general dentists, and any other acute care providers including the methodology for determining which and how many Providers will be profiled. o Submit sample quality profile reports used by you, or proposed for future use (identify which). o Describe the rationale for selecting the performance measures presented in the sample profile reports. o Describe the proposed frequency with which you will distribute such reports to network providers, and identify which providers will receive such profile reports.	**5**		
F-42	**F.12** Describe the process for accepting and managing provider inquiries, complaints, and requests for information that are received outside the provider grievance and appeal process.	**5**		

Proposal Section and Page Number	**PART II: TECHNICAL APPROACH**	**Total Possible Points**	Score	DHH Comments
F-47	**F.13** If the Department receives written or verbal complaints on behalf of any provider in regards to excessive, unwarranted, and/or aggressive attempts to require any information to fulfill network adequacy requirements during the RFP process.	**0 to -50**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section G: Utilization Management (UM)	**100**		
G-1	**G.1** Describe how you will ensure that services are not arbitrarily or inappropriately denied or reduced in amount, duration or scope as specified in the Louisiana Medicaid State Plan.	**30**		
G-7	**G.2** If the UM guidelines were developed internally, describe the process by which they were developed and when they were developed or last revised.	**20**		
G-9	**G.3** Regarding your utilization management (UM) staff: • Provide a detailed description of the training you provide your UM staff; • Describe any differences between your UM phone line and your ~~member~~ provider services line with respect to bullets (2) through (7) in item K.1; • If your UM phone line will handle both Louisiana DBP and non-Louisiana DBP calls, o explain how you will track DBP calls separately; and o how you will ensure that applicable DHH timeframes for prior authorization decisions are met.	**25**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
G-14	**G.4** Describe how utilization data is gathered, analyzed, and reported. Include the process for monitoring and evaluating the utilization of services when a variance has been identified (both under- and over- utilization) in the utilization pattern of a provider and a member. Provide an example of how your analysis of data resulted in successful interventions to alter unfavorable utilization patterns in the system. Individuals who will make medical necessity determinations must be identified if the criteria are based on the dental training, qualifications, and experience of the DBP dental director or other qualified and trained professionals	**25**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section H: EPSDT	**40**		
H-1	**H.1** Describe your system for tracking each member's screening, diagnosis, and treatment including, at minimum, the components of the system, the key features of each component, the use of technology, and the data sources for populating the system.	**10**		
H-3	**H.2** Describe your approach to member education and outreach regarding EPSDT including the use of the tracking system described in H.1 above and any innovative/non-traditional mechanisms. Include: • How you will conduct member education and outreach regarding EPSDT including any innovative/non-traditional methods that go beyond the standard methods; • How you will work with members to improve compliance with the periodicity schedule, including how you will motivate parents/members and what steps you will take to identify and reach out to members (or their parents) who have missed screening appointments (highlighting any innovative/non-traditional approaches); and How you will design and monitor your education and outreach program to ensure compliance with the RFP.	**20**		
H-11	**H.3** Describe your approach to ensuring that providers deliver and document all required components of EPSDT screening.	**10**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section I: Quality Management	**100**		
I-1	**I.1** Document experience in other States to positively impact the healthcare status of Medicaid and or CHIP populations. Examples of areas of interest include, but are not limited to the following: • Reduction of inappropriate utilization of emergent services • EPSDT • Children with special health care needs • Case management • Reduction in racial and ethnic health care disparities to improve health status	**25**		
I-7	**I.2** Describe how you will identify quality improvement opportunities. Describe the process that will be utilized to select a performance improvement project, and the process to be utilized to improve care or services. Include information on how interventions will be evaluated for effectiveness. Identify proposed members of the Quality Assessment Committee.	**5**		
I-13	**I.3** Provide a description of focus studies performed, quality improvement projects, and any improvements you have implemented and their outcomes. Such outcomes should include cost savings realized, process efficiencies, and improvements to member health status. Such descriptions should address such activities since 2002 and how issues and root causes were identified, and what was changed.	**5**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments

I-16	**I.4** Describe your proposed Quality Assessment and Performance Improvement (QAPI). Such description should address:
	
	• The QAPI proposed to be implemented during the term of the contract.
	• How the proposed QAPI s will expand quality improvement services.
	• How the proposed QAPI will improve the health care status of the Louisiana Medicaid population.
	• Rationale for selecting the particular programs including the identification of particular health care problems and issues identified within the Louisiana Medicaid population that each program will address and the underlying cause(s) of such problems and issues.
	• How your will keep DHH informed of QAPI program actions, recommendations and outcomes on an ongoing and timely manner.
	• How the proposed QAPIs may include, but is not necessarily, limited to the following:
	  o New innovative programs and processes.
	  o Contracts and/or partnerships being established to enhance the delivery of health care such as contracts/partnerships with school districts and/or School Based Health Clinics.
		20		

I-22	**I.5** Describe how feedback (complaints, survey results etc.) from members and providers will be used to drive changes and/or improvements to your operations. Provide a member and a provider example of how feedback has been used by you to drive change in other Medicaid managed care contracts.	**5**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
I-27	**I.6** Provide, in Excel format, the proposer's results for: 1) HEDIS measures specified below for the last three measurement years (~~2009~~ 2010, ~~2010~~ 2011, and ~~2011~~ 2012) for each of your State Medicaid contracts. ▪ If you do not have results for a particular measure or year, provide the results that you do have. ▪ If you do not have results for your Medicaid product line in a state where you have a Medicaid contract, provide the commercial product line results with an indicator stating the product line. ▪ If you do not have Medicaid HEDIS results for at least five states, provide your commercial HEDIS measures for your largest contracts for up to five states (e.g., if you have HEDIS results for the three states where you have a Medicaid contract, you only have Medicare HEDIS for one other state, provide commercial HEDIS results for another state). ▪ If you do not have HEDIS results for five states, provide the results that you do have. ▪ In addition to the spreadsheet, please provide an explanation of how you selected the states, contracts, product lines, etc. that are included in the spreadsheet and explain any missing information (measure, year, or Medicaid contract). Include the Proposer's parent organization, affiliates, and subsidiaries. Provide results for the following HEDIS measures:	**40**		

	1. Annual Dental Visit 2) CMS 416 Report measures specified below for the last three measurement years (20~~0~~10, 2011, and 2012) for each of your State Medicaid contracts. • Line 12a - Total Eligibles Receiving Any Dental Services - • Line 12b - Total Eligibles Receiving Preventive Dental Services • Line 12c - Total Eligibles Receiving Dental Treatment • Line 12d -– Total Eligibles Receiving a Sealant on a Permanent Molar Tooth, and • Line 12e -– Total Eligibles Receiving Diagnostic Dental Services ▪ For each of your State Medicaid contracts that received a CMS State Focused Dental Review (2008), please outline all findings, recommendations, etc. revealed in the State-specific reports, as well as the steps that were taken to improve recommendations and rectify all findings. Focus			

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section J: Member Materials	**15**		
J-1	**J.1** Describe proposed content for your member educational materials) and attach a examples used with Medicaid or CHIP populations in other states.	**5**		
J-11	**J.2** Describe how you will ensure that all written materials meet the language requirements and which reference material you anticipate you will use to meet the sixth (6th) grade reading level requirement.	**2.5**		
J-15	**J.3** Describe your strategy for ensuring the information in your provider directory is accurate and up to date, including the types and frequency of monitoring activities and how often the directory is updated.	**5**		
J-19	**J.4** Describe how you will fulfill Internet presence and Web site requirements, including: • Your procedures for up-dating information on the Web site; • Your procedures for monitoring e-mail inquiries and providing accurate and timely responses; and • The procedures, tools and reports you will use to track all interactions and transactions conducted via the Web site activity including the timeliness of response and resolution of said interaction/transaction.	**2.5**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section K: Member/Provider Service	**100**		
K-1	**K.1** Provide a narrative with details regarding your member services line including: o Training of customer service staff (both initial and ongoing); o 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); o Process for handling calls from members with Limited English Proficiency and persons who are hearing impaired; o Monitoring process for ensuring the quality and accuracy of information provided to members; o Monitoring process for ensuring adherence to performance standards; o How your customer service line will interact with other customer service lines maintained by state, parish, or city organizations (eg., Partners for Healthy Babies, WIC, housing assistance, and homeless shelters); and o After hours procedures.	**25**		
K-12	**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.	**25**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
K-14	**K.3** Describe the procedures a Member Services representative will follow to respond to the following situations: o A Member has received a bill for payment of covered services from a network provider or out-of-network provider; o A Member is unable to reach his/her a provider within the network after normal business hours; o A Member is having difficulty scheduling an appointment for preventive care with her primary care dentist; and o A Member becomes ill while traveling outside of the state.	**20**		
K-18	**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.	**15**		
K-25	**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.	**15**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section L: Emergency Management Plan	**20**		
L-1	**L.1** Describe your emergency response continuity of operations plan. Attach a copy of your plan or, at a minimum, summarize how your plan addresses the following aspects of pandemic preparedness and natural disaster recovery: o Employee training; o Identified essential business functions and key employees within your organization necessary to carry them out; Contingency plans for covering essential business functions in the event key employees are incapacitated or the primary workplace is unavailable; o Communication with staff and suppliers when normal systems are unavailable; o Specifically address your plans to ensure continuity of services to providers and members; and o How your plan will be tested.	**10**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
L10	**L.2** Describe your plan in the following Emergency Management Plan scenario for being responsive to DHH, to members who evacuate, to network providers, and to the community. • You have thirty thousand (30,000) or more DBP members residing in hurricane prone parishes. Louisiana parishes include coastal and inland areas subject to mandatory evacuation orders during a major hurricane. A category 5 hurricane is approaching, with landfall predicted in 72 hours and certain parishes are under a mandatory evacuation order. State assisted evacuations and self-evacuations are underway. Members are evacuated to or have evacuated themselves to not only all other areas of Louisiana, but to other States. • Your provider call center and member call center are both located in Baton Rouge and there is a high likelihood of high winds, major damage and power outages for 4 days or more in the Baton Rouge Area (reference Hurricane Gustav impact on Baton Rouge). It is expected that repatriation of the evacuated, should damages be minimal, will not occur for 14 days. If damage is extensive, there may be limited repatriation, while other members may be indefinitely relocated to other areas in Louisiana or other states.	**10**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section M: Grievances and Appeals	**25**		
M-1	**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: o 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; o 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 o 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.	**25**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section N: Fraud & Abuse	**25**		
N-1	**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.	**25**		
	Section O: Third Party Liability	**25**		
O-1	**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: o 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; o Collection process for pay and chase activity and how it will be accomplished; o How subrogation activities will be conducted; o How you handle coordination of benefits in your current operations and how you would adapt your current operations to meet contract requirements; o Whether you will use a subcontractor and if so, the subcontractor's responsibilities; and o What routine systems/business processes are employed to test, update and validate enrollment and TPL data.	**25**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section P: Claims Management	**125**		
P-1	**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.	**75**		
P-16	**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.	**25**		
P-22	**P.3** Describe your methodology for ensuring that the requirements for claims processing, including adherence to all service authorization procedures, are met.	**25**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
	Section Q: Information Systems	**125**		
Q-1	**Q.1** Describe your approach for implementing information systems in support of this RFP, including: • Demonstrate capability and capacity assessment to determine if new or upgraded systems, enhanced systems functionality and/or additional systems capacity are required to meet contract requirements; • Configuration of systems (e.g., business rules, valid values for critical data, data exchanges/interfaces) to accommodate contract requirements; • System setup for intake, processing and acceptance of one-time data feeds from the State and other sources, e.g., initial set of DBP enrollees, claims/service utilization history for the initial set of DBP enrollees, active/open service authorizations for the initial set DBP enrollees, etc.; and • Internal and joint (DBP and DHH) testing of one-time and ongoing exchanges of eligibility/enrollment, provider network, claims/encounters and other data. • Provide a Louisiana Medicaid DBP-Program-specific work plan that captures: o Key activities and timeframes and o Projected resource requirements from your organization for implementing information systems in support of this contract. • Describe your historical data process including but not limited to: o Number of years retained;	**20**		

	o How the data is stored; and o How accessible is it. The work plan should cover activities from contract award to the start date of operations.			
Q-8	**Q.2** Describe your processes, including procedural and systems-based internal controls, for ensuring the integrity, validity and completeness of all information you provide to DHH and the Enrollment Broker. In your description, address separately the encounter data-specific requirements in, Encounter Data Section of the RFP as well as how you will reconcile encounter data to payments according to your payment cycle, including but not limited to reconciliation of gross and net amounts and handing of payment adjustments, denials and pend processes. Additionally, describe how you will accommodate DHH-initiated data integrity, validity and provide independent completeness audits.	**10**		
Q-17	**Q.3** Describe in detail how your organization will ensure that the availability of its systems will, at a minimum, be equal to the standards set forth in the RFP. At a minimum your description should encompass: information and telecommunications systems architecture; business continuity/disaster recovery strategies; availability and/or recovery time objectives by major system; monitoring tools and resources; continuous testing of all applicable system functions, and periodic and ad-hoc testing of your business continuity/disaster recovery plan. Identify the timing of implementation of the mix of technologies and management strategies (policies and procedures) described in your response to previous paragraph, or indicate whether these technologies and management strategies are already in place. Elaborate, if applicable, on how you have successfully implemented the aforementioned mix of technologies and management strategies with other clients.	**10**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
Q-23	**Q.4** Describe in detail: • How your *key production systems* are designed to *interoperate*. In your response address all of the following: o How identical or closely related data elements in different systems are named, formatted and maintained: - Are the data elements named consistently; - Are the data elements formatted similarly (# of characters, type-text, numeric, etc.); - Are the data elements updated/refreshed with the same frequency or in similar cycles; and - Are the data elements updated/refreshed in the same manner (manual input, data exchange, automated function, etc.). o All exchanges of data between key production systems. - How each data exchange is triggered: a manually initiated process, an automated process, etc. - The frequency/periodicity of each data exchange: "real-time" (through a live point to-point interface or an interface "engine"), daily/nightly as triggered by a system processing job, biweekly, monthly, etc. • As part of your response, provide diagrams that illustrate: o point-to-point interfaces, o information flows, o internal controls and o the networking arrangement (AKA "network diagram") associated with the information systems profiled. These diagrams should provide insight into how your Systems will be organized and interact with DHH systems for the purposes of exchanging Information and automating and/or facilitating specific functions associated with the Louisiana	**10**		

	Medicaid DBP Program.			
Proposal Section and Page Number	**PART II: TECHNICAL APPROACH**	**Total Possible Points**	**Score**	**DHH Comments**
Q-28	**Q.5** Describe your ability to provide and store encounter data in accordance with the requirements in this RFP. In your response: • Explain whether and how your systems meet (or exceed) each of these requirements. • Cite at least three currently-live instances where you are successfully providing encounter data in accordance with DHH coding, data exchange format and transmission standards and specifications or similar standards and specifications, with at least two of these instances involving the provision of encounter information from providers with whom you have capitation arrangements. In elaborating on these instances, address all of the requirements in the Technical Requirements section. Also, explain how that experience will apply to the Louisiana Medicaid DBP Program. • If you are not able at present to meet a particular requirement contained in the aforementioned section, identify the applicable requirement and discuss the effort and time you will need to meet said requirement. (4) Identify challenges and "lessons learned" from your implementation and operations experience in other states and describe how you will apply these lessons to this contract.	**5**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
Q-37	**Q.6** Describe your ability to receive, process, and update eligibility/enrollment, provider data, and encounter data to and from the Department and its agents. In your response: • Explain whether and how your systems meet (or exceed) each of these requirements. • Cite at least three currently-live instances where you are successfully receiving, processing and updatingeligibility/enrollment data in accordance with DHH coding, data exchange format and transmission standards and specifications or similar standards and specifications. In elaborating on these instances, address all of the requirements in the Technical Requirements section. Also, explain how that experience will apply to the Louisiana Medicaid DBP Program. • If you are not able at present to meet a particular requirement contained in the aforementioned sections, identify the applicable requirement and discuss the effort and time you will need to meet said requirement. • Identify challenges and "lessons learned" from implementation in other states and describe how you will apply these lessons to this contract.	**5**		
Q-46	**Q.7** Describe the ability within your systems to meet (or exceed) each of the requirements in the Technical Requirements section. Address each requirement. If you are not able at present to meet a particular requirement contained in the aforementioned section, identify the applicable requirement and discuss the effort and time you will need to meet said requirement.	**10**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
Q-79	**Q.8** Describe your information systems change management and version control processes. In your description address your production control operations.	**10**		
Q-82	**Q.9** Describe your approach to demonstrating the readiness of your information systems to DHH prior to the start date of operations. At a minimum your description must address: • provider contract loads and associated business rules; • eligibility/enrollment data loads and associated business rules; • claims processing and adjudication logic; and • encounter generation and validation prior to submission to DHH.	**5**		
Q-85	**Q.10** Describe your reporting and data analytic capabilities including: • generation and provision to the State of the management reports prescribed in the RFP; • generation and provision to the State of reports on request; • the ability in a secure, inquiry-only environment for authorized DHH staff to create and/or generate reports out of your systems on an *ad-hoc* basis; and • Reporting back to providers within the network.	**5**		
Q-89	**Q.11** Provide a detailed profile of the key information systems within your span of control.	**5**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
Q-99	**Q.12** Provide a profile of your current and proposed Information Systems (IS) organization.	**5**		
Q-104	**QR.13** Describe what you will do to promote and advance electronic claims submissions and assist providers to accept electronic funds transfers.	**5**		
Q-106	**Q.14** Indicate how many years your IT organization or software vendor has supported the current or proposed information system software version you are currently operating. If your software is vendor supported, include vendor name(s), address, contact person and version(s) being used.	**Included/Not Included**		
Q-107	**Q.15** Describe your plans and ability to support network providers' "meaningful use" of Electronic Health Records (EHR) and current and future IT Federal mandates. Describe your plans to utilizing ICD-10 and 5010.	**10**		
Q-110	**Q.16** Describe the procedures that will be used to protect the confidentiality of records in DHH databases, including records in databases that may be transmitted electronically via e-mail or the Internet.	**10**		

Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
R-1	**Section R: Veteran or Hudson Initiative** **R.1** Certified Veteran or Hudson Initiative small entrepreneurship or who will engage the participation of one or more certified Veteran or Hudson Initiatives small entrepreneurships as subcontractors. (See Attachment I)	**125**		

SECTION B: QUALIFICATIONS AND EXPERIENCE

B.1 PROPOSER'S COMPANY INFORMATION

Indicate your organization's legal name, trade name, dba, acronym, and any other name under which you do business; the physical address, mailing address, and telephone number of your headquarters office. Provide the legal name for your organization's ultimate parent (e.g. publicly traded corporation).

Describe your organization's form of business (i.e., individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and detail the names, mailing address, and telephone numbers of its officers and directors and any partners (if applicable).

Provide the name and address of any oral health care professional that has at least a five percent (5%) financial interest in your organization, and the type of financial interest. Provide your federal taxpayer identification number and Louisiana taxpayer identification number.

Provide the name of the state in which you are incorporated and the state in which you are commercially domiciled. If out-of-state, provider the name and address of the local representative; if none, so state.

If you have been engaged by DHH within the past twenty-four (24) months, indicate the contract number and/or any other information available to identify the engagement; if not, so state.

Please see the following table, ***Table B.1 Proposer's Company Information***, for this response.

Table B.1 Proposer's Company Information

Legal Name	Dental Health & Wellness of Louisiana, Inc.
Trade Name	n/a
dba	n/a
Acronym	DHWL
Any other name under which you do business	n/a
Physical Address	We are currently examining properties in the Northshore area, should we be selected for this contract, this will be the headquarters for Dental Health & Wellness' national dental plan operations. Our current physical address is: 543 Spanish Town Road Baton Rouge, LA 70802
Mailing Address	Same as above
Telephone Number	225-201-8401
Legal Name of Ultimate Parent	Centene Corporation
Form of Business	Corporation
Names, Mailing Address and Phone #'s of Officers and Directors and any partners	

Officers and Directors of Dental Health & Wellness of Louisiana, Inc.

Name	Mailing Address	City	State	Zip	Phone
Scott R. Laihinen	7700 Forsyth Blvd.	St. Louis	MO	63105	314-725-4477
Jason M. Harrold	7700 Forsyth Blvd.	St. Louis	MO	63105	314-725-4477
William N. Scheffel	7700 Forsyth Blvd.	St. Louis	MO	63105	314-725-4477
Brent D. Layton	7700 Forsyth Blvd.	St. Louis	MO	63105	314-725-4477
Keith H. Williamson	7700 Forsyth Blvd.	St. Louis	MO	63105	314-725-4477
Jesse N. Hunter	7700 Forsyth Blvd.	St. Louis	MO	63105	314-725-4477
Jeffrey A. Schwaneke	7700 Forsyth Blvd.	St. Louis	MO	63105	314-725-4477
Tricia L. Dinkelman	7700 Forsyth Blvd.	St. Louis	MO	63105	314-725-4477

Partners are not applicable for DHWL

Name and address of any health professional with	There are no health professionals that have at least 5% financial interest in DHWL.

5% financial interest in org. and type of financial interest	
Federal Tax ID # Louisiana Tax ID#	46-4168814 1693525001
State of Incorporation	Louisiana
State where commercially domiciled	Louisiana
If out of state, provide name and address of the local representative; if none so state	Not out of state
If you have been engaged by DHH in past 24 months indicate contract # and/or any other information available; if not, so state.	DHWL has not been engaged by DHH in the past 24 months.

B.2 MERGERS, ACQUISITIONS OR SALES

Provide a statement of whether there have been any mergers, acquisitions, or sales of your organization within the last ten years, and if so, an explanation providing relevant details. If any change of ownership is anticipated during the 12 months following the Proposal Due Date, describe the circumstances of such change and indicate when the change is likely to occur. Include your organization's parent organization, affiliates, and subsidiaries.

Dental Health & Wellness of Louisiana (DHWL), and its parent company Centene Corporation have had the following mergers, acquisitions, or sales within the last ten years:

Centene Corporation and Its Subsidiaries

Centene has neither merged with any company nor has been acquired or sold by any company in the past ten years and does not anticipate entering into any such arrangement during the 12 months following the Proposal Due Date. Following is a list of acquisitions or divestments by Centene or its subsidiaries (collectively, "the Company") within the last ten years:

- **January 2014:** The Company acquired a majority ownership interest majority interest in U.S. Medical Management, LLC. U.S. Medical Management, LLC, along with its affiliated entities, is a management services organization and provider of in-home health services for high acuity populations.
- **May 2013:** The Company acquired a 49% ownership interest in LifeShare Management Group LLC, a provider of services for intellectually and developmentally disabled individuals.
- **April 2013:** The Company acquired AcariaHealth, a comprehensive specialty pharmacy company.
- **December 2012:** The Company completed the acquisition of the remaining minority stake of CaseNet, LLC.
- **December 2010:** The Company acquired the Medicaid and Long-Term Care Diversion assets of Citrus Health Care, Inc., a managed healthcare services company. Citrus served more than 52,000 non-reform Medicaid members and nearly 2,000 Long-Term Care Diversion members, primarily in the Tampa and Orlando regions.
- **December 2010:** The Company acquired the remaining ownership interest in Centene Center LLC, a real estate development entity created for the construction of a real estate development that includes the Company's corporate headquarters.
- **December 2010**: The Company acquired an ownership interest in Casenet, LLC, a provider of care management solutions that automates the clinical, administrative and technical components of care management programs. The Company's ownership interest in Casenet is 68%.
- **July 2010:** The Company acquired certain assets and liabilities of NovaSys Health, LLC (NovaSys), a third party administrator (TPA) in Arkansas. NovaSys' clients include Arkansas state employees and public school employees. NovaSys also serves as the sole vendor for ARHealthNetworks, a statewide hybrid program. NovaSys also offers its clients a preferred provider organization (PPO) network of quality hospitals, physicians and ancillary providers in addition to traditional TPA services.
- **June 2010:** The Company acquired certain assets of Carolina Crescent Health Plan, a South Carolina Medicaid managed care organization, serving more than 40,000 Medicaid members across 46 counties across the State.

- **March 2010:** The Company announced the completion of the sale of the Medicaid assets of its New Jersey subsidiary, University Health Plans, Inc. (UHP).
- **February 2010:** The Company acquired the assets of ActivHealth, Inc., a company that provides health risk assessments, online health content, tailored e-learning programming, incentives and rewards tracking, and health management reporting.
- **February 2010:** The Company acquired Wellness by Choice, LLC, a company that provides worksite wellness and health-related lifestyle coaching, as well as employee incentive administration and consulting services.
- **July 2009:** The Company acquired the assets of InSpeech, Inc., a company comprised of Speech Pathologists and other trained individuals that are equipped to assist people who have difficulties in speech, language, swallowing, and aural rehabilitation. InSpeech has created a model of service that blends the traditional medical or clinical model of care with that of education. This model integrates the greatest number of techniques and therapeutic tools and employs them for the benefit of clients.
- **March 2009:** The Company acquired the assets of Amerigroup Community Care of South Carolina, adding approximately 14,000 members to the Company's South Carolina subsidiary, Absolute Total Care. With this transaction, Absolute Total Care began serving members in the Healthy Connections Kids program, South Carolina's State Children's Health Insurance Program (SCHIP) to expand eligibility for qualifying uninsured children.
- **February 2009:** The Company acquired the assets of Pediatric Associates LLC.
- **July 2008:** The Company acquired Celtic Insurance Company, a national individual health insurance provider that provides high-quality, affordable health insurance to individual customers and their families. This acquisition uniquely positions the Company as a national leader in providing government-sponsored and market-driven solutions to increase access to high quality, affordable healthcare for all Americans.
- **November 2007:** The Company acquired Work Life Innovations, a health and wellness consulting company.
- **October 2007:** The Company acquired Physician's Choice, LLC, a Medicaid managed care plan with members in South Carolina.
- **July 2007:** The Company acquired a 49% minority ownership interest in Access Health Solutions, LLC, or Access, a Medicaid managed care entity in Florida that served approximately 90,000 members under two separate contracts with the State, one as a Minority Physician Network and the other as a Provider Service Network. The Company exercised its right to acquire the remaining assets and ownership interest in Access Health Solutions, LLC in December 2010.
- **April 2007:** The Company acquired PhyTrust of South Carolina, LLC a Medicaid Medical Home Network that served over 30,000 members.
- **February 2007:** The Company announced the completion of the sale of the operating assets of FirstGuard Missouri.
- **June 2006:** The Company acquired MediPlan, a hospital-owned health plan serving over 13,000 Medicaid recipients in the East Central Region of Ohio. The health plan, based in Canton, Ohio, joined the Company's Ohio subsidiary, Buckeye Community Health Plan, Inc. (Buckeye) providing quality healthcare to over 72,000 lives across Ohio.

- **May 2006:** The Company, through its specialty company subsidiary CenCorp Health Solutions, Inc. (CenCorp), acquired Cardium Health Services Corporation (Cardium), a leading Disease Management firm specializing in treating chronic diseases. Cardium, based in Farmington, Connecticut, gave the Company a complete Disease Management platform with the addition of Cardium's nationally recognized programs to the Company's existing Disease Management business. Cardium's Disease Management programs address heart disease, diabetes, back pain, hypertension, arthritis and smoking cessation.
- **April 2006:** The Company acquired the managed vision business of OptiCare Health Systems, Inc. (OptiCare) through its specialty company subsidiary, CenCorp. OptiCare, based in Rocky Mount, North Carolina, contracts with insurers, employer groups, managed care plans, HMOs and other third-party payors to manage claims payment and other administrative services of eye health benefits in 15 states at the time of acquisition.
- **April 2006:** The Company acquired Health Dimensions of Florida, Inc. d/b/a Nurse Response, an after-hours nurse triage call center headquartered in Hollywood, Florida. Nurse Response provides telehealth services for physicians, hospitals, managed care providers, academic institutions and employee health programs.
- **January 2006:** The Company acquired US Script, Inc., a privately held pharmacy benefits manager (PBM) headquartered in Fresno, California. US Script administers pharmacy benefits and processes pharmacy claims.
- **July 2005:** The Company acquired AirLogix, Inc., an industry leader in respiratory Disease Management. The acquisition of AirLogix's Disease Management capabilities further enhanced the Company's suite of specialty services, which are managed by the Company's specialty company subsidiary, CenCorp.
- **May 2005:** The Company acquired the Medicaid assets of SummaCare, Inc., a wholly owned subsidiary of Summa Health System, based in Akron, Ohio. This transaction added approximately 39,000 lives to the 23,500 lives already covered by the Company's Ohio subsidiary, Buckeye, making Buckeye the second largest Medicaid health plan in the State.
- **December 2004:** The Company acquired First Guard Health Plan. FirstGuard's subsidiary, FirstGuard Health Plan Kansas served over 94,000 Medicaid and CHIP members throughout the state of Kansas and FirstGuard Health Plan Missouri served 42,000 Medicaid members in Missouri.
- **January 2004:** The Company acquired the Medicaid-related assets of Family Health Plan, Inc., a wholly owned subsidiary of Mercy Health Partners. This acquisition enabled the Company to commence operations in Ohio through its wholly owned Ohio subsidiary, Buckeye.
- **August 2003:** The Company's Texas subsidiary, Superior HealthPlan, Inc. (Superior), acquired the Medicaid-related assets of HMO Blue Texas in the San Antonio market. This transaction included the right to serve 21,000 Medicaid lives in a market where the Company then had 24,000 Medicaid and SCHIP members.
- **March 2003:** The Company acquired the assets of ScriptAssist, LLC, a medication compliance company. ScriptAssist used various approaches and medical expertise to promote adherence to medication prescriptions, and was integrated into the Company's NurseWise subsidiary.
- **March 2003:** The Company acquired a 63.7% ownership interest in Group Practice Affiliates, LLC (GPA). GPA, an Atlanta, Georgia-based behavioral healthcare services company, served over

700,000 individuals in three states through a combination of networks, groups and schools, including the Company's Texas membership of approximately 118,000. On August 15, 2003, the Company acquired the remaining interest in GPA, making it a fully owned subsidiary. On September 13, 2004 GPA officially changed its name to Cenpatico Behavioral Health, LLC.

No change in ownership of Centene Corporation is expected within 12 months of the proposal date.

B.3 ABSENCE OF FELONY ACTIVITY

Provide a statement of whether you or any of your employees, agents, independent contractors, or subcontractors have ever been convicted of, pled guilty to, or pled nolo contendere to any felony and/or any Medicaid or health care related offense or have ever been debarred or suspended by any federal or state governmental body. Include an explanation providing relevant details and the corrective action plan implemented to prevent such future offenses. Include your organization's parent organization, affiliates, and subsidiaries.

Neither Dental Health & Wellness of Louisiana, nor Centene Corporation nor any of its subsidiaries, have had any employees, officers or directors who have been convicted of, plead guilty to or pled nolo contendere to a felony and/or any Medicaid or health care related offense, or have been debarred or suspended by any federal or state governmental body. In addition, to the knowledge of Dental Health & Wellness of Louisiana and Centene Corporation, no agents, independent contractors, or subcontractors have been convicted of, plead guilty to or pled nolo contendere to a felony who would provide work on a contract pursuant to this RFP.

B.4 PENDING LITIGATION AGAINST PROPOSER

Provide a statement of whether there is any pending or recent (within the past five years) litigation against your organization. This shall include but not be limited to litigation involving failure to provide timely, adequate or quality dental services. You do not need to report workers' compensation cases. If there is pending or recent litigation against you, describe the damages being sought or awarded and the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include a name and contact number of legal counsel to discuss pending litigation or recent litigation. Also include any SEC filings discussing any pending or recent litigation. Include your organization's parent organization, affiliates, and subsidiaries.

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REDACTED

B.5 HISTORY OF BANKRUPTCY OR INSOLVENCY

Provide a statement of whether, in the last ten years, you or a predecessor company has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation providing relevant details including the date in which the Proposer emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of the court-approved reorganization plan. Include your organization's parent organization, affiliates, and subsidiaries.

Neither Dental Health & Wellness of Louisiana, nor Centene Corporation, nor any of its subsidiaries, nor any predecessor company has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors.

B.6 FINANCIAL INFORMATION / SECURITIES AND EXCHANGE COMMISSION INVESTIGATIONS

If your organization is a publicly-traded (stock-exchange-listed) corporation, submit the most recent United States Securities and Exchange Commission (SEC) Form 10K Annual Report, and the most-recent 10-Q Quarterly report.

Provide a statement whether there have been any Securities Exchange Commission (SEC) investigations, civil or criminal, involving your organization in the last ten (10) years. If there have been any such investigations, provide an explanation with relevant details and outcome. If the outcome is against the Proposer, provide the corrective action plan implemented to prevent such future offenses. Also provide a statement of whether there are any current or pending Securities Exchange Commission investigations, civil or criminal, involving the Proposer, and, if such investigations are pending or in progress, provide an explanation providing relevant details and provide an opinion of counsel as to whether the pending investigation(s) will impair the Proposer's performance in a contract/Agreement under this RFP. Include your organization's parent organization, affiliates, and subsidiaries.

Dental Health & Wellness of Louisiana (DHWL) is not a publicly traded corporation and therefore does not issue an SEC Form 10-K or 10-Q. DHW's parent organization, Centene Organization, has provided the most recent Annual and Quarterly reports. Please refer to the following attachments in Section B:

- ***Attachment B.27-A Centene 2013 Form 10K***
- ***Attachment B.27-B Centene 2013 Q3 10-Q***

DHWL, Scion Dental, nor Centene Corporation has ever been subject to any SEC investigations. There are no current or pending Securities Exchange Commission Investigations, civil or criminal, involving the DHWL, Scion Dental or Centene Organization.

B.7 PARENT ORGANIZATION FINANCIAL REPORTS / PERFORMANCE GUARANTEE

If another corporation or entity either substantially or wholly owns your organization, submit the most recent detailed financial reports for the parent organization. If there are one (1) or more intermediate owners between your organization and the ultimate owner, this additional requirement is applicable only to the ultimate owner.

Dental Health & Wellness of Louisiana's parent organization, Centene, is a publicly-traded corporation and issues an annual 10-K and quarterly 10-Q financial statements, the most recent of which we have included in response to question B.27.

Include a statement signed by the authorized representative of the parent organization that the parent organization will unconditionally guarantee performance by the proposing organization of each and every obligation, warranty, covenant, term and condition of the Contract.

Please see the Unconditional Guarantee of Performance from our parent company, Centene Corporation on the following page.

Dental HEALTH & WELLNESS OF LOUISIANA

CENTENE® Corporation

7700 Forsyth Blvd St. Louis, MO 63105 • 314-725-4477

March 3, 2014

Mary Fuentes
Department of Health and Hospitals
Division of Contracts and Procurement Support
628 N 4th Street, 5th Floor
Baton Rouge, LA 70802

Centene Corporation, as the parent company of Dental Health & Wellness of Louisiana, confirms that it will unconditionally guarantee performance by Dental Health & Wellness of Louisiana of each and every obligation, warranty, covenant, term and condition of the Louisiana Department of Health and Hospitals Dental Benefit Management Program RFP #305PUR-DHHRFP-DENTAL-PAHP-MVA.

Sincerely,

William U. Scheffel

William Scheffel
Executive Vice President, Chief Financial Officer & Treasurer

B.8 NUMBER OF EMPLOYEES, CLIENT BASE, LOCATION AND ORGANIZATION STRUCTURE

Describe your organization's number of employees, client base, and location of offices. Submit an organizational chart (marked as Chart A of your response) showing the structure and lines of responsibility and authority in your company. Include your organization's parent organization, affiliates, and subsidiaries.

Dental Health & Wellness of Louisiana (DHWL) is a partnership that combines the expertise of Centene Corporation and Scion Dental, two highly respected entities that excel in serving the Medicaid population. Upon successful award, we will locate our **national Dental Company in the state of Louisiana**. DHWL blends the strengths of these two organizations to build a dental corporation that will serve members in Louisiana and all of Centene's dental membership nationally as it grows into other state markets. DHWL was created by Centene as the key leaders of the organization realized working with several dental MCO vendors did not bring the innovation and commitment to outcomes as needed.

Number of Employees

All dental operations will be located in Louisiana and DHWL will recruit and maintain highly qualified and experienced employees who are dedicated to managing the full scope of work outlined in the RFP and Contract. DHWL plans to have its ***entire*** staff hired and located in Louisiana, with its corporate office also being located in Louisiana. Staff to support our corporate office is estimated to be around 75 employees. Another 50 employees will be needed if DHWL is awarded this contract bring the total number of jobs to Louisiana is 125. These numbers go beyond fulfilling the requirements for in-state positions, and demonstrate a real commitment to Louisiana. In addition, our Louisiana dental operations is supported by Centene, providing support to DHWL in the areas of Finance, Information Technology, Human Resources, Compliance, Fraud/Waste/Abuse and Training to maximize efficiencies while maintaining local control. Centene has over 9,100 employees nationwide.

~ DHWL is Committed to Louisiana~
We are building our ***national dental headquarters*** in Louisiana; bringing approximately 125 jobs to the state.

As DHWL is a newly formed entity, we have also provided the following information for DHWL's parent company, Centene, and our Dental partner, Scion Dental:

Scion Dental, Inc.		Centene Corporation
Menomonee Falls, WI	**Headquarters**	St. Louis, MO
Medicaid and Commercial Dental Clients including: AmeriGroup/WellPoint, AmeriHealth Mercy, UnitedHealthcare	**Clients**	Under-and-Uninsured State Clients including: Louisiana, Mississippi, Texas, South Carolina, Florida and Georgia
5.5 Million Covered Lives	**Lives**	2.7 Million Covered Lives
205	**Employees**	9,100 nationwide

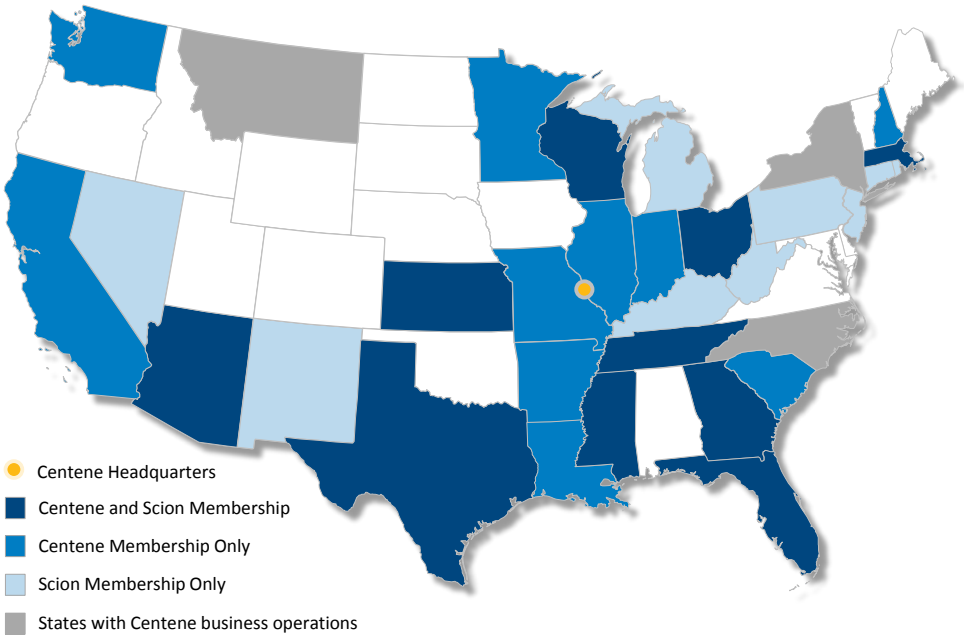
Centene operates local health plans nationwide, including the state of Louisiana through its health plan Louisiana Healthcare Connections. Louisiana Healthcare Connections currently serves the TANF, CHIP, ABD non-dual and Foster Care populations and employs approximately 190 local Louisianans.

Dental Health & Wellness of Louisiana (DHWL) currently has the following key leadership positions in place today:

- **CEO, Scott Laihinen.** Mr. Laihinen is an accomplished executive leader with 25 years of healthcare experience across the Medicaid, Medicare and Commercial space. Mr. Laihinen has successfully performed positions directing Operations, Finance, Information Systems, Sales and Marketing, Claims Processing, Customer Service, Provider Contracting, Health Services, Enrollment, Office Services and Human Resources. He has a highly respected background and responsibilities leading business development, sales, client relations, account management and operations. Mr. Laihinen most recently led United Healthcare's Medicaid & Medicare dental business. Proven by his depth and breadth of experience and ability to lead comprehensive implementation and integration plans, Dental Health & Wellness is pleased to have Mr. Laihinen lead our dental corporation. His responsibilities will include, but not limited to, ensuring compliance with the Contract, partnering with DHH on Contract inquiries, requests and meetings and promptly resolve identified issues. Mr. Laihinen will serve a cross-functional strategic and oversight role, monitoring company performance, interacting with State staff, leading all functional areas to ensure compliance, and driving the integration of best practices.
- **Rob Davis, Vice President, Operations.** Mr. Davis is actively engaged in DHW operations in multiple existing Centene Health plans. In Louisiana Mr. Davis began identifying and engaging corporate and market resources prior to the RFP being released. An experienced leader, Mr. Davis successfully oversaw the pharmacy and vision company implementations in Centene's Louisiana, Illinois, Massachusetts, Kansas, California, and New Hampshire markets. His responsibilities include but are not limited to recognizing risks and developing mitigation strategies, identify, engage and guide resources accountable for planning and executing various initiatives and projects, and guiding resolution of operations issues to minimize potential risks to organization. Mr. Davis will also assist in the development of the oversight committees and provide content knowledge to the various functional department leads.
- **Nancy Davis, Vice President, Network Development.** Ms. Davis is an innovative and results-oriented Dental Healthcare Services Executive with over 20 years of industry experience. Ms. Davis has been active in Louisiana to establish trusted relationships (internal, partner and external) with key stakeholders to gain insight and understanding of their business to in turn, create tailored business strategies. She leads an "in-market" contracting and negotiating team, directing all provider network and contracting activities and leading all aspects of provider network strategy.

Client Base and Location

Centene is a leading multi-line healthcare enterprise that provides programs and related services to the rising number of under- insured and uninsured individuals. Many receive benefits provided under Medicaid, including the State Children's Health Insurance Program (CHIP), as well as Aged, Blind or Disabled (ABD), Foster Care and Long-term Supports and Services (LTSS), in addition to other state-sponsored/hybrid programs, and Medicare (Special Needs Plans). In addition to offering a local and innovative Dental Benefit Management solution, Centene operates local health plans and offers a range of health insurance solutions. It also contracts with other healthcare and commercial organizations to provide specialty services including behavioral health, care management software, correctional systems healthcare, life and health management, managed vision, pharmacy benefits management, correctional health services and telehealth services. Centene's has been **operating in Louisiana since 2012** through its health plan Louisiana Healthcare Connections that serves the TANF, CHIP, ABD non-dual and Foster Care populations.



Centene, a national leader in Medicaid managed care, in partnership with Scion, a national leader in innovative Medicaid dental benefit management, come together to leverage the best of both entities to create a **dental corporation, located in Louisiana.**

We are currently examining four properties in the North Shore, which will be the headquarters for all dental plans operations for DHWL. We anticipate finalizing our selection by April 1st. Our current physical address is: 543 Spanish Town Road, Baton Rouge, LA 70802.

If DHWL is fortunate to be successful in the Dental Benefit Management procurement process, we will provide high quality, innovative dental benefit management services to all eligible Bayou Health members that will provide exceptional service delivery to approximately one million full benefit Medicaid enrollees. Our goals will align with DHH's goals and offer locally-grounded, engaging programs that improve care coordination, dental health outcomes and access, while promoting dental health, personal responsibility and self-management to members.

This year, Centene's health plans in Florida, Kansas and Missouri will convert their dental benefit management services to Dental Health & Wellness from their existing dental vendor. Once all health plans have fully transitioned to Dental Health & Wellness to provide dental benefit management services, we anticipate a membership base of approximately 1.5 million members across Centene health plans.

Provided in the table below are Centene's locations and client base nationwide.

Health Plan Locations	Client Base	Membership
Arizona	Medicaid, SCHIP, SSI/ABD, LTC, Medicare	7,100
California	TANF, CHIP and SPD Members (voluntary)	97,200
Florida	Medicaid, SSI/ABD, Medicare Duals, Long Term Care	222,000
Georgia	Medicaid, SCHIP	318,700
Illinois	ABD	22,300
Indiana	Medicaid, SCHIP, SSI/ABD, Medicare Duals, Uninsured	195,500
Kansas	TANF, CHIP, Foster Care, ABD and Long Term Care	139,900
Louisiana	TANF, CHIP, ABD (non-dual) Foster Care	152,300
Massachusetts	TANF and other low income	22,600
Mississippi	ABD, Foster Care, Pregnant women, Adult TANF	78,300
Missouri	TANF, CHIP	59,200
New Hampshire	TANF, CHIP, ABD (dual and non-dual), Foster Care, I/DD LTSS	33,600
Ohio	Medicaid, SCHIP, SSI/ABD(non-duals), Medicare	173,200
South Carolina	Medicaid, SCHIP, ABD (non-duals)	91,900
Texas	Medicaid, CHIP; ABD/SSI, LTC Medicare Duals	935,100
Washington	TANF, CHIP, ABD (non-duals), Foster Care and Hybrid members	82,100
Wisconsin	TANF, CHIP, SSI/ABD	71,500

Organization Structure

Please see below for ***Chart A.1 Corporate Structure and Lines of Responsibility and Authority*** and ***Chart A.2 Centene Subsidiary Organizational Chart.***

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B.9 PROPOSED PROJECT TEAM AND ORGANIZATIONAL STRUCTURE

Provide a narrative description of your proposed Bayou Health project team, its members, and organizational structure including an organizational chart showing the Louisiana organizational structure, including staffing and functions performed at the local level.

Two Industry Leaders – One Solution for Bayou Health

Dental Health & Wellness of Louisiana (DHWL) is a partnership that combines the expertise of Centene Corporation and Scion Dental, two highly respected entities that excel in serving the Medicaid population, to create a **national Dental Company headquartered in the state of Louisiana**. This partnership results in new and unique approaches to dental benefits administration for the Louisiana Department of Health and Hospitals that go beyond the requirements outlined in the RFP and Contract, including:

- 100% local Louisiana dental company, headquartered in Louisiana, that will continue to grow as Dental Health & Wellness expands into other markets
- Exceeding the staff requirements and hiring Louisiana residents
- First-hand experience with Bayou Health in Louisiana that provides cultural and geographic expertise

Centene is a leading multi-line healthcare enterprise that provides programs and related services to the rising number of under- insured and uninsured individuals. Centene possesses **30 years of experience** in Medicaid managed care programs that serve **over 2.7 million members**. Centene operates local health plans nationwide, including the state of Louisiana through its health plan Louisiana Healthcare Connections that serves the TANF, CHIP, ABD non-dual and Foster Care populations.

As an existing partner to DHH, Centene stands strong in its commitment to provide better health outcomes at lower costs through alignment with DHH's goals for the Bayou Health dental program. To solidify our commitment, Dental Health & Wellness of Louisiana will operate its corporate operations in Louisiana to serve program recipients and to serve as the flagship of our dental corporate operations as we enter new markets.

Our dental partner Scion Dental began in 2009 with a focus to solve dental benefit management challenges and to continue to raise the bar in the industry. Centene carefully selected Scion Dental as a dental partner to form DHWL because they are a national leader in innovative Medicaid dental benefit management and excel in offering technological solutions that result in satisfied providers, transparent reporting, decreased fraud and abuse, and process improvement.

Bayou Health Project Team

The Right Experience and Leadership. Dental Health & Wellness of Louisiana (DHWL) recognizes the importance of hiring the right people for the key leadership positions as early as possible. Accelerating this involvement ensures continuity and consistency of relationships with DBM clients, local Providers and other key vendors and stakeholders.

On staff today, we have **Mr. Scott Laihinen as the Chief Executive Officer** of Dental Health & Wellness. Mr. Laihinen is an accomplished executive leader with 25 years of healthcare experience across the Medicaid, Medicare and Commercial space. Mr. Laihinen has successfully performed positions directing

Operations, Finance, Information Systems, Sales and Marketing, Claims Processing, Customer Service, Provider Contracting, Health Services, Enrollment, Office Services and Human Resources. He has a highly respected background and responsibilities leading business development, sales, client relations, account management and operations. Mr. Laihinen most recently led United Healthcare's Medicaid & Medicare dental business. Proven by his depth and breadth of experience and ability to lead comprehensive implementation and integration plans, Dental Health & Wellness is pleased to have Mr. Laihinen lead our dental corporation. His responsibilities will include, but not limited to, ensuring compliance with the Contract, partnering with DHH on Contract inquiries, requests and meetings and promptly resolve identified issues. Mr. Laihinen will serve a cross-functional strategic and oversight role, monitoring company performance, interacting with State staff, leading all functional areas to ensure compliance, and driving the integration of best practices.

Dedicated Resources for Implementation. Implementing DHH's dental benefits management program will require dedicated corporate resources to build and support the program as newly hired local staff learns our systems and processes. Corporate resources are responsible for administrating the functions of the new program on an interim basis, and to provide overlapping support until the local team can independently manage the program.

Leading the implementation efforts and in place today, we have **Mr. Rob Davis, Vice President, Operations**. Mr. Davis is overseeing the implementation of DHWL and began identifying and engaging corporate and market resources prior to the RFP being released. An experienced leader, Mr. Davis was involved in the successful Bayou Health implementation, as well as Centene implementations in Illinois, Massachusetts, Kansas, California, and New Hampshire markets. His responsibilities include but are not limited to recognizing risks and developing mitigation strategies, identify, engage and guide resources accountable for planning and executing various initiatives and projects, and guiding resolution of operations issues to minimize potential risks to organization. Mr. Davis will also assist in the development of the oversight committees and provide content knowledge to the various functional department leads.

Leading our Network Contracting and Management Function, we have **Ms. Nancy Davis, Vice President, Network Development**. Ms. Davis is an innovative and results-oriented Dental Healthcare Services Executive with over 20 years of industry experience. Ms. Davis has been active in Louisiana to establish trusted relationships (internal, partner and external) with key stakeholders to gain insight and understanding of their business to in turn, create tailored business strategies. She leads an "in-market" contracting and negotiating team, directing all provider network and contracting activities and leading all aspects of provider network strategy.

Centene and DHWL have dedicated a team of professionals to lead and manage the implementation of the Louisiana Dental Benefits Management program. Operational satisfaction is the team goal and the transition to full operations in Louisiana will include managing defined implementation and operation metrics. To meet the objectives of DHH's dental program, the team will draw upon their broad experience in the dental benefits management business, the extensive expertise across the entire Centene organization, and established industry best practices.

Scion Dental, DHWL's partner also has a deep and diverse background of experience in implementing dental benefit programs for the Medicaid population. In only 4 years since 2009, Scion dental has grown to service 5.3 million members nationwide.

Other key members of our implementation project team include, but are not limited to:

- Senior Vice President, Business Development, Brent Layton
- President, Scion Dental, Greg Borca
- Vice President, Scion Dental, Mark Borca
- Scion Dental Director, Fred Tye, DDS
- Centene's Vice President, Human Resources, Mary Katherine Kutac
- Senior Director, Compliance, Robert Nolan

DHWL is in the process of recruiting Key Personnel for the following functional areas/positions located in Louisiana:

- Member Services and Member Connections
- Provider Services
- Management Information Systems
- Claims Processing
- Provider Network Development and Management
- Benefit Administration and Utilization and Care Management
- Quality Assurance and Improvement
- Finance and Reporting
- Compliance and Fraud, Waste and Abuse Prevention/Detection
- Human Resources

The organizational chart showing the Louisiana organizational structure including staffing and functions performed at the local level is included below in ***Chart B.9 Louisiana Organizational Structure***.

Expanding on our parent company's existing footprint in Louisiana, we are estimating approximately 125 new jobs in Louisiana to support all of Centene's dental operations with approximately 50 employees dedicated to the DHWL contract.

B.9 Organizational Chart

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Dental Health & Wellness of Louisiana's senior leadership team will be Louisiana-based and will report directly to the ***Chief Executive Officer***, Mr. Laihinen. As the CEO, Mr. Laihinen has authority over all of DHWL operations for the Dental Benefit Management program and reports up through the Dental Health & Wellness Board of Directors and Centene's Executive Vice President of Specialty Companies, Mr. Jason Harrold. The CEO ensures that the company functions at the highest level of efficiency and effectiveness and fulfills all contract and financial responsibilities.

The DHWL ***Executive Director*** will be located in Louisiana and empowered to represent DHWL regarding all matters pertaining to the Contract and will act as a liaison between DHWL and DHH. Responsibilities include but are not limited to: Ensuring contract compliance in all aspects, responding to all inquiries made by DHH in the time and format requested, attend meetings as requested by DHH, and provide a prompt response to resolve issues pertaining to the contract. Additionally, DHWL's ***Compliance Officer*** will oversee the compliance department and perform functions that include but are not limited to: conducting compliance audits, writing corrective action plans and working with contract and department managers to ensure timely completion and compliance with local, state and regulatory requirements. The Compliance Officer will investigate instances of suspected fraud within the health plan and report to appropriate management and regulatory entities and assist management with enforcement and discipline in appropriate instances of non-compliance.

The DHWL ***Dental Director*** will be 100% dedicated to the Contract and licensed in the state of Louisiana as a Doctor of Dentistry with no restrictions or license limitations. Responsibilities for the Dental Director include, but not limited to, providing Utilization Review decisions during normal business hours and represent DHWL regarding clinical issues, Utilization Review and quality of care issues.

Our ***Chief Dental Officer*** will act as a resource for all clinical interpretation and analysis, and oversee all aspects of the dental company's utilization review and management activities. Position responsibilities include but are not limited to: design, develop and implement clinical utilization processes, clinical algorithms, and statistical methodology for utilization review in the authorization process. The Chief Dental Officer will secure dental consultants and act as the DHWL liaison to professional dental organizations and individual dentists. ***Dental Consultants*** will be responsible for timely and accurate review and authorization of various dental services using eligibility and contract requirements.

The ***Manager of Quality Improvement/Quality Assurance (QI/QA)*** will lead and direct quality process improvement activities that provide more efficient and streamlined workflow. Responsibilities include but are not limited to: Research and incorporate best practices into operations; organize and control activities, methods, and procedures to achieve business objectives; formulate and establish policies, operating procedures, and goals in compliance with internal and external guidelines; review and implement new technological tools and processes and fosters team concept with internal and external constituencies; and quality score performance.

DHWL's ***Director of Finance*** will direct, negotiate and handle all finance activities and aid in formulating and administering financial policies and procedures. Additional responsibilities include, but are not limited to, monitoring business processes and systems to assure integrity and overseeing the preparation of accurate and timely financial reports. The Director of Finance will review, communicate, and present strategic plans, operating budgets and forecasts, establish targets and measures that are appropriate for DHWL and corporate objectives, and evaluate program effectiveness and ensure reporting accuracy. The Director of Finance will provide a financial plan for performance variances, operating alternatives, program and investment initiatives.

Rob Davis, ***Vice President of Operations*** will develop and implement the business processes required to deliver high-quality service, drive results to support the vision and initiatives, and be responsible for achievement and maintenance of all processing and expense standards relating to business operations. The VP, Operations will take business action based on impact and respond to customer service issues that require management intervention ensuring expectations are met or exceeded. Direct reports include the ***Director of Member/Provider Services*** that direct the activities of the Member and Provider Services department and administer organizational policies and procedures, the ***Manager of Claims*** that will manage the day-to-day operations of the Claims function to accurately and timely process dental claims, and the ***Manager of IT*** that will plan, manage, and coordinate the development and operation of information systems or technology solutions to meet business needs.

Nancy Davis, ***Vice President, Network Development*** will direct the provider network and contracting activities and lead all aspects of provider network strategy including, access analysis, network operations and support decision makers with analysis related to reimbursement and unit cost management. Additionally, the Louisiana-based VP of Network Development will oversee the coordination and negotiation for the contracting department.

Dental Health & Wellness of Louisiana will hire a ***Director of Human Resources*** to drive an effective people strategy and foster a culture where employees feel valued and respected. The Director of HR will work closely with management on activities related to talent acquisition, performance management and improvement, policy development and implementation, compensation administration, workforce planning and employee relations

MemberConnections®. Unique to DHWL, we will implement Centene's best practice MemberConnections Program that will allow us to provide a level of in-person, "**boots on the ground**" interaction with our members that other dental benefit plans cannot. Our MemberConnections Representatives (MCRs) are health outreach workers hired from within the communities we serve to ensure that our outreach is culturally competent and conducted by people who know the unique characteristics and needs of the local area. They will assist with member outreach, coordinate with social services, and attend community functions to provide dental health education and outreach. MCRs will work with providers to organize Dental Days and work with other local organizations to facilitate and participate in health fairs and other health events. For example, Louisiana Healthcare Connections, our Louisiana based affiliate, conducted 1,484 outreach events and 4,245 community events over the past two years which included 24 dental events with engagement of 432 patients in 2013. As approved by DHH, MCRs will offer members free toothbrushes, toothpaste, and dental floss during these dental events. MCRs will assist members in making dental appointments and stress the importance of *keeping* the appointments.

Subcommittees and Advisory Committees

A core component of DHWL's QI Program is engaging our provider network and community representatives into development and implementation of the program. To this end, in addition to network provider participation on our QI Committee, DHWL will include representation from our network dental providers and key community representatives on our QI subcommittees and advisory committees. DHWL will also participate on coalitions and workgroups to further support efforts to improve oral health in Louisiana. Additionally, DHWL proposes to implement, in partnership with DHH, and Bayou Health health plans, a Bayou Health Joint Operating Committee to review quality metrics and activity reports and partner together on opportunities to improve dental health care in Louisianans.

100% Local in Louisiana

Our core philosophy is that quality healthcare is best delivered locally. Our local approach enables us to provide accessible, high quality and culturally sensitive healthcare services to our members. This approach results in meaningful job creation within the communities we serve. Continuing on Centene's local presence in Louisiana, Dental Health & Wellness of Louisiana (DHWL) will be located in the **North Shore** area of Louisiana to provide close relations with DHH and a local presence to Providers and members. DHWL will hire local employees for nearly all functions of dental benefit management resulting in more local jobs and going well beyond the RFP requirements for in-state positions.

Locally Driven Decision Making with Central Support. Our parent company, Centene, will provide corporate support and resources for Human Resources, Information Technology, Compliance, Finance, and Fraud, Waste and Abuse functions that support local control while maximizing efficiencies. During the initial implementation phases for DHWL, this corporate support will be intensive and will involve substantial time spent onsite at the dental headquarters. As the local DHWL team becomes acclimated to their roles, the intensity of the corporate support will decrease; however, at all times, these corporate experts continue to be available to the local management team.

Over the past nearly 30 years, Centene has successfully sought and hired industry leaders in our corporate office, 18 health plans, and 12 specialty companies. Building on Centene and Scion's best practices, DHWL has assembled a strong project team of leaders that will execute a timely, comprehensive and effective transition of eligible members statewide. Our veteran managed care leaders are actively leading the search for full-time, **local Louisiana-based staff**.

B.10 ROSTER AND RESUMES OF KEY PERSONNEL

Attach a personnel roster and resumes of key people who shall be assigned to perform duties or services under the Contract, highlighting the key people who shall be assigned to accomplish the work required by this RFP and illustrate the lines of authority. Submit current resumes of key personnel documenting their educational and career history up to the current time. Include information on how long the personnel have been in these positions and whether the position included Medicaid managed care experience.

If any of your personnel named is a current or former Louisiana state employee, indicate the Agency where employed, position, title, termination date, and last four digits of the Social Security Number.

If personnel are not in place, submit job descriptions outlining the minimum qualifications of the position(s). Each resume or job description should be limited to 2 pages.

For key positions/employees which are not full time provide justification as to why the position is not full time. Include a description of their other duties and the amount of time allocated to each.

The Dental Health & Wellness of Louisiana (DHWL) staffing plan and organizational structure have been established based on the best practices of our Parent company, Centene, with their experience of providing staffing form Medicaid plans for more than 2.7 million members across 18 states. We will also draw upon the dental expertise of our partner, Scion Dental; whose core competency is Medicaid dental programs and is managing dental services for 5.5 million Medicaid lives in over 19 states.

Recruiting and Sourcing Efforts

An experienced Human Resources Manager, Mary Katherine Kutac, who is familiar with the Louisiana market has been dedicated to DHWL to ensure that we fulfill all staffing requirements and commitments prior to the contract's operational start date. To this end, DHWL has begun targeting talented and experienced individuals in Louisiana and building a "pipeline" of candidates to ensure readiness. DHWL has hired Scott Laihinen as Chief Executive Officer. Mr. Laihinen is highly respected and has operations experience directing UnitedHealthcare's Medicaid and Medicare Dental Business. With over 25 years of experience in Medicaid, Medicare, Commercial and dental care, Mr. Laihinen will lead our dental corporation located within the state of Louisiana and will be play an integral role in the staffing DHWL. Mr. Robert Davis, Vice President of Operations, is in place to lead the implementation efforts for DHWL. Mr. Davis is an experienced health care leader whose extensive background includes overseeing pharmacy and vision company implementations in 6 markets, including Bayou Health, for our parent organization.

Immediately following contract award, DHWL will embark on employment ad placement, job fairs and recruiting events, with key individuals and desired audiences specifically targeted to achieve a highly qualified, experienced and culturally competent staff.

Key Personnel

The organizational chart located in this section highlights all positions required by the RFP and depicts direct and indirect reporting responsibilities. The table below indicates the personnel roster for the key staff positions identified in Section 4.E.7 Key Personnel Positions of the Dental Benefit Management Program Contract, along with the additional DHWL functional job titles and individual staff names if applicable. As required, resumes and/or job descriptions and qualifications are provided in this section. None of the DHWL key personnel in the personnel roster have ever been employed by the State of Louisiana.

Table B.10-A Key Personnel Roster

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B.9 Louisiana Organizational Structure

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Resumes

REDACTED

Dental HEALTH & WELLNESS OF LOUISIANA

Dental HEALTH & WELLNESS OF LOUISIANA

JOB DESCRIPTION

Position Title: **Chief Executive Officer**

Reporting Relationship: **Executive Vice President**

FLSA Status: **Exempt**

Position Purpose:

Plans and directs all aspects of the Business Unit's operations. Responsible for the short and long-term profitability and growth of the Dental Business Unit.

Knowledge/Experience:

Bachelor's degree in business, health care administration, public administration or related field. Master's degree preferred. Extensive experience in contracting and strategic planning and development. At least 5-8 years of experience in a top management position in the government, dental or healthcare industry working on contract acquisition and operations management.

Competencies:

Executive: Critical Thinking/Execution, Adaptability/Flexibility, Communication/Relationship Development, Technical and Professional Knowledge

Position Responsibilities:

- Plans and directs all aspects of the company's operational policies, objectives, and initiatives
- Develops polices and procedures for operational processes in order to ensure optimization and compliance with established standards and regulations
- Represents the organization in its relationships with major customers, suppliers, competitors, commercial and investment bankers, government agencies, professional societies, and similar groups
- Develops a sound short- and long-range plan for the organization
- Ensures the adequacy and soundness of the organization's financial structure and reviews projections of working capital requirements
- Negotiates and otherwise arranges for any outside financing that may be indicated.

Licenses/Certifications: Current state driver's license

Dental HEALTH & WELLNESS OF LOUISIANA

Dental HEALTH & WELLNESS OF LOUISIANA
JOB DESCRIPTION

Position Title: **Executive Director**

Reporting Relationship: **Chief Executive Officer**

FLSA Status: **Exempt**

Position Purpose:

Ensure regulatory compliance with state and other government agencies related to the dental health insurance industry, Centene Corporation, and its business subsidiaries

Knowledge/Experience:

Bachelor's degree in Public Policy, Government Affairs, Business Administration or related field. 8+ years of compliance program management and contract experience. Extensive knowledge of state administrative code and regulations, state insurance laws and regulations including managed care and Medicaid regulations. Experience with state and federal government agencies, accreditation bodies, participating provider agreements, HIPAA and Third Party Administration (TPA) laws, credentialing regulations and prompt pay laws. Master's or Law degree preferred.

Competencies:

Executive: Critical Thinking/Execution, Adaptability/Flexibility, Communication/Relationship Development, Technical and Professional Knowledge

Position Responsibilities:

- Act as Liaison between Dental Health & Wellness of Louisiana & DHH
- Reside within the state of Louisiana
- Ensure DHWL and Centene Corporate are in compliance with state and federal program regulations, insurance regulations, regulatory requirements for business entities and state contract requirements
- Maintain and track laws and regulations, contract documentations, amendments, and various compliance measures. Develop policies, procedures, and processes to comply with state law, federal law, contract requirements, and various standards
- Oversee, administer, and implement various compliance programs, including fraud and abuse and HIPAA
- Provide guidance to various departments regarding compliance issues and implementation of new compliance requirements with respect to regulatory and contract language

- Conduct compliance audits, develop and implement corrective action plans, and report on achievement of action plans to senior management
- Develop strategic relationships with state legislative policymakers and assist with the development of state legislative public policy concerning state insurance, Managed Care Organization, Medicare and Medicaid regulations and initiatives
- Identify, evaluate and analyze the impact of state legislative and regulatory issues and advise management concerning impact
- Represent senior management at various committees, meetings, and seminars
- Attend and participate in regular meetings and/or conference calls with DHH
- Promptly resolve any issues identified either by DHWL or DHH that arise and are related to the contract
- Periodically meet with DHH representatives or as needed to review performance and resolve issues

Dental HEALTH & WELLNESS OF LOUISIANA

Dental HEALTH & WELLNESS OF LOUISIANA

JOB DESCRIPTION

Position Title: **Dental Director**

Reporting Relationship: **Chief Dental Officer**

FLSA Status: **Exempt**

Job Summary: Oversee product specific support in the areas of utilization management and claims adjudication. Ensure services provided are medically necessary, within contract and legal guidelines, and paid appropriately according to contract and benefit limitations.

Essential Job Responsibilities:

- Reside within the state of Louisiana
- Oversee Utilization Management, Reimbursement, and Appeals departments within the organization. Specifically focus on ensuring the company is utilizing appropriate clinical knowledge in authorization decisions and adhering to regulatory and client requirements as it pertains to benefit payments
- Collaborate with Chief Executive Officer on different strategic initiatives to better align the departments for meeting organizational goals and objectives
- Utilize statistical techniques to analyze various sources of data to develop and maintain key performance metrics, evaluate trends and patterns across markets, networks and products while also aiding the organization in locating outliers, and potential fraud and abuse cases
- Effectively utilize statistical data and other relevant information to drive and manage management performance and actions
- Apply concepts and tools of the dental industry to fully understand and manage utilization and benefit cost structure across client markets
- Identify, develop and implement best practices to ensure improved efficiency, cost effectiveness, and contractual requirements are met and/or exceeded
- Work in conjunction with Human Resources to evaluate viable candidates under consideration for hire by identifying necessary skills and core competencies for various roles, developing relevant interview questions to assess candidate knowledge, skill, and position fit with future growth and business objectives, and utilizing appropriate selection techniques
- Develop, and motivate staff; Initiate and communicate a variety of personnel actions including employment, termination, performance reviews, salary reviews, disciplinary actions, and development plans; Provide regular and behaviorally specific feedback to increase performance levels
- Act as primary contact for Reimbursement, Utilization Management and Appeals during new customer on-boarding and provide direction to staff to ensure understanding and ability to service new clients accurately
- Ensure departments are meeting appropriate quality standards through audits, appropriate controls, and review of practices and outcomes

- Work closely with management team to develop and implement appropriate training methods to ensure staff is provided with the appropriate tools to meet client requirements and objectives
- Work effectively and collaboratively with peers and other internal resources in diagnosing and resolving issues
- Regularly work with management staff to evaluate policies and procedures and facilitate the development and implementation of new efficiencies based on assessments
- Update Chief Dental Officer on any significant issues in relation to clients and providers.
- Acts as expert in the areas of Utilization Management and Reimbursement and aid in answering Request for Proposal questions regarding any of these areas

Minimum Qualifications:
Bachelor's degree in Business, Health Care, dental or other related field is required, 5 - 7 years of experience in a managed care environment, 5 - 7 years of management experience. Knowledge of dental procedures, terminology, and coding. Excellent oral and written communication skills. Ability to manage multiple priorities and remain organized with multiple interruptions. Demonstrated ability to improve processes by creating efficiencies and/or saving money. Ability to successfully lead teams. Demonstrated skill in utilizing data to drive decisions and behaviors. Demonstrated use of Microsoft Office products (Word, Excel, PowerPoint).

Preferred Qualifications: *Master's degree in Healthcare Administration or MBA, Coursework and/or degree in dental hygiene, Previous experience managing multiple departments, Previous experience in a clinical environment, Claims payment experience, Knowledge of common risk management practices associated with waste and abuse, Knowledge of Enterprise System*
Equipment Used: PC/Keyboard, Fax, Copier/Scanner, Telephone

Physical Demands and Work Conditions: Use a PC, computer and/or telephone over five hours a day, Ability to communicate in an active office environment, Ability to operate all required job related equipment, Ability to sit for 75% or more during an 8 hour workday, Ability to travel up to 25% of time. This position is located in a wheelchair accessible building. The office environment is active with high voice levels, frequent interruptions, which may challenge hearing and concentration. The statements in the above sections of this description are not all inclusive and job duties and responsibilities may change due to business necessity.

Dental HEALTH & WELLNESS OF LOUISIANA

Dental HEALTH & WELLNESS OF LOUISIANA
JOB DESCRIPTION

Position Title: **Director, Finance**

Reporting Relationship: **Chief Executive Officer**

FLSA Status: **Exempt**

Position Purpose:

Direct, negotiate and handle activities of the dental business unit's finance department and aid in formulating and administering organization financial policies and procedures.

Knowledge/Experience:

Bachelor's degree in Accounting, Finance, or equivalent experience. 5+ years of accounting, financial analysis or finance related experience. Experience in public accounting, operations, financial analysis, information systems and health care or insurance desirable.

Competencies:

Manager: Critical Thinking/Execution, Adaptability/Flexibility, Communication/Relationship Development, Technical and Professional Knowledge

Position Responsibilities:

- Monitor business processes and systems to assure integrity in information and systems
- Oversee preparation of accurate and timely financial reports
- Review, communicate, and present strategic plans, operating budgets and forecasts
- Establish targets and measures that are appropriate for the site and are directly linked to business unit and corporate objectives; Evaluate program effectiveness and ensure reporting accuracy
- Provide financial plan for performance variances, operating alternatives, program and investment initiatives, etc
- Interpret financial reports for management team
- Serve as contact for the State, corporate and business unit functions regarding financial matters
- Monitor legislative and political developments affecting the business unit from a financial perspective

Dental HEALTH & WELLNESS OF LOUISIANA

Dental HEALTH & WELLNESS OF LOUISIANA
JOB DESCRIPTION

Position Title: **Compliance Officer**

Reporting Relationship: **Chief Executive Officer**

FLSA Status: **Exempt**

Position Purpose:

Oversee the Compliance department.

Knowledge/Experience:

Bachelor's degree in related field. 5-7 years of compliance program management and contract experience with State Medicaid programs including internal and State audits; 2-3 years of experience with health care regulatory agencies in development of compliance and fraud programs; 2 years' experience with overseeing implementation of contract requirements.

Competencies:

Manager: Critical Thinking/Execution, Adaptability/Flexibility, Communication/Relationship Development, Technical and Professional Knowledge

Position Responsibilities:

- Conduct compliance audits, write corrective action plans and work with contract and department managers to ensure timely completion and compliance with local, state and regulatory requirements.
- Represent the key leadership position for compliance for Dental Health & Wellness, oversee communication, coordinate of policy development and ensure accurate and timely communication to all departments
- Investigate instances of suspected fraud within Dental Health & Wellness and report to appropriate management and regulatory entities
- Assist management with enforcement and discipline in appropriate instances of non-compliance
- Regularly inform the Chief Executive Officer of the status of and activities pertaining to compliance

Licenses/Certifications: N/A

Dental HEALTH & WELLNESS OF LOUISIANA

Dental HEALTH & WELLNESS OF LOUISIANA
JOB DESCRIPTION

Position Title: **Manager, Quality Improvement/Quality Assurance**

Reporting Relationship: **Chief Dental Officer**

FLSA Status: **Exempt**

Position Purpose:

Lead and direct process improvement activities that provide more efficient and streamlined workflow.

Knowledge/Experience:

Requires a Bachelor's Degree in Nursing or other clinical degree. 5+ years of experience in healthcare and/or dental operations. Masters' Degree preferred.

License/Certificates: Current state's Registered Nursing License. Certain states may require a formal certification in quality improvement, risk management, or another parallel field. Certified Professional in Health Care Quality preferred.

Competencies:

Manager: Critical Thinking/Execution, Adaptability/Flexibility, Communication/Relationship Development, Technical and Professional Knowledge

Position Responsibilities:

- Research and incorporate best practices into operations
- Organize and control activities, methods, and procedures to achieve business objectives.
- Formulate and establish policies, operating procedures, and goals in compliance with internal and external guidelines
- Review and implement new technological tools and processes and fosters team concept with internal and external constituencies
- Present results of improvement efforts and ongoing performance measures to senior management
- May be responsible for *URAC and/or Healthcare Effectiveness Data and Information Set* (*HEDIS*) performance

Dental HEALTH & WELLNESS OF LOUISIANA

Dental HEALTH & WELLNESS OF LOUISIANA
JOB DESCRIPTION

Position Title: **Vice President of Network Development**

Reporting Relationship: **Chief Executive Officer**

FLSA Status: **Exempt**

Position Purpose:

Direct the provider network and contracting activities. Lead all aspects of provider network strategy including, access analysis, network operations and support decision makers with analysis related to reimbursement and unit cost management. Oversee the coordination and negotiation for the contracting department.

Knowledge/Experience:

Bachelor's degree or equivalent experience in Business Administration, Healthcare Administration, Dental Care or related field. At least 10 years of experience in managed care network development and provider relations/contracting management in a Dental care and/or managed care environment. Current or recent experience managing and developing staff and/or teams. MBA or MHA degree preferred.

License/Certificates: Current state driver's license.

Competencies:

Executive: Critical Thinking/Execution, Adaptability/Flexibility, Communication/Relationship Development, Technical and Professional Knowledge

Position Responsibilities:

- Reside within the state of Louisiana
- Establish the department's strategic vision, objectives, and policies and procedures
- Develop, implement and maintain production and quality standards for the Contracting department
- Oversee network development staff and external consultants in the development of provider networks across expansion markets
- Perform periodic analyses of the provider network from a cost, coverage, and growth perspective; Provide leadership in evaluating opportunities to expand or change the network to meet Company goals
- Manage budgeting and forecasting initiatives for networks costs and provider contracts

- Oversee analysis of claim trend data and/or market information to derive conclusions to support contract negotiations
- Support market expansion and M&A activities by leading provider contract analysis related to due diligence
- Assist Chief Executive Officer and Executive Director in key provider relations and strategy.
- Ability to travel

Dental HEALTH & WELLNESS OF LOUISIANA

Dental HEALTH & WELLNESS OF LOUISIANA
JOB DESCRIPTION

Position Title: **Director, Member and Provider Services**

Reporting Relationship: **Vice President of Operations**

FLSA Status: **Exempt**

Position Purpose:

Direct the activities of the Member and Provider Services department and administer organizational policies and procedures.

Knowledge/Experience:

Bachelors' degree in related field or equivalent experience. 7+ years of member or provider services experience in a Medicare, Medicaid managed care, Dental Care or insurance environment. Management experience required.

Competencies:

Manager: Critical Thinking/Execution, Adaptability/Flexibility, Communication/Relationship Development, Technical and Professional Knowledge

Position Responsibilities:

- Direct the day-to-day activities of the Member & Provider Services department and ensure compliance with policies and procedures and government regulations
- Assist in the formulation and development of strategies and oversee the implementation of all major operational projects
- Establish the strategic Member and Provider vision and objectives
- Develop and implement performance standards for Member and Provider Services, and audit outcomes
- Develop departmental annual budgets and operate departments within the approved budget
- Work with key stakeholders develop and implement training and training materials
- Maintain compliance with HIPAA guidelines

Licenses/Certifications: N/A

Dental HEALTH & WELLNESS OF LOUISIANA

Dental HEALTH & WELLNESS OF LOUISIANA
JOB DESCRIPTION

Position Title: **Manager, Claims**

Reporting Relationship: **Vice President, Operations**

FLSA Status: **Exempt**

Position Purpose:

Manage the day-to-day operations of the assigned Claims Department to accurately and timely process members' dental claims.

Knowledge/Experience:

Bachelor's degree or equivalent experience. Minimum of two years' experience in a supervisory or lead role preferred. Minimum of three years' experience in a claims processing role, preferably in a Dental Care or managed care environment.

Competencies:

Manager: Critical Thinking/Execution, Adaptability/Flexibility, Communication/Relationship Development, Technical and Professional Knowledge

Position Responsibilities:

- Resolve processing/system issues within assigned department
- Prioritize work volumes on a daily basis
- Oversee status of production in assigned department to ensure goals are being met
- Analyze impact of new implementations on assigned department and reallocate staff duties as necessary
- Assist in development of annual budget for Claims Department
- Drives change initiatives to address future-oriented business needs
- Identifies process and infrastructures needed to support change and considers broad range of internal/external factors when making decisions

Dental HEALTH & WELLNESS OF LOUISIANA

Dental HEALTH & WELLNESS OF LOUISIANA

JOB DESCRIPTION

Position Title: **Chief Dental Officer**

Reporting Relationship: **Chief Executive Officer**

FLSA Status: **Exempt**

Job Summary: Act as a resource for all clinical interpretation and analysis, and oversees all aspects of the dental company's utilization review and management activities.

Essential Job Responsibilities:

- Design, develop and implement clinical utilization processes for use by utilization review personnel
- Design, develop and incorporate clinical algorithms utilized in the authorization process
- Design, develop and implement statistical methodology for use in utilization management and provider profiling analytics
- Secure and maintain network of dental consultants
- Act as company's internal clinical consultant regarding interpretation and action around utilization data
- Provide analytics and interpretation of benefit plan structures
- Provide professional clinical representation for company presentations and client relations
- Act as company liaison to professional dental organizations and individual dentists
- Maintain accountability for consumer/member related decisions for self and network of dental consultants

Minimum Qualifications:

- DDS or DMD Degree, Current active unrestricted dental license with the authority to complete job responsibilities in applicable locations to meet scope of work
- 10 years or more in clinical practice, 5 years or more in corporate insurance or benefits administration setting
- Knowledgeable with dental procedures, terminology, and codes
- Prior experience in strategic planning initiatives,
- Record of cost effective management and proven results with improving the bottom line,
- Ability to build and maintain collaborative working relationships with diverse individuals, Excellent oral and written, communication skills
- Ability to manage multiple priorities and remain organized with multiple interruptions, Demonstrated ability to improve processes by creating efficiencies and/or lowering costs
- Demonstrated skill in utilizing data to drive decisions and behaviors

- Proven ability to successfully lead and manage large, complex projects with multiple deadlines and competing priorities
- Proven ability in successful project management, Strong analytical and decision making abilities

Equipment Used: Phone, PC/Keyboard, Fax, Copier/Scanner

Physical Demands: Use a PC, computer and/or telephone over five hours a day, Ability to communicate in an active office environment, Ability to operate all required job related equipment, Ability to sit for 75% or more during an 8 hour workday, Occasional long, irregular hours.

Work Conditions
This position is located in a wheelchair accessible building. The office environment is active with high voice levels, frequent interruptions, which may challenge hearing and concentration. The statements in the above sections of this description are not all inclusive and job duties and responsibilities may change due to business necessity.

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Dental HEALTH & WELLNESS OF LOUISIANA

Dental HEALTH & WELLNESS OF LOUISIANA
JOB DESCRIPTION

Position Title: **Manager of Information Technology**

Reporting Relationship: **Vice President of Operations**

FLSA Status: **Exempt**

Position Purpose:

Plan, manage, and coordinate the development and operation of information systems or technology solutions to meet business needs.

Knowledge/Experience:

Bachelor's degree in Computer Science, MIS, related field or equivalent experience.

5+ years of related IT experience.

Competencies:

Manager: Critical Thinking/Execution, Adaptability/Flexibility, communication/Relationship Development, Technical and Professional Knowledge

Position Responsibilities

- Manage department staff including hiring, performance management and career development to ensure alignment with defined goals
- Plan and direct the daily activities of a team focused on a particular system or technology
- Liaison with managers in IT and other functions, applying standard solutions and processes
- Apply specific technical expertise in depth to address technical and business issues

Dental HEALTH & WELLNESS OF LOUISIANA

Dental HEALTH & WELLNESS OF LOUISIANA

JOB DESCRIPTION

Position Title: **Vice President of Operations**

Reporting Relationship: **Chief Executive Officer**

FLSA Status: **Exempt**

Position Purpose:

Develop and implement the business processes required to deliver high-quality service to various State organizations. Plan and direct all aspects of the Dental Health & Wellness business units.

Knowledge/Experience:

Bachelor's degree in related field. 10+ years of experience in overseeing and developing claims operations, preferably in a managed care and/or Medicaid setting; At least 5-8 years of experience in a top management position in the government, health care or dental care industry; Extensive experience in contracting and strategic planning and development.

Competencies:

Executive: Critical Thinking/Execution, Adaptability/Flexibility, Communication/Relationship Development, Technical and Professional Knowledge

Position Responsibilities:

- Develop the strategic vision claims operations and configuration ensuring compliance with federal, state and Dental Health & Wellness guidelines
- Drive results to support the vision and initiatives
- Responsible for achievement and maintenance of all processing and expense standards relating to dental business operations
- Take business action based on impact and respond to customer service issues that require management intervention ensuring expectations are met or exceeded

Licenses/Certifications: N/A

Dental HEALTH & WELLNESS OF LOUISIANA

Dental HEALTH & WELLNESS OF LOUISIANA

JOB DESCRIPTION

Position Title: **Director, Human Resources**

Reporting Relationship: **Chief Executive Officer**

FLSA Status: **Exempt**

Position Purpose:

Direct the Human Resources function for the Dental Health & Wellness business areas driving an effective people strategy and fostering a culture where employees feel valued and respected. Work closely with management on activities related to talent acquisition, performance management and improvement, policy development and implementation, compensation administration, workforce planning, and employee relations

Knowledge/Experience:

Bachelor's degree in Business, Human Resources or related field. Master's degree preferred. 7+ years of human resources experience, preferably in the Human Resources Generalist area. Previous talent acquisition experience a plus. Solid understanding of employment laws and regulations required. Previous management experience, including responsibilities for hiring, training, assigning work and managing performance of staff, or experience leading large, complex projects and cross functional teams.

License/Certificates: SPHR certification preferred.

Competencies:

Manager: Critical Thinking/Execution, Adaptability/Flexibility, Communication/Relationship Development, Technical and Professional Knowledge

Position Responsibilities:

- Promote and foster a positive work environment through employee engagement and recognition programs
- Represent and effectively communicate messages, expectations and direction to employees across all levels of the company
- Assist with goal setting and professional development plans
- Advise management on performance improvement and promotions opportunities, including termination procedures

- Identify and implement best practices for full lifecycle of employee development including recruitment, orientation, training and development, performance management, retention and succession planning
- Partner with management to evaluate staffing needs, develop the appropriate organizational structure, define roles, and create communication plans regarding organizational change
- Communicate and provide guidance to ensure compliance with the company's policies and procedures as well as local, state and Federal employment regulations to reduce risk and achieve satisfactory outcomes

Dental HEALTH & WELLNESS OF LOUISIANA

Dental HEALTH & WELLNESS OF LOUISIANA

JOB DESCRIPTION

Position Title: **Dental Consultant**

Reporting Relationship: **Dental Director**

FLSA Status: **Exempt**

Job Summary: Responsible for timely and accurate review and authorization of various dental services using eligibility and contract requirements. All Dental Consultants are independent contractors and are not Dental Health & Wellness of Louisiana (DHWL) employees.

Essential Job Responsibilities:

- Review x-rays, patient charts, and other patient records to ensure the dental coverage services requiring authorization through Consultant review fall within the plan guidelines (clinical criteria) and that the service was appropriate for the condition
- Participate in Peer to Peer communication when requested by DHWL UM staff and provide follow-up notes as appropriate to DHWL UM staff
- Participate in Appeal process when requested by DHWL Appeals staff and provide follow-up notes as appropriate to DHWL Appeals staff
- Utilize resources available from DHWL UM staff to maintain current knowledge and understanding of dental coverage services requiring potential Consultant review

Additional Responsibilities:

- Identify aberrant conditions / trends related to review of provider authorization of dental services and refer on to DHWL UM staff for appropriate research and resolution

Minimum Qualifications:

Current unencumbered Dentist License issued by any State within the United States. 5 years of experience in a clinical dental role or other similar related experience. Knowledge of dental procedures, terminology and codes; Ability to complete work within required deadlines in an unsupervised environment. Basic computer skills

- Competencies
  - Critical Thinking - The ability to analyze/evaluate information as presented, utilize provided clinical criteria to make decisions that are logical and reasonable and demonstrate sound judgment
  - Diagnostic Information Gathering - The ability to identify the information needed to clarify a situation, seek that information from appropriate sources, and use skillful questioning to draw out the information, when others are reluctant to disclose it

Preferred Qualifications:

Preferred Knowledge, Skills, and Abilities, Excellent verbal and written skills, Knowledge of Enterprise system modules necessary to complete responsibilities

Equipment Used: PC/Keyboard, Telephone

Physical Demands:

Use a PC, computer, and/or telephone over five hours a day, Occasional reaching, bending, stooping, kneeling, or crouching, Ability to communicate in a virtual office environment, Ability to operate all required job related equipment

Work Conditions

This position is in a home or private office or other remote location chosen by the Dental Consultant. The location must be within a State or territory of the United States of America. The statements in the above sections of this description are not all inclusive and job duties and responsibilities may change due to business necessity.

B.11 USE OF SUBCONTRACTORS

Provide a statement of whether you intend to use major subcontractors (as defined in the RFP Glossary), and if so, the names and mailing addresses of the subcontractors and a description of the scope and portions of the work for each subcontractor with more than $100,000 annually. Describe how you intend to monitor and evaluate subcontractor performance. Also specify whether the subcontractor is currently providing services for you in other states and where the subcontractor is located.

In addition, as part of the response to this item, for each major subcontractor that is not your organization's parent organization, affiliate, or subsidiary, restate and respond to items B.1 through B.7, B10 and, B.15 through B.23

If the major subcontractor is your organization's parent organization, affiliate, or subsidiary, respond to items B.1, B.8 and B.9. You do not need to respond to the other items as part of the response to B11; note, however, responses to various other items in Section B must include information on your organization's parent organization, affiliates, and subsidiaries, which would include any major subcontractors that are your organization's parent organization, affiliate, or subsidiary.

Dental Health & Wellness Louisiana (DHWL) plans to use one subcontractor for the DPBM Program. Immediately below, in table format, we provide the following information for the subcontractor: name, mailing address, scope of services and portion of work to be performed, and whether the subcontractor is currently providing services in other states and where the subcontractor is located.

Table B.11 Subcontractor information

Dental Health & Wellness Louisiana Subcontractor
Scion Dental
Mailing address: N92 W14612 Anthony Avenue Menomonee Falls, WI 53051-3140
Description of Scope and Portions of Work: Scion Dental will provide IT Systems, training and support for Dental Health & Wellness.
Providing Services for Respondent Parent Org and Affiliates in Other States and Where Located: N/A

Monitoring and Evaluating Subcontractor Performance

Dental Health & Wellness of Louisiana (DHWL) will build on the successful practices of other Centene health plans to implement a stringent subcontractor oversight program that ensures compliance with external accrediting bodies and all State, federal, and contractual requirements. DHWL will subcontract certain functions as listed above and will be ultimately accountable for contract performance, whether or not subcontractors are used. No subcontract will operate to terminate DHWL's legal responsibility to assure that all subcontractor activities conform to the DHH contract requirements. The list below provides a sample of subcontractor agreement elements. Subcontractor agreements will:

- Be in writing and specify the activities and reporting responsibilities of the subcontractor, including regular reporting and submission of complete and valid data
- Clearly outline all terms and conditions and specify agreement to recognize and abide by all State and federal laws, rules and regulations and guidelines applicable to the provision of DBMP services

- Provide for revoking delegation or imposing other sanctions if the subcontractor's performance falls below DHWL's standards or DHH contractual requirements
- Include termination, hold harmless, and conflict of interest provisions, as well as, requirements to screen employees and subcontractors for debarment, suspension, and exclusion
- Contain written notification requirements related to any litigation, investigation, complaint, claim or transaction that may have a material impact on ability to perform services under the contract
- Be maintained as a fully executed original, accessible to DHH upon request

DHWL will comply with all contractual requirements which include submitting all major subcontracts, for the provision of services under this RFP and the subsequent contract to DHH for prior review and approval. DHWL will also provide DHH any proposed amendment or changes to a subcontract which would materially affect the DHH Contract, per Section 7.6 and 23.1.

DHWL will monitor subcontractor performance using a continuous quality improvement approach to ensure performance in accordance with DHWL and DHH requirements through ongoing oversight activities relevant to each subcontractor and subcontracted function, such as initial and annual delegated audits; analyses of specific reports, such as network management, submitted by subcontractors; approval of credentialing and recredentialing files by the Credentialing Committee; and investigations resulting from member grievances and suspected quality of care issues. Under the direction of DHWL's Director of Quality Improvement (QI), with support from the Vice President of Compliance, most DHWL departments will participate in subcontractor oversight to ensure that subcontractors meet both DHWL and DHH performance standards in each department's respective area. If a deficiency is identified, DHWL will require the subcontractor to implement a corrective action plan (CAP). DHWL's Vice President of Compliance will monitor CAP activities to ensure that all deficiencies are addressed, and that necessary steps are taken to prevent such deficiency from re-occurring. DHWL will immediately report any suspected cases of Medicaid fraud, abuse, waste, or neglect by its subcontractors.

Monitoring Technology. DHWL will use Compliance 360 enterprise-wide software to automate and manage compliance with DHH contractual requirements. This innovative software stores contract requirements, as well as documents, such as the relevant policies and procedures to demonstrate compliance. Any contract compliance issue identified with a subcontractor is tracked by the Compliance Department in Compliance 360 along with progress on completing the corrective action plan. Staff will generate quarterly subcontractor scorecards from Compliance 360 for executive leadership and quarterly review by the Quality Improvement Committee (QIC).

Evaluating (Auditing). DHWL will evaluate prospective subcontractors for their ability to perform delegated activities prior to contracting for services. Before entering into, renewing or amending a delegation agreement, Compliance Department staff, Quality Improvement Department staff, or for credentialing, the Credentialing and Provider Data Management staff, evaluate the subcontractor's current and prospective ability to perform the functions to be delegated. This evaluation is accomplished through both desk and onsite audits using a standardized audit review tool that includes the standards for each delegated function. The audit includes the review of applicable areas such as: organizational structure, policies and procedures, credentialing or case management files, the physical site audit, and staff interviews.

Audit Tool. The core standard audit tool contains review categories such as: quality management, utilization management, credentialing and recredentialing, and member's rights and responsibilities.

DHWL will tailor the core audit tool for the specific type of subcontracted activity. Examples of additional audit tool criteria include staffing thresholds, compliance with specific State and contractual requirements, any required insurance, financial considerations, and accreditation. If a delegated function receives the "not ready" designation the subcontractor is not allowed to implement the contract until such time as DHWL determines readiness. The QIC will review and approve the subcontractor based on this pre-delegation audit.

DHWL also requires an annual audit of subcontractors, for each function that is delegated using a standardized Delegation Review Tool. This audit is similar to the pre-delegation audit and reviews areas such as policies and procedures, member files, reports (such as regarding access, utilization management, and financial accountability), marketing material (if any), clinical guidelines if applicable, and so on.

Monitoring. All delegation agreements include a monitoring plan. The monitoring plan for delegated activities includes the following elements (as applicable and appropriate to the scope of functions delegated to the subcontractor):

- **Overall Compliance –** Review each subcontractor's compliance with the terms of the subcontract as well as with all applicable statutes and rules affecting the delegated functions
- **Reporting to DHWL Staff –** Review of required operational reports from each subcontractor, applicable to the delegated function. For other operational functions, DHWL subcontractors such as, but not limited to, those performing network contracting and management, utilization review functions, will be contractually required to meet or exceed all performance standards established by DHH and DHWL. To ensure performance standards are met, DHWL will require subcontractors to submit monthly, quarterly and annual reports that demonstrate compliance.
- **Key Program Documents –**DHWL will review and approve all key program documents related to the delegated functions including, for example, quality initiatives, utilization management and disease management program descriptions, and marketing plan (if any). The subcontractor will submit those documents based on the required contractual frequency (such as annually) and as programs are revised.
- **Ad Hoc Data Collection –** The above mentioned committees may also collect data on an ad hoc basis to comply with DHWL and DHH requests or audits
- **Documentation and Tracking –** Updated delegation oversight documents are entered into Compliance 360 for tracking purposes and a quarterly subcontractor scorecard is generated

DHWL requires subcontractors to meet all State, federal, and DHH requirements, including those for quality assessment, and improvement and reporting. DHWL will monitor the subcontractor's performance on an ongoing basis and, at least annually, DHWL will perform delegation audits during which data and reports are reviewed and validated.

Throughout the year, DHWL's inter-departmental QIC will review performance data submitted by subcontractors (including all clinical and non-clinical quality indicators, utilization trends, focus studies and outcomes of improvement initiatives) to identify trends related to performance and data submission problems and to ensure data integrity. If performance issues related to contractual data submission requirements are identified, the subcontractor will be required to submit a CAP. Continued non-compliance by a subcontractor may result in monetary penalties and/or contract termination.

To ensure a smooth transition, DHWL may require daily or weekly reporting during DPBM implementation for some reports. DHWL will monitor service performance measures and grievance

trends. To supplement the annual CAHPS survey, we may do targeted surveys of member satisfaction for specific services and will seek input from our Community Advisory Group. DHWL will use subcontractor monitoring to identify opportunities for proactive improvement as well as for compliance purposes.

QI and Compliance staff will communicate any deficiencies identified in a performance review, or findings that subcontractor performance is a source of member dissatisfaction, to the subcontractor and establish a CAP. Compliance, QI and staff in other departments as applicable will monitor established CAPs and related subcontractor performance. DHWL reserves the right to issue monetary penalties or terminate the contract or specific delegated functions if the subcontractor does not meet contract, delegation, or Subcontractor Monitoring Plan requirements. DHWL will retain the ultimate responsibility for any and all functions delegated. If the subcontractor is unable to comply with applicable contract, statutes and rules or monitoring standards, DHWL will terminate delegation of any or all delegated functions and DHWL will perform the delegated activities previously performed by the subcontractor or otherwise arrange for them to be performed. DHWL will comply with all requirements as outlined in Sections 7.12.9-7.12.11 and 14.9.6 regarding termination and notification as pertains to subcontractors with delegated networks.

The following information is provided for Scion Dental (B.1-B.7, B.10, B.15-B.23)	
B.1(a): Indicate your organization's legal name, trade name, dba, acronym, and any other name under which you do business;	**Legal Name:** Scion Dental, Inc. **DBA:** Scion Dental, Inc. Scion Dental of Louisiana, LLC (single member LLC and disregarded entity for tax purposes – 100% owned by Scion Dental, Inc.) N92 W14612 Anthony Avenue Menomonee Falls, WI 53051 262-946-4473 / 877-724-6602
B.1(b): the physical address, mailing address, and telephone number of your headquarters office.	**Scion Dental Physical Address and Phone Number:** N92 W14612 Anthony Avenue Menomonee Falls, WI 53051 262-946-4473 / 877-724-6602 **Scion Dental Mailing Address:** N92 W14612 Anthony Avenue Menomonee Falls, WI 53051
B.1(c): Provide the legal name for your organization's ultimate parent (e.g. publicly traded corporation).	N/A
B.1(d): Describe your organization's form of business (i.e., individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and detail the names, mailing address, and telephone numbers of its officers and directors and any partners (if applicable).	**Form of Business:** Scion Dental, Inc. is an S Corporation Scion Dental of Louisiana LLC is a single member LLC and is treated as a disregarded entity for tax purposes **Member Address and Phone Number:** Craig Kasten, Chairman; 10201 N. Port Washington Road, Mequon, WI 53092;

The following information is provided for Scion Dental (B.1-B.7, B.10, B.15-B.23)	
	262-834-4133 Greg Borca, CEO; 10201 N. Port Washington Road, Mequon, WI 53092; 262-834-4132 Lisa Sweeney, Treasurer, Secretary and CFO; 10201 N. Port Washington Road, Mequon, WI 53092; 262-834-6170 Darrin Haehle, CIO; 10201 N. Port Washington Road, Mequon, WI 53092; 262-834-4122
B.1(e): Provide the name and address of any health professional that has at least a five percent (5%) financial interest in your organization, and the type of financial interest.	No health professional has at least a five percent (5%) financial interest in your organization.
B.1(f): Provide your federal taxpayer identification number and Louisiana taxpayer identification number.	**FEIN:** 26-4595216 **LA FEIN:** 30-0742000
B.1(g): Provide the name of the state in which you are incorporated and the state in which you are commercially domiciled. If out-of-state, provider the name and address of the local representative; if none, so state.	**State of Incorporation:** Incorporated in Delaware **State of Commercial Domicile:** Wisconsin Local representative is RASi Registered Agent Solutions, Inc. 3867 Plaza Tower, 1st Floor Baton Rouge, LA 70816
B.1(h): If you have been engaged by DHH within the past twenty-four (24) months, indicate the contract number and/or any other information available to identify the engagement; if not, so state.	Not applicable
B.2(a): Provide a statement of whether there have been any mergers,	There have been no mergers, acquisitions, or sales of your organization within

The following information is provided for Scion Dental (B.1-B.7, B.10, B.15-B.23)	
acquisitions, or sales of your organization within the last ten years, and if so, an explanation providing relevant details.	the last ten years.
B.2(b): If any change of ownership is anticipated during the 12 months following the Proposal Due Date, describe the circumstances of such change and indicate when the change is likely to occur.	There is no change of ownership anticipated during the 12 months following the Proposal Due Date of March 7, 2014.
B.3: Provide a statement of whether you or any of your employees, agents, independent contractors, or subcontractors have ever been convicted of, pled guilty to, or pled nolo contendere to any felony and/or any Medicaid or health care related offense or have ever been debarred or suspended by any federal or state governmental body. Include an explanation providing relevant details and the corrective action plan implemented to prevent such future offenses.	No Scion Dental employees have ever been convicted of, pled guilty to, or pled nolo contendere to any felony and/or any Medicaid or health care related offense or have ever been debarred or suspended by any federal or state governmental body. Include an explanation providing relevant details and the corrective action plan implemented to prevent such future offenses.
B.4: Provide a statement of whether there is any pending or recent (within the past five years) litigation against your organization. This shall include but not be limited to litigation involving failure to provide timely, adequate or quality physical or behavioral health services. You do not need to report workers' compensation cases. If there is pending or recent litigation against you, describe the damages being sought or awarded and the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include a name and contact number of legal counsel to discuss pending litigation or recent litigation. Also include any SEC filings discussing any pending or recent litigation.	There is no pending or recent (within the past five years) litigation against Scion Dental.
B.5: Provide a statement of whether, in the last ten years, you or a predecessor company has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation providing relevant details including the date in which the Proposer emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of the court-approved reorganization plan.	In the last ten years, neither Scion Dental nor a predecessor company has filed (or had filed against it) any bankruptcy or insolvency proceeding, voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors.
B.6: If your organization is a publicly-traded (stock-exchange-listed) corporation, submit the most recent United States Securities and Exchange Commission (SEC) Form 10K Annual Report, and the most-recent 10-Q Quarterly report.	Scion Dental is not a publically-traded company.

The following information is provided for Scion Dental (B.1-B.7, B.10, B.15-B.23)	
Provide a statement whether there have been any Securities Exchange Commission (SEC) investigations, civil or criminal, involving your organization in the last ten (10) years. If there have been any such investigations, provide an explanation with relevant details and outcome. If the outcome is against the Proposer, provide the corrective action plan implemented to prevent such future offenses. Also provide a statement of whether there are any current or pending Securities Exchange Commission investigations, civil or criminal, involving the Proposer, and, if such investigations are pending or in progress, provide an explanation providing relevant details and provide an opinion of counsel as to whether the pending investigation(s) will impair the Proposer's performance in a contract/Agreement under this RFP.	
B.7: If another corporation or entity either substantially or wholly owns your organization, submit the most recent detailed financial reports for the parent organization. If there are one (1) or more intermediate owners between your organization and the ultimate owner, this additional requirement is applicable only to the ultimate owner. Include a statement signed by the authorized representative of the parent organization that the parent organization will unconditionally guarantee performance by the proposing organization of each and every obligation, warranty, covenant, term and condition of the Contract.	Scion Dental is not owned by any other organization
B.10: Attach a personnel roster and resumes of key people who shall be assigned to perform duties or services under the Contract, highlighting the key people who shall be assigned to accomplish the work required by this RFP and illustrate the lines of authority. Submit current resumes of key personnel documenting their educational and career history up to the current time. Include information on how long the personnel have been in these positions and whether the position included Medicaid managed care experience. If any of your personnel named is a current or former Louisiana state employee, indicate the Agency where employed, position, title, termination date, and last four digits of the Social Security Number. If personnel are not in place, submit job descriptions outlining the minimum qualifications of the position(s). Each resume or job description should be	Please see ***Attachment B.11 Mark Borca Resume.*** Mr. Borca is the Vice President of Business Development for Scion Dental Company. Mr. Borca will serve as the main point of contact for contract oversight with DWHL. **Redacted**

The following information is provided for Scion Dental (B.1-B.7, B.10, B.15-B.23)	
limited to 2 pages. For key positions/employees which are not full time provide justification as to why the position is not full time. Include a description of their other duties and the amount of time allocated to each.	
B.15: Identify, in Excel format, all of your organization's publicly-funded managed care contracts for Medicaid/CHIP and/or other low-income individuals within the last five (5) years. In addition, identify, in Excel format your organization's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, provide the trade name, a brief description of the scope of work, the duration of the contract, the contact name and phone number, the number of members and the population types (e.g., TANF, ABD, duals, CHIP), the annual contract payments, whether payment was capitated or other, and the role of subcontractors, if any. If your organization has not had any publicly-funded managed care contracts for Medicaid/SCHIP individuals within the last five (5) years, identify the Proposer's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP individuals within the last five (5) years and provide the information requested in the previous sentence.	Please see ***Attachment B.15. Scion Largest Contracts***
B.16: Identify whether your organization has had any contract terminated or not renewed within the past five (5) years. If so, describe the reason(s) for the termination/nonrenewal, the parties involved, and provide the address and telephone number of the client.	Scion Dental has not had any contract terminated or not renewed within the past five (5) years
B.17: If the contract was terminated/non-renewed in B.17 above, based on your organization's performance, describe any corrective action taken to prevent any future occurrence of the problem leading to the termination/non-renewal.	N/A
B.18: As applicable, provide (in table format) the Proposer's current ratings as well as ratings for each of the past three years from each of the following: AM Best Company (financial strengths ratings); TheStreet.com, Inc. (safety ratings); and	Scion Dental is not rated by these organizations.

The following information is provided for Scion Dental (B.1-B.7, B.10, B.15-B.23)	
Standard & Poor's (long-term insurer financial strength.	
B.19: For any of your organization's contracts to provide physical health services within the past five years, has the other contracting party notified the Proposer that it has found your organization to be in breach of the contract? If yes: (1) provide a description of the events concerning the breach, specifically addressing the issue of whether or not the breach was due to factors beyond the Proposer's control. (2) Was a corrective action plan (CAP) imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed. (3) Was a sanction imposed? If so, describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage) (4) Was the breach the subject of an administrative proceeding or litigation? If so, what was the result of the proceeding/litigation?	None of Scion Dental's contracts within the past five years have been in breach of the contract.
B.20 Provide (as an attachment) a copy of the most recent external quality review report (pursuant to Section 1932(c)(2) of the Social Security Act) for the Medicaid contract identified in response to item B.15 that had the largest number of enrollees as of January 1, 2012. Provide the entire report. In addition, provide a copy of any corrective action plan(s) requested of your organization (including your organization's parent organization, affiliates, and subsidiaries) in response to the report.	Scion Dental is not subject to external quality review reports at this time.
B.21: Identify and describe any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against your organization within the last five (5) years. In addition, identify and describe any letter of deficiency issued by as well as any corrective actions requested or required by any federal or state regulatory entity within the last five (5) years that relate to Medicaid or CHIP contracts. Include your organization's parent organization, affiliates, and subsidiaries.	There has been no regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against Scion Dental within the last five (5) years.
B.22: Provide a statement of whether your organization is currently the subject or has recently (within the past five (5) years) been the subject of a criminal or civil investigation by a state or federal agency other than investigations described in response to item B.6. If your organization has recently been the subject of such an investigation, provide an explanation with relevant details	Scion Dental is not currently the subject or has not recently (within the past five (5) years) been the subject of a criminal or civil investigation by a state or federal agency other than investigations.

The following information is provided for Scion Dental (B.1-B.7, B.10, B.15-B.23)	
and the outcome. If the outcome is against your organization, provide the corrective action plan implemented to prevent such future offenses. Include your organization's parent company, affiliates and subsidiaries.	
B.23 Submit customer references (minimum of two, maximum of five) for your organization for major contracts; with at least one reference for a major contract you have had with a state Medicaid agency or other large similar government or large private industry contract. Each reference must be from contracts within the last five (5) years. References for your organization shall be submitted to the State using the questionnaire contained in RFP Attachment VII. You are solely responsible for obtaining the fully completed reference check questionnaires, and for submitting them sealed by the client providing the reference, with your Proposal, as described herein. You should complete the following steps: a. Make a duplicate (hard copy or electronic document) of the appropriate form, as it appears in RFP Attachment VII (for your organization or for subcontractors, adding the following customized information: • Your/Subcontractor's name; • Reference organization's name; and • Reference contact's name, title, telephone number, and email address. b. Send the form to each reference contact along with a new, sealable standard #10 envelope; c. Give the contact a deadline that allows for collection of all completed questionnaires in time to submit them with your sealed Proposal; d. Instruct the reference contact to: • Complete the form in its entirety, in either hard copy or electronic format (if completed electronically, an original should be printed for submission); • Sign and date it; • Seal it in the provided envelope; • Sign the back of the envelope across the seal; and • Return it directly to you. e. Enclose the unopened envelopes in easily identifiable and labeled larger 20	Please see section B.23 for Scion Dental's enclosed references.

The following information is provided for Scion Dental (B.1-B.7, B.10, B.15-B.23)	
envelopes and include these envelopes as a part of the Proposal. When DHH the opens your Proposal, it should find clearly labeled envelope(s) containing the sealed references. Each completed questionnaire should include: • Proposing Organization/Subcontractor's name; • Reference Organization's name; • Name, title, telephone number, and email address of the organization contact knowledgeable about the scope of work; • Date reference form was completed; and • Responses to numbered items in RFP Attachment # (as applicable). DHH reserves the authority to clarify information presented in questionnaires and may consider clarifications in the evaluation of references.	

B.12 PROPOSER'S CORPORATE COMPLIANCE PROGRAM

Provide a description your Corporate Compliance Program including the Compliance Officer's levels of authority and reporting relationships. Include an organizational chart of staff (marked as Chart B in your response) involved in compliance along with staff levels of authority.

Dental Health & Wellness Compliance Program

Dental Health & Wellness of Louisiana's (DHWL) parent company, Centene Corporation (Centene) has over 30 years of full-risk Medicaid managed care experience with health plan operations in 18 states. Centene oversees the ethics and compliance activities of the entire organization, including its health plans and subsidiary businesses. Established by Centene's Board of Directors in 1998, the "Solid Commitment" Ethics and Compliance Program is designed to assist the company and its subsidiaries in developing effective internal controls to promote adherence to federal and state regulations, as well as ensuring Centene's own ethical and business policies are clearly defined for all employees and stakeholders.

Centene's Ethics and Compliance Program incorporates the standards and guidelines of the Office of Inspector General of the Department of Health and Human Services and the Federal Organizational Sentencing Guidelines, and includes the following elements:

- Written standards of conduct, policies and procedures that promote Centene's commitment to compliance and address specific areas of potential fraud
- A Corporate Compliance Officer, who is an officer of the company and a Corporate Compliance Committee member charged with the responsibility of operating and monitoring the Compliance Program
- The development and delivery of regular, effective education and training programs for all employees through classroom and computer based training
- Maintenance of an independent third party helpline to receive reports of noncompliance, protect the caller's anonymity and prevent retaliation against whistleblowers
- A system to investigate and respond to allegations of improper or illegal activities and the well-publicized disciplinary guidelines to ensure enforcement of appropriate action against employees who have violated compliance policies, applicable regulations or federal healthcare program requirements
- Record retention guidelines
- Auditing and monitoring processes

DHWL will establish a comprehensive Compliance Program that incorporates DHH requirements and builds upon Centene's well-established and sound Corporate Compliance program.

DHWL Compliance Committee

The DHWL Compliance Committee will be established to advise the Compliance Officer and assist in the oversight of the Compliance Program. The DHWL Compliance Committee will consist of a cross-functional team of individuals with varying responsibilities including employees and managers of key operational areas who have the authority to commit resources to address areas of noncompliance. The committee will meet, at a minimum, quarterly as well as on an ad hoc basis to address any immediate concerns or issues. The Compliance Officer and Committee will report to DHWL's Board of Directors as well as update Centene's Corporate Compliance committee on a quarterly basis.

<u>DHWL Compliance Committee Functions.</u> Compliance Committee functions will include, but are not limited to: 1) analyzing the organization's environment, contract compliance, regulatory requirements

and specific areas of risk for noncompliance; 2) assessing existing policies and procedures and developing new ones to promote compliance; 3) recommending and monitoring, in conjunction with relevant departments, internal systems to carry out DHWL's standards, contract requirements and policies and procedures; 4) determining the appropriate methods to promote compliance and detect potential areas of noncompliance; and 5) maintaining a system to solicit, evaluate and respond to concerns, including oversight of investigations resulting from reports made to anonymous hotlines.

DHWL Provider Contract Compliance. All DHWL contracted providers must comply with relevant provisions of the DHWL Compliance Program. Failure to comply could result in disciplinary action, including corrective action, discharge, or contract termination. DHH contract compliance requirements and expectations will be communicated to all DHWL contracted providers through, provider manuals, newsletters, provider orientation meetings, and during targeted education for providers found out of compliance. DHWL will provide continuous education and feedback to providers regarding DHH contract requirements through quality improvement; utilization management program activities; analysis of reports; and discussions at periodic office visits

Centene Contract Compliance Support. Centene will provide DHWL with supportive corporate resources available to assist with contract compliance. The Centene Corporate Ethics & Compliance, Legal Affairs and Regulatory Affairs departments will provide State and Federal regulatory research and interpretation support for DHWL. Regulatory references associated with the DHH contract (i.e. state prompt payment laws) will be included in DHWL's internal compliance tool set. The Ethics and Compliance Department will supply additional compliance assessment resources, such as comprehensive audit tools that address the Federal Medicaid managed care regulations and HIPAA requirements.

The Corporate Ethics & Compliance and Internal Audit departments will also conduct audits of DHWL's contract compliance program and processes prior to implementation and yearly thereafter to ensure contract requirements and subsequent amendments are addressed. Audits may consist of desk review of the documentation and/or onsite review of the compliance function. Areas audited may include, but are not limited to, claims payment accuracy; state reporting including quality and accuracy of deliverables submitted and compliance with submission timelines; and staff training. For example, Centene's Internal Audit department audits Centene's compliance program including the contract compliance methodology annually. This audit evaluates the compliance plan with key contractual requirements and validates a sample of deliverables submitted to DHH and information submitted to the Corporate Ethics and Compliance department. Another focus of this audit ensures that DHWL has an effective compliance program with policies and procedures for identifying, tracking and reporting DHH contract requirements, and that routine compliance training occurs. Once performance goals are established, Centene's Internal Audit department reviews performance against benchmarks to ensure continuous improvement in contract compliance processes and systems. The corporate Ethics and Compliance and Internal Audit departments benchmark operating unit compliance programs against internal best practices and external resources provided by organizations such as the Health Care Compliance Association and the Corporate Executive Board's Compliance and Ethics Leadership Council.

A Compliance Officer Dedicated to DHWL

The DHWL Compliance Officer is a senior leader who reports to the DHWL CEO. The DHWL Compliance Officer is responsible for all local compliance activities, and will be designated by the CEO to act as the liaison between DHWL and DHH for the duration of the Contract. Coordination and communication are key functions for the Compliance Officer with regard to planning, implementing, and monitoring the

Compliance Program. Centene recognizes the value of having a Compliance Officer with an independent voice who has direct access to the highest levels of the organization. The Compliance Officer will have direct access to all records and have the authority to make referrals to or contact with DHH, OIG or other appropriate parties. Centene and DHWL have written criteria for selection of the Compliance Officer and a job description that includes the following primary responsibilities:

- Overseeing and monitoring the DHWL Compliance Program
- Reporting on a regular basis to DHWL's CEO and Compliance Committee on the effectiveness of the program, and assisting these individuals and entities in establishing methods to improve the company's efficiency and quality of services, and to reduce DHWL's vulnerability to waste, abuse and fraud
- Periodically reviewing and revising the program in light of changes in the needs of the organization, legislation, and policies and procedures
- Reviewing, revising, coordinating, and participating in a multifaceted educational and training programs that focus on the elements of the Compliance Program, to ensure that all employees, Boards, management and contractors are knowledgeable of, and comply with, pertinent plan, corporate, federal and state standards
- Ensuring that service providers and independent contractors who furnish services to DHWL are aware of, and adhere to, the requirements of the Compliance Program
- Coordinating with Centene's Human Resources and/or the Credentialing Department to ensure that credentials and the Cumulative Sanction Report have been checked with respect to all employees, service providers and independent contractors
- Assisting DHWL's management in coordinating internal compliance review and monitoring activities, including annual or periodic reviews of departments
- Participating with Centene's Corporate Compliance Officer to monitor tracking and trending systems and reports
- Independently investigating, documenting and acting on matters related to compliance, including the flexibility to design and coordinate internal investigations (e.g., responding to reports of problems or suspected violations) and any resulting corrective action with all organizational departments, employees and, if appropriate, service providers and independent contractors
- Maintaining policies and reporting channels that encourage managers and employees to report suspected fraud and other improprieties without fear of retaliation
- Researching potential overpayments identified by DHH or the Medicaid Fraud Control Unit (MFCU)
- Regularly attending DHH/MFCU work group meetings as required or requested

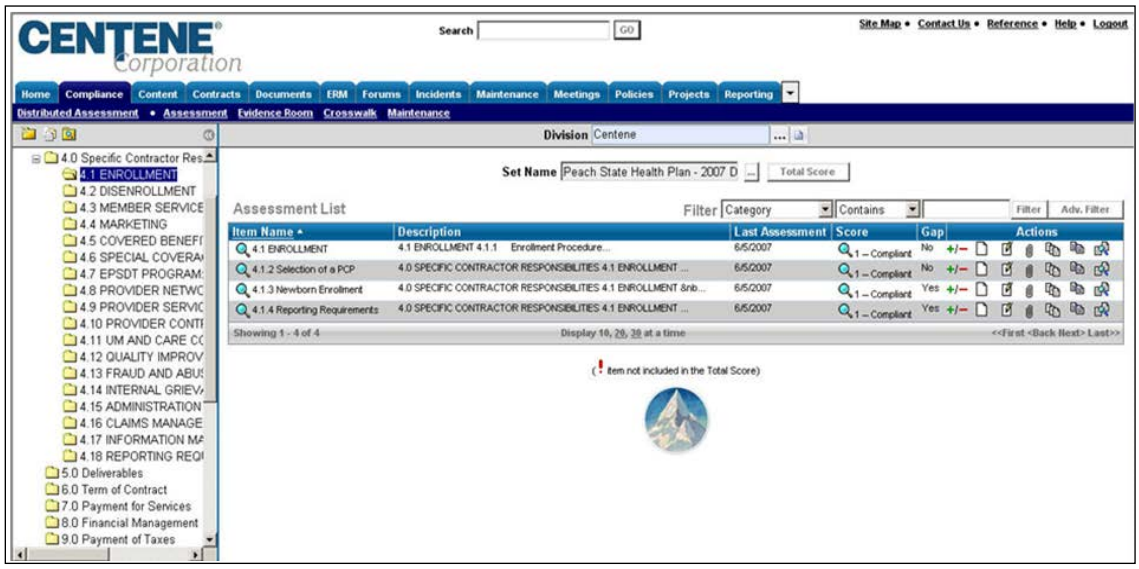
The DHWL Compliance Officer will be responsible for reviewing and monitoring all work performed by DHWL, including but not limited to documents and other information relevant to compliance activities. More importantly, the DHWL Compliance Officer has the authority to access records, and independently refer suspected member fraud, provider fraud and member abuse cases to DHH, MFCU or other duly authorized enforcement agencies. This authority also enables the Compliance Officer to review contracts and obligations that may contain issues that could inadvertently violate legal or regulatory requirements and all functions as they relate to fraud and abuse prevention, detection and reporting.

Compliance 360. Centene utilizes Compliance 360, an innovative tool for tracking and monitoring compliance with contract requirements. This robust tool allows DHWL to link the DHH Contract requirements and related regulations with internal compliance activities and operational policies,

procedures and processes. Compliance 360's Workspace module will allow DHWL to create a virtual evidence room documenting compliance with DHH Contract requirements, and allows compliance to be monitored by functional area**.** In addition, the DHWL Compliance Officer can utilize the Projects module to manage the development, quality review, approval and timely submission of reports and other deliverables to DHH. This module allows the DHWL Compliance Officer to track the progress of report submission and automatically remind report owners of due dates. Centene has built a customized module is to track identified risks of noncompliance which are directly linked to the applicable contract requirements in the Compliance Workspace. Any Corrective Action Plans (CAPs) will be input into the Projects module to track and document remediation progress. Compliance 360's robust Executive Dashboard and reporting capabilities will enable DHWL to track and trend instances of noncompliance, including when operational performance in any area falls below internal or contract performance standards. Compliance 360's virtual evidence room provides an online tool for internal and external surveyors/auditors to review compliance with contract requirements. DHWL's management team will proactively seek opportunities to collaborate with DHH staff on resolving contract-related issues and seek guidance on improving overall compliance with contract requirements.

DHWL will provide DHH access to our Compliance 360 system. DHH has used this tool for Bayou Health through our affiliate health plan, Louisiana Healthcare Connections, to increase the transparency into our contract compliance efforts.

On the following page is a screen shot showing an example of how one of Centene's contracts is organized and configured within Compliance 360:



Contract Compliance. DHWL's Compliance Officer will work with local and corporate resources to ensure compliance with the DHH Contract. We strive to maintain our excellent contract compliance record with DHH and expand upon current internal controls and processes in order to ensure timely submission of deliverables, and overall compliance. The DHWL Compliance Officer will oversee

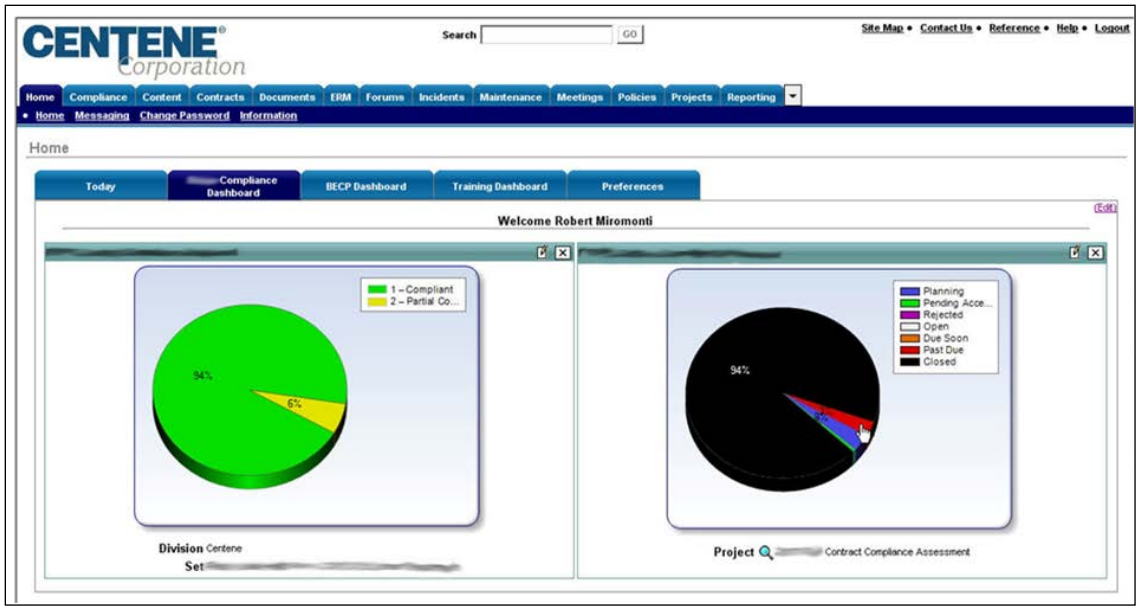
employee utilization of Compliance 360 to track and monitor compliance processes and conduct periodic assessments to ensure departments are operating in compliance with specific contractual obligations. Using Compliance 360, DHWL staff can perform assessments and monitor compliance by employee, functional area or category; manage DHH deliverables to ensure timely development, quality review, approval and submission; track identified incidents of noncompliance or corrective action and document progress on remediation; track and implement DHH correspondence and program changes; generate multiple variations of reports to track and trend; and produce a contract compliance dashboard and online review/audit process for internal and external surveyors/auditors.

Staff Training. The DHWL Compliance Officer, in conjunction with department heads and Human Resources, conducts specific training sessions to ensure DHWL employees understand the contract requirements that pertain to their job responsibilities. The Compliance Officer also trains all DHWL employees on how to identify and report suspected fraud and abuse. This training includes the federal False Claims Act provisions, administrative remedies for false claims and statements, State laws relating to civil or criminal penalties for false claims and statements and the whistleblower protections under such laws. DHWL will establish written policies and procedures that are included in these training sessions. Such training will occur within the first 30 days of employment and at a minimum on an annual basis thereafter. Documentation of attendance and participation is required and maintained by the Compliance Officer. To supplement this training, Centene also conducts mandatory computer based training regarding Corporate Compliance for all employees. Compliance training topics change from year to year. Overall training themes include such topics as speaking up and raising concerns, receiving concerns from employees for managers, careful email communications, information security and insider trading. Additionally, each department director will be required to conduct training sessions on DHWL's policies and processes specific to their functional areas. Where cross-functional processes are in place, directors coordinate and conduct interdepartmental training sessions, as appropriate.

Ongoing Monitoring and Auditing. Each month, the DHWL Compliance Officer will review Compliance 360 reports to identify any potential contract compliance issues by department or individual. If issues are identified, the Compliance Officer will notify the department director to ensure a CAP is developed and implemented. All incidents of noncompliance, along with status updates or remediation plans, will be reported to the CEO, the Compliance Committee and, as applicable, to the Quality Improvement Committee (QIC). The Compliance Officer will also ensure that any contract compliance issues are reported to DHH as required. Additionally, all department directors will be required to conduct ongoing monitoring to determine whether their employees and processes meet contract requirements.

Auditing. At a minimum, the Compliance Officer performs an annual Contract compliance audit for each department or functional area, primarily through data collected from the Compliance 360 database. Contract compliance audits will also be performed after each Contract amendment to ensure DHWL remains in compliance with any new requirements. The robust functionality of Compliance 360 enables the Compliance Officer to track and review all evidence of compliance. If any gaps are identified, the Compliance Officer will perform a detailed audit to ensure compliance and develop a CAP to bring an areas identified into compliance. This audit may include documentation of processes, policies and procedures, sample/case review, subcontractor compliance, effectiveness of departmental auditing and monitoring processes and completeness of internal controls established by department directors. The Compliance Officer will also serve as the primary contact for DHH audit requests and will oversee development and implementation of any CAPs. Each CAP is documented in Compliance 360, which enables the DHWL Compliance Officer and the DHWL management team to effectively monitor and track progress toward satisfactory completion of the CAP.

Ongoing Monitoring Capabilities with Compliance 360. The screen shot on the following page is a state contract compliance dashboard in Compliance 360. The pie chart on the left depicts compliance with its contractual requirements based on an assessment. The pie chart on the right depicts the progress of the corrective action plan to mitigate areas of partial compliance. Both pie charts have drill down capabilities to show the assessment findings, results and tasks assigned to address areas of partial compliance.



The screen shot below demonstrates the drill down capabilities of the contract compliance assessment pie chart shown above. Through the assessment process, the Compliance Officer is able to review the contract section and document the evidence of compliance with the requirements. In addition to loading evidence into the system, Compliance 360's integrated policies module allows a direct link with the most currently approved policies and procedures.

Contract Compliance Dashboard

Report Date: 10/6/2008

Division: Centene

Set Name:

Item Name	Item Description	Assessment Date	Score	Performed By	Assessment Details	Next Review Date
4.0 SPECIFIC CONTRACTOR RESPONSIBILITIES \4.3 MEMBER SERVICES \4.3.3 MEMBER HANDBOOK REQUIREMENTS	4.3.3.1 The Contractor shall mail to all newly enrolled Members a Member Handbook within ten (10) Calendar Days of receiving the notice of enrollment from or its Agent. The Contractor shall mail to all enrolled Members a Member Handbook at least annually thereafter. 4.3.3.2 Pursuant to the requirements set forth in 42 CFR 438.10, the Member Handbook shall include, but not be limited to: 4.3.3.2.1 A table of contents; 4.3.3.2.2 Information about the roles and responsibilities of the Member (this information to be supplied by); 4.3.3.2.3 Information about the role of the PCP; 4.3.3.2.4 Information about choosing a PCP; 4.3.3.2.5 Information about what to do when family size changes; 4.3.3.2.6 Appointment procedures; 4.3.3.2.7 Information on Benefits and services, including a description of all available Benefits and services; 4.3.3.2.8 Information on how to access services, including Health Check services, non-		2 – Partial Compliance		4.3.3.1: MBRS.03.01, MBRS.04 4.3.3.2: In member HandBook as indicated below; 4.3.3.2.1: Intro 4.3.3.2.2: p.33 4.3.3.2.3: p.5 4.3.3.2.4: p.5-6 4.3.3.2.5: 4 4.3.3.2.6: p.7 4.3.3.2.7: p.8-15 4.3.3.2.8: -Info to access services p.21 -Health check services p.18-19 -Non-emergency transportation p.16	
	4.3.3.2.16 Cost-sharing;				-Website p.12	
	4.3.3.2.17 The geographic boundaries of the Service Regions;				4.3.3.2.19: p.12	
	4.3.3.2.18 Notice of all appropriate mailing addresses and telephone numbers to be utilized by Members seeking information or authorization, including an inclusion of the Contractor's toll-free telephone line and Web site;				4.3.3.2.20: p.31-34 4.3.3.2.21: p.34-35	

Readiness Review Prior to Operations Start Date. Prior to the DHH Contract implementation, DHWL's Compliance Officer, with input from DHH, will review the contract and develop a comprehensive plan for documenting, monitoring and tracking compliance with contract requirements. This includes, but is not limited to, required operational processes, policies, procedures and reporting deliverables. Once the contract requirements are identified, DHWL, with support from Centene's Corporate Ethics and Compliance department, will input the contract specific requirements, including operational requirements, into Compliance 360.

Prevention/Detection of Potential Waste, Abuse and Fraud

Centene takes the detection, investigation, correction, and where warranted, the prosecution of waste, abuse and fraud (WAF) seriously and will continue to implement and operate a WAF plan that complies with state and federal law. DHWL's Compliance Officer, working with Centene, will use several tools to detect potential WAF. These tools are examined in **Section N. Fraud and Abuse.**

Hotline Referrals: We provide an internal and external toll-free hotline for employees, providers, members, subcontractors, or others to anonymously report their noncompliance concerns. These toll free telephone lines are operated by independent, third party companies, available 24 hours a day, 7 days a week, and allow callers to anonymously report complaints or suspected violations. Providers, members, employees and others concerned about potential Fraud and Abuse issues may call our external hotline (1-866-685-8664). Centene's Compliance Officer is responsible for handling any complaints or issues reported via the internal Ethics & Compliance, and DHWL's Compliance officer is informed of any issues affecting local operations. All DHWL calls are reported quarterly to DHWL's Board of Directors. All referrals will be thoroughly investigated and remain confidential. All callers have the option to remain anonymous.

Chart B Compliance Staff Organizational Chart depicts the organizational chart of compliance staff including levels of authority.

REDACTED

B.13 PROPOSER'S PRESS RELEASES

Provide copies of any press releases in the twelve (12) months prior to the Deadline for Proposals, wherein the press release mentions or discusses financial results, acquisitions, divestitures, new facilities, closures, layoffs, significant contract awards or losses, penalties/fines/ sanctions, expansion, new or departing officers or directors, litigation, change of ownership, or other very similar issues, Do not include press releases that are primarily promotional in nature.

Dental Health & Wellness of Louisiana's (DHWL) parent organization, Centene Corporation, has issued the following press releases within the past 12 months, which mention or discusses financial results, acquisitions, divestitures, new facilities, closures, layoffs, significant contract awards or losses, penalties/fines/sanctions, expansion, new or departing officers or directors, litigation, change of ownership, or other very similar issues. Press releases listed in the table below can be found in the Section B Attachments Tab.

Chart B.13 List of Proposer's Press Releases

Press Release Summary	Date of Press Release	Electronic File Attachment Title
Centene Corporation Reports 2013 Fourth Quarter And Full Year Results	February 4, 2014	***PR.2.04.2014***
Centene's Mississippi Subsidiary Awarded Statewide Medicaid Contract	February 3, 2014	***PR.2.03.2014***
Centene Announces Public Offering By Selling Stockholder	January 27, 2014	***PR.1.27.2014***
Centene's Mississippi Subsidiary Awarded Accredited Rating By NCQA	January 24, 2014	***PR.1.24.2014***
Centene Corporation Schedules 2013 Fourth Quarter And Year-End Financial Results Conference	January 8, 2014	***PR.1.08.2014***
Centene Corporation Completes Acquisition Of U.S. Medical Management	January 7, 2014	***PR 1.07.2014***
Centene Corporation to Acquire Majority Stake in Fidelis SecureCare of Michigan	December 18, 2013	***PR 12.18.2013***
Centene Corporation Announces 2014 Financial Guidance And Updates 2013 Financial Guidance	December 13, 2013	***PR 12.13.2013***
Centene Corporation Acquires Majority Interest In U.S. Medical Management	December 12, 2013	***PR 12.12.2013***
Centene's Behavioral Health Subsidiary Forms Partnership With University Of Arizona Health Network	December 10, 2013	***PR 12.10.2013***
Final Reminder Regarding Centene Corporation's 2014 Guidance And Investor Meeting In New York City	December 5, 2013	***PR 12.5.2013***
Centene Specialty Pharma Subsidiary Receives Full URAC Accreditation	December 3, 2013	***PR 12.3.2013***
Centene Corporation To Provide 2014 Financial Guidance And Host Investor Meeting In NYC On December 13, 2013	November 7, 2013	***PR 11.7.2013***
Absolute Total Care Selected To Serve Dual-Eligible Members In South Carolina	November 4, 2013	***PR 11.4.2013***
Centene Corporation To Present At Credit Suisse 2013 Healthcare Conference	October 31, 2013	***PR 10.31.2013***
Centene Corporation And Cenpatico Partner With Children's National Health System To Fight Bullying	October 30, 2013	***PR 10.30.2013***

Press Release Summary	Date of Press Release	Electronic File Attachment Title
Centene Corporation Reports 2013 Third Quarter Earnings Of $0.87 Per Diluted Share -	October 22, 2013	***PR 10.22.2013***
Centurion Selected To Provide Correctional Healthcare In Minnesota	October 18, 2013	***PR 10.18.2013***
Centene Subsidiary Receives Full URAC Accreditation	October 10, 2013	***PR 10.10.2013***
Centene's Wisconsin And South Carolina Subsidiaries Awarded Commendable Accreditation Ratings By NCQA	September 25, 2013	***PR 9.25.2013***
Florida Medicaid Announces Intent To Award Contract To Centene Subsidiary	September 24, 2013	***PR 9.24.2013***
Centene's Massachusetts Subsidiary Awarded Medicaid Contract In Five Regions	September 20, 2013	***PR 9.20.2013***
Centene Schedules 2013 Third Quarter Financial Results Conference Call	September 9, 2013	***PR 9.9.2013***
Centene's Texas Subsidiary Expands STAR+PLUS Service	September 5, 2013	***PR 9.5.2013***
Centene Corporation Reports 2013 Second Quarter Earnings Of $0.70 Per Diluted Share Including $0.07 Of AcariaHealth Transaction Costs	July 23, 2013	***PR 7.23.2013***
Centene Subsidiary Exits Kentucky Medicaid Managed Care Program	July 8, 2013	***PR 7.8.2013***
Centene Subsidiary Receives Favorable Ruling From Kentucky Court of Appeals	July 1, 2013	***PR 7.1.2013***
Centene Schedules 2013 Second Quarter Financial Results Conference Call	June 27, 2013	***PR 6.27.2013***
Centurion Selected To Provide Correctional Healthcare In Tennessee	June 11, 2013	***PR 6.11.2013***
Final Reminder Regarding Centene Corporation's 2013 Investor Day In New York City	June 6, 2013	***PR 6.6.2013***
Kentucky Spirit Health Plan received a summary judgment ruling regarding contractual right to terminate its Medicaid managed care contract	May 31, 2013	***PR 5.31.2013***
Centene Corporation To Receive California Medical Contract To Serve Imperial County	May 10, 2013	***PR 5.10.2013***
Centene Climbs Higher In 2013 FORTUNE 500 Ranking	May 6, 2013	***PR 5.6.2013***
Centene Corporation Reports 2013 First Quarter Results	April 25, 2013	***PR 4.25.2013***
Centene Corporation Completes Acquisition Of Specialty Pharmacy Leader AcariaHealth	April 2, 2013	***PR 4.2.2013***
Centene Corporation Partners With MHM Services To Serve Massachusetts State Correctional System	March 18, 2013	***PR 3.18.2013***
Centene Corporation Received Notice Of Intent To Award California Medicaid Contract	February 29, 2013	***PR 2.29.2013***
Centene Corporation Reports 2012 Fourth Quarter And Full Year Results	February 5, 2013	***PR 2.5.2013***
Centene's Florida Subsidiary Selected To Serve Long Term Care Members In 10 Regions In Florida	January 16, 2013	***PR 1.16.2013***
Centene To Acquire Specialty Pharmacy Leader AcariaHealth	January 14, 2013	***PR 1.14.2013***
Centene Corporation Announces 2013 Financial Guidance And Revises 2012 Financial Guidance	December 14, 2012	***PR 12.14.2012***
Centene Corporation Appoints Executive Vice President, Insurance	December 4, 2012	***PR 12.4.2012***

Press Release Summary	Date of Press Release	Electronic File Attachment Title
Group Officer		
Centene Makes Senior Leadership Appointments	November 26, 2012	***PR 11.26.2012***
IlliniCare Health Plan Selected To Serve Dual-Eligible Members In The Greater Chicago Region	November 14, 2012	***PR 11.14.2012***
Centene Corporation Announces Pricing Of Notes	November 2, 2012	***PR 11.2.2012***
Centene Corporation Announces Offering Of Notes	November 2, 2012	***PR 11.2.2012***
Centene Appoints Robert T. Hitchcock As Executive Vice President Of Health Plan Business Unit	October 24, 2012	***PR 10.24.2012***
Centene Corporation Reports 2012 Third Quarter Results	October 23, 2012	***PR 10.23.2012***
Centene Subsidiary Initiates Termination Of Medicaid Contract With Commonwealth Of Kentucky	October 17, 2012	***PR 10.17.2012***
Lawsuit Against Centene Corporation Dismissed	September 24, 2012	***PR 9.24.2012***
Buckeye Community Health Plan Selected To Contract In Three Regions As Part Of Ohio's Medicaid Integrated Care Delivery System Demonstration Project	August 28, 2012	***PR 8.28.2012***
Centene Corporation Reports 2012 Second Quarter Results	July 24, 2012	***PR 7.24.2012***
Centene Corporation Awarded Kansas Medicaid Contract	June 27, 2012	***PR 6.27.2012***
Centene Corporation Revises 2012 Earnings Guidance Range	June 11, 2012	***PR 6.11.2012***
Centene Corporation Selected for Ohio Medicaid Contract	June 8, 2012	***PR 6.8.2012***
Centene Appoints Dave Minifie To New Position As Chief Marketing Officer	May 18, 2012	***PR 5.18.2012***
Centene Corporation Awarded Medicaid Contract in New Hampshire	May 10, 2012	***PR 5.10.2012***
Centene Moves Higher In FORTUNE 500 2012 Ranking	May 7, 2012	***PR 5.7.2012***

B.14 FINANCIAL INFORMATION PROVIDED IN EXCEL FORMAT

Provide the following information (in Excel format) based on each of the financial statements provided in response to item B27: (1) Working capital; (2) Current ratio; (3) Quick ratio; (4) Net worth; and (5) Debt-to-worth ratio.

Please see the table below for the requested information based on the submitted financial statements.

Table B.14 Proposer's Parent Organization Financial Information

Centene Corporation	September 30 2012	December 31 2012	March 31 2013	June 30 2013	September 30 2013	December 31 2013
Working capital (in 000's)[1]	$96,391	$176,512	$68,177	$21,788	$(18,537)	$241,052
Current ratio	1.08	1.15	1.05	1.02	.98	1.15
Quick ratio	1.08	1.15	1.05	1.02	.98	1.15
Net worth (in 000's)	$957,064	$953,767	$986,530	$1,122,274	$1,185,091	$1,243,439
Debt-to-worth ratio	.41	.56	.54	.49	.44	.54

[1] *Centene manages their short-term and long-term investments with the goal of ensuring that a sufficient portion is held in investments that are highly liquid and can be sold to fund short-term requirements as needed. Its working capital was negative and its current ratio/quick ratio was under one during some of the above periods due to efforts to increase investment returns through purchases of investments that have maturities of greater than one year and, therefore, are classified as long-term.*

B.15 PROPOSER'S PUBLICLY-FUNDED MANAGED CARE CONTRACTS

Identify, in Excel format, all of your organization's publicly-funded managed care contracts for Medicaid/CHIP and/or other low-income individuals within the last five (5) years. In addition, identify, in Excel format your organization's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, provide the trade name, a brief description of the scope of work, the duration of the contract, the contact name and phone number, the number of members and the population types (e.g., TANF, ABD, duals, CHIP), the annual contract payments, whether payment was capitated or other, and the role of subcontractors, if any. If your organization has not had any publicly-funded managed care contracts for Medicaid/SCHIP individuals within the last five (5) years, identify the Proposer's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP individuals within the last five (5) years and provide the information requested in the previous sentence. Include your organization's parent organization, affiliates, and subsidiaries.

Dental Health & Wellness of Louisiana (DHWL) has provided in Excel format, all publicly-funded managed care contracts for DHWL and Centene health plan affiliates in ***Attachment B.15 Publicly Funded Contracts***.

The following acronyms, in alphabetical order, are used in the managed care contracts Excel files:

Table B.15 Acronyms for managed care contracts

ABD – Aged, Blind and Disabled	**LTSS –** Long Term Services and Supports
BH – Behavioral Health	**NHD-** Nursing Home Diversion
CHIP – Children's Health Insurance Program	**RSA** – Rural Service Area
CSHCN- Children with Special Health Care Needs	**SCHIP** – State Children's Health Insurance Program
D-SNP – Dual Eligible Special Needs Program	**SMI –** Serious Mental Illness
EPO – Exclusive Provider Organization	**SSI –** Supplemental Security Income
HCBS – Home and Community-Based Services	**LTC – Long Term Care**

B.16 CONTRACT TERMINATIONS OR NON-RENEWALS

Identify whether your organization has had any contract terminated or not renewed within the past five (5) years. If so, describe the reason(s) for the termination/nonrenewal, the parties involved, and provide the address and telephone number of the client. Include your organization's parent organization, affiliates, and subsidiaries.

REDACTED

Table B.16 Affiliate Specialty Subsidiary Contract Terminations

REDACTED

REDACTED

REDACTED

REDACTED

REDACTED

REDACTED

B.17 PROPOSER'S CORRECTIVE ACTION PLANS

If the contract was terminated/non-renewed in B.17 above, based on your organization's performance, describe any corrective action taken to prevent any future occurrence of the problem leading to the termination/non-renewal. Include your organization's parent organization, affiliates, and subsidiaries.

REDACTED

B.18 PROPOSER'S RATINGS AND COMPLIANCE

As applicable, provide (in table format) the Proposer's current ratings as well as ratings for each of the past three years from each of the following:
- ***AM Best Company (financial strengths ratings);***
- ***TheStreet.com, Inc. (safety ratings); and***
- ***Standard & Poor's (long-term insurer financial strength).***

As a newly established entity, Dental Health & Wellness of Louisiana (DHWL) does not have ratings on file with neither AM Best Company, TheStreet.com, Inc., nor Standard & Poor's. DHWL's parent company, Centene Corporation (Centene), and its subsidiary health plans are/were rated by all three of these sources, which we have included below.

AM Best Company (financial strengths ratings);

Centene is not rated as a stand-alone entity by AM Best Company, but rather their subsidiary health plans were previously rated. We are submitting the financial strengths ratings of these subsidiary health plans in fulfillment of this requirement. However, A.M. Best has withdrawn the ratings for all Centene entities as Centene has requested to no longer participate in A.M. Best's interactive rating process.

NAIC Number	Type	Company Name	2013	2012	2011
12959	HLT	Absolute Total Care, Inc.	B++	B++	B+
95302	HLT	AECC Total Vision Health Plan of TX	not rated	not rated	not rated
71013	HLT	Bankers Reserve Life Insurance Company of WI	B++	B++	B+
11834	HLT	Buckeye Community Health Plan, Inc.	B++	B++	B+
		California Health & Wellness Plan	n/a	n/a	n/a
13632	HLT	CeltiCare Health Plan Of Massachusetts	not rated	not rated	not rated
12525	HLT	Cenpatico Behavioral Health of Texas	not rated	not rated	not rated
		Coordinated Care of Washington, Inc. (This entity is a subsidiary of Coordinated Care Corporation which does not report separately to the NAIC.)	not rated	not rated	n/a
95831	HLT	Coordinated Care Corporation d/b/a Managed Health Services	B++	B++	B+
14218	HLT	Home State Health Plan	not rated	not rated	n/a
14053	HLT	IlliniCare Health Plan, Inc.	not rated	not rated	not rated
14100	HLT	Kentucky Spirit Health Plan, Inc.	not rated	not rated	not rated

13970	HLT	Louisiana Healthcare Connections, Inc.	not rated	not rated	n/a
13923	HLT	Magnolia Health Plan Inc.	not rated	not rated	not rated
96822	HLT	Managed Health Services Insurance Corp., WI	B++	B++	B+
14226	HLT	Granite State Health Plan, Inc, d/b/a New Hampshire Healthy Families	not rated	n/a	n/a
12315	HLT	Peach State Health Plan, Inc.	B++	B++	B+
14345	HLT	Sunflower State Health Plan	not rated	n/a	n/a
13148	HLT	Sunshine State Health Plan, Inc.	B++	B++	B+
95647	HLT	Superior HealthPlan, Inc.	B++	B++	B+
80799	LAH	Celtic Insurance Company	B++	B++	B++
60078	LAH	Hallmark Life Insurance Co.	not rated	not rated	not rated

TheStreet.com, Inc. (safety ratings)

Centene is not rated as a stand-alone entity by TheStreet.com, Inc., but rather their subsidiary health plans are rated. We are submitting the safety ratings of these subsidiary health plans in fulfillment of this requirement.

NAIC Number	Type	Company Name	2013	2012	2011
12959	HLT	Absolute Total Care, Inc.	C-	C-	C
95302	HLT	AECC Total Vision Health Plan of Texas, Inc.	n/a	n/a	n/a
71013	HLT	Bankers Reserve Life Insurance Company of Wisconsin	C-	C-	B
11834	HLT	Buckeye Community Health Plan, Inc.	B-	B-	B-
		California Health & Wellness Plan	n/a	n/a	n/a
13632	HLT	CeltiCare Health Plan Of Massachusetts, Inc.	B-	B-	B-
12525	HLT	Cenpatico Behavioral Health of TX, Inc.	n/a	n/a	n/a
95831	HLT	Coordinated Care Corporation d/b/a Managed Health Services	B-	B-	B-

NAIC Number	Type	Company Name	2013	2012	2011
	HLT	Coordinated Care of Washington, Inc. (This entity is a subsidiary of Coordinated Care Corporation which does not report separately to the NAIC.)	n/a	n/a	n/a
14218	HLT	Home State Health Plan, Inc.	C-	C-	n/a
14053	HLT	IlliniCare Health Plan, Inc.	B-	B-	n/a
14100	HLT	Kentucky Spirit Health Plan, Inc.	C-	C-	n/a
13970	HLT	Louisiana Healthcare Connections, Inc.	C-	C-	n/a
13923	HLT	Magnolia Health Plan Inc.	C-	C	n/a
96822	HLT	Managed Health Services Insurance Corp	C	C	B-
14226	HLT	Granite State Health Plan, Inc, d/b/a New Hampshire Healthy Families	n/a	n/a	n/a
12315	HLT	Peach State Health Plan, Inc.	C	C	C
14345	HLT	Sunflower State Health Plan, Inc.	n/a	n/a	n/a
13148	HLT	Sunshine State Health Plan, Inc.	E	E	E
95647	HLT	Superior HealthPlan, Inc.	C	C	B
95503	HLT	University Health Plans, Inc.	n/a	n/a	C
80799	LAH	Celtic Insurance Company	C	C	C+
60078	LAH	Hallmark Life Insurance Co.	C	C	D+

The 2011 and 2012 ratings are based upon the Annual Statement from the respective year, while the 2013 ratings are based upon the quarterly statement dated June 30, 2013 as Weiss Ratings, the creator of the ratings, has only processed data up to that point.

Standard & Poor's (long-term insurer financial strength).

The following table shows the changes in Standard & Poor's ratings of Centene's current Counterparty Credit Rating and Senior Unsecured Debt Rating for the past three years.

Rating Date	Centene Corporation
2013	BB
2012	BB
2011	BB

B.19 BREACH OF CONTRACT

For any of your organization's contracts to provide oral health services within the past five years, has the other contracting party notified the Proposer that it has found your organization to be in breach of the contract? If yes: (1) provide a description of the events concerning the breach, specifically addressing the issue of whether or not the breach was due to factors beyond the Proposer's control. (2) Was a corrective action plan (CAP) imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed. (3) Was a sanction imposed? If so, describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage) (4) Was the breach the subject of an administrative proceeding or litigation? If so, what was the result of the proceeding/litigation? Include your organization's parent organization, affiliates, and subsidiaries.

Neither Dental Health & Wellness of Louisiana, nor its parent Company, Centene Corporation, have been found in breach of contract around contracts to provide oral health services.

B.20 PROPOSER'S EXTERNAL QUALITY REVIEW REPORTS

Provide (as an attachment) a copy of the most recent external quality review report (pursuant to Section 1932(c)(2) of the Social Security Act) for the Medicaid contract identified in response to item B.16 that had the largest number of enrollees as of January 1, 2012. Provide the entire report. In addition, provide a copy of any corrective action plan(s) requested of your organization (including your organization's parent organization, affiliates, and subsidiaries) in response to the report.

Please see the attachments listed below and provided behind the Section B Attachments tab for copies of our two most recent external quality review reports for our parent organizations largest Medicaid contract, Superior HealthPlan. Please note that in Texas, these reports are produced separately for each product (TANF, SSI, CHIP), therefore, we have provided each of the three reports for the respective most recent years.

- ***Attachment B.20-A.: FY2010 TX STAR QOC Measures***
- ***Attachment B.20-B.: FY2010 TX STAR PLUS QOC Measures***
- ***Attachment B.20-C.: FY2010 TX CHIP QOC Measures***
- ***Attachment B.20-D.: FY2008 TX STAR QOC Measures***
- ***Attachment B.20-E.: FY2008 TX STAR PLUS QOC Measures***
- ***Attachment B.20-F.: FY2008 TX CHIP QOC Measures***

There were no corrective action plans requested in response to these reports.

B.21 REGULATORY ACTIONS, SANCTIONS AND/OR FINES IMPOSED BY FEDERAL OR STATE REGULATORY ENTITIES

Identify and describe any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against your organization within the last five (5) years. In addition, identify and describe any letter of deficiency issued by as well as any corrective actions requested or required by any federal or state regulatory entity within the last five (5) years that relate to Medicaid or CHIP contracts. Include your organization's parent organization, affiliates, and subsidiaries.

REDACTED

Tables B.21 Regulatory Actions/Sanctions/Fines

REDACTED

Dental HEALTH & WELLNESS OF LOUISIANA

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Dental HEALTH & WELLNESS OF LOUISIANA

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B.22 CIVIL OR CRIMINAL INVESTIGATIONS BY STATE OR FEDERAL AGENCIES

Provide a statement of whether your organization is currently the subject or has recently (within the past five (5) years) been the subject of a criminal or civil investigation by a state or federal agency other than investigations described in response to item B.6. If your organization has recently been the subject of such an investigation, provide an explanation with relevant details and the outcome. If the outcome is against your organization, provide the corrective action plan implemented to prevent such future offenses. Include your organization's parent company, affiliates and subsidiaries.

Neither Dental Health & Wellness of Louisiana, our parent company Centene Corporation ("Centene"), nor its affiliate health plans or other Centene subsidiaries, are currently or have been the subject of a criminal or civil investigation by a state or federal agency within the past five years, except as described below.

In January 2014, Centene acquired an ownership interest of 68.213% in U.S. Medical Management ("USMM"). Prior to this acquisition by Centene, USMM and its affiliates were notified of two ongoing investigations. The details of those investigations are:

- Michigan - This matter was initiated by two Civil Investigative Demands addressed to Family Nurse Care, LLC, d/b/a Pinnacle Senior Care, dated February 27, 2012, and Phoenix Home Health Care, LLC dated February 27, 2012, issued by the Office of the United States Attorney for the Eastern District of Michigan. The Civil Investigative Demands relate to patients who were served by Family Nurse Care, LLC or Phoenix Home Health Care, LLC from January 1, 2007 to the present. The requested records have been provided to the U.S. Attorney's Office. The last contact with the U.S. Attorney's Office was August 23, 2012. There have been no further requests for documents or information since that time. Ohio - This matter was initiated by a Subpoena Duces Tecum issued April 9, 2012, by the Department of Health & Human Services, Office of Inspector General, Columbus, Ohio. The U.S. Attorney for the Southern District of Ohio has participated in the investigation. The Subpoena requests documents regarding USMM and VPA, P.C. for services relating to patient care and ancillary services in Ohio from January 1, 2007 through 2012. Discovery has been ongoing on a cooperative and collaborative basis with the Office of Inspector General and U.S. Attorney's Office.

USMM settled the following matter in October, 2009:

- Michigan—Visiting physicians practices VPA, PC, and VPA of Texas, PLLC (collectively, "VPA"), agreed to pay $9.5 million and enter into a 5-year Corporate Integrity Agreement ("CIA") to resolve allegations that VPA submitted claims for unnecessary services to Medicare, TRICARE, and the Michigan Medicaid program in violation of the False Claims Act. VPA was alleged to have improperly billed for unnecessary home visits and care plan oversight services, unnecessary tests and procedures, and more complex evaluation and management (E&M) services than were actually provided. In connection with the CIA, USMM implemented an enhanced compliance program in accordance with the Office of Inspector General ("OIG") guidelines. This included appointing a chief compliance officer reporting to the CEO and Board of directors. It also engaged an Independent Review Organization (IRO) which reviews the company's coding/billing procedures on a quarterly basis and prepares the annual report for the OIG. To date, USMM has had no significant finding to report. The CIA is in place through November 19, 2014 and USMM expects for it to be closed at that time.

B.23 CLIENT REFERENCES

Submit customer references (minimum of two, maximum of five) for your organization for major contracts; with at least one reference for a major contract you have had with a state Medicaid agency or other large similar government or large private industry contract. Each reference must be from contracts within the last five (5) years. References for your organization shall be submitted to the State using the questionnaire contained in RFP Attachment VII. You are solely responsible for obtaining the fully completed reference check questionnaires, and for submitting them sealed by the client providing the reference, with your Proposal, as described herein.

You should complete the following steps:
a. Make a duplicate (hard copy or electronic document) of the appropriate form, as it appears in RFP Attachment VII (for your organization or for subcontractors, adding the following customized information:
• Your/Subcontractor's name; • Reference organization's name; and • Reference contact's name, title, telephone number, and email address.
b. Send the form to each reference contact along with a new, sealable standard #10 envelope;
c. Give the contact a deadline that allows for collection of all completed questionnaires in time to submit them with your sealed Proposal;
d. Instruct the reference contact to: • Complete the form in its entirety, in either hard copy or electronic format (if completed electronically, an original should be printed for submission);
• Sign and date it; • Seal it in the provided envelope; • Sign the back of the envelope across the seal; and
• Return it directly to you.
e. Enclose the unopened envelopes in easily identifiable and labeled larger envelopes and include these envelopes as a part of the Proposal. When DHH the opens your Proposal, it should find clearly labeled envelope(s) containing the sealed references.
THE STATE WILL NOT ACCEPT LATE REFERENCES OR REFERENCES SUBMITTED THROUGH ANY OTHER CHANNEL OF SUBMISSION OR MEDIUM, WHETHER WRITTEN, ELECTRONIC, VERBAL, OR OTHERWISE.
Each completed questionnaire should include:
• Proposing Organization/Subcontractor's name;
• Reference Organization's name; • Name, title, telephone number, and email address of the organization contact knowledgeable about the scope of work; • Date reference form was completed; and • Responses to numbered items in RFP Attachment # (as applicable).
DHH reserves the authority to clarify information presented in questionnaires and may consider clarifications in the evaluation of references. However DHH is under no obligation to clarify any reference check information.

Dental Health & Wellness of Louisiana would like to request that all references are held as confidential to protect the privacy of our cients.

B.24 PROPOSER'S WEBSITES AND HOMEPAGE(S)

Indicate the website address (URL) for the homepage(s) of any website(s) operated, owned, or controlled by your organization, including any that the Proposer has contracted to be run by another entity as well as details of any social media presence (e.g. Facebook, Twitter). If your organization has a parent, then also provide the same for the parent, and any parent(s) of the parent. If no websites and/or social media presence, so state.

Please refer to the next page for **Table B.24 Proposer Websites and Homepages** for the listing of the website addresses and/or any social media presence operated, owned, or controlled by Dental Health & Wellness of Louisiana, and our parent company Centene Corporation.

Table B.24 Proposer Websites and Homepages

Proposer:

Health Plan	Home Page	Social Media Presence (If Applicable)
Dental Health & Wellness	www.dentalhw.com	Not Applicable

Centene Corporation:

Health Plan	Home Page	Social Media Presence (If Applicable)
Centene Corporation	http://www.centene.com	**LinkedIn:** http://www.linkedin.com/company/centene-corporation?goback=%2Ecps_1280851242859_1&trk=co_search_results **Twitter:** http://twitter.com/#!/Centene

Centene Programs:

Specialty Program	Home Page	Social Media Presence (If Applicable)
Start Smart for Your Baby	http://www.startsmartforyourbaby.com/	Not Applicable
Start Smart for your Health	http://www.startsmartforyourhealth.com/	Not Applicable

B.25 EVIDENCE OF LOUSIANA CERTIFICATE OF AUTHORITY

Provide evidence that the Proposer has applied to Louisiana Department of Insurance for a certificate of authority (COA) to establish and operate a prepaid entity as defined in RS 22:1016 and in accordance with rules and regulations as defined by the Department of Health and Hospitals.

Dental Health & Wellness of Louisiana has applied for the certificate of authority to establish and operate a prepaid entity as defined in RS 22:1016 and in accordance with rules and regulations as defined by the Department of Health and Hospitals. A copy of the acknowledgement letter of our pending application from the Louisiana Department of Insurance is on the following page.

Dental HEALTH & WELLNESS OF LOUISIANA

LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

February 27, 2014

Keith M. Benit, Esq.
Chaffe McCall, L.L.P.
2300 Energy Centre
1100 Poydras Street
New Orleans, LA 70163-2300

Re: Dental Health & Wellness of Louisiana, Inc.

Dear Keith,

This letter confirms that your client, Dental Health & Wellness of Louisiana, Inc., currently has pending its Application for a Certificate of Authority as a Domiciled Insurer before the Louisiana Department of Insurance.

To the extent any Louisiana state agency has a question as to the status of the application, I may be contacted at (225) 219-4318 or via email at tstubbs@ldi.la.gov.

Sincerely,

Terry Stubbs

Ms. Terry Stubbs
Assistant Director, Company Licensing Division
Louisiana Department of Insurance
P.O. Box 94214
Baton Rouge, LA 70804-9214
225)219-4318 - Office
(225)219-9322 - Fax
tstubbs@ldi.la.gov

P. O. BOX 94214 • BATON ROUGE, LOUISIANA 70804-9214
PHONE (225) 342-5900 • FAX (225) 342-3078

B.26 PROPOSER'S FINANCIAL RESPONSIBILITY AND STABILITY

Provide the following as documentation of financial responsibility and stability:
• a current written bank reference, in the form of a letter, indicating that the Proposer's business relationship with the financial institution is in positive standing;
• two current written, positive credit references, in the form of a letters, from vendors with which the Proposer has done business or, documentation of a positive credit rating determined by an accredited credit bureau within the last 6 months;
• a copy of a valid certificate of insurance indicating liability insurance in the amount of at least one million dollars ($1,000,000) per occurrence and three million dollars ($3,000,000) in the aggregate; and
• a letter of commitment from a financial institution (signed by an authorized agent of the financial institution and detailing the Proposer's name) for a general line of credit in the amount of five-hundred thousand dollars ($500,000.00).

Please see the following page for a current written bank reference letter from US Bank, indicating the business relationship between US Bank and Centene Corporation is in positive standing.

Dental HEALTH & WELLNESS OF LOUISIANA

usbank

All of us serving you™

January 27, 2014

Attn: Mary Fuentes
Department of Health and Hospitals
Division of Contracts and Procurement Support
628 N 4th Street, 5th Floor
Baton Rouge, LA 70802

To Whom It May Concern:

This letter indicates that the Centene Corporation has a Proposer's business relationship with US Bank and we have listed the Corporation in positive standing. We continue to build a strong partnership and we look forward to future opportunities that we can help provide additional banking services.

Please let me know if you have further questions, I can be reached at 314-418-2923.

Cordially,

John M. Snider
U.S.Bank
Vice President – Treasury Management
Corporate For-Profit Healthcare

• two current written, positive credit references, in the form of a letters, from vendors with which the Proposer has done business or, documentation of a positive credit rating determined by an accredited credit bureau within the last 6 months;

Please see the following pages for two credit reference letters from Cenveo and Armstrong Teasdale.

Dental HEALTH & WELLNESS OF LOUISIANA

Cenveo. | St. Louis

101 Workman Ct | Eureka, MO 63025 | T 314.966.2000 | F 314.966.4725

February 6, 2014

Mary Fuentes
Department of Health and Hospitals
Division of Contracts and Procurement Support
628 North 4th Street, 5th Floor
Baton Rouge, LA 70802

Re: Credit Reference for Centene Corporation

To Whom It May Concern:

Cenveo, Inc., a provider of printing and distribution services, has done business with and provided services to Centene Corporation (Centene) since August 1, 1999. Cenveo provides printing and distribution services to Centene at the corporate level and for all of Centene's business units throughout the United States.

We are pleased to provide you this letter as a positive credit reference for Centene.

Sincerely,

David Hunnius
VP of Sales & Operations
Cenveo St. Louis

Dental HEALTH & WELLNESS OF LOUISIANA

Daniel J. Godar
Direct T 314.342.8003 F 314.612.2249
dgodar@armstrongteasdale.com

MISSOURI KANSAS ILLINOIS NEVADA SHANGHAI

January 31, 2014

Mary Fuentes
Department of Health and Hospitals
Division of Contracts and Procurement Support
628 N. 4th Street, 5th Floor
Baton Rouge, LA 70802

Re: Credit Reference

Dear Ms. Fuentes:

Centene Corporation has been a client of Armstrong Teasdale LLP since 1998. All payments to our Firm have been timely and within terms (30 days). We do not have a specific credit limit in place for Centene due to our positive credit experience with them.

Should you need additional information, feel free to give me a call.

Sincerely,

Daniel J. Godar

DJG:sls

ARMSTRONG TEASDALE LLP | 7700 FORSYTH BLVD., SUITE 1800, ST. LOUIS, MO 63105 T 314.621.5070 F 314.621.5065 ArmstrongTeasdale.com

• a copy of a valid certificate of insurance indicating liability insurance in the amount of at least one million dollars ($1,000,000) per occurrence and three million dollars ($3,000,000) in the aggregate; and

Please see the following page for Dental Health & Wellness of Louisiana's Certificate of Liability Insurance.

Dental HEALTH & WELLNESS OF LOUISIANA

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 02/13/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Central, Inc.
St. Louis MO Office
8182 Maryland Avenue
St Louis MO 63105 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	National Union Fire Ins Co of Pittsburgh	19445
INSURER B:	Lexington Insurance Company	19437
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Dental Health & Wellness of Louisiana, Inc.
7700 Forsyth Blvd.
Suite 600
St. Louis MO 63105 USA

COVERAGES CERTIFICATE NUMBER: 570052912998 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			4427204402	11/01/2013	11/01/2014	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
							PRODUCTS - COMP/OP AGG	Included
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION			BE025083569 SIR applies per policy terms & conditions	11/01/2013	11/01/2014	EACH OCCURRENCE	$3,000,000
							AGGREGATE	$3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Bureau of Health Services Financing
Louisiana Department of Health and Hospitals
628 North 4th Street
Baton Rouge LA 70802 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central, Inc.

Holder Identifier :

Certificate No : 570052912998

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ACORD 25 (2014/01)

• a letter of commitment from a financial institution (signed by an authorized agent of the financial institution and detailing the Proposer's name) for a general line of credit in the amount of five-hundred thousand dollars ($500,000.00).

Please see the following page for the Letter of Commitment for General Line of Credit, authorized by Barclay's Bank PLC.

Dental HEALTH & WELLNESS OF LOUISIANA

BARCLAYS

745 Seventh Avenue
27th Floor
New York, NY 10019
Tel 1-212-526-1770

barclays.com

February 7, 2014

Mary Fuentes
Department of Health and Hospitals
Division of Contracts and Procurement Support
628 North 4th Street, 5th Floor
Baton Rouge, LA 70802
Dear Madam or Sir:

It is Barclays Bank PLC's ("we" or "us") pleasure to provide this reference letter for our client, Centene Corporation (the "Company") and its subsidiaries. As of the 5 p.m. on February 6, 2014, Barclays Bank PLC, as the administrative agent for the Company's Five Hundred Million Dollar (US$500,000,000) syndicated credit facility (the "Credit Facility") pursuant to the credit agreement dated May 21, 2013 (as amended or modified, the "Credit Agreement"), is not aware of any defaults or events of default under the Credit Agreement. We further confirm that the Company's present availability under this Credit Facility is $440,000,000.

Please note that the information set forth in this letter is subject to change without notice, and is provided in strict confidence, without any responsibility or liability on the part of Barclays Bank PLC, its affiliates or any of its or its affiliates' directors, officers or employees. We undertake no responsibility to update the information set forth in this letter.

Should you have any further questions or require any additional information regarding our relationship with the Company, please feel free to contact me directly. I can be reached at (212) 526 – 9870.

Sincerely,

BARCLAYS BANK PLC

David Barton
Director

Barclays Bank PLC

B.27 PROPOSER'S ABILITY TO DELIVER SERVICES

Provide the following as documentation of the Proposer's sufficient financial strength and resources to provide the scope of services as required:
• The two most recent independently audited financial statements and associated enrollment figures from the Proposer. Compiled or reviewed financial statements will not be accepted. The audited financial statements must be:
o Prepared with all monetary amounts detailed in U.S. currency;
o Prepared under U.S. generally accepted accounting principles; and
o Audited under U.S. generally accepted auditing standards. The audited financial statements must include the auditor's opinion letter, financial statements, and the notes to the financial statements.

Centene Corporation is the parent company of Dental Health & Wellness of Louisiana (DHWL) and will be the entity guaranteeing performance for DHWL, therefore we are providing audited financial statements from Centene Corporation. Please see ***Attachment B.27.A: 2013 Centene 10-K***, which includes the requested audited financial statements for both 2012 and 2013.

• The Proposer's four (4) most recent internally prepared unaudited quarterly financial statements (and Year-to-Date), with preparation dates indicated.
The statements must include documentation disclosing the amount of cash flows from operating activities. This documentation must indicate whether the cash flows are positive or negative, and if the cash flows are negative for the quarters, the documentation must include a detailed explanation of the factors contributing to the negative cash flows.

Please see the following Centene Corporation Quarterly Financial Statements:

- ***Attachment B.27.B: Q3 2013 Centene 10-Q***, for period ending September, 2013
- ***Attachment B.27.C: Q2 2013 Centene 10-Q***, for period ending June 30, 2013
- ***Attachment B.27.D: Q1 2013 Centene 10-Q***, for period ending March 31, 2013
- ***Attachment B.27.E: Q3 2012 Centene 10-Q***, for period ending September 30, 2012

• Verification of any contributions made to the Proposer to improve its financial position after its most recent audit (e.g., copies of bank statements and deposit slips), if applicable. Proposer shall include the Proposer's parent organization.

This is not applicable to Dental Health & Wellness of Louisiana or Centene Corporation.

SECTION C: PLANNED APPROACH TO PROJECT

C.1 APPROACH TO MEETING IMPLEMENTATION REQUIREMENTS

Discuss your approach for meeting the implementation requirements and include:
• A detailed description of your project management methodology. The methodology should address, at a minimum, the following:
o Issue identification, assessment, alternatives analysis and resolution;
o Resource allocation and deployment;
o Reporting of status and other regular communications with DHH, including a description of your proposed method for ensuring adequate and timely reporting of information to DHH project personnel and executive management; and
o Automated tools, including use of specific software applications.

Centene Corporation (Centene) is very proud of our longstanding track record in Louisiana, and across the country, in successfully implementing health care programs. Through this experience we have learned that a successful implementation must meet the needs of DHH, our members, contracted providers and stakeholders. We understand that DHH has stated that the "go live" date for the DBMP is May 1, 2014. Based on our experience both nationally and in Louisiana, and our review of the implementation and readiness review requirements in the RFP, we believe that a 90 day implementation period would best position the program for success.

Centene has successfully implemented 28 Medicaid and CHIP contracts in the past five years.

Centene's 30 Years of Successful Implementation Experience

At any given moment, somewhere in the family of companies that Centene Corporation (Centene) owns, an implementation or expansion is underway. Most implementation projects we undertake are statewide conversions just like the Dental Benefit Management Program (DBMP) DHH is planning for Louisiana. Our reputation is built on an impeccable record of successful implementations across the nation and across all of Centene's business ventures. Centene has never missed an implementation deadline or failed a readiness review; and Centene's provider networks have always been ready and able to care for members from day one. We attribute our implementation success to consistently dedicating the proper time and talent, in the form of technological, intellectual and personnel resources, to each implementation project with the commitment to doing it right the first time. This "tone from the top" message permeates all Centene business operations and entities and has been the most influential factor in our ongoing success that is evident in each project we touch.

Centene and Dental Health & Wellness: The Power of One

As a national leader in the Medicaid managed care market, Centene strives to stay ahead of the curve by applying innovative approaches to help states deliver quality healthcare to beneficiaries under tight budget constraints. In line with our diversified business strategy and mission of providing better health outcomes at lower costs, Centene is growing its family of health care companies to truly integrate all aspects of health care delivery with a view toward meeting the holistic needs of every individual we

serve. To address the dental care needs of the beneficiaries Centene serves nationwide, Dental Health & Wellness has partnered with Scion Dental, a nationally recognized and experienced dental benefits management company. Dental Health & Wellness of Louisiana, Scion Dental and Centene bring the best of dental benefits management, advanced technological systems for dental claims management, and comprehensive provider network management to our state clients. Currently Dental Health & Wellness (of which DHWL is an affiliate) is in the process of becoming the Dental Benefit Manager (DBM) for all Centene Medicaid health plans. Our Kansas, Florida and Missouri health plans are ending their current DBM relationships and converting to DHW later this year. DHW's partnership with Scion Dental provides us with a unique blend of experience that could not be found in the marketplace. With this innovative business partnership, we are delivering the best of both worlds to our state clients.

Centene is growing its family of health care companies to truly integrate all aspects of health care delivery with a view toward meeting the holistic needs of every individual we serve.

Scion's Implementation Credentials. Scion Dental has a deep and diverse background of experience in implementing dental benefit programs for Medicaid populations. Since its operational beginnings in 2009, Scion Dental has grown to service 5.5 million members across the nation. Scion is a well-versed expert in implementing Medicaid dental programs as its core competency, which is demonstrated by their implementation successes over the past five years. Scion has been in the midst of an implementation virtually every single month since their creation in 2009. Scion has implemented over 40 dental benefit management programs for state and health plan clientele, representing over 50 product lines or beneficiary groups (i.e. Medicaid, Medicare, CHIP) in over 19 states for 5.5 million Medicaid beneficiaries. The table below highlights the Medicaid health plan implementations Scion has performed since 2009:

Year	2009	2010	2011	2012	2013
Dental Program Implementations	2	7	7	6	2
Medicaid Beneficiaries Served*	415,000	850,000	2,225,000	960,000	240,000

*Rounded to nearest 1,000

Scion Dental's Implementations in 2014. The trend continues, as Scion Dental has implemented four more dental benefit programs for Medicaid beneficiaries, serving over 195,000 people in this first quarter of 2014.

Centene's Approach to Meeting Implementation Requirements for DHH's DBMP

Dental Health & Wellness of Louisiana (DHWL) will leverage Centene's success in working with states to deliver managed Medicaid programs spans a broad variety of implementations, including implementing new business opportunities that are a result of growth in new markets (including implementation in multiple markets), as well as growth in Centene's existing markets through added product implementations and procurement efforts. From focused deployments of distinct populations or limited geographies, to comprehensive statewide deployments among multiple populations, to phased or staggered deployments over time, our process allows the flexibility to operate managed care programs on behalf of Medicaid clients successfully. Today Centene operates plans and programs encompass the

entire state or portions of their healthcare delivery, including dental services, in more than 18 states. Whether it is rural or urban, Centene is able to adapt and implement programs quickly and effectively. Recent, new business implementations Centene has launched include:

- **Bayou Health:** February 1, 2012
- **Massachusetts Medicaid:** January 1, 2014
- **California Medicaid**: November 1, 2013
- **Florida Dually Eligible:** August 1, 2013
- **New Hampshire Medicaid**: December 1, 2013
- **Kansas Medicaid**: January 1, 2013
- **Missouri Medicaid:** July 1, 2012
- **Illinois Integrated Care Program.** May 1, 2011
- **Mississippi Medicaid.** January 1, 2011
- **CeltiCare Health Plan.** Centene, through its subsidiary, Celtic Group, Inc, implemented CeltiCare Health Plan of Massachusetts in July 2009 to provide high-quality, cost- effective health insurance to the Massachusetts residents enrolled in the Commonwealth Care program. The program was expanded in November 2009 under the Commonwealth Care Bridge Program, and again in April 2010, under the Commonwealth Choice program.
- **Florida Medicaid Expansion.** Centene partnered with Access Health Solutions (Access) to implement a full-risk Medicaid managed care program and started accepting new members in January 2009.
- **Texas Foster Care.** Superior HealthPlan Network implemented STAR Health, a statewide Medicaid program for children in foster care, in April 2008.
- **South Carolina Medicaid.** In 2007, when the state decided to transition their Medicaid program to managed care, Centene was there to partner with them, creating Absolute Total Care (ATC) as a statewide managed care organization.
- **Arizona Long Term Care.** Centene built Bridgeway Health Solutions from the ground up in October of 2006 to manage Medicaid recipients who need assistance with long term care services in Arizona.
- **Georgia Medicaid.** In 2006 Centene built the Peach State Health Plan (Peach State) as a new health plan by working closely with the Georgia Department of Community Health (DCH) as they transitioned their Medicaid program from fee-for-service to managed care.

Overview of Project Management Methodology for DHH's DBMP

Through our experience with state programs, Centene knows what is required to implement a dental benefits management program of this magnitude. After each implementation, we review implementation results with those who participated in every phase of the implementation process to identify best practices and areas that represent improvement opportunities. We apply lessons learned to new implementations. For DHH, Centene will leverage Scion Dental's experience with dental program implementations and infuse our tried and true methods for network development that ensure network readiness with every implementation. All new business implementation activities are managed by

Centene's Corporate Implementation Team. For DHH's DBMP, this team is comprised of Centene's dedicated project managers and Scion Dental's dental benefit managers whose collective experience and knowledge provides a breadth and depth of industry know-how regarding planning and execution of complex dental care business initiatives. This team is led by DHWL CEO, based in Louisiana, and has already been formed very early in the process – while the RFP was in development – to set the stage for project leadership, dedication and ownership among team members early on. The team follows a project management approach that is highlighted by:

1. *Lifecycle methodology* with defined stages and activities to ensure progress to implement the program;
2. *Proactive Internal Evaluation* with regular intervals of review of implementation progress, task completion status, issue identification, risk assessment, alternatives analysis and resolution;
3. *Implementation Task Force and Project Support Staff* through deployment of a dedicated, highly specialized team of professionals with defined levels of authority to implement the program;
4. *Communication, Communication, Communication* between internal and external implementation partners and team leaders; and
5. *Technological Support* through a set of industry-accepted and proprietary technological systems, software and tools to define accountability, track progress and identify/mitigate risks to successfully implementing the program.

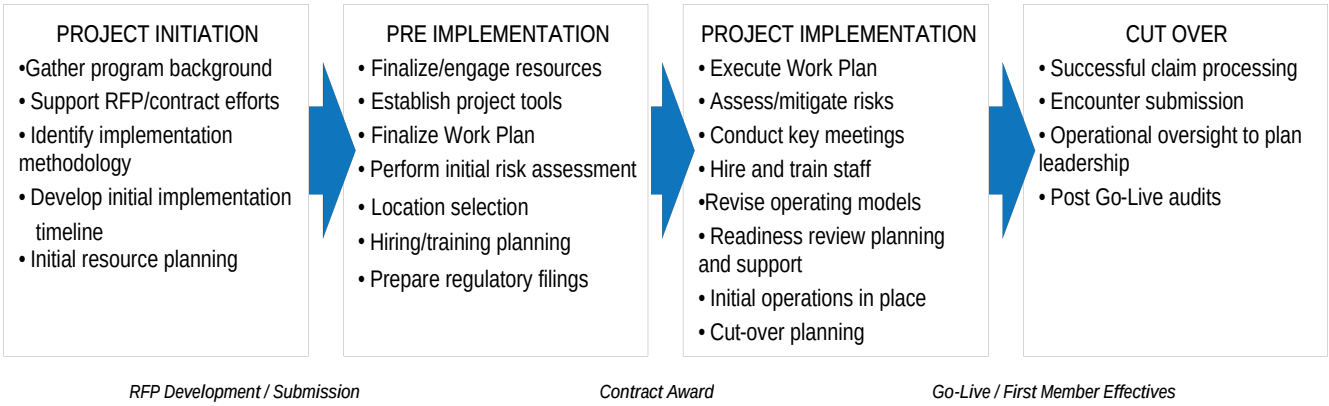
The following sections provide insight into each of these key implementation tenets.

Project Lifecycle Methodology

Every implementation consists of a project lifecycle with defined stages, assigned tasks, due dates and status-check activities to ensure progress toward implementing the benefit management plan in accordance with our state client's requirements and expectations. Centene's project lifecycle methodology provides the same framework as a typical "Project Office" in which resources and tools are deployed in a standard manner, thus enabling us to effectively meet tight time frames, manage cross-functional activities, and establish clear expectations with all project participants to ensure a successful business implementation. The project is managed consistently by:

- ***Assigning key milestones and deliverables*** to each phase with specific ownership;
- ***Reporting weekly status*** to key stakeholders;
- ***Continuous assessment for risk and development*** of risk mitigation strategies to ensure resolution;
- ***Clarifying escalation paths at the beginning*** of each project to facilitate timely response and priority.

Project lifecycle is categorized by four distinct phases that encompass multiple activities to ensure consistent and appropriate resource support from launch to full and sustainable business operations. The diagram below depicts each phase and highlights key activities of each phase, followed by a brief description of these phases:



Phase I: Program Initiation. During this phase, the initial development and understanding of the project's scope of work are developed. Key activities include but are not limited to:

1. *Gathering program background* – includes the research conducted by the team to develop essential information such as key stakeholders/agencies overseeing program elements, current market trends and key online reference manuals/policies/standards for the state program. Information is compiled into a "Kick-Off" presentation to ensure all project resources share a similar understanding of the project to be executed.
2. *Support for RFP /contract efforts* – includes preparing materials for RFP and/or Contract submission/execution. This provides the team with an early opportunity to understand key program elements and essential initiatives to be addressed in the implementation process.
3. *Identify implementation methodology* – includes the identification and approval of the specific model used for implementation management.
4. *Develop Initial implementation timeline* – includes the first draft of a high level implementation schedule to identify timing of key project deliverables. The team will review this timeline with each integrated lead to ensure alignment of work plan activities and identification of additional resource needs.
5. *Initial resource planning* – includes the early identification of additional resources needed to support the implementation timeline and methodology and the initial approval of senior leadership for the engagement of these resources.

Phase II: Pre-Implementation. At this point, we transition into the final preparation prior to implementation (or execution) of the project plan. During this phase key activities include, but are not limited to:

1. *Finalize/engage resources* – allows for the integration of project resources proposed in the Project Initiation Phase. This activity culminates in a series of Implementation "Kick-Off" meetings with internal and external resources to ensure consistent understanding of the implementation plan.
2. *Establish project tools* – will begin the process of gathering and labeling and, where appropriate, pre-filing key project tools to be utilized by implementation team members.
3. *Finalize work plan* – all key implementation milestones, supporting activities, delivery dates and accountabilities are confirmed with each implementation team member to ensure appropriate support,

4. *Initial risk assessment* – during this meeting of the integrated lead team, documentation such as the integrated IT testing schedule and program draft contract are reviewed for identification of immediate program risks.
5. *Other key activities* that may be initiated prior to the Implementation Phase include facility location, hiring/training planning and regulatory filings prepared.

At times, the Project Initiation and Pre Implementation phases occur back-to-back or overlap due to expedited implementation requests from clients. During those times, the team works closely to ensure essential activities or deliverables for these phases are not overlooked.

Phase III: Project Implementation. The notification of contract award initiates the activities associated with this phase. In some cases, due to the need to support aggressive implementation timelines, these activities may begin prior to contract award or finalization. This phase culminates in the execution of all activities needed to ensure an effective program implementation, as will be the case with the DHH's Dental Program in alignment with the timing for the assignment of members and linkage to a Primary Care Dentist (PCD). Specifically, key implementation activities during this period include:

1. *Execute Work Plan* – highlighted by the work done by the integrated leads and includes activities such as, but not limited to, the development of all policies and procedures unique to the support of program operations; development of all member and provider materials; continued development of provider networks; preparation to implement clinical protocols and transition strategies
2. *Assess/mitigate risks* - continuous identification, documentation, and assignment of risks for resolution and mitigation planning; tracking of key decisions on program models
3. *Conduct key meetings* – throughout this phase, we will conduct weekly integrated lead meetings to monitor project scope, schedule, and key deliverables while continuously resolving issues and mitigating risks. With approval from DHH, we will establish a regularly occurring meeting between key DHWL's lead implementation team and DHH project leadership to review implementation progress and discuss any areas of operational clarification for both DHWL and DHH. In addition to regularly occurring meetings, we also prepare for project go-live through a series of internal operational readiness reviews (held 60 and 30 days prior to the go-live date). These reviews are managed by the implementation team for the Centene Enterprise Implementation Steering Committee to ensure all key activities and deliverables are moving toward completion prior to go-live. This ensures that DHWL will be fully prepared for cutover to the new program.
4. *Hire and train staff* - recruitment and hiring of the key executives and the staff needed to support DHWL operations development; execution of all staff training materials and curricula
5. *Revise operating models* – the functional operating models developed in the Pre-Implementation Phase are further validated and refined based on additional information gathered through activities of the Pre Implementation and Project Implementation phases
6. *Development of key reports* – working with DHH we will develop drafts of reports required for submission to be used to monitor DHWL performance after program implementation
7. *Readiness review planning and support* – in conjunction with Compliance Integrated lead, support delivery of any materials and/or facilitate meetings to ensure successful review of program operations by DHH

8. *Initial operations in place* – establish operations needed to provide support to deployment schedule (i.e. member services, web services, development and execution of marketing strategies as permitted by DHH policy)
9. *Cut-over planning* – development of activities to establish clear expectations around what needs to occur throughout the weeks leading up to and immediately after the program go-live

During this period, our Information Technology (IT) integrated leads and Subject Matter Experts (SMEs) work with our functional leads to gather technical and business requirements and prepare key systems for implementation. The IT systems process concludes with end-to-end testing activities which follows test data through the process.

Phase IV: Cutover / Plan Operations. This final phase of the implementation marks the formal transition of the program to full operational management by DHWL. Some key events and activities conducted during this phase include:

1. *Successful claim processing* – shortly following the initial enrollment of members, all claim adjudication is reviewed for accuracy and alignment with proposed billing principles. Upon the successful completion of this process over a period of time, established during the cutover planning activities, the claims functionality will be monitored via local DHWL leadership.
2. *Encounter submission* – typically conducted several weeks after initial claim submission and thus becomes an integral transition benchmark
3. *Local operational oversight* – project team members work directly with DHWL leadership to ensure transfer of knowledge, understanding of operational set up. In addition, team members may also establish ongoing meetings to support DHWL leadership.
4. *Post Go-Live audits* - in support of our effort for continuous improvement, we conduct post go-live reviews at intervals of 30, 90 and 180 days from the first day of operations.

This phase culminates with a formal exit process as validation that all key business processes are fully operational and metrics have met targeted thresholds. Validation also includes identifying and documenting lessons learned; communicating the results to the project team; and archiving all project artifacts.

Proactive Internal Evaluation

Throughout each phase, we check progress of each assigned task, identify challenges or roadblocks, and apply alternatives to resolve or avert any delays. Below we describe how we ensure timely completion of required deliverables, manage performance standards and identify and manage issues and risks.

Monitoring Implementation Progress. The project's designated Implementation Lead monitors progress of each key part of the implementation and provide status reports to senior management to ensure project objectives are achieved. By closely monitoring the overall progress of an implementation, appropriate corrective actions can be taken and consistent "total project" auditing can be developed should performance deviate significantly from the original plan. The overall objectives of the monitoring process are to:

- Compare and evaluate actual project accomplishments against expected results
- Provide global visibility into progress as the project proceeds
- Apply corrective measures when varies from original plans
- Facilitate seamless implementation transition to ensure established processes and operations are scalable and sustainable following implementation

- Confirm coordination of activities and tasks among the implementation stakeholders to achieve overall project results
- Ensure effective communication streams are establishes with internal and external stakeholders.

Throughout implementation, we hold ***Integrated Lead Meetings*** - regularly held check-in meetings with implementation team members and key staff – where we confirm progress on deliverables and identify and address any issues impacting implementation readiness. Standing agenda items at these meetings include the identification of new issues and comprehensive discussions on the progress made toward resolving existing issues. Initially, meetings are held weekly and as activities progress. As the go-live date approaches, meeting frequency increases to daily check-ins that continues to occur following the first weeks of operations after go-live.

To ensure appropriate visibility and support, ***Enterprise Implementation Steering Committee*** meetings are held weekly to inform senior leadership of issues potentially impacting implementation progress that may require escalation for final resolution. These meetings are also used to ensure appropriate resource allocation; review and take action on key decisions to be determined; balance corporate priorities; and realign as necessary and approve project resource/budget changes.

To consistently achieve implementation objectives, we engage in regular communications with our State agency partners. With DHH approval, DHWL will expand its communications externally and facilitate a standing meeting with DHH stakeholders to communicate status and updates on implementation progress and allow the DHW implementation team to discuss open items and/or points of operational clarification. The frequency of these meetings will be determined at the beginning of the implementation and will be evaluated on a regular basis to ensure they meet the needs of the project and DHH. Prior to the meeting, DHWL will coordinate and provide an agenda of discussion topics and a log tracking questions and responses from these meetings. Additionally, DHWL will ensure appropriate personnel and resources are available for any focused discussions requested by DHH.

Executive Operational Readiness Reviews. At key points leading to the go-live date, an executive leadership team made up of DHWL and Centene executives will conduct an internal operational review. During these reviews, the key leadership for each of the business functional areas is required to illustrate to the management team the current state of their team to support the Contract, the level of readiness of that team, and any plans to address open activities associated with operational readiness. Typically, these occur at points 60 and 30 days prior to the prospective go-live date. However, the number and frequency of these reviews can vary depending on the type of enrollment and the level of readiness demonstrated during the review.

Lessons Learned. Lessons Learned meetings are held to collect knowledge and experience, both positive and negative, derived from the implementation and evaluation of a project. Meetings are held at distinct intervals (typically 30, 90 and 180 days after go-live). Meeting participants will vary depending on their involvement in the project at that particular phase of the implementation. During these meetings Integrated Leads provide feedback regarding planning effectiveness including areas of success and areas for improvement. These recommendations are gathered, categorized by topic and then reviewed by the functional leads as level of impact on the implementation. The team then uses this information in establishing process improvement in planning future implementations.

Risk Identification and Management. Throughout the implementation monitoring process, issues and risks that could impact the success of implementation may be identified. Centene uses a ***Risk Log*** to track and monitor issues until resolution is reached. All issues are assigned an owner who is responsible for ensuring the issue is addressed and resolved. Each issue is also assigned a priority level based upon

timing and impact criteria. Further detail about the log can be found in the tools descriptions below and in the response to question ***C.3 – Risk Management Plan.***

DHWL's Implementation Team, Task Force and Project Support Staff

DHWL will assemble a dedicated, highly specialized team of professionals with defined levels of authority to implement DHH's Dental Benefit Management Program. We know that implementing a statewide program requires dedicated corporate resources to build and support the program for newly hired local staff. Our corporate structure directly aligns with our implementation structure. Corporate resources support all aspects of the program's administrative, technological and personnel functions and provide overlapping support as the local team takes over independent management of the program. Emulating the best practice first employed in Centene's recent implementation in California, Centene's Executive Vice President of Specialty Company Operations, to whom DHWL's CEO will ultimately report, will be involved in implementation activities from day one, immediately following contract award. Accelerating this involvement ensures continuity and consistency of relationships with local providers and other key DHWL stakeholders.

Local Implementation Team. Centene and DHWL have dedicated a team of professionals to lead and manage the implementation of the Louisiana DBMP. Operational satisfaction is the team goal and the transition to full operations in Louisiana will include managing defined implementation and operation metrics. To meet the objectives of DHH's DBMP, the team will draw upon their broad experience in the dental benefits management business, the extensive expertise across the entire Centene organization, and established industry best practices. The following diagram depicts our project organizational structure:

The ***Enterprise Implementation Steering Committee*** is a team of DHWL and Centene senior executives who focus on balancing project priorities among corporate initiatives while ensuring strategic objectives are attained. The Committee meets weekly. Accountabilities of the Enterprise Implementation Steering Committee include:

- Guide cross-project implementations from an enterprise point of view with regard to strategic direction, Contract compliance, budget and organization resources
- Balance corporate, health plan and Specialty Company priorities
- Approve initial project budgets
- Approve Project Change Control Requests (PCRs)
- Resolve cross-project issues
- Remove cross-project barriers
- Monitor project execution via recurring governance meetings and weekly status reports
- Serve as highest escalation point for project issues and barriers

The ***Project Leadership and Management Team*** is the management group with overarching responsibilities for delivering the implementation within the specified timeline, budget, and defined scope while ensuring quality management. Issues that cannot be resolved at this level are escalated to the Enterprise Implementation Steering Committee. The project leadership and management team is accountable to the Enterprise Implementation Steering Committee and consists of the following roles and responsibilities:

1. **Executive Sponsor.** Ultimately responsible for the delivery of the implementation, the Executive Sponsor is the "Project Champion" who provides oversight for the project. Their accountabilities include:
    - Provides project business case analysis
    - Ensures availability of project funding
    - Ensures availability of Project Entrance criteria
    - Ensures strategic corporate direction is maintained across/within project
    - Accountable to Enterprise Implementation Steering Committee and Project Advisory Committee
    - Accountable for delivery of project
    - Serves as a communications conduit between senior management and the project team
    - Resolves material budget and material scope variances
    - Resolves project issues
    - Removes project barriers
    - Monitors project execution via recurring governance meetings and weekly status reports
2. **Business Implementation Director.** Responsible for executing a quality project implementation according to the defined scope, schedule, and timeline. Accountabilities include:
    - Provides execution strategy to achieve strategic business objectives
    - Ensures project complies with corporate policies, procedures and practices
    - Presents project updates via recurring governance meetings and weekly status reports
    - Performs business and IT stakeholder outreach and engagement to ensure open communications on project integration, execution and ongoing status
    - Oversees and validates project budgets, schedule and quality metrics
    - Oversees control of project scope through Change Control process
    - Oversees management of Work Plan and time reporting
    - Manages escalation of project issues/risks to advisory and steering committees
    - Oversees Project Management responsibilities
3. **Business Project Manager**. Supports new business implementation activities
    - Manages and coordinates setup of project tools and security rights (i.e. website, intranet, project folders, etc.)
    - Develops key project management deliverables (i.e. contact matrix, communications plan, standard Work Plans, project team training plans, etc.)
    - Conducts metric data collection
    - Assists Integrated Leads in identifying cross-functional dependencies
    - Updates the work plan and risk log
    - Tracks all decisions in the Decision Tracking Log

The ***Functional Project Team*** consists of the ***Integrated Leads*** and a ***Task Force*** made up of Business Subject Matter Experts (SME) that is further assisted by ***Project Support Staff***. The Functional Project Team provides operational oversight for the project and is responsible for launching the implementation

activities (described in Phase III above) needed to build the program. Their roles and responsibilities are listed below:

A. ***Integrated Leads*** are accountable for complete business and IT delivery of specific business processes from project initiation to cutover, including oversight and/or delivery of functional operations within the organization in addition to implementation deliverables. Responsibilities include:

- Manage delivery of the business processes according to the project budget/costs, schedule and quality constraints
- Ensure project IT/business solutions comply with State, corporate and IT policies, procedures and practices
- Manage resource allocation
- Develop Release Management Plan
- Perform issues/risk/decisions management
- Manage cross-functional dependencies
- Monitor implementation and post-implementation dashboards

B. ***Task Force and Project Support Staff members*** are DHWL and Centene business operations subject matter experts. They provide specialized, focused support to the overall project. Responsibilities include:

- Assist in project issue/risk resolution and decision management
- Provide functional area expertise to Integrated Leads
- Monitor implementation and post-implementation dashboards

While DHWL will be a fully functioning entity with its own leadership team and dedicated program staff location in Louisiana, it will also benefit from Centene's corporate resources. Once DHWL moves into the operational phase, these additional resources remain available and will provide support onsite as needed. This structure provides DHWL with a consistent level of business continuity, accountability and involvement throughout the project through cutover, to ensure a high level of operational accountability going forward.

Consistent Communication among Implementation Participants

Centene's implementation model puts communication and interactions with the state agency at the top of the tier as the most critical aspect for successful implementation of any new Medicaid managed care program. Our broad experience working with state agencies and their fiscal intermediaries enables us to work together in a collaborative partnership to ensure an effective transition from fee-for-service to managed care. In a number of previous implementations, we have supplied eligibility, encounter, and reporting interface templates to states and their agents. This has minimized expensive changes for states and their subcontractors down the road.

DHWL's Interactive Communication Plan for DHH. Centene and DHWL will collaborate with the DHH staff as an integral part of our team. We will develop a solid communication plan that ensures interaction with DHH and input from key operational staff at DHH is included in all relevant aspects of the implementation. DHWL's primary goal is to serve as a responsible, transparent partner with DHH. Therefore, during the Program Initiation and Pre Implementation Periods, we will identify key personnel representing DHWL and will ideally pair them with DHH staff members who share their respective

responsibilities and expertise. Selection of DHWL key contacts will ensure alignment with those identified by DHH.

Project Meetings. Successful implementations result from data and informational exchanges between health plan representatives, state agency staff and the state's fiscal agent to discuss project status, risks, and problems, and work toward mutual resolution. Therefore, we will initiate regularly occurring meetings with internal and external stakeholders as the vital communication vehicle to ensuring frequent and consistent messaging. Meeting frequency typically is at its highest levels just prior to and immediately following the program go-live date. For example, Project Meetings with state stakeholders will typically occur once or twice weekly 30 days prior to the go-live date, and once a week 30 days after the go-live date. We always adjust meeting frequency in accordance with our client's preference.

State Systems Interactions As a new program is implemented, we will work with the state's fiscal intermediary in order to gather information and details about data exchange avenues, requirements and expectations to ensure a smooth, seamless program transition that will support program objectives on an ongoing basis. For example, we will discuss how eligibility files, encounter data and other reports are transmitted back and forth so that both we and the fiscal intermediary are fully aware of each other's existing practices and able to accept/transmit data in preparation for the go-live event itself and on an ongoing basis thereafter.

Project Status Reporting – Dashboard. Centene utilizes a formal system of documentation to monitor, track, assess, and report progress with each project. (Much of this documentation is gathered and tracked in the various tracking tools listed in our response to question C.2.) On a weekly basis, our implementation team provides an update of key measures within their functional area as part of our implementation dashboard. We then utilize these tools to develop a limited set of reports relative to project status. The level of detail and type of information included in our various project status reports varies based on the type of report and its audience. Reports are then reviewed during our regularly scheduled meetings and any changes or adjustments to the frequency, format, and/or content within our reports are done in order to meet the needs of the Contract. While we run a myriad of internal reports as part of the larger implementation project, we focus on three key reports as our internal points of accountability to collect and report information on the project implementation. The reports are reviewed weekly by our Implementation Director who then prepares an implementation project status report to present to the **Executive Steering Committee.** The report package includes:

- Executive Summary of implementation progress – a synopsis of the Weekly Project Status Report.
- Key risks by functional area – a view of the highest rated risks to implementation success
- Critical Milestones Report - derived from the individual Project Functional Area Work Plans; a high-level summary of the current project status relative top critical project milestones.

The Implementation Director will also prepare a ***Weekly Project Status Report*** by phase and by function for key stakeholders. This report is derived from a review of the project Work Plan along with notes from previous weeks' Integrated Lead and Enterprise Implementation Steering Committee Reports. Key announcements and activities requiring attention are documented to ensure consistent messaging and guidance for Integrated Leads and SMEs. Additionally, our Implementation team is prepared to apply its collective professional experience in project management and operations to work with the integrated leads to develop any additional reporting should additional project deliverables or risk mitigation strategies be necessary.

Provider Network Implementation Methodology

DHWL will develop a clearly defined implementation Work Plan tailored to its provider network in Louisiana. The project managers for the network development portion of the entire DHWL implementation project were designated prior to issuance of this RFP. Provider recruiters have been meeting face-to-face with prospective providers and actively building relationships in the provider community and much of the preliminary implementation tasks relating to the provider network have already been completed.

Network Implementation Methods. DHWL uses a variety of tools, systems and methods to ensure every component of the network implementation plan is successfully carried out within prescribed timelines. As described above, DHWL conducts weekly network implementation meetings to keep tasks on track and to uncover any challenges so they can be addressed early in the process. Our network implementation methodologies include the following major components:

Network Implementation Component	Description
Assembling Network Implementation Task Force	▪ Task force leader is a member of the Implementation and Integration Team ▪ Roles and responsibilities of each task force member defined in accordance with project goals ▪ All task force members have the responsibility and authority to carry out tasks as assigned
Developing a Network Readiness Task List	list includes task descriptions, owners, due dates, completion status
Assessing Network Readiness Progress	▪ Weekly network implementation meetings ▪ Task force members report task completion status and challenges to meeting deadlines, if any ▪ Meeting minutes filed and accessible to all internal departments ▪ Task completion status presented in measurable format (i.e. reports, prototypes, written proof of task completion) and distributed to task force members, Implementation Team and DHH as requested

A provider network that is ready and able to deliver dental services to members on the go-live date is critical to the program's overall success. To ensure providers are ready well in advance of the go-live date, the Network Implementation task force will ensure allocation of the resources and personnel necessary to accomplish our goals. The table below shows some of the tools and activities deployed and in progress in order to prepare the provider network in anticipation of the go-live date.

Task Description	Owner	Due Date	Status/Comments
Develop and produce LOIs, provider agreements, applications, manuals, handbooks and any other legal forms and documents used for provider contracting and network management purposes	Dept. Director	Ongoing	Documents in SharePoint
Prepare report(s) and lists relating to network access, adequacy and network management	Dept. Director	Ongoing	Status report delivered per Contract/Corporate requirements (See Network

Task Description	Owner	Due Date	Status/Comments
activities			Development Plan)
Develop cover letter and recruitment packet for initial provider mailing	Dept. Director	Drafted	Pending RFP award
Mail provider recruitment packets	Dept. Director	Drafted	Pending RFP award
Coordinate application completion/submission with providers & credentialing department.	Dept. Director	Ongoing	Status report delivered per Contract/Corporate requirements
Provider Recruitment Log maintenance	Dept. Director	Ongoing	See Network Development Plan
Conduct recruitment presentations with prospective providers	Dept. Director	Ongoing	See Network Development Plan
Ensure agreements and data for newly credentialed/contracted providers are loaded in system (for claims and case management purposes)	Dept. Director	Ongoing	Status report delivered per Contract/Corporate requirements
Conduct provider orientation/training sessions, including distribution of provider manuals and similar documents.	Dept. Director	1 month prior to go-live; Ongoing after go-live	Status report delivered per Contract/Corporate requirements
Ensure all relevant provider data is entered into the system prior to the Provider Call Center taking provider calls.	Dept. Director	1 month prior to go-live; Ongoing after go-live	Status report delivered per Contract/Corporate requirements
Ensure all relevant member data (such as enrollment files) is loaded into the system for call center and subcontractors	Dept. Director	1 month prior to go-live; Ongoing after go-live	Coordinate file transmittal process with DHH
Ensure adequate staffing level requirements to meet increased provider call volume and service needs	Dept. Director	Ongoing	See staffing plan. Pending RFP award
Complete credentialing of applicants	Dept. Director	Go-live	Status report delivered per Contract/Corporate requirements
Credentialing log maintenance	Dept. Director	Ongoing	Status report delivered per Contract/Corporate requirements
Coordinate complaints, provider inquiry functions with MS and PR staff	Dept. Director	1 month prior to go-live	

While the information and examples presented herein are specific to provider network readiness, implementation activities such as these will permeate every aspect of DHWL's business development and operations in Louisiana. DHWL will practice due diligence; communicate frequently with all stakeholders; and deliver a fully functioning dental delivery system for Louisiana beneficiaries.

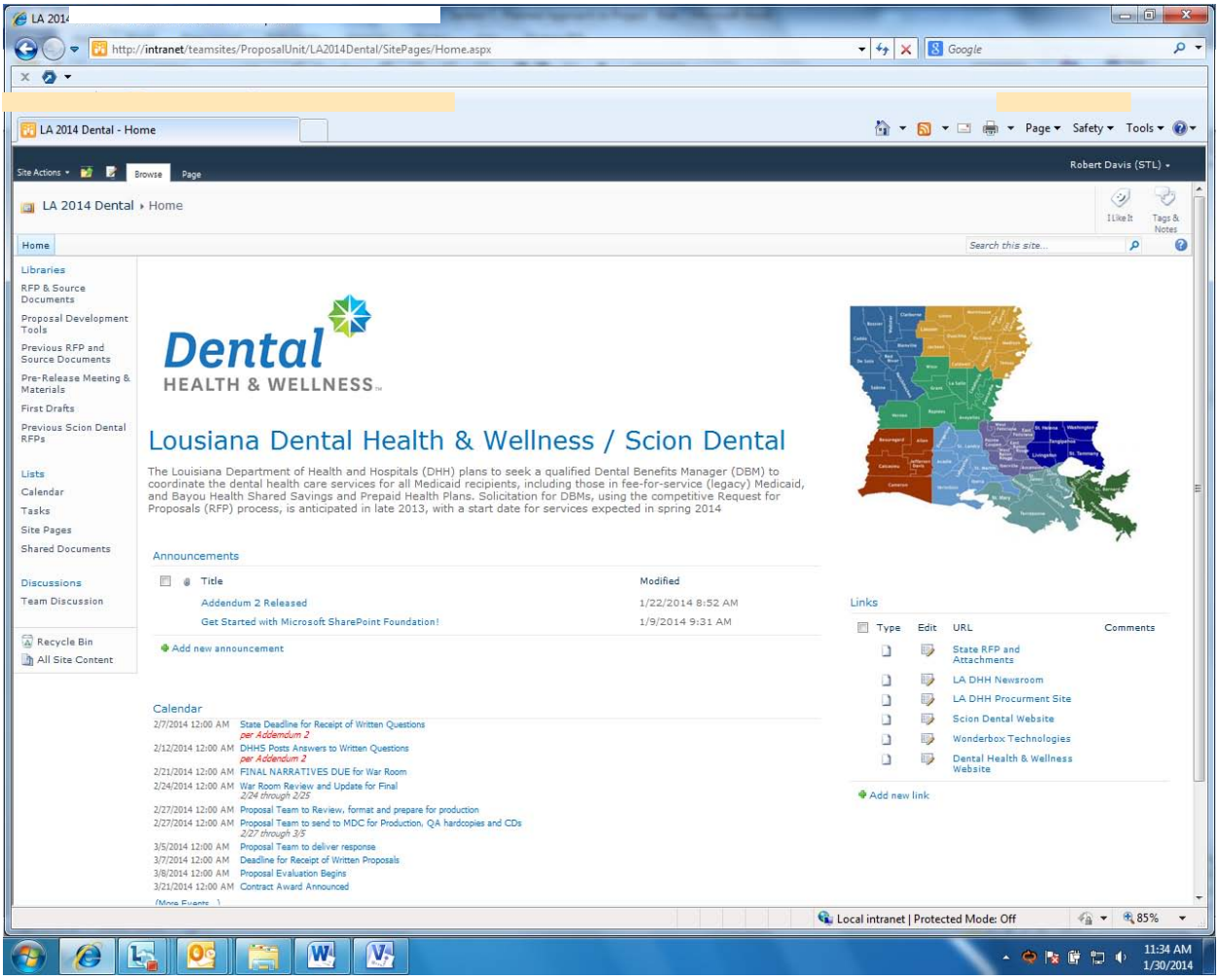
DHWL Enhances Industry Standards with Proprietary Tools that Ensure Success

At all stages of implementation, we define accountability, track progress and identify and mitigate risks to implementing the program. We utilize recognized tools such as Microsoft Project and SharePoint, an online project management tool, to document and track project deliverables and timing and ensure consistent communication and single points of access to information for all implementation team members.

Proprietary Tools and Customized Templates. In addition to commonly used systems, DHWL will also utilize a set of proprietary tools and pre-populated templates that give the project team a jump-start on the implementation process. These tools, techniques, and templates have been developed to specifically meet the needs of dental program implementations and encompass the following key areas: project scope, project communications, resource planning, work plan and schedule, risk management, quality management, and cost management. The implementation team can tailor each template to meet the requirements of the program. Our integrated approach to deploying both standard industry tools and proprietary tools produces streamlined business processes, is more responsive to the market as changes occur, and is more focused on the needs of our State clients. These tools are discussed in greater detail below.

Our integrated approach to deploying both standard industry tools and proprietary tools produces streamlined business processes are more responsive to the market as changes occur, and are more focused on the needs of our State clients.

SharePoint: The Project Implementation Intranet Site. Centene uses a corporate-wide intranet site called CNET (**C**entene Intranet) as our version-controlled document repository. CNET operates on a top-tier Microsoft SharePoint platform and is fully integrated with Microsoft Office. For the DHWL implementation, Centene has created a dedicated project implementation site on CNET, which includes a standard directory structure. The site is used as a single point of reference for all implementation participants. It used for storing documentation such as diagrams, staffing models, business requirements documents, technical design materials, etc. specific to the business processes being developed for DHWL will be added to the DHWL CNET project site upon Contract award. The project site will also contain related materials from the Information Technology (IT) and Implementation functions, including a reference section containing final versions of the RFP and Contract. The site also includes access to general program announcements, plan specific news articles and project control documentation along with a calendar of upcoming events. Below is a screenshot from the ***Dental Health & Wellness of Louisiana project site***:



Site Security. The DHWL project site security is managed by the Implementation Leads, both of whom have administrative rights to the site. All project stakeholders will be granted, at a minimum, read access to the site. Security will be further defined by each project team member's specific role.

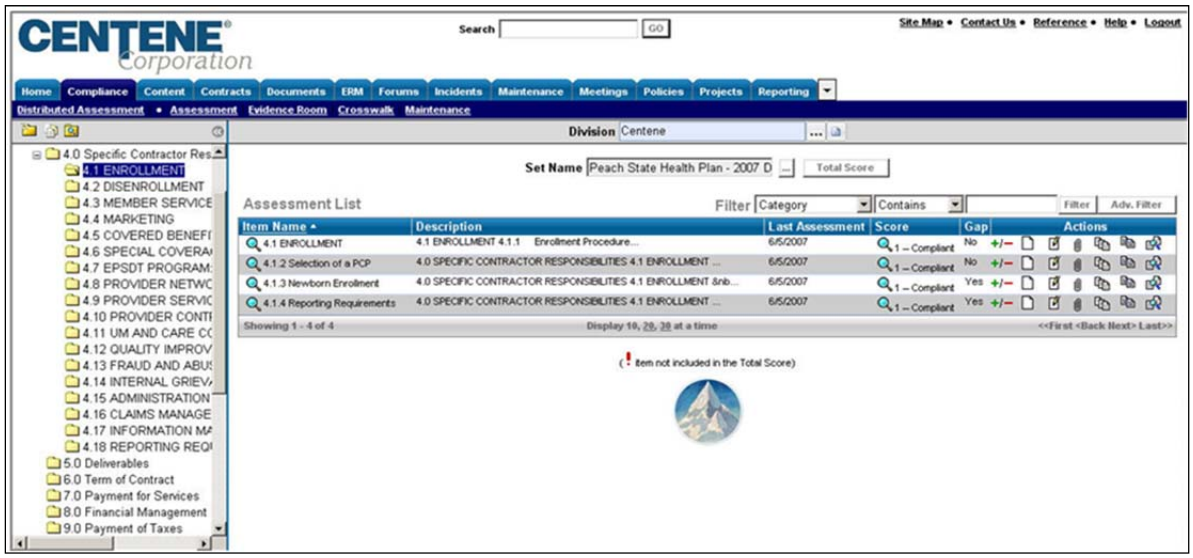
Document Baseline Standards and Version Control. Via SharePoint, Centene also uses an established document version control process to ensure that all previous versions of project related documents are preserved as the documents undergo revisions. Project team members are required to use a standard CNET document check-in/check-out procedure each time they revise a document.

MS Project: Work Plan. The DHWL Implementation Work Plan serves as the core resource for identification of project deliverables, milestones, tasks, timeline, deliverables and accountable parties. The Work Plan is the basis for monitoring progress, communicating status, and taking corrective action. Progress is determined by comparing actual work and task attributes against the prescribed milestones within the project schedule. This enables timely corrective action to be taken when performance deviates significantly from the plan. A deviation is significant if, when left unresolved, it precludes the project from meeting its objectives.

Our Work Plan includes the time required to complete each task and identifies dependencies between tasks to provide the ability to easily see the impact one task has on another. This enables the Project Team to make changes as needed to ensure the overall objectives and timeline remain on course. The Work Plan is maintained by the Implementation Lead and is responsible for obtaining status reports from the Integrated Leads for their respective portion of the Work Plan. Please see ***Attachment C.4: DHWL Work Plan*** for more details. Attached is a sample view of the Work Plan.

Compliance 360: Overall Contract Compliance Management. DHWL will use its Compliance 360 software application to facilitate communication with DHH and key stakeholders and to track, manage and report on actions taken to ensure implementation and Contract compliance.

Below is a screen shot showing how one of Centene's state contracts is organized and configured in Compliance 360.



Proprietary Business Implementation Tools and Templates. Centene's project management tools are customized to reflect our proprietary operating model and implementation approach. The template tools utilized during each phase include, but are not limited to:

- Questions and Answers Grid
- Risks Log
- Key Decisions and Next Steps Document
- Risk Map

Throughout the implementation project, as items requiring input or decisions from DHH are identified, they will be tracked and communicated to DHH in a Questions and Answers Grid. This grid will include each item in question, the date submitted, the person from DHWL asking the question, the person at DHH who provides the response, the date the question was answered, and the answer provided by DHH. Organization into a formal Questions and Answers document ensures that information is accurately and consistently communicated across the project team and minimizes disruptions to DHH staff. All issues will be documented on a ***Risks Log*** which stratifies issues based on probability (i.e. the likelihood problem will impact the project) and impact (to what degree the problem will impact the project). Using this stratification approach, implementation team members track and address all identified issues in a proactive and consistent manner. The Risks Log is not simply a listing of potential issues, instead it also documents assignment of accountability and includes a high-level description of the tasks necessary to resolve the problem or mitigate any risks. Once identified risks are prioritized, the Implementation Lead will use the ***Risk Map*** to provide a visual documentation of each risk to track progress as the risk is managed. Those risks identified in red receive immediate attention by the project team. Any issue or action requiring additional decisions or activities not captured in our Work Plan is documented and tracked for accountability and completion on our ***Key Decisions and Next Steps Document.*** This document serves to gather and track any non-Work Plan related activities and includes a description of action or decision, assignment of accountability and support, categorization of the action or decision, status of item (i.e. open/closed), and notes/outcome.

Additional tools and templates utilized with names that indicate purpose include:

1. Implementation Team Stakeholder Roster and Contact List
2. General Meeting List

3. Location(s) / Key Address(s) and Phone Number(s)
4. Hiring and Training Timeline

Summary: DHWL + Centene = Power of One

Together, DHWL and Centene will bring an unprecedented level of dental benefits management capabilities and statewide implementation experience to Louisiana. Our project management and implementation methodologies have been honed and perfected over the course of our three decades of experience serving state agencies and managing Medicaid programs on their behalf. Our stellar implementation record is highlighted by the following characteristics:

- ✓ An ability to span a broad variety of deployment strategies in support of state expectations
- ✓ Industry Intelligence from accomplished, respected and revered professionals led by an experienced business implementation team and overseen by Centene senior leadership
- ✓ Technological Support from a dedicated team of professionals with experience in developing and managing fully operational systems for all Centene health plans and Specialty Companies
- ✓ An implementation lifecycle with defined stages of activities
- ✓ Tools and reports to track and report implementation progress
- ✓ Consistent and frequent communication between internal and external resources and stakeholders
- ✓ Active identification, evaluation and mitigation of risks
- ✓ Timely engagement of local leadership to ensure effective transition of program oversight and stable operations

These characteristics will ensure an implementation that will accommodate DHH expectations and minimize impact for members and providers in Louisiana.

C.2 PROPOSED IMPLEMENTATION WORK PLAN

Provide a work plan for the implementation of the Louisiana Medicaid DBP Program. At a minimum the work plan should include the following:
• Tasks associated with your establishment of a "project office" or similar organization by which you will manage the implementation of the DBP Program;

• An itemization of activities that you will undertake during the period between the awarding of this procurement and the start date of the DBP Program. These activities shall have established deadlines and timeframes and as needed conform to the timelines established under this RFP for deliverables.

o All activities to prepare for and participate in the Readiness Review Process; and
o All activities necessary to obtain required contracts for mandatory dental care providers as specified in this RFP.

• An estimate of person-hours associated with each activity in the Work Plan;
• Identification of interdependencies between activities in the Work Plan; and
• Identification of your expectations regarding participation by DHH and/or its agents in the activities in the Work Plan and dependencies between these activities and implementation activities for which DHH will be responsible. (In responding the DBP shall understand DHH shall not be obligated to meet the DBP's expectation.)

Dental Health & Wellness of Louisiana (DHWL) will utilize Centene Corporation's (Centene) established project management methodology with a proven track record in other markets to ensure we effectively launch and successfully transition DHWL to full operational status. As discussed previously in our response to question C.1, this methodology draws on: reliable business principles; the disciplined use of a proven set of tools and techniques; defined levels of authority; carefully defined procedures and methodologies; and a dedicated, highly specialized team of professionals.

DHWL's implementation will follow this project methodology and implement business deliverables according to DHH RFP requirements while leveraging Centene best practices.

Establishing a "Project Office"

DHWL's project lifecycle methodology provides a solid framework for managing new business and key project implementation activities according to a defined set of standards. This methodology provides the same framework as a typical "Project Office" in which resources and tools are deployed in a standard manner. This approach enables us to effectively meet compressed time frames, manage cross-functional activities, and establish clear expectations with all stakeholders and project participants of the activities needed to ensure successful business implementation. Additional detail regarding this methodology can be found in our response to question C1.

A few of the key steps followed to establish this "Project Office" are as follows:

During the Project Initiation Phase:

1. Initial implementation timeline development – the Implementation Team lead a collaborative effort with all major functional elements to develop the first draft of a high level implementation schedule, including timing of key project deliverables. Based on each individual State's requirements, the team builds an integrated schedule to ensure alignment of Work Plan activities, as well as the identification of internal and external dependencies.

2. Initial resource planning – includes the early identification of appropriate resource levels needed to support the implementation timeline and methodology and the initial approval of senior leadership for the engagement of these resources.

During the Pre Implementation Phase:

1. Finalize/engage resources – allows for the integration of project resources proposed in the Project Initiation Phase. This activity culminates in a series of Implementation "Kick-Off" meetings with internal and external resources to ensure consistent understanding of the implementation plan.
2. Establish project tools – the Implementation Team begin the process of gathering and labeling and, where appropriate, pre-populating project tools to be utilized by implementation team members.
3. Finalize Work Plan – all key implementation milestones, supporting activities, delivery dates and accountabilities are confirmed with each implementation team member to ensure appropriate support.

During the Implementation Phase:

1. Conduct key functional team meetings – throughout this phase, the Implementation Team will conduct weekly integrated lead meetings to monitor project scope, schedule, and key deliverables while continuously resolving issues, identifying and mitigating risks. In addition to regularly occurring meetings, the integrated project team prepare for our go-live period through a series of internal operational readiness reviews (held 60 and 30 days prior to the agreed go-live date).
2. Present to the Executive Implementation Steering Committee, on a weekly basis, the progress of the implementation toward key milestones, hiring targets, critical risk areas and updates to the mitigation strategies. These reviews are managed by the implementation team for the Steering Committee to ensure all key activities and deliverables are moving toward completion prior to go-live. This ensures that Centene senior leadership is continually aware of and engaged in the progress of the implementation. Risks are identified early and action taken to mitigate them. Resource needs are identified early and action taken to allocate them appropriately. Timely decision making is ensured with this approach.

<u>Updates to the Work Plan and Schedule.</u> Upon contract award, the Implementation Team will review the Work Plan and Schedule to ensure that the activities reflect all the required work, that all work is properly sequenced, that the durations are reasonable for the nature of the work, and that the correct people are assigned to oversee the performance of each activity. Once all changes are completed, the Business Project Manager will baseline the work plan to provide a reference point against which project performance will be measured. During the weekly Project Team meetings, the Business Project Manager will review information from the Work Plan including status of deliverable completion, progress of work, work behind schedule and actions needed to correct the issue, updates of open issues, actions on risks, and activities due in the upcoming period. The Business Project Manager will make the appropriate changes to the Work Plan and then post the updated Work Plan to the DHWL CNET project site. As part of the weekly Executive Steering Committee meetings, the Business Project Manager Director will review and report information from the Work Plan including status of critical milestones, work behind schedule (and actions to address the issue), and milestones due in the upcoming period.

Itemization of Activities

DHWL understands the value of implementing a new program quickly and effectively. Centene has deep experience collaborating with states to implement new programs and will work with DHH to implement a successful plan according to the following tenets:

- Strong stewardship of resources ensuring effective spend of state funds
- Ensure clarity and effective transition of care for all members in the Medicaid Dental Benefit program
- Provide transparency, administrative simplicity, and assurance of timely payment for Louisiana dental providers
- Collaborate with DHH and other stakeholders to ensure a smooth, efficient, and timely transition to effective managed care

Through our experience in successfully implementing new Medicaid managed care health programs, we have developed an implementation strategy that will ensure the best result for members, providers, DHH and the State of Louisiana. This strategy aligns key implementation activities so that essential operations, and the underlying IT systems supporting them, are deployed in conjunction with DHH's plan to implement the dental benefit management program.

In general, our plan seeks to ensure the following operations and systems are in place to be able to perform the following functions for DHWL:

Network / Provider Functions

- Prospecting
- Contracting
- Credentialing
- Provider Configuration
- Provider Implementation / Onboarding
- Provider Service Call Center
- Provider Service Web Site

Member Functions

- Member service call center
- Enrollment support
- PCD assignment
- Member Service Web Site

Medical Management Functions

- Member assessments
- Load authorizations
- Coordinate access to providers

Enrollment / Eligibility Functions

- Receive member files
- Distribute enrollment materials
- Secure member portals

Claim Functions

- Receive and process claims
- Process payments

Encounter Functions

- Process and submit encounters

Reporting Capabilities

- Network Reporting: Provider Contracting Status, Composition, GeoAccess
- Medical Management Reporting: Utilization Management, Grievances and Appeals
- Claims Reporting: Claims volumes, TAT, Denials
- Member / Provider Service Center Reporting: Call Statistics

Administrative Functions

- Recruit and train local plan staff
- Establish facilities and infrastructure
- Receive and reconcile payments
- Materials development and delivery

In order to make these functions available and fully compliant with DHH contractual requirements, we will develop our operating procedures and configure many of our systems to meet DHH-specific requirements. We will ensure that the personnel necessary to support these functions are fully trained in the systems, policies, and procedures needed to provide the highest level of service to the department, our members, and our providers.

The following represents a high level summary of the tasks, timelines and estimated resources that we propose to ensure a successful transition of member eligibility to Dental Health & Wellness of Louisiana. ***Please note that the estimates of person-hours associated with the activities needed to fulfill this Work Plan are reflective of our understanding of the work required as described in program documentation and is subject to change as additional data /information becomes available. These estimates should only be used for early planning purposes.***

1. ***Pre Implementation Phase:*** During this period DHWL will focus the majority of its efforts on our ability to support DHH's plans to transition members to a DBMP. This will allow us to respond to member and provider inquires and requests for information relative to DHWL and the Louisiana Medicaid dental benefit program. Key deliverables during this activity will include, but not be limited to:
    - Member Services: During this period DHWL will establish a public facing (non-secure) website, implement a toll free contact number, establish initial call trees and routing, develop call scripts and messaging, configure call monitoring and reporting, hire and train staff to accept calls from prospective members or current FFS enrollees with questions relative to the program.
    - Network Contracting: DHWL will identify and engage providers needed to address any gaps in our network not fulfilled through the LOI process; proceed with converting LOI's to final contracts; establish a public facing (non-secure) provider website; validate provider credentials and upload provider information into its administrative and claims processing systems; develop provider education materials and begin provider orientation and onboarding.
    - Facilities: During this time, we will identify and secure appropriate space to house permanent locations for DHWL's office space.
    - Medical Management: DHWL's Medical Management team will be focused on planning to operationalize the medical management model as described in this RFP. This includes identifying any specific configuration requirements for our clinical management and risk stratification systems.
    - Human Resources / Training: DHWL will identify, hire and train all staff needed to support the ongoing oversight and operations of the plan. The initial focus will be on the establishment of plan senior leadership. The senior leadership will be empowered to build their functional team.
    - Benefits and Claims Configuration: Using the information gathered from this RFP, State websites and online provider manuals, DHWL will work with its internal stakeholders to develop benefit grids and to begin configuration of all claims rules and the development of workflow processing and policy development to support the implementation claims processing functions.
    - IT Systems / Infrastructure: IT resources will be focused on finalizing the systems development release schedule and integrated testing plan. Infrastructure activities will

be focused on the identification and ordering of equipment (e.g., network, telephony and computers) to be used in support of DHWL's ongoing operations.

Total estimated work hours to complete: 15,344

2. ***Implementation Phase:*** During this period, DHWL will build upon the efforts that began during Pre Implementation Phase and the planning and preparation to support new membership.
    - Human Resources / Training: DHWL will conduct hiring and training activities for all new permanent positions; including the use of mature leadership to mentor key functional leads as they prepare for Go-Live activities.
    - Member Services: DHWL will develop and implement our member management programs; implement the secure member portal and establish call center operations in the local market. We will also create and submit a draft all member enrollment materials for department approval.
    - Enrollment and Eligibility: DHWL will configure its administrative platform to accept membership from the department and/or its enrollment broker and distribute this information to its supplemental information systems.
    - Medical Management: Medical Management team members will be focused on the finalization of the medical management model including, creation of all materials needed to communicate with members and providers and any department agencies supporting the population. We also ensure that our clinical information and risk stratification systems are configured to ensure the oversight of member clinical needs.
    - Facilities: Facilities activities during this period of time will be focused on preparation and build out of the permanent space.
    - Network Contracting: Network development team members will continue to contract providers and address any gaps in coverage, to validate provider credentials and upload provider information into our administrative and claims processing systems.
    - Benefits and Claims Configuration: We will continue to configure payment requirements as new contract requirements become known. Additionally, during this time we will audit claims processing rules to ensure appropriate configuration.
    - IT Systems / Infrastructure: IT team members will be focused on the development, configuration and deployment of all systems to support daily operations. These activities will be validated via an integrated testing plan that will validate end to end processing.

    Total estimated work hours to complete: 6126

Summary of Estimated Work Effort by Functional Area

Functional Area	Total Estimated Work Effort
Contract Development	188
Program Management	2,527
Facilities and I/T Infrastructure	3,675
Marketing/Communications	283
Finance	854
Human Resources	661
Regulatory and Compliance	1,141
Network Management	3,383
Benefits and Configuration	1,244
Medical Management	1,010
Credentialing / Provider Data Management	1,376
Provider Services	938
Eligibility and Enrollment	938
Member Services	1,780
Claims	952
Encounters	520
Total All Areas	**21,470**

Readiness Review

DHWL recognizes the importance of being able to demonstrate to DHH our ability to serve the membership enrolled in our plan. As such, much of our Work Plan and the activities captured within that plan are documented to ensure that we are capable of demonstrating that we are compliant with the obligations created by our contract and the commitments made within our RFP. We also understand that while plan readiness comprises many functions, collectively, these functions must ensure a seamless transition to the dental benefit program for the members enrolled in Medicaid. To address this, we also undertake a number of activities to prepare for the Readiness Review Process. These activities include:

- Upon execution of a contract between DHWL and DHH, our Compliance integrated lead will coordinate the loading of the contract into Compliance 360. This tool allows for our compliance lead to conduct regularly occurring assessments of our implementation activities relative to our contract obligations. These assessments occur on a weekly basis and provide both written and visual (via a pie chart that is expandable) confirmation of any non-compliant activities.
- In addition, to the contract compliance function, Compliance360 also serves as a conduit to submit materials for DHH review and comment. This function can also be provided to any external party engaged by DHH. This will help to automate and facilitate the exchange of data between DHWL and DHH.

- We will utilize Geo-Access reporting to ensure that there is adequate network in place to manage our members. If at any time a gap is discovered, our network team is engaged and a strategy is developed to address the gap.
- At key points leading to the go-live date, an executive leadership team from Centene will visit DHWL and conduct an internal operational review. During these reviews, the key leadership for each of the business functional areas is required to illustrate to the management team the current state of their team to support the operations, the level of readiness of that team, and any plans to address open activities associated with operational readiness. Typically, these occur at points 60 and 30 days prior to the prospective go-live date; however, the number and frequency of these reviews can vary depending on the type of enrollment (single point vs. staged) and the level of readiness demonstrated during the review. The expectation is that at each following visit there will be an increase in the readiness and preparedness of the health plan to receive its first member.

Finally, when a mutually agreeable date for readiness can be identified, our Compliance Integrated lead will work with DHH to address all logistics, provide access to staff and ensure timely delivery of files for review as requested by DHH.

Participation by DHH

During implementation, DHWL will assume accountability for completing the tasks described above. In support of this accountability, DHWL will rely upon DHH for:

- Provision of data needed to support and validate assumptions and/or confirm key implementation tasks;
- Timely review and response to all materials submitted for approval. DHWL utilizes a program that provides an efficient forum to submit, review, comment and document the approval of materials. Given the timing of some activities, DHWL may also request an expedited review of any materials to accommodate the time necessary for printing fulfillment.
- Access to companion guides or other materials related to proprietary file submission. In addition, DHWL may request the opportunity to speak with DHH subject matter experts to clarify information and/or understanding.
- Timely guidance in response to questions and/or open items related to operations development. As DHWL designs and prepares its operations, implementation team and subject matter experts will identify questions for clarification. We will track these items on a Questions and Answers Log to be shared with the department for follow up and clarification.
- Identification of key contact (or contacts) within DHH to whom DHWL can direct communication and further requests.

In order to ensure an efficient implementation and transition for the program, DHWL will request the department a minimum of five working days for DHH's review and approval of each deliverable and provide certain data throughout the implementation process. Data requirements include:

1. Post RFP Submission / Pre Implementation Phase. This data will allow DHWL to ensure that it establishes its administrative platform and other plan specific operations in a manner that will comply with data standards. To ensure HIPAA compliance, DHWL requests the data supplied be blinded for any PHI.
    a. *Sample Medicaid data files.* DHWL requests a sample size file with a minimum of 50-100 Beneficiaries for:
        i. Enrollment (834) File

ii. Eligibility Query Response File (if applicable)
iii. Samples of any department proprietary format encounter submission and response files

b. *Network claims data.* DHWL requests the following files be provided:
   i. Claims volume by provider –report listing providers serving Beneficiaries in the region by tax identification number (TIN) and National Provider identification number (NPI) along with their total number of claims submitted in the past year;
   ii. *Note: in lieu of these specific reports DHWL may accept a claim history file as listed below.*

2. Post Contract / Implementation Phase. This data will allow DHWL to ensure it is ready to support the open enrollment period.
   a. Eligibility Files. Full copies of the member eligibility files listed in item #1 above for all eligible members;
   b. Claims History. A full claims history files for all members for the previous three years. DHWL can provide a detailed format for this claims file if necessary.
   c. Clinical Data. In order to ensure readiness to manage the medical issues of the new members, DHWL will require a listing of members currently with an open authorization for dental services.
3. Post Contract / Prior to Go-Live. Just prior to Go-Live, DHWL requests an updated set of data files listed in item #2 above. The files ideally will include updates through the current date the files are provided.

C.3 PROPOSER'S RISK MANAGEMENT PLAN

Describe your Risk Management Plan.
• At a minimum address the following contingency scenarios that could be encountered during implementation of the program:
o Delays in building the appropriate Provider Network as stipulated in this RFP;
o Delays in building and/or configuring and testing the information systems within your organization's Span of Control required to implement the DBP program;
o Delays in hiring and training of the staff required to operate program functions;
o Delays in the construction and/or acquisition of office space and the delivery of office equipment for staff required to operate program functions;
o Delays in enrollment processing during the implementation of DBP; and
o Delays in the publication of marketing and related materials and/or the delivery of these materials to DHH and/or its agents.
• For each contingency scenario identified in the Proposal, at a minimum the Risk Management Plan must include the following:
o Risk identification and mitigation strategies;
o Risk management implementation plans; and
o Proposed or recommended monitoring and tracking tools.

Assessment of and Approach to Managing Project Risks

Dental Health and Wellness of Louisiana (DHWL) believes that an important part of an effective implementation strategy must include a plan to identify, assess and plan for risks that may impact a successful implementation. The experience of our parent company, Centene Corporation (Centene), in implementing Medicaid business in other markets allows us to draw upon lessons learned from past implementations to identify initial risks to the implementation. However, our experience has also shown that risks can be unique to a particular market and will continue to be identified throughout the lifecycle of the implementation.

Therefore we utilize a disciplined process with tools that allow us:

- to continually monitor risks,
- assess the potential impact and probability of a risk occurring,
- develop mitigation plans intended to reduce the risk,
- prioritize the efforts and resources appropriately, and
- assign accountability and monitor progress toward mitigating the risk

The Implementation Lead maintains overall accountability for working with the integrated functional leads to assess and manage the implementation risks across the enterprise.

Risk Management Planning and Identification

During the **Pre Implementation Phase**, the Implementation Lead, with input from the project team members, will utilize accumulated knowledge of the market, the RFP and any base contract language to identify potential implementation risks. Identified risks will be characterized, prioritized and initial mitigation strategies will be discussed.

During the **Implementation Phase**, the Implementation Lead conducts regularly held check-in meetings with their functional team members and key subject matter experts. These meetings are intended to monitor progress on deliverables, as well as identify and address any issues impacting implementation timeliness. Program risks are reviewed and mitigation strategies are updated. Standing agenda items include:

1. Market Update
2. Executive Steering Committee Update
3. Key Functional Lead Reports
4. Next Steps and Deliverables
5. Key Dependencies and Resources Requirements

Meetings are held with varying frequency based on the timing of the implementation. Initially meetings are held weekly, from the time of award to one week prior to Go Live; then daily from one week prior to Go Live through one week after Go Live; and then weekly: for 3 months after Go Live. In addition, 30 days prior to Go Live a full day Operational Readiness Review is conducted to ensure all functional and supporting systems are on track for Go Live.

When a risk is identified, two factors are assessed that characterize the impact a risk might have to the Implementation effort:

1. Probability – likelihood the risk will occur and impact the implementation
2. Impact – how extensive would the impact be to either the schedule and/or cost for leaving the risk unaddressed

Once characterized, a risk is documented in the Risk Log and subsequently mapped onto a grid to be evaluated in the context of other risks identified for the implementation. Each risk is assigned an owner who develops a risk mitigation plan to reduce the risk to an acceptable level through specific steps. Progress on the risk mitigation plans are tracked on a weekly basis and reviewed at the Functional Team meetings and by the Executive Implementation Steering Committee periodically.

Risk Documentation and Tracking

Risk Log: All issues will be documented on a Risk Log which stratifies issues based on probability (what is the likelihood the problem will occur) and impact (to what degree will the problem affect the project schedule or costs). Using this stratification, implementation team members can ensure all issues are tracked and addressed in a proactive and consistent manner. The Risk Log is not simply a listing of potential issues, instead it also documents assignment of accountability and includes a high-level description of the tasks necessary to resolve the problem or mitigate the risks.

Other Tools: Issues that may require input or decisions from DHH will be tracked via a ***Questions and Answers Grid*** that will include each question, the date submitted, the person from the implementation team requesting the clarification, a reference to a specific department, State agency document or contract section, the date the question was answered and the answer provided by the department. Lastly, if any issue requires additional decisions or activities not captured in our Work Plan, we will document and track accountability and completion on our ***Key Decisions and Next Steps Document.***

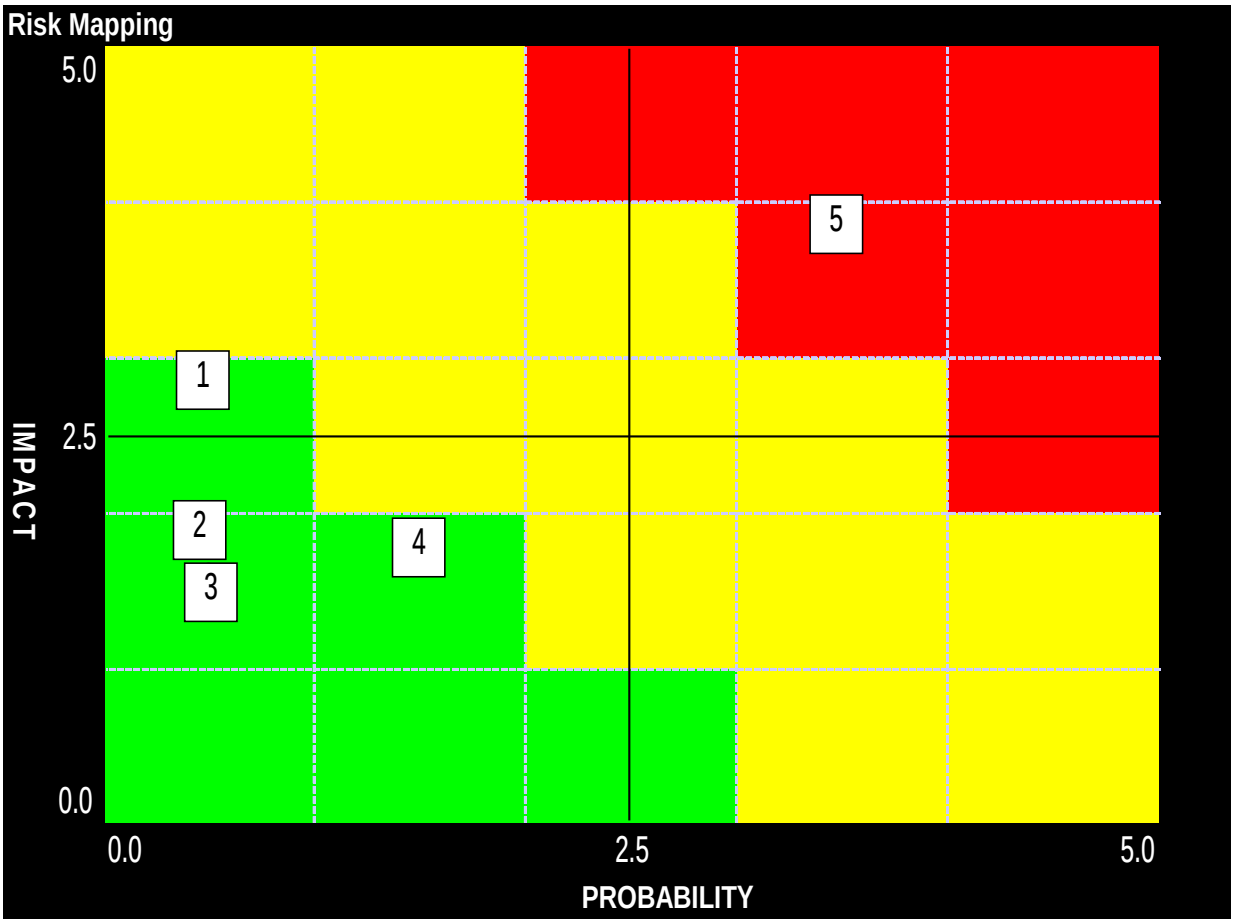
Risk Mapping: Once the risks are identified and the risks priority levels are determined, the Implementation Lead will use the Risk Map to provide visual documentation of the risk and to track movement as the risk is managed. Those risks identified in red receive immediate attention by the project team.

The following illustrations provide images of Risk Log and Risk Map tools that will be applied for DHWL.

Risk Log

Demographics							Scoring / Rating			Management					
ID #	Description	Status	Raised By	Date Raised	External / Performance	Functional Area	Probability (1-5)	Impact (1-5)	Rating (calc)	Refer to Exec Committee	Assigned To	Mitigation Plan	Target Resolution Date	Date Resolved	Comments / Outcome
1									-						
2									-						
3									-						
4									-						
5									-						
6									-						
7									-						
8									-						
9									-						

Risk Map



Anticipated Problem Areas and Approach to Management

DHWL will map a set of risks, both identified in the RFP and based on our past experience with multiple implementation efforts. The following table outlines potential approaches that would be employed to mitigate these risks.

Area of Potential Problem	Approach to Management of Problem
Delays in building the appropriate Provider Network as stipulated in this RFP	• Review network adequacy requirements against contracted providers to identify gap coverage; Track progress against adequacy levels on a daily basis • Pre-load key market providers who have not signed contracts to ensure recognition by Member Services staff and claims submission process • Prioritize configuration schedules to ensure resources available to address timeline for non-standard contract configuration • Increase staffing levels to accommodate for high volume of provider credentialing and load prior to Go Live • Identify list of high volume non-participating providers for Medical Management prior to go-live to facilitate authorization process
Delays in building and/or configuring and testing the information systems	• Track progress in support of end to end testing schedule • Ensure DHH is aware of data (and file format) needed to facilitate testing process • Integrate DHH into end to end testing process • Ensure Business Continuity Plan (BCP) updated to address DHWL information • Monitor deliverables from external vendors needed to establish connectivity for network and telephony • Develop contingency plans for all critical data and telephone exchanges and interfaces • Prepare back up connectivity if external vendor cannot meet go-live requirements
Delays in hiring and training of the staff required to operate program functions	• Ensure hiring timeline is in place to monitor staffing plan though implementation cycle • Implement an aggressive recruitment plan to hire all required operational staff upon Contract award • Engage local recruitment resources to facilitate sourcing of temp/temp to hire staff in lieu of full hiring process • Engage corporate personnel who have implemented similar contracts in similar markets to assist with recruitment, interviewing, hiring and training of all staff associated with this Contract • Prepare a contingency plan which includes a list of required backup corporate, health plan and / or internal specialty company personnel who can support staffing needs on interim basis • Utilize virtual technologies to leverage mature staff functions unable to relocate to local market

Area of Potential Problem	Approach to Management of Problem
Delays in the construction and/or acquisition of office space and the delivery of office equipment for staff required to operate program functions	• Ensure build out plan communicated to construction and equipment vendors • Ensure agreements with construction and equipment vendors include penalties for delays / incentives for early completion • Identify temporary space location to house staff until permanent space is online • Ensure lease for temporary space allows for extension to support delays in permanent space build out complete • Identify staff positions that could be supported through work at home for short term solution until permanent space build out complete • Leverage mature staffing resources using virtual technologies for functions that can be managed out of market on an interim basis
Delays in enrollment processing during the implementation	• Review process and timing with DHH and enrollment broker to ensure understand of timing needed to load members prior to effective date • Prepare to receive inbound 834 file in alternative (Excel, text) formats • Create temporary Identification letter for members to use in lieu of ID cards • Manual entry of enrollment data should electronic files fail • Manually assign PDPs • Utilize fax blasts to providers to inform them of delays
Delays in the publication of marketing and related materials and/or the delivery of these materials to DHH and/or its agents	• Build an integrated marketing schedule based on material production and DHH approval • Ensure timelines are understood with regard to review and approval of print materials prior to submission • Utilize Compliance 360 tool to ensure appropriate and timely communication with DHH resources accountable for review process • Create material early based on requirements and needs • Work closely with DHH to ensure material is provided for timely approval and feedback/approval is received, so the production process can stay on track with the timeline • Review submitted materials with DHH to prioritize for expedited review • Work closely with DHH to ensure material is sent for approval and feedback/approval is received as part of timeline • Obtain implied approval from DHH (i.e. if no approval within 30 days of receipt, materials are deemed appropriate for use. If DHH requires changes, DHWL will make the modifications and insert into distribution going forward) • Secure a qualified printing vendor early in the implementation process and communicate requirements and timing

Area of Potential Problem	Approach to Management of Problem
	• Prepare contingency plan if unable to produce material by normal means, including things such as overtime for printer and securing a backup printer if normal printer is unable to complete • Develop plan to send members important, required information (such as their ID card, handbook and directory) first and secondary information (such as brochures on programs) second if needed to ensure members receive important information more timely • Preparation of materials in both printed and electronic format to be assessable by web
Other operational risk areas based on prior experience	
DHH needs to adjust timeline for more rapid implementation	• Compress internal implementation timeline to ensure completion of all required implementation activities before the required deadlines • Evaluate and review with DHH opportunity to delay some program functionality / service delivery model components that do not immediately impact member access to services and/or safety / well-being
Increased call center volume	• Work with DHH to conduct member / provider education sessions prior to go live / member effective dates • Prepare for "surge" of calls pre and post Operation Start Date. Increase staffing levels for both the member and provider call centers • Work with DHH and to conduct in market training (i.e. education seminars) for new members • Develop contingency plan for other existing call centers to take on calls if volume requires • Ensure that all construction activities are completed in a timely fashion to allow for staff training, systems installation and system testing prior to the operational date
Slow adoption of medical management requirements by members or providers	• Identify providers who have adopted management requirements as potential advocates with other "non-adopters" • Review member complaints, if any, to identify trends that may impact member adoption of requirements • Identify providers that require an authorization but do not call in for authorizations and implement focused educational outreaches, onsite education, in-person visits • Prepare list of frequently requested non-participating providers to facilitate transition of care and authorization processes • Develop community/State resource lists and make educational visits • Conduct member / provider forums to identify barriers to adoption
Policies and Procedure	• Work closely with DHH to obtain prompt sign-off of all policies and

Area of Potential Problem	Approach to Management of Problem
Approval	procedures developed for the required activities of this Contract • Utilize Compliance 360 tool to ensure appropriate and timely communication with DHH resources accountable for review process. • Develop a process to submit and seek revisions/approvals for all policies and procedures • Work with DHH collaboratively to develop processes and reports leveraging Centene experience in multiple other implementations
Changes mandated by regulatory changes post Go-Live	• Establish post go-live check in discussion with DHH to ensure continuity and alignment with department expectations • Conduct ongoing monitoring of impending federal and State regulatory changes • Analyze, develop requirements for, plan, and implement operational changes to satisfy regulations and to meet all required implementation dates

Provider Network

DHWL benefits from the extensive experience of our parent company in ensuring access to providers within state standards. Our strategies have been refined thorough our experience in other states, some with significant rural populations such as LA, GA, MS, SC and TX. We have more experience transitioning providers from fee-for-service Medicaid to managed care than any other organization. We know what providers need to transition successfully, and have proven ability in building networks that ensure access. Our foundational strategy is to build network capacity through strong provider relationships, and work collaboratively with providers to design, monitor and improve all aspects of plan operations. We go the extra mile to provide excellent customer service, education and support to our providers. As a result, we meet and often exceed State access standards because we are able to leverage our relationships with providers to maintain a robust network. Our strategies will ensure timely access to all required provider types. We also offer innovative solutions to the unique access challenges of rural areas.

Building Capacity through Provider Partnerships, Network Development and Maintenance. Rather than build a network with commercial providers unaccustomed to and unenthusiastic about serving the Medicaid population, we will recruit traditional Medicaid providers to ensure continuity of care and access. We will use DHH data and referrals to identify which providers Medicaid members historically see, and will prioritize outreach to these providers and ask them to identify providers to whom they normally refer their Medicaid patients. We also will work with local associations and organizations to identify Medicaid providers.

When a provider declines to contract, DHWL will attempt to address the provider's concerns. In other implementations, we have taken such action as offering reimbursement above the Medicaid fee schedule to overcome provider reluctance to contract. We have also sought to reduce the administrative burden on providers through such strategies as limiting prior authorization requirements, providing standing referrals, paying for missed appointments, and working with members on barriers such as transportation to reduce missed appointments.

This experience has allowed us to develop successful strategies to transition fee-for-service providers to managed care. For example, in other implementations we have turned off traditional authorization edits for 30 days to allow providers to get used to the system and to promote continuity of care; held provider roundtables to obtain feedback on transition issues; and increased provider call center staffing.

System Configuration and Testing

DHWL will utilize a Management Information System (MIS) designed to provide a comprehensive breadth of application functionality. Our MIS modules and standardized approach to implementing new programs, has made any MIS modification work we will do for a low-risk, incremental-change proposition. The modification activities will be largely focused on setting up parameters and controls, and not on any significant software programming.

When implementing programs, we:

- Identify critical path tasks needed to develop and test systems in alignment with the overall project schedule.
- Classify applications and prioritize by date needed, then by which applications that must be live first for other dependencies, and finally by which applications need the most lead time to be completed.
- Configure our current systems - by not building new systems, we are able to lower overall project risk.
- Deploy a designated System Implementation Team which has a leader who reports directly to the CIO and serves as part of the Implementation Functional Lead Team. The focused attention of our IT leadership on new implementations enables us to identify any risks to meeting our targeted dates quickly and early and move resources as necessary if we are falling behind on critical path tasks.
- Require the IT Implementation Lead to submit a weekly status report directly to our IT Senior Leadership team on the status of all project deliverables. Because the IT Senior Leadership Team has visibility across the organization, and into specific IT projects, they can identify and mitigate potential systems risk of which the Implementation lead may not be readily aware.
- Ensure that the IT Implementation team meets at least weekly as a combined team to review dependencies and any risks or issues so that these can be addressed as quickly as possible.

Hiring and Training

The DHWL staffing plan and organizational structure have been established based on "best practices" as developed from the experience implementing similar contracts in other states. The structure will be evaluated on a regular basis to ensure that it meets the requirements as outlined by of DHH**.** The staffing plan will account for the recruitment, hiring and training of staff to ensure adequate staffing to meet the needs of our members and providers and align with DHH's program deployment schedule. DHWL plans to have its entire staff hired and located in Louisiana, with its corporate headquarters also being located in Louisiana. Staff to support our corporate office is estimated to be around 75 employees. Another 50 employees will be needed if DHWL is awarded this contract, **bringing a total number of 125 jobs to Louisiana.**

~ DHWL is Committed to Louisiana~

We are building our national headquarters in Louisiana; bringing over 125 jobs to the state

Hiring in Louisiana– An experienced Human Resources Manager will be dedicated to DHWL and the Louisiana market during the Implementation Phase. In addition, that person will be supported by Centene's Corporate Vice President of Human Resources and other key corporate leadership in all human resources related areas, in order to ensure that DHWL fulfills all staffing requirements and commitments. DHWL will engage an executive search firm that will target talented and experienced individuals in Louisiana, and we will build a "pipeline" of candidates to ensure readiness.

DHWL will closely monitor our staffing, particularly during the first year following implementation, to ensure that our staffing plan is sufficient, and in cases where it is not, we will recruit additional staff as necessary. In filling these positions, we will give priority to individuals who have experience in Louisiana and in similar operations.

Our corporate recruiting department has already identified and hired individuals for certain key positions, such as Scott Laihinen as Chief Executive Officer for DHWL. In addition, DHWL has established a relationship with a recruiting firm, which will identify local Louisiana newspapers, statewide health related trade associations, magazines and publications, as well as statewide curriculum-specific colleges and universities, and state agencies. Additionally, we will host job fairs and recruiting events prior to the contract award to ensure we have a pipeline of candidates. Immediately following contract award, DHWL will embark on employment ad placement, additional job fairs, and recruiting events. Key individuals and desired audiences will be specifically targeted, in order to achieve a highly qualified, experienced and culturally competent staff. All open positions will also be posted on the Louisiana state unemployment web site.

Our companies maintain very low turnover. Our philosophy is to invest up front in finding the "right" people, supporting them and keeping them professionally satisfied, and maintaining low turnover rates. Retaining experienced and loyal employees enhances our ability to maintain efficient and relatively low staffing ratios.

While DHWL will be a fully functioning dental plan with its own leadership team and dedicated program staff, it will benefit from having the resources of Centene available. During the implementation, content experts from established affiliate health plans, specialty companies, and our corporate office, will be actively involved in DHWL's operations. Once DHWL moves into its operations phase, these additional resources will remain available and can even be physically on site, as needed, should staff vacancies occur.

Construction and/or Acquisition of Office Space

DHWL will utilize a flexible approach with our office space needs. We work closely with our Facilities Department and Human Resource to ensure there are no delays in the hiring process and services to our Members.

Our Brokers in our Real Estate Department identify office location options. We create a short list of options after site visits and ask the landlords to submit proposals. Based on fit tests, lease terms and other conditions a final location is identified. While final lease negotiations take place our Planning, Design and Construction Department works with our architects and engineers on the office design. Once drawings are complete we submit for permit and go out to bid on construction, data wiring and furniture purchases. Contracts are awarded and construction released to begin. After construction is complete, furniture and network equipment are installed and we move into the permanent office.

In the past we have identified alternate locations early on during the project initiation and planning phase. As part of our standard process, we research and a local facility to be used on a temporary basis during the build out of permanent office locations and in the case of construction delays. To facilitate

the construction process and ensure staffing familiarity with their workplace environment, we attempt to locate these temporary locations within the same structure or building as the permanent location.

DHWL will closely monitor any construction activities and coordinate any equipment purchases. We will call upon our temporary office equipment stored in an off-site warehouse if needed.

In the event of an office space delay, DHWL will also use the services of one of our other operations to take member and provider calls as necessary.

Enrollment Processing

Our enrollment processing efforts we implement has unique characteristics and flexibility. Our activities will be largely focused on setting up parameters and controls. DHWL will proactively:

- Identify the Critical Path Tasks and timing;
- Communicate and deploy a Work Plan with DHH and their designated enrollment broker to include timing, dependencies and dates to meet critical path tasks;
- Determine minimal data elements for eligibility flat file as a contingency for delays in producing and delivering HIPAA compliant (834) enrollment files;
- Identify any risks to meeting our targeted dates quickly and early and redeploy resources needed to mitigate these risks;

Should DHWL encounter a problem with any eligibility files, the contingency will triggered. These contingencies include: manual entry and assignment of PDPs, fax blast communications, temporary letters to members will be produced.

Publication of Marketing and Related Materials

Communication with state government officials, providers, trade associations, advocacy groups and other key stakeholders will be a key to the implementation success of both DHWL and the overall dental benefit management program.

DHWL's marketing and communications strategy will be broken down into a short-term and long-term approach. Short-term strategy will focuses on public relations within the market and educating key audiences on who DWHL is and the dental benefit management program. The long-term strategy will be implemented once the contract is awarded and the focus will expand to include marketing and community relations activities with members and providers, in addition to the existing public relations focus.

<u>Short Term Marketing and Communications Strategy</u>

As stated above, DHWL's short-term strategy will be focused on relationship building.

- Develop messaging/talking points and disseminate via message mapping document
- Build relationships with state government officials and provide talking points and resources for them to communicate about the program. Additionally, provide supporting metrics to validate talking points
- Proactively outreach to providers through an introductory website and public relations activities
- Train internal staff and external resources on the messages and market background to ensure a synchronized message to all stakeholders
- Develop and distribute materials covering who DHWL is and the benefits we offer to providers and other key audiences
- Provide supplemental communication via the DHWL website

The above strategies will help educate key audiences about the program and over time develop strong relationships that will impact the success through the implementation phase and beyond.

Long Term Marketing and Communications Strategy

The goal is to create brand recognition and a strong reputation-- ultimately improving health outcomes and saving the state money. Multiple tactics will be employed, in addition to sustaining the above efforts, including:

Identify and participate in community relations activities targeted at both members and providers.

- Paid media that supports community outreach initiatives.
- Engage in online advertising (Google ad words/pay per click)

Summary

DHWL will engage in a disciplined risk management approach that is an important part of an effective implementation strategy. Our parent company's experience in implementing Medicaid business in other markets allows us to draw upon lessons learned from past implementations to continuously identify risks to the implementation. Our experience has also shown that risks can be mitigated with early identification, accurate characterization, appropriate prioritization and accountability for mitigation planning. Throughout the lifecycle of the implementation, we utilize our risk management planning to increase the probability of launching a successful implementation.

C.4 PROPOSER'S WORKPLAN

Provide a copy of the work plan, generated in Microsoft Project or similar software product that includes the aforementioned implementation activities along with the timeframes, person-hours, and dependencies associated with this activities.

REDACTED

C.5 IMPLEMENTATION TEAM ROSTER

Provide a roster of the members of the proposed implementation team including the group that will be responsible for finalizing the provider network.

Executive Committee Roster

REDACTED

Functional Team Roster

REDACTED

C.6 IMPLMENTATION MANAGER RESUME

Provide the resume of the Implementation Manager (the primary person responsible for coordinating implementation activities and for allocating implementation team resources).

Please refer to the next page for a copy of the resume of our Implementation Manager for this project, Mr. Rob Davis.

REDACTED

REDACTED

REDACTED

SECTION D: MEMBER ENROLLMENT AND DISENROLLMENT

D.1 COORDINATION WITH DHH AND ITS' AGENT

Describe how you will ensure that you will coordinate with DHH and its Agent to transmit and obtain files sent by the Fiscal Intermediary.

Dental Health & Wellness of Louisiana's (DHWL) partner, Scion Dental's technical team has extensive experience with data conversions from other systems into our Enterprise System software platform. Converting both historical claims data and transitioning in-process claim/authorization data is a typical task that is planned, tested, and delivered during the implementation stage. In our experience, the most efficient transitions require open communication and commitment from all parties involved. One foreseeable obstacle or constraint would be limited or lack of assistance from the outgoing vendor. In this instance, the technical team can still achieve the data imports, but the process will likely require more time.

Electronic File Handling

Highly qualified technical staff members have over 20 years of experience handling Medicaid EDI (Electronic Data Interchange) files, which encompasses:

- Generating and transmitting encounter reporting.
- Importing, processing, and managing claim/authorization EDI files.
- Importing, processing, and managing Medicaid/Medicare eligibility EDI files.
- Understanding and applying different electronic file formats required by each state.

For fast and flexible data integration options, the Enterprise System databases create outbound data extracts. The system generates an automated email notification when a file is posted successfully.

For provider data exchanges, we can support state or state Fiscal Intermediary (FI) proprietary formats and can send and/or receive provider data as frequently as daily, depending on the needs.

Data Mapping and Data Extracts

DHWL anticipates the need to migrate all of DHH's "historical" data into our process environment during an implementation phase so that this historical data (i.e. - claim history, authorization history, etc.) is available to all appropriate stakeholders. Our IT team is experienced at analyzing data elements and data structures, developing cross-reference maps, and migrating data into the Enterprise System.

On-going data exchanges related to operational activities and reporting requirements are routine tasks for our IT team. The Enterprise System's underlying Microsoft SQL Server database structure allows any information to be easily extracted, formatted, and analyzed. Data extracts in any HIPAA-compliant EDI transaction set or proprietary file format can be provided.

The Enterprise System can support data file extracts to external systems and can receive and upload incoming files in either proprietary or HIPAA-compliant formats. The Enterprise System can, and has been, integrated with numerous other third-party external systems.

Should DHH require integration with an external system that goes beyond data exchanges, the core architecture of the Enterprise System is easily translated into a service oriented architecture, which can support connectivity with other systems, including external vendor systems, via web services.

Protecting HIPAA Compliant Transaction Set Formats

We employ HIPAA compliant administrative, technical and physical security safeguards under the guidance of DHWLs and Centene's Compliance Officers, General Counsel, and our Chief Information Security Officer (CISO), to meet or exceed all HIPAA Privacy and Security requirements.

HIPAA-compliant transaction set formats

The Enterprise System fully supports the following HIPAA-compliant ANSI X12 Version 5010 Transaction Sets (and also continues to support Version 4010 Transaction Sets for trading partners that have not yet implemented Version 5010):

- EDI Enrollment, Disenrollment and Maintenance Transaction Set (834).
- Eligibility Status Request (270), Eligibility Status Response (271).
- EDI Health Care Claims or equivalent Encounter Information Transaction Sets (837D, 837I, 837P).
- EDI Health Care Claim Payment/Remittance Advice Transaction Set (835).
- Health Care Claim Status Request (276), Health Care Claim Status Response (277) Transaction Sets.
- Claim Acknowledgement (277CA) Transaction Set.
- EDI Functional Acknowledgement (997).
- Implementation Acknowledgement (999).

Receiving, Processing and Updating Data

As part of our normal business support capabilities, DHWL successfully receives, processes, acknowledges, updates, and transmits formatted data to and from our Enterprise Software System from a wide variety of Trading Partners (state agencies, fiscal intermediaries, enrollment brokers, claims clearinghouses, providers, etc.) through all industry standard methods (VPN, Secure FTP, https, etc.).

Eligibility and Enrollment Data. Today we process inbound HIPAA 834 transactions on a daily, semi-monthly, and monthly basis from our clients or their Fiscal Intermediaries (FI) or Enrollment Broker (EB), and in accordance with companion guide specifications. We can accommodate any 834 transaction schedules desired by DHH, including the daily update and weekly and monthly 834 membership reconciliation processes called for in the RFP. We receive and transmit HIPAA 834 transaction files via a secure FTP site. Our Enrollment Import Module is used to schedule member load processes for overall process integrity

We will process HIPAA 834 files from DHH's EB through our Enterprise System Enrollment Import Module (EIM) which moves the data into the Enrollment Module (EM). These Enterprise System modules are managed through Add, Delete, and Modify transactions with accurate begin and end dates - all within 24 hours of receiving the HIPAA 834 from DHH's EB. The Enrollment Module is our "system of record" and master data store for "all things member" related - including demographic (member identifiers, address and contact information, confirmed or potential family linkages, special needs, and numerous other attributes), administrative, member preferences (e.g. communication options such as e-mail, phone, mail) - along with history for these attributes.

The Enterprise System also houses our enrollee identification number – a unique internal global member identifier, to tie together alternate or historic member identifiers. The Enrollment Module allows us to systematically link information about the member across that member's relationships with us or DHH, or prior health coverage spans (where we have such history). We also make member eligibility data securely accessible to our providers online via our Provider Portal. Our EM data is never purged

Based on DHWL's experiences with clients, below are some example scenarios where we would work with DHH or the DHH Enrollment Broker to address specific enrollment and eligibility file issues (we will, of course, work out specifics in consultation with DHH and the Enrollment Broker):

- ***Identifying Duplicate Enrollment/Eligibility Records***. During the initial load process referenced above, using EDIFECS, we identify duplicate eligibility and enrollment records in a particular HIPAA 834 load file. These duplicate records are output on a load report and are worked by our EDI Analyst. If we confirm that the records are duplicates, we will report this fact in the manner prescribed by DHH.
- ***Member Information Inconsistent with DHH File***. (Date of birth, category of aid, address, phone number). Member Services staff will update the data when the member contacts us and ask they update address and phone changes with the appropriate county office.
- ***Selected PCD on DHH File not Assigned to Member***. Member Services will investigate the reason for error (i.e. PCD not accepting new members) and work with the member to ensure the member is assigned a PCD.
- ***Multiple Identifiers for Same Person***. When we load processed member records into the Enrollment Module we identify any potential duplicate members "at the person level" - meaning the system looks for members (perhaps with different identifiers) who potentially may be the same person. The EDI Analyst will merge duplicate records.
- For example, should our EDI Analyst identify two records with two different eligibility spans, and two different Medicaid ID numbers, it is possible that the two records apply to the same person (e.g. name, address, date of birth),
- ***Sharing Member Data.*** Today, we support the ability to transmit member demographic changes, such as changes in address or telephone number via a Secure FTP server.
- We support HIPAA 834 formats for this purpose; and can also accommodate a state, Fiscal Intermediary or Enrollment Broker proprietary format as may be specified by DHH. To capture member "self-reported" changes, we efficiently capture member demographic changes via our Member Service Representatives who enter the data in the Enrollment Module

D.2 MEMBER RE-ASSIGNMENT

Describe the steps you will take to assign a member to a different Provider in the event a Primary Care Dentist requests the Member be assigned elsewhere.

Dental Health & Wellness of Louisiana (DHWL) knows that a strong relationship between members and their Primary Care Dentist (PCD) is essential to improving oral health outcomes. We make every effort to ensure member continuity and quality of care with their selected or assigned PCD.

There may be instances when a PCD feels that a member should be removed from his or her panel including but not limited to:

- A member is disruptive, unruly, threatening, or uncooperative to the extent that the member's behavior seriously impairs the providers ability to provide services to the member, or to other members
- If a member steadfastly refuses to comply with PCD services or treatment recommendations

A provider may not request the reassignment of a member from their PCD panel due to:

- Adverse change in the member health status or utilization of services which are medically necessary for the treatment of the member's condition
- On the basis of the member's race, color, national origin, sex, age, disability, political belief or religion.

Interventions to Avoid Reassignment

Member Education. Prior to granting a provider's request to reassign a member, DHWL will follow a rigorous outreach strategy involving MemberConnections and Member Services. For members at risk to harm themselves through chronic failure to comply with treatment plans, the MemberConnections staff will reach out to the member to fully describe the member's options and work to find a treatment plan to which the member can commit and the provider will accept in order to keep the member on their panel.

Member Outreach and Assistance. We understand that issues may result from a member needing help to appropriately access services or communicate with providers. If members are missing appointments because of transportation issues or are having difficulty understanding when to go to the PCD, our Member Connections Representative (MCR) will provide telephonic assistance to perhaps help the member make an appointment, arrange transportation or relate the member's unique situation to the provider.

Person to Person Support. Barriers such as literacy, language, and other social issues can be important factors and represent areas the member may not otherwise have opportunity or initiative to address. In some cases, contact by a Louisiana based MCR is more likely to uncover the real reason for the issue. For example, a member who is unable to read, may act out when presented a form or privacy notice rather than admit they are illiterate. DHWL's MCRs are available to provide support to the member and provider. It is our experience that members feel comfortable speaking with DHWL staff that understand the area where members live and are familiar with barriers they face.

DHWL will take a holistic view of situations in which members are exhibiting abusive, fraudulent, non-compliant or other behaviors typically cited as reasons for PCD reassignment requests. Centene's experience with Medicaid and CHIP members in other states is that many of these behaviors can be addressed through education and assisting the member. Our employees are committed to building a trusting, interactive relationship to ensure the best outcome for the member. The member is offered an

opportunity to communicate one on one with the MCR or MSR and share preferences and experiences which may represent causative factors for inappropriate behaviors. Underlying issues may be easily addressed or even corrected with active outreach. Our staff acts as an advocate, coach and liaison between the member and the PCD. The goal is to empower the member to become an active stakeholder in their care and to attain and maintain their individual highest level of wellness.

Provider Education and Outreach. Upon receipt of the request to reassign a member, the MSR will notify Provider Services of the request. A Provider Relations Specialist (PRS) may provide phone or in-person contact to ascertain the reasons for the request and provide education to the provider about the availability of MemberConnections outreach. The PRS will seek to avoid the member reassignment with the provider prior to complying with the provider's request to reassign the member.

Processing Reassignment Request

Should all intervention and outreach efforts result in the provider sustaining their request to reassign the member, DHWL will require the PCD submit their request, including the reason and supporting documentation, to Member and Provider Services, who will document the request in the Enterprise System. Member Connections will notify the member of the PCD's request for the move and offer to assist them in selecting a new PCD. The request for change will be routed to Quality Improvement for trending and follow-up as needed.

Assigning a New PCD. To ensure the member continues to have adequate access to quality dental care, we will assign a new PCD that is in our network; that is within a reasonable commuting distance from their residence, and confirm the assignment in writing. MCR will work with the member and providers to facilitate transition, which may include such efforts as ensuring that appropriate medical records are sent to the new PCD and that any existing course of treatment is not disrupted by the change.

Using the Enterprise System's Customer Service functionality, MSRs and MCRs have quick and easy access to the information they need to answer questions and fulfill requests from members and providers.

With our *Find-a-Provider* feature, MSRs/MCRs can immediately find a list of providers that meet the member's needs for maximum number of miles from the member's preferred location, provider specialty, and language requirements. MSRs/MCRs can provide the caller with step-by-step driving directions or public transportation routes (when available), office hours, and other details.

To assign a new provider for a member, the MSR/MCR follows the steps below:

- Verify the name and location of the provider to which the member would like to be assigned, using the *Find-a-Provider* feature if needed.
- Confirm that the provider selected is an in-network provider,
- Update the provider assignment in the member's record in the Enterprise System.
- Document the request and action taken.

Using the Member Web Portal, members also have access to the *Find-a-Provider* feature online and can choose a new provider as a self-service functionality without the need to call Customer Service.

SECTION E: SERVICE COORDINATION

E.1 HISTORIC CLAIMS CONTINUATION

DHH intends to provide DBPs with two years of historic claims data for members enrolled in the DBP effective the start date of operations. Describe how you will ensure the continuation of all active prior authorized services for members effective the start date of operations. The description should include:
• How you will identify these enrollees, and how you will uses this information to identify these enrollees;
• What additional information you will request from DHH, if any, to assist you in ensuring continuation of services;
• How you will ensure continuation of services and use of non-contract providers;
• What information, education, and training you will provide to your providers to ensure continuation of services; and
• What information you will provide your members to assist with the transition of care.

Introduction

Dental Health & Wellness of Louisiana (DHWL) is backed by a deep and diverse background of experience in implementing managed care programs including dental benefit programs for the Medicaid population. During these implementations we have used a variety of historical data to support our continuity of care processes. For example, our Louisiana affiliate, Louisiana Healthcare Connections, effectively used historical claims data and existing authorization data to transition new members into the Bayou Health program.

DHWL will import historical claims data and other data that may be provided by DHH into our fully integrated Enterprise System. We will use the data to identify and authorize existing services while working closely with members and providers to ensure a smooth transition to the Dental Benefit Management Program. We also will work proactively to identify and communicate with new members receiving out-of-network care by immediately outreaching to and coordinating with out-of-network providers, and providing timely authorization and reimbursement for any out-of-network care required. Additionally, we will use historical claims data to prevent duplication of services and administer service limits.

• How you will identify these enrollees, and how you will use this information to identify these enrollees;

DHWL will identify members, including those with special health care needs, from a variety of sources.

Table E.1: Continuity of Care Identification Sources

Source of Identification	Use of Information
DHH Claims Data	DHWL will import the DHH Claim Data into our Enterprise System and generate reports to identify members with active services. For example, we will query the historical claims data for orthodontia service codes to determine application of case rates. Once services are identified, DHWL staff will create authorizations and automatically approve continuation of covered services for 30 days regardless of provider network participation status.
Provider Authorization Requests and Referrals	We may identify members in an active course of treatment when network or non-network providers contact DHWL to request an authorization or notify us of a special needs member.

Member and Family/Caregiver Contacts	Our Member Service Representatives (MSRs) may also identify members with ongoing treatment needs when new members or their family/caregivers call our Member Call Center with questions about previously authorized services or ongoing care.

Using these information sources and the additional ones requested below, DHWL will be able to identify members with active course of treatment, who are receiving care from an out-of-network provider, and those with high risk conditions in a timely manner in order to conduct a transition of care process that is seamless to the member.

• What additional information you will request from DHH, if any, to assist you in ensuring continuation of services;

To ensure we are able to quickly identify all members who may have existing services and/or special health needs, DHWL requests:

Open Authorizations: a data file including open approved authorizations and authorization requests under review for dental care services. In order to avoid duplicative efforts for providers, we would request that all supporting clinical documentation, such as clinical notes and radiographs, be included for authorizations under review. DHWL will import authorization data directly into our Enterprise System, systematically honoring existing authorizations for 30 days and conducting timely reviews of services in the DHH review process.

• How you will ensure continuation of services and use of non-contract providers;

To smooth the transition into managed care for members and providers, DHWL will use a strategy that we have implemented successfully in many states to ensure continuation of existing services. We will automatically authorize existing services for an initial transition period of 30 calendar days to allow for adjustment to a coordinated care environment. Open authorizations received from DHH will be automatically loaded into DHWL's Enterprise System.

In compliance with the RFP, DHWL will not require authorizations for *continuation* of covered services of members transitioning into the DBPM, regardless of whether the services are provided by an in-network or out-of-network provider; however, DHWL will require renewed authorization including medical necessity review of services beyond 30 calendar days.

Non-Contract Providers. DHWL will deliberately minimize the chance that a new member is receiving out-of-network care at the time of enrollment by offering a network that includes the current Medicaid providers that members typically trust to provide their care. Such providers include FQHCs which are significant traditional providers for the State's Medicaid and CHIP populations. When we identify a new member with existing services that are being provided by a non-network provider, we will automatically authorize those services during the transition period and require future authorizations as described above. We also will educate these providers about the requirement that the member must be held harmless for the cost of medically necessary benefits and services covered by the program, and how to submit claims and receive assistance from DHWL. Whenever we identify members receiving care from non-network providers through the methods described above, a Provider Relations Specialist (PR Specialist) will contact the provider and attempt to contract with them to prevent the need for the member to change providers.

• What information, education, and training you will provide to your providers to ensure continuation of services;

DHWL has found over multiple implementations that some providers in areas transitioning from FFS to managed care often believe that the contracted DBPM will not continue existing services. We find this particularly common for services provided by non-network providers. We have designed our provider education program and materials to try and prevent these misperceptions. Our Provider Relations Specialists (PR Specialists) will educate network and non-network providers about this policy when they attempt to contract with providers. In addition, we will disseminate information to such organizations as Louisiana Dental Association. For newly-contracted providers, we will provide detailed information about our continuity of care policies and processes during our new provider orientation, in our Provider Manual, and on our Provider Web Portal. Additionally, DHWL will send a fax blasts and/or automated calls to all contracted providers prior to the Program go-live date and on the Program go-live date educating providers about our transition of care process including automatic authorization of existing DHH service authorizations for 30 days. Non-network providers will be educated through our Provider Web Portal and when they contact our Provider Services Center requesting clarification or requesting an authorization.

Table E.1: Provider Education Regarding Transition of Care Processes

Communication Technique	Content
Initial Orientation, Education, and Training:	DHWL's community-based PR Specialists will provide in-person pre-implementation provider orientation, usually at physician offices for large practices and at a hotel conference room or community facility for group sessions, with scheduled follow-up training after implementation. During these pre and post implementation provider orientations, our PR Specialists will educate providers about how to notify DHWL of a member with special health needs and those receiving ongoing services; our automatic initial authorization of any existing covered service; authorization requirements beyond the initial implementation/enrollment period; our policies and procedures for safely transitioning members to a network provider and/or new service plan; and our claims submissions processes that are designed to help ensure prompt payment for continued services. We will also provide educational information to providers regardless of network status, through other venues such as the Louisiana Dental Association. This information will address how to contact DHWL about members with special needs and those receiving ongoing services, transitioning from FFS to the DBPM, and DHWL's continuity of care policies and authorization requirements. DHWL is already visiting with providers across Louisiana to familiarize them with and provide verbal and written information about the DBPM Program and is inviting them to participate in our network. We have also sent letters to all providers enrolled in the LA Medicaid program introducing DHWL's program structure and covered services.
Ongoing Education and Training:	DHWL will use a variety of communications mechanisms on an ongoing basis to ensure that providers receive the information needed to ensure continuation of services. We know through our affiliate plans that in-person education and training is the most effective method of ensuring providers receive and understand critical information, such as continuity of care policies and procedures. As described above, our pre implementation and ongoing provider orientation sessions will be conducted in person. To reinforce and

	supplement in-person training, we will also provide continuity of care information online through our Provider Portal, and in our Provider Manual. In addition, our UM/UR staff will educate providers already serving new members when interacting with them to provide automatic authorizations.
Online and Written Information:	DHWL's Provider Portal will include information about continuity of care processes, authorization requirements, and other useful information. Particularly during the period before and during initial implementation, the information will be prominent and easy to find, with a link to these policies on the front page of our Provider Portal. In addition, our Provider Manual, which is available online and in hard copy, will include all continuity of care information.

• What information you will provide your members to assist with the transition of care.

Our key message to members will be that they should continue accessing their existing services during the transition period with no change, regardless of whether their provider currently participates in our network. We also will educate them, upon enrollment, to contact us via our toll-free Member Call Center if they are receiving or need services. Our member education will include, but not be limited to, all continuity of care policies and procedures to ensure members understand their rights to continue receiving services; the assistance available through our Member Services department; and how DHWL will determine whether, how and when their care can safely be transitioned to in network providers, as applicable, and/or a new service plan developed as needed to meet their needs for covered services.

Methods and Strategies to Educate Members. DHWL has experience educating members, family and caregivers, about covered services and how to access them. Through these experiences, we have learned that member education must be provided in multiple formats (such as print, online, phone, and in person) and using multiple strategies (including through providers, mail, calls, at community events). DHWL also will tailor best practices developed by our affiliates to effectively meet a wide variety of cultural and linguistic needs. For example, we will make educational materials available in non-English languages prominent in Louisiana and will support alternative formats and interpretive services upon request.

***Member Orientation and Welcome Packets*.** DHWL will have written policies and procedures to orient new members and assist them with the transition of care. New member orientation will include, but not be limited to, what to do during the transition period from FFS to DHWL, such as how to continue accessing ongoing dental services. Within 10 business days (21 days during the implementation period), DHWL will send new Member Welcome Packets that will include, but not be limited to, information about the importance of continuing any existing services and calling our toll-free Member Call Center to inform us about any such services they are receiving. Please see our response to Section J.1 for details on our member materials.

E.2 PROPOSER'S PLANS FOR COMMUNICATION WITH OTHER PROVIDERS

Provide your communication plans with the Bayou Health Plans and Medicaid fee-for-service in coordinating the following services which will continue to be provided by the Medicaid fee-for-service and Bayou Health programs:

- ***Outpatient facility fees for dental services***
- ***Fluoride Varnish performed by Primary Care Physician***
- ***Current Procedural Terminology (CPT) codes billed by Oral Surgeons***

Dental Health & Wellness of Louisiana (DHWL) will capitalize on the experience of its partner Scion Dental and the lessons learned from its affiliate plans in coordinating services and communicating with other payors. Our communication plan will be founded on appropriate sharing of information to coordinate care and prevent duplication of services. For example, we will communicate with DHH and the Bayou Health Plans to coordinate necessary authorization and payment of services when dental care is required in an outpatient setting. We will support DHH and the Bayou Health Plans in educating primary care providers about the importance and opportunity of providing fluoride varnish services in a primary care setting. Additionally, we will work collaboratively with DHH and the Bayou Health Plans to implement processes to cross-reference Current Procedures Terminology (CPT) and Current Dental Terminology (CDT) codes to monitor for duplication of services and payment.

Outpatient Facility Fees for Dental Services

DHWL will communicate with DHH/Bayou Health Plans to facilitate necessary authorizations for dental services performed in an outpatient setting. One of the most common scenarios for receiving dental care in an outpatient facility is when anesthesia is required for extensive dental restorative or surgical treatment or for members with intellectual/developmental disabilities. DHWL's clinical guidelines will include criteria for determining the medical necessity of dental services in an outpatient setting (see our Hospital / IV Sedation Referral Form below). When DHWL's utilization management team approves an authorization for dental services that require an outpatient setting, we will contact the member's Bayou Health Plan or DHH as appropriate to communicate the approval of service and need for an outpatient setting. Whenever possible, we will ensure use of an outpatient facility that is in the Plan's network. Our outpatient facility authorization work flow is provided below.

Dental HEALTH & WELLNESS OF LOUISIANA

Figure E.2.A Hospital / IV Sedation Referral Form

Hospital IV / Sedation Referral Form

Hospital / IV Sedation Referral Form

Member's Name: _____ Participating Facility: _____

Member's DOB: _____ Name: _____

Member's ID Number: _____ Address: _____

Age:		Health Complications (Documented with physician's letter)	
	Points (Circle choice)	Patient/member could have multiple	Points (Circle choice)
0 – 3 yrs	12	History of uncontrolled bleeding	20
4 – 5 yrs	10	Cerebral Palsy	20
6 – 7 yrs	6	Autism	12
8 – 9 yrs	2	Moderate retardation	10
10 + yrs	0	Asthma/breathing problems	10
		Heart/blood pressure problems	10
		Mild retardation	8
		Anxiety/situational anxiety	5
		Allergies	5
Services Required (total # of teeth restored and extractions)		Documented Conduct Disorders (documented with physician's letter)	
	Points (Circle choice)		Points (Circle choice)
Services 13 +	12	ADD (313.0)	5
Services 10 – 12	10	ADHD (314.0)	5
Services 7 – 9	8		
Services 4 – 6	6		

Total Points: _____	
Scoring:	
Eligible for SPU/OR	20 points or more
Contact Person Name:	

Figure E.2.B Authorization Work Flow: Hospital OR Determinations

REDACTED

Fluoride Varnish Performed by Primary Care Providers

In our efforts to actively encourage members to embrace a proactive approach to their dental health, DHWL supports increased access to preventive oral care through use of the primary care setting to provide fluoride varnish treatments. DHWL will implement Scion Dental's innovative medical dental integration website (www.scionmedical.com) dedicated to educating medical professionals about the advantage of fluoride varnish for children. Physicians and other healthcare Providers, such as Physician Assistants, Nurse Practitioners, and Public Health Nurses, are directed to the website where they can review interactive educational materials. After completing the review, a simple test is given, and then a certificate for one Continuing Medical Education (CME) credit is generated, supported by a national academic institution. The site stresses the benefits of non-dental professionals applying fluoride varnish

to children's teeth, and it directs users to resources for purchasing the required supplies. The site also includes a current list of participating dentists, so physician's offices can easily make referrals.

Figure E.2.C Screen Print Medical-Dental Integration Provider Home Page

REDACTED

Figure E.2.D Screen Print Medical-Dental Integration Oral Health Training

REDACTED

CPT Codes Billed by Oral Surgeons

DHWL will provide members with dental benefits and services as outlined in the RFP and as defined in the Louisiana Medicaid State Plan, administrative rules and Medicaid Policy and Procedure Manuals. Our Utilization Management processes will ensure provision of medically necessary covered dental services in accordance with evidence based clinical practice guidelines. Some dental related services and certain "dental-in-nature" oral and maxillofacial surgery (OMS) services that are related to the jaw or facial bones are considered medical in nature and would be covered under the member's medical FFS or Bayou Health program benefits. Certain procedure codes cross-over between CPT and CDT codes and could therefore be billed to both DHWL and one of the Bayou Health Plans. For example, coverage of dental services in conjunction with medically necessary reconstructive surgery such as nasal, aural, orbital, and ocular prostheses. To monitor for duplicative billing practices, DHWL will implement its oral surgery reconciliation process. DHWL requests monthly encounter data for oral surgery codes billed to all five Bayou Health Plans. This information will be compared against the monthly encounter data for oral surgery codes billed to DHWL. By comparing monthly encounter data, DHWL will be able to identify duplicate claims paid by both DHWL and one of the Bayou Health plans. When duplicate submissions are identified, the Bayou Health Plans gains the ability to recover over-payment amounts. The practice will reduce aberrant billing patterns that can otherwise artificially inflate medical and dental costs.

E.3 ACCESS TO SPECIALTY CARE

What specific measures will you take to ensure that members in rural parishes are able to access specialty care? Also address specifically how will you ensure members with disabilities have access?

Dental Health & Wellness of Louisiana (DHWL), through its parent company, Centene Corporation, offers almost 30 years of experience meeting the needs of complex and rural populations and a commitment to innovation that will help DHH meet its goal of ensuring members in rural parishes and those with disabilities have access to needed specialty care. DHWL's Vice President of Network Development, Nancy Davis, who spent almost a year in Louisiana and was instrumental in the build of Centene's Bayou Health Plan network, is well versed in the network intricacies of Louisiana and is leading the contracting efforts for DHWL. Nancy has been engaging with Louisiana dental providers across the state since October 2013. Nancy also participates on the Louisiana Oral Health Coalition and has been nominated to be the Chairperson for their Access Committee. DHWL has established relationships within the Louisiana Dental Association giving us additional insight into the specialty dental access concerns and potential solutions.

Specialty Care in Rural Parishes

DHWL affiliates have implemented numerous successful strategies to ensure access to specialty care for rural members and those with disabilities both during a new program implementation as well as on an ongoing basis. These strategies include, but are not limited to:

- Identifying general dentists and pediatric dentists that provide specialty services
- Contracting with specialists already serving our members, including those within as well as near the service area. This may include specialists in the bordering state to follow local patterns of care.
- Providing innovative solutions in rural areas where no specialists of a certain type practice to provide members with alternatives to traveling long distances. These strategies include bringing specialty services into rural clinics on a periodic basis.
- Securing non-network specialty care when a needed specialty type is unavailable in-network in the member's local area. DHWL affiliates routinely attempt to contract with providers already serving our members but if a contract cannot be achieved, we will negotiate a Single Case Agreement to ensure the member's ongoing access to needed specialty services when necessary.
- Increasing physical accessibility of existing specialists' offices and supporting disability-related expertise and accommodation beyond ADA requirements to enhance their ability to serve members with disabilities.

Significant Traditional Providers

DHWL will follow the Centene practice of prioritizing outreach to and recruitment of providers who have traditionally served the Medicaid and CHIP populations. Using DHH data to identify the providers Medicaid and CHIP members historically see, we have and will continue to prioritize outreach to these providers and ask them to identify specialty providers to whom they normally refer their Medicaid/CHIP patients. DHWL has already sent 954 LOIs to identified dental providers and received 385 returned LOIs. We have made over 700 face to face visits with providers and continue to actively recruit and contract with Louisiana dental providers.

- **Any Willing Provider**. DHWL will implement an 'any willing provider' network strategy - meaning that we will contract with any dental provider that meets our credentialing criteria.
- **Federally Qualified Health Centers.** Many Federally Qualified Health Centers (FQHCs) provide dental services, including school-based and mobile dental unit programs as well as partnerships with local Head Start and WIC agencies. For example, Primary Care Providers for a Healthy Feliciana (PCPFHF) has four school-based clinics in East Feliciana Parish in Region II that provide dental services. Innis Community Health Center (ICHC), located in Pointe Coupee Parish in Region II, has a mobile dental van unit that travels to schools during the year and provides full dental services including restorative treatment.

  The graphic below shows the multiple site locations FQHCs bring to the table throughout Louisiana. DHWL anticipates having contracts with 20 of the 21 FQHCs that provide dental services across the state. Given the excellent coverage in rural and remote areas of the state, DHWL is well positioned to create unique solutions for expanding specialty access even further for members living in these areas. These traditional Medicaid/CHIP providers not only have clinics physically located in these areas, they also have established relationships with both Medicaid and CHIP members and other providers in the area.

Figure E.3.A Multiple FQHC Site Locations

- **General Dentists Providing Specialty Services.** DHWL's experience has shown that many general dentists have begun offering other specialty dental services due to the limited number of available specialists in their area. For example, many general and pediatric dentists have been trained and will perform limited oral surgery and endodontic procedures. We will track the additional specialty services performed by general and pediatric dentist in the Enterprise System so that we can efficiently and quickly serve the needs of our members.
- **Local Patterns of Care.** Last but not least, we will accommodate local patterns of care and consider such patterns in our provider recruitment strategy, particularly for specialty care. For example, to accommodate Medicaid members who live in border areas and access care across the state border.

- **Expanding Access through Existing Capacity.** According to the DHH Oral Health in Louisiana oral health status report, 45% of dentists in Louisiana are enrolled in Medicaid, but only 29% have billed for services. Through conversations with several Louisiana dentists, DHWL has identified providers who have existing capacity to treat more members, such as LSU's Dental School; DHWL will identify quality dental providers like these and will support member connectivity and education about the importance of the dental home.
- **Ongoing Strategies.** To supplement the above targeted initiatives, we will use ongoing strategies such as identifying and attempting to contract with any new specialists who move into rural areas. For example, Centene's Texas plan contacted a pediatrician's office that had just opened in a rural area with a pediatrician shortage. With expedited credentialing, the provider began serving members within one month of the initial contact date. We also will offer contracts to other specialists who have not historically accepted Medicaid or CHIP patients. To achieve this, our Provider Relations (PR) staff will identify and outreach to other potential specialty providers.

Innovative Solutions to Increase Rural Specialty Access

DHWL will coordinate **Dental Days at FQHCs and RHCs**, during which, we help bring in a specialist and assist with scheduling members in the area for appointments that day. For example, we will identify endodontists or other needed specialists from urban areas who are willing to travel on a regular basis, for example, every four weeks, to rural towns to provide services, potentially at FQHC sites with available space and equipment. We will negotiate appropriate reimbursement in advance and assist in scheduling appointments for members and facilitating member transportation.

Partnering with Dental Schools. DHWL will partner with local dental schools such as LSU to facilitate programs that give dental students visibility and hands on experience with Medicaid populations including those with disabilities hoping to spark a long term commitment to treating these populations. The three dental hygiene schools in Louisiana graduate approximately 90 dental hygienists each year. DHWL will help promote the dental hygiene schools' Expanded Duty Dental Assistant training programs.

DHWL's Vice President of Network Development, Nancy Davis, is a member of the Oral Health Coalition Board – helping to support their mission of increasing dental care access in Louisiana.

Mobile Dental Services. If we find a gap in access, we will recruit mobile dentistry services to facilitate access to care. DHWL realizes that mobile units do not take the place of a dental home, but where access to dental care is extremely limited, mobile units are able to fill the void. DHWL will work closely with these units to ensure referral and follow-up care is coordinated as needed. Whenever possible, we will engage comprehensive mobile units such as through the Big Smiles program. Dr. Greg Folse and his team provide a unique opportunity for children in rural areas to access a dental home. Unlike other mobile units, the Big Smiles program partners with schools to provide comprehensive preventive dental and treatment services and continues to see children for routine follow-up and treatment at the school. The Big Smiles program mission and goals closely align with DHWL. Dr. Folse and his team are passionate about ensuring access to dental services for low-income children. In fact Dr. Folse leads the Louisiana Oral Health Coalition.

Creation of a Dental Foundation. To help provide education and increased awareness to all members, including those with disabilities, DHWL intend to develop a dental community reinvestment program.

Through this innovative profit sharing program, DHWL will reinvest within the community to help promote and increase access to oral healthcare for Louisianans. These initiatives may include but are not limited to funding community and school-based oral healthcare events and creating additional dental educational materials as well as funding new clinics or dental chairs and special equipment to accommodate children with special needs. DHWL will work with DHH to establish mutually agreeable profit thresholds for the program.

Lumina Healthcare. DHWL is continuously looking for opportunities to expand access in rural areas. We will partner with Lumina Healthcare, a California based company that is looking to expand into Louisiana. DHWL, in partnership with Lumina Healthcare, is proposing three possible approaches to increasing rural access. These include:

- Identifying and supporting existing FHQCs who do not currently offer dental services to add these services. DHWL will work with the Louisiana Primary Care Association and its member FQHCs to determine which locations would best enhance access to Louisiana Medicaid recipients.
- Establishing mobile dental units in remote areas of Louisiana with especially limited access. DHWL would create a rural outreach dental initiative utilizing mobile dental units by targeting underserved areas of the state. Mobile dental units would be placed strategically in locations such as schools, primary care physician's offices, community housing areas, and government facilities. As part of the outreach, we would establish a treatment and referral plan with a local dentist or entity for a patient's continued care if follow-up care is needed.
- Evaluating, after one year of operations, a location within one or more limited access rural areas to build a new dental practice. In determining which area(s) would best be suited to benefit from a dental practice factors such as recipient utilization, oral and physical health conditions, number of recipients within geographical reach and access to transportation would be included in the evaluation.

Dental Telemedicine. DHWL will explore the application of telemedicine as an avenue for increasing specialty dental service access to members in rural areas. According an article published in *Telehealth Technologies*[1], telemedicine has been recognized by the federal government as a "cost-effective alternative to the more traditional face-to-face face way of providing medical care". The Centers for Medicare and Medicaid (CMS) have also acknowledged the application of telemedicine to improve access to care for the Medicaid population. Although not as common, telemedicine, or teledentristy, has been used in the delivery of oral health services for some time. The *Telehealth Technologies* article sites several applications including a 2011 report that described the ability of endodontic specialists to remotely locate the canal orifice to assist general dentists in performing endodontic treatments, a California Dental Home Project and Apple Tree Dental in Minnesota. DHWL's Enterprise System already allows our Dental Consultants to remotely access dental health records, including x-rays, to conduct Level 3 reviews of service authorization requests. DHWL will work with DHH to further explore this as an opportunity in Louisiana.

[1] Glassman, P., Helgeson, M., & Kattlove, J. (2012). Using Telehealth Technologies to Improve Oral Health for Vulnerable and Underserved Populations. *Telehealth Technologies*. Retrieved from: http://www.childrenspartnership.org/storage/documents/Publications/Using-Telehealth-Technologies-to-improve-oral-health-CDAJournal.pdf

Access for Members with Disabilities

DHWL understands that people with access to dental care for people with developmental disabilities is even greater and more complex than challenges for other populations. People with developmental disabilities have a higher occurrence of dental disease than non-disabled people. DHWL will draw from the experience of other affiliate health plans serving people with disabilities and develop and implement programs to increase availability of specialty dentists with expertise in the treatment of members with disabilities. In addition to the strategies described above for ensuring access to specialty care, DHWL will implement additional interventions to ensure members with disabilities have access to appropriate care.

Identifying Children with Special Needs. Once a child with special needs is identified in an eligibility file load, during initial enrollment contact or through other intake methods (including a call to our Member Services requesting specialized care), the information is documented and maintained in our Enterprise System. Our Enterprise System is able to track details of each child's special needs including diagnosis and disability type. Maintaining this information in the our integrated Enterprise System ensures that any DHWL staff person accessing this member's file will have knowledge of any disabilities or special needs and be able to accommodate them during the call or when facilitating access to a primary or specialty dental provider. The screen print below shows the Enterprise System's capacity to track members with disabilities.

Figure E.3.B Tracking Details Regarding Disabilities/Special Needs

REDACTED

Ensuring Sufficient Sites Are Equipped to Serve Members with all types of Disabilities. DHWL recognizes that ADA regulations only require providers to *accommodate* people with disabilities. Our approach to ensuring appropriate access will go a step further, by identifying providers who also display a true interest and expertise in providing care to people with disabilities, and by encouraging and assisting other providers to make changes in their office sites to better accommodate the needs of these members. We will provide paid medical certified language interpreters, including those experienced serving people with disabilities whose ability to communicate is limited. Other strategies may include creating reimbursement incentives for home visits and provider visits to alternative sites that are ADA compliant or have special equipment to accommodate members; manual assistance in gaining access; and referrals to other providers with known ADA compliant sites and/or special equipment (see below for examples). Our provider education program will include training opportunities and seminars conducted by advocacy groups such as independent living centers, NAMI, and others.

Special Equipment. DHWL will identify providers who provide special equipment or services such as adjusting exam tables or offer the option for certain exams or procedures to be performed while the member is in a wheelchair versus on an exam table. We will also identify providers that offer supports to ensure members with disabilities can easily access services, such as David Raines Community Health

Center, which offers free wheelchair-accessible transportation to its health centers for services which include dental care, and Iberia Comprehensive Community Health Center, which can accommodate members remaining in their wheelchair during dental procedures if they are unable to move to the operatory chair. We will identify providers who have special equipment such as accessible exam tables or dental chairs that can accommodate members who use a wheelchair or have other physical disabilities that limit mobility. The screen print below shows the Enterprise System's capacity to track provider office accessibility and the type of special needs or disabilities in which the provider specializes.

Figure E.3.C Tracking Provider Accommodations in the Enterprise System Provider

REDACTED

Provider Staff Training. In addition to the training we will offer all providers on serving members with disabilities (see Sections L.4 and L.5 for details on provider cultural competence training, which includes training on serving members with disabilities), DHWL PR Specialists will offer focused training to providers and their office staff to further develop their capacity to meet the needs of members with disabilities. Training sessions will cover the societal and personal barriers people with disabilities face, and offer solutions to help accommodate their needs. For example, providers will be encouraged to be flexible with appointment times, help coordinate home visits where possible, and to expect that some people with disabilities may require additional time to understand health care concerns, ask questions, or prepare for examinations. DHWL will also draw on the expertise of disability-related groups such as Families Helping Families to assist with this training. When DHWL identifies a provider who excels at providing care that is accessible for people with disabilities, we will ask this provider to serve as a mentor to other providers who are interested in improving their accessibility.

Increasing Access. As described above for increasing rural access, DHWL will work with FQHCs/RHCs to increase specialty access for people with disabilities by coordinating specialty days targeted at meeting specific special needs. For example, Rapides Primary Health Care Center in Alexandria sets aside two days each month to provide dental services to children with intellectual/developmental disabilities who live at the nearby Pecan Grove Group Home. DHWL will work with FQHCs/RHCs to identify locations

with a concentration of members with disabilities who may share the need for a specific type of accommodation or experience, such as provider staff trained to handle behavioral health issues. When we identify these members, we will work with the closest FQHCs/RHCs to arrange specialty days that accommodate their specific needs.

Innovative Solutions to Increase Access for Members with Disabilities

Practice Visits. Routinely, members with developmental delay receive routine dental care in an outpatient hospital setting under general anesthesia. To avoid the additional unnecessary costs and risks associated with general anesthesia that result from this practice, DHWL will offer the innovative method of reimbursing dentists for "practice visits" for members with developmental disabilities to help make these visits less stressful. This approach has proven to be successful at other Centene affiliates and provides an opportunity for the member to become familiar with the provider's office, equipment, and processes prior to the actual date of service. This 'role-play' exercise also provides a setting for the member or caregiver to ask questions and express concerns. This helps members feel more comfortable with the process, and it may enable the provider to identify barriers to ensure clear communication before the appointment takes place.

Supplemental Reimbursement for Office Visits. It is challenging to find dentists who will accept patients with Medicaid; it is even more challenging to find dentists who will accept and are comfortable working with patients who have developmental disabilities. In addition to developing a strategy to educate dentists about how to care for developmentally disabled patients, DHWL will partner with DHH to explore opportunities to pilot enhanced reimbursement to dental providers. This supplemental payment will cover the added time and costs involved in caring for members with special needs.

Evaluation of Effectiveness

DHWL will monitor our members' access to and receipt of dental care. A method of continuous quality improvement will be employed featuring constant measuring, monitoring and communication. DHWL will use the following measures to evaluate program effectiveness:

- Percentage of Enrollees receiving Annual Dental Visits (similar methodology to the HEDIS Annual Dental Visit measure, which is applicable only for Enrollees 2 -21 years old);
- Emergency Department dental visit utilization rates;
- Geo-access network adequacy reports;
- Dental Provider to Enrollee ratios; and
- Enrollee dental complaints.

As a learning organization, we will also develop measures to assess the effectiveness of specific new programs and interventions that focus on the program's target population and services. We will establish baseline results for these measures prior to initiating new activities and then re-measure following intervention. Based on these results, we will be able to determine the need for adjustments to our programs to ensure optimal results. Data on program effectiveness will be reported to DHWL's Quality Improvement Committee, which will review and provide input for enhancement to program features.

E.4 APPROACH TO INFLUENCING HEALTHIER LIFESTYLES

Detail the strategies you will use to influence the behavior of members to access oral health care resources appropriately and adapt healthier lifestyles. Include examples from your other Medicaid/CHIP managed care contracts as well as your plan for Louisiana Medicaid DBP members.

Leveraging a long history of Centene managed care experience, our local Bayou Health Plan, Louisiana Healthcare Connections, and our partnership with Scion Dental, **Dental Health & Wellness of Louisiana** (DHWL) brings with it local knowledge and experience serving the Louisiana Medicaid population and established relationships with other providers and stakeholders throughout the State. We are committed to implementing effective wellness programs targeted at improving members' oral health and well-being, assuring adequate access to services, and ensuring members understand how to appropriately use program services and supports. As part of our strategy, DHWL will establish a dental health program that is founded on evidence-based clinical practice guidelines, promotes dental hygiene and encourages routine preventive dental care.

DHWL understands the challenges of delivering preventive care services to a population disenfranchised from the health care system. Research shows that children and adolescents of low-income families have fewer preventive dental visits than those with higher incomes, resulting in an increased rate of restorative care versus preventive care. We will achieve our goal of providing appropriate and timely dental services by implementing program components that will include intensive member education and outreach through mailings, telephonic outreach, one-on-one interaction and community based education; and engagement of key influencers such as family, community agencies, Rural Health Clinics, Federally Qualified Health Clinics, and governmental and non-profit agencies.

Establishing the Dental Home

Along with other clinical initiatives to drive preventive dental services utilization, DHWL will implement a "dental home" approach to promote routine care according to clinical practice guidelines and periodicity schedules. We will ensure that all members are assigned a primary care dental provider upon enrollment. This approach provides us with the opportunity to promote preventive health practices and reduce our member's risk for preventable oral disease such as tooth decay.

Dental care can be scary for kids. Our experience has shown that pediatric dentists know how to engage children and make them feel comfortable at the dentist office. Whenever possible, we will assign children to a pediatric dental home. DHWL has received LOIs from some of the top, most innovative pediatric dental providers in the state including: Just Kids Dental, Kids Dental Zone and Bippo's Place for Smiles. Kids Dental Zone & Bippo's Place for Smiles together offer 7 office locations with 15 pediatric dentists on staff. Both practices are owned and operated by Dr. Ed Donaldson who specializes in dentistry for kids and teens and is dedicated to making sure that all children have access to experienced, full-service, specialized dental care. All locations are designed to make seeing the dentist less intimidating by making the office environment fun. For example, they have designated play areas with toys and video games and the staff is specially trained to treat very young or very nervous children.

Creation of a Dental Foundation

To help provide education and increased awareness to all members, including those with disabilities, DHWL intend to develop a dental community reinvestment program. Through this innovative profit sharing program, DHWL will reinvest within the community to help promote and increase access to oral healthcare for Louisianans. These initiatives may include but are not limited to funding community and school-based oral healthcare events and creating additional dental educational materials as well as funding new clinics or dental chairs and special equipment to accommodate children with special needs. DHWL will work with DHH to establish mutually agreeable profit thresholds for the program.

Educational Materials that Focus on Prevention

DHWL will offer our members educational materials that comply with the State literacy requirements. Our educational materials include more than 30 educational fact sheets on a variety of oral health topics. Educational materials may be distributed to members in person through health fairs and other outreach initiatives, telephonically, through the mail and on the DHWL website. They may also be given to dental providers for use in their offices and available for use by Bayou Health Plans.

Multi-faceted Education and Outreach Plan

DHWL will help our members take responsibility for managing their health by providing easy-to-understand, culturally appropriate education materials. All materials will be approved by DHH prior to distribution. Our Marketing and Communications Department and Quality Improvement staff will distribute dental health education booklets and other materials to targeted members as well as member newsletters that will include dental information and reminders to obtain recommended services to all members. Members can also access health education materials on the DHWL website.

New Member Outreach. Within ten days of notification of enrollment, DHWL will send members a Welcome Packet. The New Member Welcome Packet will include, but is not limited to, our Member Welcome Letter, which will be approved by DHH. The Welcome Letter will provide information to our members about topics including dental services, available to him/her and how to contact us for additional information.

MemberConnections® Program. DHWL will implement Centene's best practice MemberConnections Program that will allow us to provide a level of in-person, "**boots on the ground**" interaction with our members that other dental benefit plans do not. Our MemberConnections Representatives (MCRs) are health outreach workers hired from within the communities we serve to ensure that our outreach is culturally competent and conducted by people who know the unique characteristics and needs of the local area. They will assist with member outreach, coordinate with social services, and attend community functions to provide dental health education and outreach. MCRs will work with providers to organize Dental Days and work with other local organizations to facilitate and participate in health fairs and other health events. For example, Louisiana Healthcare Connections, our Louisiana based affiliate, conducted 1,484 outreach events and 4,245 community events over the past two years which included 24 dental events with engagement of 432 patients in 2013. As approved by DHH, MCRs will offer members free toothbrushes, toothpaste, and dental floss during these dental events. MCRs will assist members in making dental appointments and stress the importance of *keeping* the appointments.

> In 2013, our affiliate, Louisiana Healthcare Connections, partnered with two local dental providers to host *24 dental events engaging 432 patients*.

Member Newsletters. DHWL will produce a bi-annual member newsletter, called *Healthy Smiles*. The newsletter will include general health topics and disease-specific topics relevant to our member

populations. For example, topics will include but are not limited to: importance of early dental screening for children, role of fluoride treatments and sealants, preventing baby bottle caries, healthy eating habits, oral health care for asthmatics and diabetics, how to access dental benefits and how to obtain language services. The newsletter will be distributed electronically on DHWL's website and made available at community events. Creation and distribution of newsletter articles will also be an opportunity for partnership with the Bayou Health Plans.

Member Website. DHWL will provide members with information through our website. Information will include dental health education, links to health education resources such as the American Dental Association, briefs on health news and local activities that they may print out or read online. DHWL's website also features our **Find-A-Provider** search capability which uses geo-centric functionality allowing members to easily locate dental providers within a specific geographic location and radius. The features of the provider search tool include the following search criteria: type of dentist, office name, dentist name, city, zip code, and miles from zip code. Additionally the provider search tool can be customized to include additional search fields as needed.

Appointment Reminder Initiatives. DHWL's affiliate health plan in Florida, Sunshine State Health Plan (SSHP), distributed postcards to pediatricians in the Tampa area to hand to patients upon discharge from the office as a reminder to call and make a dental appointment. Our Georgia affiliate health plan, Peach State Health Plan, implemented a similar initiative using a tear-off pad approach. The reminder is provided in English and Spanish with the phone number to the Member Services Call Center. DHWL will implement this and similar outreach strategies to encourage regular dental visits among the DHWL membership. For example, DHWL will use automated messaging to remind members about routine dental exams and cleanings during the month of their birthday or to households where a child has not completed an annual dental visit. Members can call our Member Services Call Center for help to locate a dentist or arrange transportation to appointments.

Healthy Schools. MCRs partner with schools to conduct health literacy and education events. Topics include, but are not limited to, healthy eating, preventing the spread of germs through proper hand washing and good dental hygiene. During our dental presentations, we read and distribute Scholastic Reader books to children and demonstrate brushing and flossing teeth. We have found these to be valuable tools to teach children about making healthy choices. With DHH approval, MCRs will offer children free toothbrushes, toothpaste, and dental floss during these events.

Additional Community Partnerships. We plan to implement additional outreach strategies to educate members regarding good oral hygiene practices and the need for oral screening. These strategies include:

- ***Community Events and Health Fairs***. Our community-based Healthy Lifestyles Program will provide outreach activities that promote healthy lifestyles, such as education about the importance of healthy eating and appropriate dental care. These events will be free and open to the public, and attendees will have the opportunity to win health-related giveaways, talk to DHWL staff and receive health tips and information. DHWL staff will attend community, public health, school and other health fairs and events in order to have direct contact with Members to provide education regarding the importance of good dental hygiene and how this can be achieved, while assisting with the selection of a primary dentist and setting up an appointment or transportation as needed.

- ***Women Infants and Children.*** DHWL Health Plan intends to collaborate with WIC to provide educational brochures on the importance of preventive services, including oral screenings. Provider Relations will visit WIC providers quarterly to ensure adequate supply and educate them annually about the importance of this initiative.
- ***Participation in advisory committees, coalitions and other advocacy groups.*** Our VP of Network Development, Nancy Davis, and our lobbyist, Randal Johnson, both participate on the board of the Louisiana Oral Health Coalition. We will identify and participate in other groups such as the Louisiana Dental Association and the Baton Rouge Youth Coalition to create opportunities for community involvement. DHWL is committed to developing and maintaining partnerships with various advocacy groups as well as with the Bayou Health Plans to decrease disparities and increase access to dental care.

During 2012-2013, our Louisiana affiliate, Louisiana HealthCare Connections (LHC) conducted events at Ryan Elementary, Einstein Elementary, Schaumburg Elementary School, Oak Park Elementary and JS Clark Leadership Academy. LHC also conducted 13 events with head start school programs in Caddo Parish promoting healthy eating through the "How does your garden grow?" program.

Our Florida affiliate, Sunflower State Health Plan, recently hosted Dental Awareness Events at the 4C Head Start in Osceola engaging about 200 kids. During the events, a dental hygienist was onsite to perform oral screenings. The MCRs taught the children about replacing candy for fruits and vegetables and how to brush their teeth. Children received a traveling toothbrush, toothpaste and dental floss as well as a copy of the "*My Tooth is about to Fall Out*" book.

Developing Educational Materials

Member materials development will be an integral part of our total member outreach program and reflect our overall objectives as well as the best medical and scientific evidence. DHWL will write all member-facing materials the way a person speaks, using a friendly tone, active voice, common words, and short sentences. Whenever possible, we give examples when words may be confusing and use graphs and illustrations to reinforce content. We will use the Flesch-Kincaid Grade Level Index to ensure no more than a 6th grade reading level, and adhere to People First language and the DHH Person First policy.

Our materials will be culturally sensitive and reflect the diversity of Louisiana's population. In developing member education content, we will implement all relevant NCQA Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards), which operationalize the CLAS Standards issued by the U.S. Department of Health and Human Services' Office of Minority Health.

DHWL will ensure that translation services for written member educational materials are provided for any prevalent non-English language spoken by five percent of the population state-wide. We also will notify our members on all multi-page, written, member materials that real-time oral interpretation is available to them in any language at no cost to them, as well as how to access the interpretation.

Our internal approval process will include a thorough compliance review for any materials from subcontractors, providers or third parties. We will submit materials to DHH for approval and obtain prior written approval for all materials. We will ensure that all materials do not discriminate against members on the basis of their health history, health status or need for healthcare services. All member materials shall include a notation with the date of DHH approval.

Engaging Dental Providers

DHWL appreciates the impact of physician education to members about the importance of dental care. We may offer providers electronic brochures, posters and tool kits that they can use with members to reinforce preventive visits, dental hygiene and cavity prevention. Our Provider Portal will help dental providers influence members' healthy behaviors and appropriate use of services. When checking member eligibility, the Online Care Gap feature of the Provider Portal will allow network providers to see whether the member is due for a dental check-up.

Dental Days. Our proprietary Dental Days have helped promote and increase access to dental care services. Dental Days begin by building excellent working relationships with our dental provider network. We partner with high volume dental locations to block off a select portion of their day to see DHWL members. Our MemberConnections staff will identify members who are assigned to the primary dental provider and due for services and then contact these members to schedule an appointment and transportation if needed. Additionally, our MemberConnections staff will be available onsite to greet and thank members for their participation and handout educational materials and DHH approved dental hygiene items such as tooth brushes, toothpaste and dental floss. MCRs are also available to offer administrative assistance for the provider's office staff, reinforce the importance of preventive care and answer questions about the member's health plan benefits.

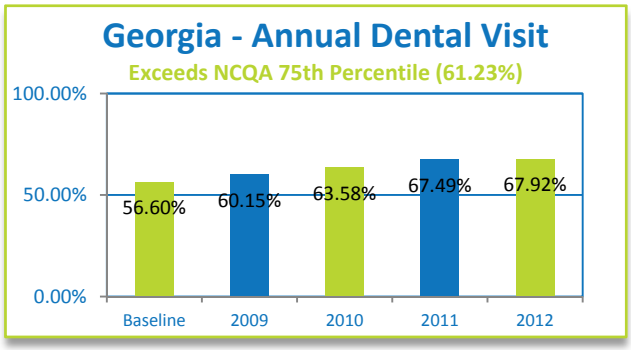
Collaborating with DHH and the Bayou Health Plans

Specialized Programs for High-Risk Populations. DHWL will work collaboratively with DHH and Bayou Health Plans to implement targeted outreach programs for high risk populations including children, pregnant women, members with special needs, members with select chronic conditions, and members using the emergency room for dental pain or other related symptoms.

Program	Description
Children - Focus on Prevention	This program is aimed at educating children and their parents about the importance of dental screening, prevention and treatment. Education starts at birth to promote a life-long pattern of healthy dental behaviors. For example, we will educate new moms on topics such as the importance of baby teeth, how to check a child's teeth, how pacifiers affect baby teeth and baby bottle tooth decay. We will continue educating children and parents about oral health and send reminders for dental services as described above. See our response to H.2 for more detail on promoting EPSDT services
Pregnant Women - Start Smart for Your Baby	DHWL will implement a version of Centene's best practice Start Smart for Your Baby program. Using program relies on identification of pregnant women and will be conducted in partnership with DHH and/or the Bayou Health Plans. We will provide education materials for pregnant women about the importance of dental care during pregnancy and about the potential complications of dental disease.
Disease Management	DHWL will work with DHH and/or the Bayou Health Plans to implement disease specific dental health education plans for members with chronic conditions where these conditions have been correlated with patient health outcomes. We will provide health education materials that educate members with conditions such as asthma, diabetes and heart disease. Through this program, we will also provide educational information

	to caregivers of members with disabilities such as the Autism Speaks: Dental Guide.
Emergency Room Follow-Up Program	We will work with DHH and/or the Bayou Health Plans to implement a program directed towards members accessing the emergency room for dental symptoms. DHWL will use data supplied by DHH/Bayou Health Plans identifying members based on CPT codes who have been to the emergency room for oral pain or other dental-related symptoms to implement this program. We will conduct telephonic outreach to these members to ensure they are linked with a primary dental provider and schedule a follow-up appointment. For those members we are unable to reach by phone, we will send a postcard containing contact information for the three closest dental provider offices to the member's address. Additionally, we may send each identified member a text message containing educational information. For example, the text message may be: "Oral health is very important to your overall health. Please call DHWL at xxx-xxx-xxxx to schedule an appointment today. The concept is designed to link the member with a Dental Home in an effort to reduce the frequency of emergency room utilization for dental care.

Engaging Primary Care Providers. Another approach to influencing healthier lifestyles and access to preventive dental services is through the local primary care providers (PCP). Well-child checks offer an excellent opportunity to educate and promote dental care from a trusted source of expertise. DHWL will collaborate with Bayou Health Plans and DHH to support Pediatric, Family Practice and OB/GYN providers with similar toolkits and educational materials. For example, our Georgia affiliate, Peach State Health Plan, developed a reminder sheet tear-off pad that was distributed to pediatric providers. Providers hand the member a reminder sheet as reinforcement to their verbal referral to dental care. Additionally, DHWL will educate primary care providers about the advantage of fluoride varnish for children and the ease of offering this service in the primary care setting. We will offer a dedicated website that stresses the benefits of non-dental professionals applying fluoride varnish to children's teeth. Through the website, physicians and other paraprofessionals can review interactive educational materials and, after completing a simple online test, will receive a certificate for one Continuing Medical Education credit. The site also includes resources for purchasing the required supplies and a current list of participating dentists so the physician's offices can easily make referrals.



Monitoring Program Effectiveness

DHWL will monitor the effectiveness of its member education and outreach programs through its continuous quality improvement process. Our Quality Assessment and Performance Improvement (QAPI) Program includes sophisticated data management, analysis, and reporting capabilities that facilitate performance monitoring and support effective service utilization. Our QAPI program is enhanced by the regular exchange of ideas among our network providers and DHWL staff through our Quality Improvement meetings. DHWL's QAPI Program also ensures development and use of high quality, accurate, and culturally competent member education materials. We will monitor HEDIS and CMS 416 reporting, Care Gap Alerts and member satisfaction to track access to care and identify

opportunities for improvement. For example, our Georgia affiliate, Peach State Health Plan has witnessed a steady improvement in their Annual Dental Visit rate; exceeding the NCQA Medicaid 75th percentile for the past three years by using the member engagement strategies noted above.

E.5 OUTREACH TO LEVERAGE RESOURCES FOR HEALTH AND WELLNESS

Much faith based, social and civic groups, resident associations, and other community-based organizations now feature health education and outreach activities, incorporate health education in their events, and provide direct oral health services. Describe what specific ways would you leverage these resources to support the oral health and wellness of your members.

Dental Health & Wellness is being headquartered in Louisiana because our parent Centene understands that success in delivering high quality coordinated care means engaging with traditional Medicaid/CHIP providers, locating in communities where members live and work, and collaborating with community-based organizations to serve the whole individual in the context of family and informal supports. *We are creating not only a formal network of providers and programs to support member health and wellness, but we also are actively investing in community relationships to coordinate care and well-being.* Our sustained community involvement and investment are major factors in building member confidence and proficiency in adopting new ways to seek health care and establish healthy lifestyle behaviors. For example, Louisiana Health Care Connections (LHC), our Louisiana based affiliate, conducted 1,484 outreach events and 4,245 community events over the past two years which included 24 dental events with engagement of 432 patients in 2013. As approved by DHH, MCRs will offer members free toothbrushes, toothpaste, and dental floss during these dental events. MCRs will assist members in making dental appointments and stress the importance of *keeping* the appointment. The table below lists key sponsorships and events LHC has conducted during the past two years and represents the kind of commitment DHWL will bring to Louisiana.

~ DHWL is Committed to Louisiana~

We are building our national headquarters in Louisiana; bringing over 125 jobs to the area and will continue our parent company's tradition of actively supporting our local communities.

Table E.5: Community Sponsorships and Support

Type of Organization	Name of Organization
Local Community Sponsorships	YMCA – swimming lessons for underprivileged youth for 300 children OakPark Elementary – science program for 6 students A Community Voice – resource fair for 350 participants Healthy Start – baby program and consortium on prenatal care East Baton Rouge Council on Aging – Christmas Luncheon/Bingo Program
Events at Faith Based Organizations	Mount Pleasant Baptist Churches – Health Literacy Nights Franklin Ave Baptist Church – Share the Harvest Health Fair StarHill Church – Wealth Builders Workshop Christ the King Church – Health Literacy Nights St. Mark United Methodist Church – Community Health Fair
Staff Participation in State Coalitions	Center for Families Coalition Evangeline Parish Healthy Family Coalition Region 4 Healthy Communities Coalition

	Gulf Coast Coalition Job Corps Coalition Louisiana Community Health Outreach Network (LACHON) Children's Coalition of NELA Families Helping Families Coalition
Participation in National Conferences	Louisiana Primary Care Association (LPCA) National Urban League (NUL) National Hispanic Organization (LA RAZA) Court Appointment Special Advocates (CASA) Louisiana Center for Health Equity (LCHE)

DHWL MemberConnections® Program

As noted above in our response to E.4, DHWL will implement Centene's best practice MemberConnections Program that will allow us to provide face-to-face interaction with our members that other dental benefit plans cannot. Our MemberConnections Representatives (MCRs) are health outreach workers hired from within the communities we serve to ensure that our outreach is culturally competent and conducted by people who know the unique characteristics and needs of the local area. They will assist with member outreach, coordinate with social services, and attend community functions to provide dental health education and outreach. For example, DHWL will partner with some of the same organizations as noted above to conduct dental health and wellness education events. We will explore opportunities to partner with agencies such as Autism Now to conduct specialty education on providing oral care to children with disabilities using their Dental Guide. MCRs will work with other local organizations to facilitate and participate in health fairs and other health events. At these events, we will use DHH approved dental education materials such as those noted in our response to J.1 and dental care kits that include toothbrush, toothpaste, and dental floss samples. Our Florida affiliate, Sunflower State Health Plan, recently hosted Dental Awareness Events at the 4C Head Start in Osceola engaging about 200 kids. During the events, a dental hygienist was onsite to perform oral screenings. The MCRs taught the children about replacing candy for fruits and vegetables and how to brush their teeth. Children received a traveling toothbrush, toothpaste and dental floss as well as a copy of the "*My Tooth is about to Fall Out*" book.

Families Helping Families – This family-directed resource center for individuals with disabilities includes 10 independent resource centers throughout Louisiana. Peer communication and peer-based learning are powerful tools for helping our members with disabilities move beyond their physical and cognitive limitations to take charge of their lives and take initiative in their self-care. For example, our MemberConnections staff will explore opportunities to partner with Families Helping Families in their Health and Hygiene Happenings. Through this program, Families Helping Families collaborates with the ULM School of Nursing to offer trainings on various topics that are important to the individuals they serve.

SECTION F: PROVIDER NETWORK

F.1 PROVIDER LISTING

Provide a listing of the proposed provider network using the List of Required In-Network and Allowable Out-of-Network Providers as described in this RFP, including only those providers with whom you have obtained a signed LOI or executed subcontract. LOIs and signed subcontracts will receive equal consideration.
LOIs and subcontracts should NOT be submitted with the proposal. DHH may verify any or all referenced LOIs or contracts. Along with the provider listing, provide the number of potential linkages per primary care dentist. Using providers, with whom you have signed letters of intent or executed contracts, provide individual maps and coding by parish. You should provide individual maps as well as overlay maps to demonstrate distance relationships between provider types, if applicable (i.e, pediatrics, general dentist and orthodontist). The DBP should provide an Excel spreadsheet of their proposed provider network and include the following information: (Sample spreadsheet is available in the Procurement Library)
1. Practitioner Last Name, First Name and Title - For types of service such as primary care dentist and specialist, list the practitioner's name and practitioner title such as DDS, DMD, etc.
2. Practice Name/Provider Name - - Indicate the name of the provider. For practitioners indicate the professional association/group name, if applicable.
3. Business Location Address - Indicate the business location address where services are provided including but not limited to, 1st line of address, 2nd line of address, City, State, Postal Code
4. Provider Type and Specialty Code - Indicate the practitioner's specialty using Medicaid Provider Type and Specialty Codes.
5. New Patient - Indicate whether or not the provider is accepting new patients.
6. Age Restriction - Indicate any age restrictions for the provider's practice. For instance, if a provider only sees patients up to age 19, indicate < 19; if a provider only sees patients age 13 or above, indicate > 13.
7. Primary Care Dentist - the number of potential linkages.
8. If LOI or contract executed.
9. Designate if Significant Traditional Provider.
10. Maps for this location.

See ***Attachment F.1.a Proposed Provider Network***, for an Excel spreadsheet of the providers who have submitted a signed Letter of Intent (LOI) with Dental Health & Wellness of Louisiana (DHWL) through February 27, 2014. The spreadsheet includes the potential linkages per primary care dentist. Individual spreadsheets are provided for each parish.

See ***Attachment F.1.b Individual and Overlay Maps***, to view the locations that represent providers who have submitted a signed LOI to DHWL through February 27, 2014.

NOTE: We will continue to receive and collect LOIs beyond the proposal due date and will supply additional information regarding our network development activities and progress to DHH upon request.

DHWL Network Adequacy Based on Maps

We determined network sufficiency (at the time of this proposal submission) based on the GeoAccess tables and maps we prepared and are submitting in *Attachment F.1.b* using DHH prescribed time and distance standards in combination with industry-accepted assumptions regarding geographic distribution of enrolled populations in order to calculate network adequacy for each parish. To further ensure our proposed network meets or exceeds DHH access standards, we applied industry-accepted rules and assumptions. For example, in the absence of actual membership files, we applied a stringent industry standard by assuming at least one member resides in each zip code in the state in order to get a granular sense of network adequacy.

F.2 PLAN FOR POTENTIAL LOSS OF SPECIALTY SERVICES

Describe how you will handle the potential loss (i.e., contract termination, closure) in a parish of all providers within a certain specialty.

Successfully Handling Transition

Dental Health & Wellness of Louisiana (DHWL) will bring a proven track record of successfully maintaining high rates of provider satisfaction and network retention through its parent company, Centene Corporation. Centene manages dedicated, stable health care provider networks in 18 states across the U.S., including Louisiana, and will apply its successful network management model for dental care providers in Louisiana. Further, we will support DHH and our dental provider network in Louisiana with our effective and efficient administrative resources. We do not expect to experience substantial, rapid network losses that could upset the balance of dental care provided to members in Louisiana. Nonetheless, our network management process includes methodologies and proactive risk management procedures to address "worst-case" scenarios wherein access to care is threatened due to unforeseen natural disasters or impending network gaps.

DHWL's Proactive Risk Management Model Averts Network Imbalance

A proactive step to reducing the impact of provider terminations or closures is advance notice gleaned from information gained from local Provider Relations Specialists and other DHWL staff along with any "heads up" information that might be shared by providers or gained from our participation and involvement with local provider associations. For example, in Louisiana, DHWL has participated or will participate in meetings and/or is a member of Louisiana's Oral Health Coalition, the LA Dental Association and the FQHC Advisory Committee. Additionally, DHWL maintains awareness of media reports and other articles regarding any financial, legal, or quality concerns that could compromise the viability of network providers. To ensure compliance with State requirements and contract standards, and to protect the health and safety of members, DHWL may increase the frequency of routine monitoring, conduct onsite visits, and, institute corrective action plans for providers with a known viability problem or potential for closure. All of these activities are conducted in order to avert the sudden loss of providers that could threaten the balance of access to care and the continuity of quality care delivered to members.

When it comes to significant changes in the provider network, awareness is the catalyst for action to ensure continued patient access.

Network Termination Notification Requirements

When it comes to significant changes in the provider network, awareness is the catalyst for action to ensure continued patient access. That's why we take every precaution to maintain network stability and make every effort to keep the lines of communication open with providers. We proactively assist members in obtaining services from alternate providers when they are impacted by the network change. Below we describe the processes we follow and strategies we enact in the event of network disruptions of any kind.

DHWL Requires Timely Termination Notice from Providers. A cornerstone of how we manage network disruption involves notification clauses that are an integral and essential part of all DHWL provider

agreements. DHWL requires immediate written notification if a provider becomes aware of financial solvency issues with the potential to result in business closure or suspension of care delivery. Provider agreements contain clauses requiring terminating providers to coordinate with appropriate DHWL staff to smoothly transition members to other network providers. Providers must provide 90-day advance written notification of termination with or without cause. Notably, DHWL's provider agreements include language that requires their cooperation and assistance with the transfer of patient care, regardless of the party terminating the agreement. DHWL has a contractually-established timeframe of approximately three months to respond to the prospect of provider terminations, whether minor or significant. During this time, DHWL personnel perform the following actions to gain a clear understanding of the impact this change will have upon the provider community as a whole and to minimize access to care issues for members:

- ✓ Conduct a network adequacy analysis to identify alternate providers *with the same specialty as the departing providers* who have the capacity to assume additional caseloads resulting from the termination/closure
- ✓ Gather claims data, including claims look back, to find hidden potential and quantify qualified providers
- ✓ Use claims data to find members that will be or could potentially be impacted by the change
- ✓ Notify the State (DHH) through our Compliance Officer of the impending network change
  - ❖ Discuss any role DHH can play in mitigating risks to operations and care quality
  - ❖ Send draft of notice letter for members to DHH for review and approval
  - ❖ Prepare transition plan to ensure continuity of care for members, and
  - ❖ Send transition plan to DHH for review and approval
- ✓ Attempt to negotiate terms that would retain the provider in the network, if appropriate, or to extend the contract end date, if needed

These practices are far reaching and would apply to any Primary Care Dentist (PCD) or specialist in our network. Subcontractor agreements (such as those for lab and pharmacy services) contain the same or similar language and contractual obligations found in our standard provider agreements. If an agreement with a subcontractor is terminated, DHWL will enact the same transition planning procedures outlined herein.

DHWL Requires Timely, Advance Termination Notice. The provider agreement between DHWL and its Louisiana dental care providers for the DHH DBMP will stipulate timely termination notice requirements both with and without cause. Our standard provider agreement termination notification requirement is 90 days in advance of the termination effective date. Regardless of the party terminating the agreement, advance written notice is required within the time frames stipulated in the provider agreement.

Subcontractors. DHWL will send written notification to DHH of our intent to terminate a material subcontractor from the network *for cause* immediately; and as soon as possible, but no later than 7 calendar days prior to the effective date of the termination for previously unanticipated agreement terminations. *Notice to DHH.* Along with the notice, we will provide DHH with our plans to notify members of the change and the plan we will implement to ensure member care will not be interrupted, discontinued or delayed despite the network change. *Notice to Members.* Also, in accordance with 42 CFR §438.10(f)(5), DHWL will send written notice to members whose PCD or other regularly seen dental care provider's network participation terminates. The written notices will be sent to members within fifteen (15) calendar days of our receipt or issuance of the termination notice.

DHWL Provides Timely Notice of Contract Terminations to DHH. DHWL will send written notice to DHH within 7 business days when termination of a provider(s) will cause more than 5% of members to seek services at an alternate site; or the termination will cause a decrease in the network of PCDs by more than 5%; or the loss of a specialist dental provider will impair members' ability to access another specialist provider within established distance access standards or community access standards. We will notify DHH within 7 business days regardless of which party initiated the termination.

Submission of Approval Request to DHH for Anticipated Network Termination. At least sixty days in advance of a known or planned termination of a material provider from the network, DHWL will send a written request to DHH for approval to terminate the material provider from the network, along with a draft of the written notice we wish to send to members. DHWL will also submit a plan that describes any network gaps we have identified due to the network change and how we will assist members in finding alternate providers to fill any gaps.

Submission of Notice to DHH for Unexpected Network Termination/Provider Impairment. DHWL will send written notice to DHH of a material provider's *unexpected* network departure or request for termination (e.g. due to death or illness) within 7 calendar days of the provider's contract termination date.

DHWL Provides Timely Notice to Members of Network Changes. DHWL will send advance written notice to all members identified as impacted by a material provider's *known* network departure within thirty calendar days of the provider's contract termination date. For sudden, unexpected network departures, we will notify members immediately and within 7 calendar days of our receipt of termination or upon our learning of the provider's departure from the network (e.g. provider moved and did not provide proper notice to us). Written notices will contain instructions and toll free phone numbers for members. In addition, our member services outreach team will contact members to assist them in transitioning to an alternate provider.

DHWL's Transition Planning Processes

Our primary goal in any provider termination scenario is *continuity of care for members*. The comprehensive transition plans we develop and implement in collaboration with dental care providers and administrators ensure little to no disruption, from the member's perspective, in terms of the quality and continuity of care patients are receiving during the transition phase. Policies and processes are in place to ensure that no member goes without continued care in the event of a loss of all provider types or material providers in any service area. DHWL maintains a formal *Transition of Care Policy* that consists of two key components:

1. Development of a Continuity of Care Plan (Transition Plan)
2. Identification of alternate providers needed to assume additional caseloads

Transition of Care Policy

The activities we currently deploy as part of our Transition of Care Policy are described below.

Develop a Continuity of Care Transition Plan. Throughout the care transition process, we also ensure that the safety, rights, and wishes of members are protected. To ensure compliance with DHH standards, we will submit our formal transition plan and/or Policies and Procedures to DHH for review and approval as part of the Readiness Review, per Contract requirements, or as requested by DHH. Transition Plans are developed and carried out by dedicated teams including Member Services staff, and MemberConnections Representatives (via telephonic and in-the-field member outreach), who reach out to all members receiving ongoing courses of treatment from a dental practice that is closing and assist them in becoming established with the right PCD or specialist to meet their needs. Transition Plan activities include:

- Establishing a collaborative working relationship with the terminating provider in order to identify and address all aspects of the transition plan and to agree on the roles, responsibilities, timelines and expectations of all parties involved in the transition process;
- Executing Single-Case Agreements with Out of Network providers at rates that are no less than 100% of the State's current Medicaid rates;
- Hosting regularly scheduled meetings (at least monthly) with key stakeholders, including DHH, facilities, clinicians and ancillary staff to communicate progress and address any ongoing concerns or challenges;
- Identifying specific members who potentially could or are currently receiving care from the terminating provider
  - Current members identified through claims data
  - Potential members identified through claims "look back" query
  - Members further identified based on diagnosis and treatments codes for certain types of ongoing care
- Establishing a dedicated toll-free telephone number specifically for the members and providers effected by the termination/closure (when warranted)
- Managing media exposure
- Assigning dedicated Integrated Care Team staff to assist each member and their provider throughout the transition process
- Auto-assigning members (i.e. linkage) when terminating provider is a PCD
- Notifying each effected member of the impending departure of their provider from the network to include:
  - Notification via telephonic outreach and notice letter mailed to members
  - Assistance with transition process from Member Services staff
  - Response to member questions and concerns
  - Instructions if member was reassigned to a PCD and wants to select a different PCD
  - Arranging for and/or coordinating transportation for members
- Honoring authorizations given prior to the contract termination date
- Extending authorizations beyond the contract termination date if member is in the midst of a course of treatment
- Assisting members with the transfer of their dental records to the new provider.

Identify Alternate Providers. DHWL's procedures to address network changes that negatively affect member access focus first on members' immediate needs and second on recruiting new providers. In the case of a large dental practice closure or termination, we assign a lead Provider Relations Representative to work with the departing dental practice and coordinate transition activities and provider service functions between our internal departments. Transition activities relating to providers and provider agreements include:

- Identifying participating providers nearby who can assume additional caseloads
- Ensuring alternate providers are capable of handling additional members without compromising quality of care

- Identifying out-of-network providers needed to assume additional caseloads resulting from the termination/closure
  - seek their participation in the network
  - provisionally credential (or expedite credentialing of) any providers in the process of contracting with DHWL in order to transition members in a timely manner and reduce or eliminate network or care gaps
  - Execute Single-Case Agreements with Out of Network providers at rates that are no less than 100% of the State's current Medicaid rates
- Communicating with alternate providers regarding transition plans, volume of members to be transitioned and offering assistance throughout the transition process
- Assisting with the transfer of appropriate dental records to the member's new provider
- Relaxing prior authorization timelines and rules for out-of-network providers when the member's treatment plan could be compromised by transition to an in-network provider.

Managing Unanticipated Permanent Closure. In the event a large dental practice is unexpectedly required to cease operations, for example due to a licensing or regulatory issue, or in the event that DHWL is required to immediately terminate a provider contract for cause, such as imminent risk of harm to patient health or fraud, DHWL will work as quickly as possible to ensure that members are transferred to a safe environment or to new providers able to meet the member's dental care needs. Although providers are contractually obligated to assist in this coordination, DHWL realizes that an entity that is being shut down for regulatory reasons or terminated for cause may be uncooperative. DHWL is prepared to manage transitions of care without their assistance. To the extent possible, the steps outlined for closures and terminations with advance notice will also be followed in the case of sudden shut-downs, including identification of affected members, State notification, determination of member needs, family/support notification, and location and coordination of transfer to a new specialist or PCD. Should DHWL experience initial challenges in identifying appropriate providers, we are prepared to enter into single case agreements with out-of-network providers to furnish care in the interim, while appropriate network providers are identified. Similarly, sudden closures or terminations trigger an evaluation of the network to determine if additional providers are needed.

Unanticipated Closure Due to Natural Disaster. Closure resulting from fire, power failure, or a natural disaster such as the flooding that occurred in the Gulf Coast and City of New Orleans from hurricane Katrina, everyone involved must act quickly with little time for planning. Mindful that a range of rapid support can help avert tragedy, DHWL takes a proactive approach in verifying that our contracted providers in neighboring communities are prepared to assist with care delivery until the situation can be resolved.

Summary

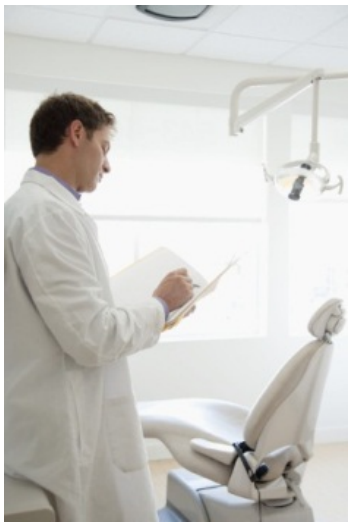
Regardless of the reason for any given provider's network departure; which party terminated the agreement; or the amount of advance notice provided, DHWL's established processes for communication and coordination with providers and members will ensure minimal disruption as members are transitioned to alternate providers. Throughout the transition process, DHWL will keep DHH informed of progress and steps taken toward resolution. We always keep community standards at the forefront as the goal to meet or exceed in serving members and ensuring continuity of quality care for them during this critical time.

F.3 PLAN TO ENCOURAGE ENROLLMENT OF STP'S IN NETWORK

The DBP is encouraged to offer to contract with Significant Traditional Providers (STPs) who meet your credentialing standards and all the requirements in the DBP's subcontract. DHH will make available on www.MakingMedicaidBetter.com a listing of STPs by provider type by parish. Describe how you will encourage the enrollment of STPs into your network; and indicate on a copy of the listing which of the providers included in your listing of network providers (See F.1) are STPs.

Please refer to ***Attachment F.1.A Proposed Provider Network***, which indicates the Significant Traditional Providers (STPs) that have signed LOIs with us to date.

STPs Integral to Continuity of Care



Dental Health & Wellness of Louisiana's (DHWL's) commitment to enrolling Significant Traditional Providers (STPs) as the foundation of our network carries on the tradition of our parent company, Centene Corporation (Centene). Centene clients are state governments, like DHH, that manage benefits for Medicaid populations. We recognize that STPs have been and will continue to be a strong component of the dental care delivery system for Louisiana's Medicaid beneficiaries. Because dental STPs have served a leading role in the delivery of dental care services to Medicaid members, we consider them a priority for participation in our provider networks in every market. We also recognize that relationships between STPs and members have been built, trust has been gained, and members have grown accustomed to seeking care from STPs. Therefore, we are committed to preserving the patient-provider relationship of trust that has been forged within the STP dental community. By building a strong network of STPs, we will ensure a smooth transition for both members and providers to DHH's dental delivery system in 2014.

How DHWL Encourages STP Network Participation

Our approach to building the STP provider network in Louisiana is similar to our standard network development plan for health care providers. For example, reimbursement rates, claims processing timelines, credentialing standards, provider obligations and requirements, contract documents and other policies and procedures are the same for those STP and non-STP providers we endeavor to include in our provider networks. The key difference is our hierarchy of inviting potential providers to join the DHWL provider network *wherein the STPs have been the first group of providers to be invited*, followed by non-STP providers, then providers who have not traditionally served Medicaid members in Louisiana. The positive feedback we are receiving from the STPs is supported by the number of LOIs and agreements we have collected to date.

Data Collection. In Louisiana, we started the STP network development process in 2013 by identifying the key dental STPs in the state. We continually update and validate our inventory of network prospects as we learn of provider additions, changes or terminations from the DHH website and other reliable sources. Data collection, tracking, trending and logging recruitment activities is ongoing as our network development teams work together in developing a comprehensive provider network prior to the go-live date, and continues throughout the life of the Contract with our state clients. We have collected an extensive list of STPs using the most recent Louisiana Medicaid Provider file (STP DentalSFY2013)

provided on the DHH website, posted during the RFP release and previously the Louisiana Medicaid Provider file (STP Dental20120722), which was posted during the previous Dental RFP release in 2013.

Face-To-Face Meetings. Using the dental STP data we collected, we have deployed a team of nine Network Development Representatives throughout Louisiana and have been canvassing the state since 2013. The Representatives are responsible for scheduling and conducting on site meetings with prospective providers, starting with identified STPs. At these meetings, the Network Development Representatives, who are currently based in specific geographic zones throughout Louisiana, have

1. introduced the DHWL program,
2. distributed contract paperwork and pertinent program information; and
3. described how DHWL's role as a dental benefit program manager and their role as an STP intertwine in serving the state of Louisiana and managing the provision of dental care benefits and services for its Medicaid members.

As each DHWL Representative reaches out to the STPs, they are building relationships and expressing gratitude to each STP for their longtime dedication to Louisiana's Medicaid members, and acknowledging the STPs' ongoing commitment to providing quality dental care services. In nearly every meeting, we find the STPs want to participate with DHWL in order to continue providing services to their patients and to learn what they can do to ensure the transition process goes as smoothly and easily as possible for all involved. The following key STPs have all signed group LOIs with DWHL:

- LSU Dental
- Just Kids Dental
- Kid's Dental Zone
- Bippo's Place
- Louisiana Dental Centers

Our commitment is to continue developing partnerships with these STPs who are providing dental care services to several thousand Bayou Health beneficiaries throughout Louisiana.

Telephonic Outreach and Invitations to Join. In addition to our "on the ground" recruitment activities, we have a team of in-house Provider Recruiters who call prospective providers every day and invite them to sign a Letter of Intent (LOI). Provider Recruiters answer questions, gather signed LOIs, log and track recruitment status, and follow up with prospective providers to ascertain their receipt of any recent mailings or surveys that have been conducted. The Provider Recruiters will continue to contact those STPs that have not acknowledged receipt of our invitation letter or who indicated they would submit an LOI so that we can make arrangements to collect their signed LOI. These follow up contacts are being done via telephone, e-mail or in person and occur at least weekly prior to the anticipated "go-live" date. The Provider Recruiters use these follow up contacts as relationship building opportunities and to

1. remind each individual STP of our desire to include them in the DHWL network,
2. answer any additional questions they might have, and
3. arrange to collect the contract paperwork or LOIs.

As an added level of service, the Provider Recruiters will assist the STPs in completing LOIs in order to facilitate timely and accurate completion of necessary paperwork.

Excellent Results

We are pleased with our STP network development progress to date, which shows **385 STPs have already signed an LOI.** Leading up to the submission of this proposal, DHWL's network development representatives – so far- have:

- ✓ made over 1,900 outreach phone calls,
- ✓ visited over 700 dental care provider sites,
- ✓ received 253 verbal responses to consider a contract with DHWL upon Contract award.

The number of LOIs we've collected to date accounts for just over 40% of STP providers and nearly 60% of STP claims spend. With the verbal responses to consider a contract, these percentages increase to 67% of STP providers and 86% of STP claims spend, respectively. We personally met with every STP provider having over $20,000 in claims spend for 2013 and invited them to sign an LOI. Some STPs have opted to delay signing an LOI with any entity prior to the Contract award, but have told us they will work with us upon Contract award. In our experience with markets like Louisiana, we have found this to be a common practice and have had no issue after being awarded the bid in finalizing contracts with these providers.

F.4 OBSERVATIONS AND CHALLENGES IN DEVELOPING/MAINTAINING PROVIDER NETWORK

Based on discussions with providers in obtaining Letters of Intent and executed subcontracts as well as other activities you have undertaken to understand the delivery system and enrollee population in the parish(es) for which a proposal is being submitted, discuss your observations and the challenges you have identified in terms of developing and maintaining a provider network. Provide a response tailored to each parish of the following provider types/services:
o Primary Care
o Specialty Care
o FQHC/RHC

Building on a Proven Model of Success

Dental Health & Wellness of Louisiana's (DHWL) success in building a solid dental provider network in Louisiana is a direct result of the expertise and resources that our parent company, Centene Corporation (Centene), brings to our partnership. It is important to note that Centene is unique as the only company, since its inception, whose lines of business are dedicated to Medicaid managed care. Unlike other organizations that build provider networks from their existing commercial networks, Centene and its affiliated companies and health plans build provider networks from the ground up that are organically grown and locally maintained. The experience and expertise we bring to Louisiana is a continuance of Centene's 30 years of managed care experience *exclusively for Medicaid programs*. Starting in October 2013, we deployed a team of provider recruiters who have been in Louisiana meeting with dental care providers in every parish. We currently have nine representatives who are on the ground meeting with local dental care providers and explaining DHH's plans for its Dental Benefits Management Program, introducing DHWL, and collecting Letters of Intent (LOIs). To date, our nine dedicated provider recruiters have met face-to-face with over 700 provider sites, reaching nearly 1,000 individual practitioners. In addition, our in-house team of four provider recruiters has conducted outreach to prospective providers by making follow up calls to prospective providers in order to answer their questions and confirm their receipt of the information we mailed to them. We conducted three direct mailings using STP data we collected from the State's website. The first mailing went to 985 identified prospective providers on October 14, 2013; with a supplemental mailing to an additional 83 prospective providers sent on October 23, 2013. We conducted a second mailing to all STP providers identified on the State's STP provider lists (October 2013 file) who had not signed an LOI as of January 8, 2014. The third mailing we conducted went to 716 prospective providers, which represented all dental care providers that we have identified (both STP and non-STP) but who had not yet received a mailing from us or who had not responded to a previous mailing.

The experience and expertise we bring to Louisiana is a continuance of Centene's 30 years of managed care experience exclusively for Medicaid programs.

Many providers told us that DHWL was the only plan that came to meet with them face-to-face. We know from experience that a personal, hands-on approach to provider network development and management is the most effective way to rouse provider interest in participating with the program and to gain their commitment and willingness to serve Medicaid members for the long term. With Centene's guidance and experience in developing provider networks to serve Medicaid populations in 18 states including Louisiana, DHWL has been able to quickly identify and address the challenges, objections and

obstacles presented by providers and other key stakeholders whenever a new program or change is introduced. Below we describe our observations about the Louisiana dental care community and the challenges we have encountered in developing networks in certain geographic areas or for specific provider types.

DHWL Observations Regarding Dental Network Development in Louisiana

In Louisiana, the concerns and questions raised by local oral health care providers are similar to those encountered in the early stages of developing networks with other dental benefit programs we manage. Examples of common remarks the Louisiana dental community has shared with DHWL regarding their hesitation to join our network are:

- "I want to ***wait and see*** which company is awarded the contract, then I'll join that network"
- "We don't want to fill out paperwork and sign LOIs (yet again) ***until we know for sure*** that the DBMP is going to be outsourced to a vendor for Medicaid."
- "I am concerned about the impact this new program will have on my ***reimbursement***"
- "I ***don't want*** to join any program related to ***Medicaid***"

Uncertainty is inherent among potential providers in a program of this magnitude. All in all, these challenges are typical in the early stages of any network development process. While in the midst of encountering challenges and obstacles, we remain diligent in our efforts to engage providers and continue to "stay the course" by responding to potential providers in a collaborative, respectful and professional way that is ultimately conducive to forging strong network participation and stability long after the early stages of development and implementation have passed.

Observations and Challenges: Primary Care Dentists. Overall, the reception of the Primary Care Dentists (PCD) in Louisiana has been very favorable. PCDs in GSA-A, encompassing Regions 1-4 and 9 are receptive and we have minimal concerns with obtaining LOIs. In GSA-B and GSA-C, encompassing Regions 5-8, the PCDs are signing LOIs, however these GSAs are not as populated with PCDs overall and this presents a challenge even for the general population.

Observations and Challenges: Specialty Care. Our Louisiana field team has found that few specialists participate with Medicaid, so this makes the pool of targeted STP specialist providers even smaller. The specialists have all been willing to speak with the team, using that as an opportunity to be educated on what is going on with DHH and the dental RFP process. The team sees this as a relationship-building necessity and we look forward to positive future discussions.

Observations and Challenges: FQHC/RHCs. Perhaps the biggest supporters of the impending program changes to DHH's dental benefits management program are Louisiana's FQHCs. We have received LOIs from 17 of the 21 FQHCs that offer dental services in their centers. The reception and support we've received from the FQHCs has been very positive and we are not experiencing any notable challenges.

Positive Feedback We Have Received from Louisiana's Oral Health Care Providers

1. Positive comments that many providers in Louisiana have made about DHWL and DHH are:
2. "You (DHWL) are the only company that sent a representative to personally deliver/collect the LOI and explain this program to me."
3. "I am impressed with your company's willingness to encourage recipients, especially young people, to get preventive services. Too many recipients wait too long to get care, then they

come to my office in pain and tell me to "just pull the tooth." I want help (from the DBPM) in getting people, especially young people, in the habit of taking care of their teeth and visiting the dentist for regular check-ups rather than waiting until it's a crisis."

4. Several FQHCs have given DHWL representatives tours of their dental clinics. All FQHCs that we've met with have expressed their support of DHH's initiative and their interest in participating in the dental program.
5. Many Louisiana providers have appreciated using us as a resource for keeping up to date on what is going on with the RFP process. DHWL field representatives have received follow up calls from providers that have already signed LOIs, simply asking for the status.
6. *We have signed LOIs from JustKids Dental, LSU, Bippo's Place, and Kid's Zone Dental, all of which offer dental services to the Special Needs population.*

Summary

All in all, we are pleased with the level of network participation interest local dental care providers have shown. Time constraints - in terms of providers' abilities to quickly submit complete applications once an award is announced – will be the greatest challenge. By working in collaboration with local providers and DHH in establishing achievable milestones for provider credentialing and contract execution during the implementation phase, we are confident that we can deliver a comprehensive, qualified provider network and ensure a smooth transition for providers, members and DHH.

F.5 MONITORING AND ENSURING ADHERENCE TO APPOINTMENTS AND WAIT TIMES

Describe your process for monitoring and ensuring adherence to DHH's requirements regarding appointments and wait times.

Overview: Monitoring Activities for Appointments and Wait Times

Dental Health & Wellness of Louisiana (DHWL) recognizes that the ability of a dental benefit management company to successfully manage and implement comprehensive and effective monitoring practices regarding appointment scheduling and office wait times will not only impact access to dental services, but will also improve the health and wellness experience for members, and should reduce dental care costs overall. Our provider accessibility monitoring activities will extend not only to our immediate network of primary dental providers, but also to specialists and clinic settings. Below we describe our approach to monitoring dental care providers that will ensure their adherence to DHH's standards for scheduling appointments and for wait times that are no longer than wait times for the community at large.

Establishing Benchmarks

Establishing realistic and measurable benchmarks is the first step in managing an effective provider performance monitoring program. For appointment scheduling, DHH has accomplished this first step. Our next steps are to incorporate these benchmarks into our organization's Quality Improvement (QI) Program, communicate requirements to providers, and contractually require their compliance with established benchmarks. Final steps are monitoring and measuring performance, correcting any identified noncompliance; documenting and sharing results with providers, DHH, the QI Committee (QIC) and other key stakeholders; and re-evaluating benchmarks, monitoring methods going forward to ensure ongoing compliance and alignment with DHH and community standards. DHWL will include DHH's required appointment and wait time standards in our provider agreements and Quality Improvement Policies and Procedures for Evaluation of Accessibility. DHH appointment and wait time standards specified in the RFP are shown in the table below.

Appointment Type	Access Standard
Urgent Care	Within 24 hours of request; availability 24/7
Routine or Preventive Care	Within 6 weeks of request
Office Wait Time	Community Standard, not to exceed 45 minutes (includes wait & exam rooms)

Communicating Expectations to Providers

DHWL will communicate accessibility expectations to providers in several ways. First, the agreement between DHWL and the provider will include DHH specific requirements for appointments and wait times. All DHWL contracted providers must comply with the access standards established by DHH within their agreements. The DHWL provider manual will contain DHH's access standards and will be available to all participating providers during the initial onsite orientation session and thereafter. The provider manual will also be posted on the DHWL provider Web Portal as a convenient reference tool for participating providers. During the orientation, providers and their staff will receive training regarding contractual obligations and requirements, including appointment scheduling and wait times.

Additionally, during the initial onsite orientation session, DHWL Provider Relations Specialists (PRS) will inform every provider of DHWL's QIC accessibility oversight activities, which include:

- ongoing measuring and monitoring of provider performance that focuses on several key indicators (including appointments and wait times),
- establishing policies and procedures specific to DHH accessibility requirements,
- analysis of appointment and accessibility data collected,
- annual evaluations,
- communication of assessment results to individual/group practitioners (via follow up letter after the audit is conducted) and the QIC,
- development of corrective action plans when performance standards are not met, and
- documenting results of assessments in each provider file.

Our overarching objective is to positively reinforce provider behaviors that improve customer satisfaction and access to care. We understand that for Medicaid members with dental care needs, the ability to make appointments without obstacles is significant to their overall health care experience and satisfaction with the service they receive. Consequently, provider compliance with the contract terms related to timely appointments and wait times serves as an integral success factor in determining our overall program success.

Obtaining and Verifying Days and Hours of Operation during Credentialing. As part of the initial application completion process, DHWL will require all dental providers to specify their office days and hours of operation on their credentialing application and during the recredentialing process. This enables us to identify providers who offer evening or weekend office hours and also serves to confirm these are the days and hours they operate for their entire patient population.

Initial Provider Education Regarding Appointment Standards. From the moment we first contact and communicate with prospective providers, DHWL network development representatives share information with providers and their staff regarding appointment standards, service expectations and our monitoring activities. Communicating these standards early and often in the application and contracting cycle effectively eliminates any preconceived notions or misunderstanding prospective providers may have and solidifies their commitment to delivering quality service to members that aligns with the service they provide to their larger (non-Medicaid) patient panels.

Ongoing Provider Education and Training. As we do in other states, in Louisiana we will educate providers about our comprehensive monitoring program and policies to ensure members have access to preventive care and appropriate treatment that complies with DHH requirements and mirrors the service and care they deliver to all of their patients. Upon joining the network, all providers receive an orientation that includes information on the access standards in the provider agreement. These standards are included in the provider manual and on our web portal. Ongoing training occurs during regular group trainings, provider newsletters, and through face-to-face sessions at provider offices. Initial and ongoing training topics include, but are not limited to, the following:

- Provider requests for us to follow up with members who missed appointments
- How DHWL monitors compliance with access standards
- Review of appointment scheduling time frames and office wait time standards to which they are bound contractually.

Monitoring Performance

DHWL will perform a range of monitoring activities in order to assess provider performance and compliance with access standards contained within provider agreements, and to manage this aspect of customer satisfaction both reactively and proactively. At least annually, DHWL will analyze appointment accessibility including routine and urgent care against DHH defined standards using industry-accepted survey tools. We will conduct appointment availability surveys annually and we will deliver survey results to DHH within 30 days after the end of each Contract year. The methods used to monitor and verify provider compliance with scheduling appointments and office wait time standards include:

Site Visits. During an onsite audit, DHWL's QI or PRS staff conducts a survey to verify compliance using our Site Survey Tool. During the site visits, QI staff interviews the provider's scheduler and requests appointment response time data that providers are expected to maintain. Providers who do not pass the audit must implement a Corrective Action Plan (CAP), and are re-surveyed within 30-60 days. If the provider fails the second audit, the provider is presented to our QIC for additional corrective action. While DHWL will make every effort to assist providers in meeting minimum accessibility standards, continued noncompliance could result in network suspension or termination.

- ***"Secret Shopper" Audits.*** The QI or PRS staff conducts "Secret Shopper" compliance audits throughout the year to perform real time monitoring of provider activities regarding making appointments. A Secret Shopper audit consists of QI or PRS staff calling the provider's office during normal business hours and after hours, posing as a member requesting an appointment. Once the office staff provides an appointment date and time, the surveyor identifies themselves, the purpose of the call, and provides the survey results. If the call is made after hours, our staff verifies that the provider has an answering service or a telephone recording instructing callers with after office hour care instruction. If an appointment is offered within DHH standards for the type of appointment, or appropriate after-hours procedures are in place, all providers in the office are credited with meeting the standard. If not, the surveyor immediately reviews the standards with the office staff and requires that corrective actions be implemented.
- ***Provider Self-Report Surveys.*** In addition to the secret shopper audits and site visits described above, DHWL will request self-reported appointment availability information via an annual provider survey. Upon receipt of the completed survey, DHWL Provider Relations Specialists follow up with providers to validate the results. For Louisiana, DHWL will adopt the Provider Survey Tool from its parent company, Centene, which has used this tool since 2007 for the Medicaid managed care contracts it manages in Louisiana and other states. DHWL will communicate overall results to providers via newsletters, letters or bulletins and we will post reminders of appointment availability standards on our website and other provider materials for greatest learning impact. In addition, Provider Relations Specialists continuously educate practitioners regarding appointment availability standards during routine onsite visits.
- ***Formal Surveys.*** DHWL will conduct comprehensive appointment availability surveys at least annually. DHWL will submit survey results within 30 days of the end of each contract year to DHH. Survey results will also be compiled, analyzed, filed and presented to the QIC. Survey results will also be submitted to DHH upon request or as contractually required. DHWL will address any provider noncompliance discovered via the annual surveys in accordance with company policies and the provider agreement as indicated above (i.e. CAPs, network suspension, etc.).

- ***Member Complaint/Grievance Reports.*** DHWL also measures compliance with appointment availability standards through our ongoing analysis of member and provider grievance and complaint data. All appointment scheduling and wait time complaints are addressed immediately by our member services and/or provider relations staff. Similar to our response to noncompliance identified in onsite audits, we work with those providers whose patients have filed an accessibility complaint against them to reinforce expectations and contractual requirements regarding appointments and wait times. Corrective Action Plans may be initiated. As part of our Provider Network Compliance Review, the PRS and QI teams work together to monitor accessibility related activities among providers and review member and provider inquiries, complaints and appeals in order to identify accessibility trends associated with specific providers. If we identify a trend with a specific provider, a designated QI or PRS staff member will conduct a site visit and/or secret shopper compliance audit as described above. DHWL also monitors complaints to ensure services are provided to members without discrimination, including hours of operation.

Exploring Ways to Reduce Missed Appointments

DHWL is very interested in finding ways to reduce missed appointments among members. We believe the development of solid communication avenues between members and providers is the key to reducing missed appointment rates and eliminating chronic no-show scenarios. To reduce missed appointments among members, for example, we will encourage providers to make reminder calls to members prior to their appointments. We will also include information in the provider manual regarding how providers can help to reduce missed appointments. Our plan is to engage our Community Advisory Group in this discussion to develop a pilot program and/or additional member and provider educational materials that target missed appointments and how to avoid them altogether. We look forward to further discussions on this topic with DHH.

Summary

Drawing upon the experience and support of our parent company, DHWL will deliver an effective system of provider oversight, communication and training that will lead to improved access to dental care for members. We have a successful track record for improving provider accessibility and look forward to applying what we have learned about improving access to care in Louisiana.

F.6 PCP DENTAL ASSIGNMENT PROCESS AND MEASURES

Describe your primary care dentist assignment process and the measures taken to ensure that every member in your DBP is assigned in a timely manner. Include your process for permitting members with chronic conditions to select a specialist as their primary care dentist and whether you allow specialists to be credentialed to act as primary care dentists.

Dental Health & Wellness of Louisiana (DHWL) is supported by the extensive experience of Centene Corporation and Scion Dental in delivering member choice in provider while ensuring that all of our members are assigned a Primary Care Dentist (PCD) in a timely manner. Our experience shows that many of our new members already have established relationships with our network providers and that members who select their own PCD are more likely to access their dental home; DHWL will ensure that all members have a PCD who provides an ongoing source of primary dental care appropriate to the member's needs, and DHWL staff will assist members in the PCD selection process.

Using our fully integrated Enterprise System, DHWL will implement an auto-assignment algorithm that analyzes claims history, family member PCD assignment, and finally, geo-access methodology to auto-assign a PCD if one is not been selected by the member.

Encouraging Member Choice

DHWL will employ a comprehensive outreach and education process to encourage our members to be active participants in the selection and timely assignment of their Primary Care Dentist. Members are encouraged to select a PCD upon enrollment as part of the DHWL welcome process. However, if one is not selected, DHWL will deploy its PCD auto-assignment process to ensure members are assigned a PCD in a timely manner.

Member Education. Member education regarding PCD selection begins prior to enrollment and DHWL will continue educating and encouraging member choice in selecting a PCD even after they have been enrolled. Our member welcome letter highlighting major program components includes information on selecting a primary care dentist and will include a self-addressed postage paid PCD selection form to promote active engagement in PCD selection.

Member Portal. Prior to contract start date, DHWL will have information on its Member Portal explaining the importance of PCD selection as a dental home. Members will be able to use our Find-A-Provider function to check if their current PCD is a contracted provider or if they are not already seeing a PCD, to help find one in their area.

Member Call Center. DHWL's Member Call Center staff are available to answer questions regarding PCD selection and to assist members in locating a PCD as needed.

New DHWL members will have the opportunity to select a PCD that has entered into a contract with DHWL. Those who have not proactively selected a PCD during the enrollment process or whose choice of PCD is not available will be assigned a PCD within a reasonable commuting distance from their residence through our auto-assignment process. Members may choose to change their PCD at any time on our Member Portal or by contacting our Member Services Center.

PCD Auto Assignment

To ensure that every DHWL member is assigned a PCD in a timely manner, DHWL plans to assign a PCD to all members who have not made a selection by the enrollment effective date. In collaboration with DHH, DHWL will establish a methodology for PCD auto assignment when the member:

- Does not make a PCD selection
- Selects a PCD from DHWL's participating provider network that has reached their maximum physician/patient ratio or
- Selects a DHWL Network PCD whose practice accepts members on restricted criteria that the member does not meet

For those members who have not proactively selected a PCD upon enrollment we will use the auto-assignment algorithm, matching for a previous FFS claims history for the individual with a network PCD; then using the Case Number, if provided, to identify family members and assign their selected PCD; and finally, using a geo-access methodology that matches the member's age, sex and address zip code with the nearest available appropriate PCD within DHH's required access standards. To qualify for member auto-assignment, a PCD must be configured in our system as a current provider with effective contract start and end dates, and be accepting new patients. Our system will assign members only to PCDs with available capacity to comply with contract service availability and accessibility standards. DHWL will confirm the PCD through the new member welcome packet mailing which includes identification of the PCD. The new member welcome packet will also include a notice informing members of the process for changing the PCD assignment and encouraging them to make their own choice about the provider who will serve them.

DHWL will monitor PCD assignments to ensure completeness and accuracy of member/PCD designations. DHWL's enrollment department will monitor PCD error reports to ensure all members are able to be matched to a PCD. Members who are unable to be matched to a provider through the auto assignment logic will be manually matched to a PCD.

PCD Re-Assignment When a Provider Terminates

Provider Terminates with Notice. If a PCD provides timely notice of termination of their participation in DHWL's network, DHWL will provide the member with written notice within 15 calendar days of the receipt of the termination notice from the provider informing the member that their PCD is leaving our network. The notice will include instructions for the member to contact DHWL' member services to select a new PCD. To ensure every member continues to have adequate access to quality primary dental care, we will assign affected members a new PCD that is within a reasonable commuting distance from their residence and confirm the assignment in writing. With the notification DHWL will include information describing the process for changing the PCD assignment and encourage the member to make their own choice about the provider who will serve them.

Provider Terminates Without Notice. In instances where a provider becomes physically unable to care for members due to illness, a provider dies, or otherwise does not provide timely notice, DHWL will notify the affected members in writing immediately upon becoming aware of the circumstances. DHWL will provide written notification to members when DHWL changes the member's PCD. The notice will be issued in advance of the PCD change when possible or as soon as DHWL becomes aware of the circumstances necessitating a PCD change. Members will still have the opportunity to change the assigned PCD if the assigned provider does not meet their needs.

F.7 MONITORING PROVIDERS AND ENSURING COMPLIANCE

Describe how you will monitor providers and ensure compliance with provider subcontracts. In addition to a general description of your approach, address each of the following:
o Compliance with cost sharing requirements;
o Compliance with dental record documentation standards;
o Compliance with conflict of interest requirements;
o Compliance with lobbying requirements;
o Compliance with disclosure requirements; and
o Compliance with member education requirements.

Our Process for Monitoring Provider Contract Compliance

Dental Health & Wellness of Louisiana (DHWL) knows that ensuring provider contract compliance requires diligence along with a comprehensive and multifaceted approach to monitoring providers that is effective yet sensitive to provider time constraints. DHWL will build upon the strategies our parent company, Centene Corporation, uses among its Medicaid health plans in 18 states to monitor provider contract compliance on an ongoing basis that:

1. includes formal review according to a periodic schedule consistent with industry standards;
2. informs and educates providers regarding subcontract requirements;
3. initiates timely corrective actions in the event noncompliance is discovered; and
4. completes the monitoring cycle through analysis of data gathered, preparation and dissemination of outcomes reports, proper documentation and records management of investigation activities and closed cases.

Under the supervision of the Compliance Officer, DHWL will take an organization-wide approach to ensuring provider contract compliance. DHWL's Provider Services, Network Development and Quality Improvement Units initiate and conduct formal provider reviews and onsite office visits, continuously monitor compliance with the State Contract (including provider appointment availability) and provider services trends; and conduct provider training evaluations. Through monthly report submission activities and regularly scheduled meetings, DHWL member services, quality improvement, credentialing and recredentialing, complaints, grievance and appeals, claims and medical management staff communicate their specific oversight responsibilities to the Quality Improvement Committee and provider related subcommittees such as the Credentialing Committee.

Compliance with cost sharing requirements;

DHWL will contractually prohibit providers from billing, charging, collecting a deposit from, seeking cost sharing or other forms of compensation, remuneration or reimbursement from or having recourse against DHWL members or persons acting on the member's behalf for core benefit services rendered to members in all circumstances including, but not limited to, non-payment by DHWL and insolvency of DHWL.

Payment in Full and Member Hold Harmless. DHWL will require, as a condition of payment, that subcontracted providers accept the amount paid by DHWL (including any supplemental payment by DHWL to the member's third party payer, if applicable), as payment in full for the service rendered. If DHWL is made aware that a provider, or a collection agency acting on the provider's behalf, bills a member, a Provider Service Representative (PSR) will notify the provider and demand that the provider and/or collection agency cease such action against the member immediately. If a provider continues to

bill a member after notification by DHWL, the Grievance and Appeals (G&A) Coordinator will determine what, if any, corrective action is needed and will guide the initiation of such corrective actions.

Limited Exceptions. Providers or collection agencies acting on the provider's behalf may not bill members for core benefit services. DHWL will only allow providers to seek payment from members only when compliant with the provider agreement, DHH requirements, federal standards and any applicable Third party Liability requirements.

Monitoring Cost Sharing Activities. DHWL will monitor the provider network to ensure compliance with all current and future cost sharing provisions that may be amended by DHH primarily through member inquiries and complaints received through member services and from our MemberConnections® staff as they interact with our members during outreach and education. When any DHWL staff receives an inquiry or complaint from a member regarding a provider bill, DHWL staff will refer the complaint to the G&A Coordinator who is authorized to review and respond to grievances and appeals and require corrective action. The G&A Coordinator(s) document and monitor member inquiries and complaints and deliver monthly reports to the QIC. QI staff trend member complaints quarterly to identify provider, provider-type, service, area, or other patterns of inappropriate billing.

Ensuring Provider Compliance. If QI staff identifies a pattern of impermissible member billing, they coordinate with the Grievance and Appeals Manager and Provider Relations. A Provider Relations Specialist (PRS) may visit the provider's office to investigate and forward their assessment to the Grievance and Appeals Coordinator who will determine if a corrective action plan is needed. DHWL takes a measured approach to addressing provider performance issues, preferring to support providers' efforts to improve before considering other actions.

Provider Education. DHWL Provider Relations Specialists (PRSs) regularly schedule onsite visits with all network PCDs and arrange other visits on request or as needed, such as when noncompliance is detected. Education on cost sharing and the conditions under which providers may bill members are among the important refresher topics that PRSs cover during office visits. Such visits are helpful in monitoring and addressing knowledge gaps that may result from provider office staff turnover. In addition, the provider newsletter periodically reminds providers that once they submit a claim to DHWL, they may not balance bill or pursue collection from members.

Compliance with dental record documentation standards;

DHWL will monitor network practitioners for maintenance of dental records in a current, detailed and organized manner that permits effective and confidential patient care and quality review. Dental record standards that include dental record content, dental record organization, ease of retrieving dental records, and maintaining confidentiality of patient information are outlined in the DHWL provider manual and accessible to all providers on the DHWL website. DHWL dental record standards will require providers to maintain dental records at the site where services are provided for all members evaluated or treated that are accurate and legible; maintained in detail consistent with good dental and professional practice; safeguarded against loss, destruction, or unauthorized use; maintained in an organized fashion and accessible for DHH or DHWL review and audit. Member dental records will provide dental and other clinical data required for quality and utilization management reviews and to enable a system of follow up care. DHWL will further require provider dental records be prepared in accordance with all applicable State and Federal rules and regulations and signed by the dental or medical professional rendering the services. DHWL will require providers to maintain confidentiality of dental records in accordance with the Louisiana revised statutes, including but not limited to, LSA-R.S. 40:1299.96, LSA-R.S.13:3734, and LA.C. Art. 510; and the 45 CFR Parts 160 and 164 (HIPAA Privacy Rule).

Providers will be required to keep DHWL member dental records in a secure location for a period of 6 years from the last date of service and accessible by authorized personnel only. Providers' staff must receive periodic training in dental record confidentiality.

Dental Record Contents. DHWL will contractually obligate providers to ensure member dental records include minimally, the following:

Member identifying information, including name, identification number, date of birth, sex and legal guardianship (if applicable);

Primary language spoken by the member and any translation needs of the member;

Services provided, date of service, service site, and name of service provider;

- Dental/Medical history, diagnoses, treatment prescribed, therapy prescribed and drugs administered or dispensed, beginning with, at a minimum, the first member visit under DHWL coverage;
- Referrals including follow-up and outcome of referrals;
- Documentation of emergency and/or after-hours encounters and follow-up;
- Signed and dated consent forms (as applicable);
- Documentation of advance directives, as appropriate;
- Documentation of each visit must include:
  - Date and begin and end times of service;
  - Chief complaint or purpose of the visit;
  - Diagnoses or dental impression;
  - Objective findings;
  - Patient assessment findings;
  - Studies ordered and results of those studies (e.g. laboratory, x-ray);
  - Medications prescribed;
  - Health education provided;
  - Name and credentials of the provider rendering services (e.g. DDS, DMD) and the signature or initials of the provider; and
  - Initials of providers must be identified with correlating signatures.

Further, DHWL will required all network providers to provide one (1) free copy of any part of member's record upon member's request and maintain member records for at least six (6) years after the last good, service or supply has been provided to a member or an authorized agent of the State or federal government or any of its authorized agents unless those records are subject to review, audit, investigations or subject to an administrative or judicial action brought by or on behalf of the State or federal government.

Transitioning Dental Records. DHWL will require providers to fully cooperate in the event a member transitions to another provider and wishes to have their dental records released to the new dental care provider. Upon a member's request, DHWL will request a transfer of copies of the member's dental records from the original provider to the new provider so that the transfer of records will not interfere with or cause a delay in the provision of services to the member.

Monitoring Compliance with Dental Records Management

DHWL will conduct dental record reviews of primary dental service providers that treated more than 100 unduplicated members in a calendar year. All PCD sites, including those that do not meet the service activity threshold of 100 unduplicated members, will be reviewed at least once every 5 years. DHWL's QM Coordinator will coordinate a schedule of ongoing reviews to ensure compliance. DHWL will report on all reviews that have taken place in any quarter to DHH quarterly. DHWL will assess network dental record keeping practices to ensure DHWL providers deliver high quality dental care that is documented according to established standards. DHWL will have written policies and procedures for ensuring provider compliance and will provide DHH with a written summary of its strategy for conducting dental record reviews, reporting results, and corrective action processes within 30 calendar days from the date the Contract is signed by DHWL, prior to the Readiness Review, and annually thereafter.

Dental Record Reviews. DHWL will assess network dental record keeping practices against the established standards. Assessment may be accomplished by any of the following processes:

- Review of HEDIS measures against standards and identify deficiencies using selected records
- Assess a sample of practitioner records that did not pass HEDIS or other audits
- Review a sample of dental records based on past documentation deficiencies or other criteria.

Additionally, any practitioner may be chosen throughout the year for focused chart reviews for purposes including but not limited to utilization review, quality management, dental claim review, or member complaint/appeal investigation.

Selecting Records for Review. DHWL will develop a list of providers to select for dental records review by identifying PCDs with 100 or more unduplicated members, as described above, whose practice sites include both individual offices and group practices. The QM Coordinator will select 5 to 10 records per site, or more records for very large or high-volume provider groups.

Notifying Providers of Dental Record Reviews. DHWL will notify providers identified in writing that a dental record review will be conducted and provide a list of the members selected for review. The audit will occur at the practitioner's office location; or dental records may be mailed to DHWL in certain cases. DHWL will further notify the provider that should he/she fail to cooperate with the record review process, DHWL may at its discretion or DHH directive impose sanctions as appropriate.

Performing Dental Record Reviews. DHWL will require persons performing the onsite record reviews (Reviewers) to utilize a standardized dental record review tool. On completion of the review, the Reviewer will review preliminary results with the provider or the provider's designated office contact person. At that time, the Reviewer and the office person can work together to resolve any inconsistencies or disputes in the review findings. The provider or their delegated office contact (i.e. Office manager) and the Reviewer sign and date the form indicating agreement of results.

Scoring. Pass/Fail results of the dental record review will be given to the provider on-site, upon completion of the audit, or mailed to the provider within 30 days of the audit if the provider was not present during the review. The notification letter will include the overall score, any areas of deficiency and a copy of the completed/scored audit tool.

Continuous Monitoring. Any reviews resulting in a Fail scoring are considered out of contract compliance and DHWL will implement a corrective action plan for improvement or include model record-keeping aids, such as standardized documentation forms, as applicable for each case. Follow-up reviews will be conducted within 2-6 months for any practitioner who fails a record review. Any cases where the follow-up review also results in a failing outcome will be discussed with DHWL Dental Director for further action that may include but not be limited to:

- Additional dental record review conducted with oversight from DHWL's Chief Dental Director

- Referral to the QIC
- Network Suspension or Termination

Dental record review results are filed in the Quality Improvement department and shared with the Credentialing department to be considered at the time of recredentialing.

Tracking Trends. An aggregate summary of dental record reviews completed and Pass/Fail results will be presented to the QIC. Dental record review results will be trended by the Quality Improvement department to determine plan-wide areas in need of improvement. Issues may be addressed via network-wide and/or provider-specific education to improve elements of dental record documentation. An analysis of the results is included in the Plan's Quality Improvement Evaluation and is available to DHH upon request.

Notifying DHH. DHWL will report the results of all dental record reviews we conduct to DHH quarterly, and will supply DHH with an annual summary of all dental record reviews conducted for the year.

Compliance with conflict of interest requirements;

DHWL will notify our providers that DHWL is an agent of DHH and does not have an actual or perceived conflict of interest that, in the discretion of DHH, would interfere or give the appearance of possibly interfering with its duties and obligations under any contract with DHH, and any and all appropriate DHH written policies. DHWL will confirm that as a DHWL subcontractor, the provider is accountable to the same standards and must notify DHWL in the event that any conflict of interest may arise. Such conflicts of interest may include but not be limited to the provider having or acquiring any interest, direct or indirect, which conflicts in any manner or degree with the performance of services under their Agreement with DHWL. Should a provider make DHWL aware of any such conflict, DHWL will notify DHH promptly.

Compliance with lobbying requirements;

DHWL will contractually require providers to comply with all applicable federal and State laws and regulations including Constitutional provisions regarding due process and equal protection under the laws and including the Byrd Anti-Lobbying Amendment. DHWL will file, and notify our provider subcontractors of the filing of the required certification that each tier will not use federal funds to pay a person or employee or organization for influencing or attempting to influence an officer or employee of any federal agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier shall also disclose any lobbying with nonfederal funds that takes place in connection with obtaining any federal award. Such disclosures are forwarded from tier to tier up to the recipient (45 CFR Part 3).

Compliance with disclosure requirements; and

DHWL recognizes the value and importance of strong patient-provider relationships in improving the health and well-being of our members. In support of these relationships, DHWL will notify our providers through the provider manual that DHWL and our provider subcontractors will not prohibit, or otherwise restrict, a dental care professional acting within the lawful scope of practice, from advising or advocating on behalf of a member who is his or her patient and providing information the member needs in order to decide among all relevant treatment options.

HIPAA Compliance

Through our provider agreements, DHWL will ensure that all providers are fully compliant with patient confidentiality and nondisclosure requirements. Our provider contracts stipulate that each provider and DHWL shall abide by the administrative simplification provisions of the Health Insurance Portability and Accountability Act ("HIPAA"), its implementing regulations [42 C.F.R. parts 160 and 164] and all other federal and State laws regarding confidentiality and disclosure of dental records and other health and member information, including safeguarding the privacy and confidentiality of any protected health information ("PHI") that identifies a particular member. Provider, as a "business associate" of DHWL, as defined in HIPAA, shall execute DHWL' Business Associate Addendum. Provider shall assure its compliance and that of its business associates with HIPAA.

Safeguarding Information. DHWL provider agreements shall also stipulate that providers shall safeguard information concerning members and potential members, and restrict the use and disclosure of information in accordance with the Contract and applicable State and federal laws and regulations and the standards set forth below:

- Be at least as restrictive as those imposed upon the DHH by 42 CFR Part 431, Subpart F (2005, as amended) and La. R.S. 45:56;
- Identify and comply with any stricter State or federal confidentiality standards which apply to specific types of information or information obtained from outside sources;
- Require the written authorization of the member or potential member before disclosure of information about him or her under circumstances requiring such authorization pursuant to 45 C.F.R. § 164.508;
- Not prohibit the release of statistical or aggregate data which cannot be traced back to particular individuals; and
- Subject violators to appropriate personnel sanctions.

Provider further acknowledges that all material and information, in particular information relating to members or potential members, which is provided to or obtained by or through provider's performance under this Contract, whether verbal, written, electronic file, or otherwise, shall be reported as confidential information to the extent confidential treatment is provided under State and federal laws. Provider shall not use any information so obtained in any manner except as necessary for the proper discharge of its obligations and securement of its rights under this Agreement.

Privileged Communications. All information as to personal facts and circumstances concerning members or potential members obtained by the provider shall be treated as privileged communications, shall be held confidential, and shall not be divulged without the written consent of DHH or the member/potential member, provided that nothing stated herein shall prohibit the disclosure of information in summary, statistical, or other form which does not identify particular individuals. The use or disclosure of information concerning members/potential members shall be limited to purposes directly connected with the administration of this Contract.

Monitoring Compliance. All DHWL staff will monitor PHI (Protected Health Information) protection during interaction on any level with any member. Should a member report that a provider has failed to comply with these nondisclosure requirements, the DHWL staff person receiving this information will report it immediately to the DHWL Compliance Officer for investigation.

Compliance with member education requirements

DHWL will provide training to all providers and their staff regarding the requirements of the Contract, including limitations and prohibition of provider marketing to members. DHWL Provider Relations Specialists (PRSs) will conduct initial training within thirty (30) days of placing a newly contracted provider, or provider group, on active status. DHWL will also conduct ongoing training, as deemed necessary by DHWL or DHH, in order to ensure compliance with program standards and the Contract.

Provider Marketing Guidelines. DHWL will communicate provider marketing guidelines and limitations through our provider manual, the website and during initial and ongoing training sessions.

Monitoring Provider Compliance. DHWL PSRs will be trained to check provider compliance with member education activities, including checking for any displayed and distributed provider marketing materials during routine provider visits. Further, the QI Coordinator will include a checklist of posted and distributed marketing materials if regular dental record review is conducted on site. Any observance of improperly displayed or distributed marketing materials will be reported to DHWL's Compliance Officer for further investigation and follow up.

F.8 ACTIONS TAKEN RE: PROVIDER NONCOMPLIANCE WITH CONTRACT REQUIREMENTS

Provide an example from your previous experience of how you have handled provider noncompliance with contract requirements.

Dental Health & Wellness of Louisiana (DHWL) will leverage the 30 years of network management experience our parent company, Centene Corporation (Centene), brings to Louisiana. Managing provider networks – and doing it well even in the most challenging markets – is the hallmark of Centene's longevity and success in Medicaid managed care. By combining existing network management practices for dental care providers with Centene's best practices, technologies, ongoing monitoring and hands-on service support for providers, we will ensure provider compliance with contract requirements that will result in meaningful improvements in access, service, and quality of dental care for members.

Example: Appointment Availability Noncompliance

The Situation. We conducted our standard Secret Shopper surveys across the provider network in Georgia. In so doing, we discovered a dental practice that was not meeting appointment scheduling requirements. This particular office was a group practice made up of three dentists located in an urban area in Georgia.

The Investigation. We dispatched a Provider Services Representative to the dentist's office to make an unannounced visit. The representative was able to speak with the office manager and reviewed the results of the Secret Shopper survey. The office manager explained that the excessive wait times for an appointment are likely occurring because one of the dentists left the group and another is out on leave and they are short-staffed. The representative reviewed our contractual requirements regarding appointment scheduling directly with the office manager, documented this meeting and advised the office manager that another Secret Shopper survey would be conducted within the next 30 days.

Follow Up and Recommendations. When the second survey was conducted, this practice was still out of compliance with appointment availability. The Provider Relations Representative phoned the office manager to share the latest survey results with her and to inform her that we would conduct a third survey within the next 15 days. The office manager reassured the representative that this issue would be resolved once the dentist who had been out on leave was back at the office.

Results. When the third survey was conducted- 15 days after the second survey was conducted- the office was still out of compliance. The Provider Relations Representative contacted the provider and explained that the third survey revealed that there was not improvement in appointment availability. After a good faith discussion with the one remaining provider, he decided to resign from the network because he did not know how much longer his associate would be out on leave and he simply could not manage appointments within the specified time frames without his associate. This provider did not have many of our members as patients. Additionally, we had an abundance of other providers in the same urban community that members could choose. We informed the members of the termination and assisted them in finding network providers to replace this provider.

F.9 EDUCATION AND TRAINING PROVIDERS

Describe in detail how you will educate and train providers about billing requirements, including both initial education and training prior to the start date of operations and ongoing education and training for current and new providers.

Dental Health & Wellness of Louisiana (DHWL) realizes that changes in billing and claims submission procedures are often the most daunting changes for providers when a State program such as DHH's Dental Benefit Management Program (DBMP) transitions to a new benefit manager. Our overarching plan is to emulate, as much as possible, the billing practices of our client (i.e. DHH) in order to minimize changes in the established billing practices to which Louisiana's dental care providers are accustomed. As an experienced dental claims adjudicator, DHWL is equally experienced at training dental providers about billing requirements and offers dental care providers a comprehensive training program that covers claims submission and billing requirements in detail along with other important topics, such as quality of care and access requirements, that begins prior to commencing operations and continues throughout the provider's participation in the program. DHWL will have local representation for servicing our providers and members. As a Louisiana based organization, we believe we are uniquely qualified to provide a positive experience for our providers. Our proactive approach to educating Louisiana's dental care providers on properly submitting claims will encompass training providers on correctly performing important activities prior to submitting a claim. For example, we educate all providers on verifying eligibility and obtaining authorizations. We share timely filing rules with them – because proper execution of these activities impacts claims downstream. We foster quick adjustment to a new claims submission process by streamlining processes and working with providers during their first 30-60 days as a network provider to ensure they can proceed confidently in their network participation role with us. Below, we describe our in-depth training program for providers.

Educating and Training Providers Prior to Start of Operations

In order to facilitate a smooth transition for DHH's DBMP, DHWL *has engaged prospective providers in discussions about their billing practices during our initial recruitment activities*. Opening these discussions prior to contracting with providers allows us to understand the manner in which they currently bill for services and ensures that providers have a clear understanding of the State's expectations and requirements relating to claims submission and billing standards, in addition to helping providers understand and become familiar with DHWL's claims adjudication processes. We develop rate exhibits (when appropriate) and payment guidelines, which we include in training presentations and in online tutorials. Billing and claims filing requirements are included in provider agreements, provider manuals, and on the provider web portal.

Initial and Ongoing Training: DHWL Hosts Town Hall Orientation Meetings and Webinars

Starting 4 to 6 weeks prior to the go-live date, DHWL will host Town Hall meetings and Webinars where program details are presented to dental care providers and their staff. DHWL sends invitations to providers 2 to 4 weeks prior to the meeting dates so that providers have ample time to RSVP and make arrangements to attend. In large markets, like Louisiana, we will also stagger meeting dates and times to give providers and their staff additional opportunities to attend training sessions or to repeat a course if they desire. We compile and update invitation lists from other lists we keep on file of providers who submitted signed Letters of Intent; providers in the midst of credentialing; and newly contracted providers to ensure we are reaching the largest audience of providers within each geographic zone and preparing them to confidently serve members from day one. Town Hall meetings are held at hotel

conference centers or community centers that are conveniently located and familiar to local providers. At the Town Hall meetings, we take attendance and document in our Enterprise System that the provider attended the training session. Attendance at Webinars is also collected and documented in our Enterprise System. For providers that are not able to attend any of the Town Hall meetings or Webinars, a DHWL Provider Relations Specialist will reach out to the provider and schedule a training orientation at the provider's office to occur within 30 calendar days of the provider's contract effective date.

Frequency of Town Hall Orientation Meetings. ***Prior to the go-live date*** and 30 days after the go-live date, we will host Town Hall Meetings in convenient locations throughout Louisiana at least once per week. ***Thirty days post go-live.*** We will host Town Hall Meetings for providers and their staff who are new to the network, and existing providers who wish to repeat the training course either quarterly or semi-annually or as dictated by DHH at multiple locations for provider convenience.

Frequency of Orientation Webinars. ***Prior to the go-live date*** and 30 days after the go-live date, we will host Webinars on a weekly basis. ***Thirty days post go-live.*** We will host Webinars on a monthly basis for providers and their staff who are new to the network and existing providers and their staff who wish to repeat the training course.

One-on-One Orientations for New Providers Pre and Post Go-Live. DHWL will require new providers to attend a Webinar or schedule an onsite Orientation meeting to occur within 30 calendar days of their contract effective date. A locally based DHWL Provider Relations Specialist will conduct individual and group trainings with dental care providers and their office staff. We offer one-on-one orientation training sessions for new providers at all times – whether pre or post go-live. However, in our experience, providers request one-on-one trainings more frequently post go-live; whereas prior to go-live, providers generally prefer group trainings. For established dental providers, Provider Relations Specialists may initiate the scheduling of provider orientation training if they believe the dental practice needs additional training or if staff turnover in the dental practice necessitates training for new dental office staff.

Billing and Claims Training Topics Customized for Louisiana

DHWL will cover all aspects of Bayou Health's Dental Program -- not just billing and claims -- to ensure each provider has a comprehensive understanding of DHH's initiatives and goals for successful management of this important benefit. See **Attachment F.9.a, Sample Provider Training PowerPoint**, which is a sample of the Provider Training Presentation we propose to customize for use in Louisiana. During the Town Hall meetings, Webinars and seminars we host, the billing information we will cover minimally includes:

- Timely claims submission requirements
- Claims adjudication turnaround times DHH requires of DHWL
- Authorization determination turnaround times DHH requires of DHWL
- How to access, register, and log on to the web portal
- How to check member eligibility
- How to submit claims
- How to submit authorization requests electronically
- How to check the status of claims and authorizations
- How to review Remittance Advice forms online

Our Goal: Go Green by Managing Claims Electronically. DHWL's electronic claims management initiative is designed to reduce program costs and paper waste, improve data integrity, and speed payments to providers through electronic billing and electronic funds transfer (EFT). We strongly encourage all providers to use electronic billing and EFT and we reach out to providers to educate them on the provider web portal's features that make claims management simple and cost-efficient for their practices. The table below shows the volume of total claims submitted annually and the percentage of those claims that were submitted electronically.

Year	Total Paid Claims	Electronic Claims Submission Rate, All Markets
2012	3,006,153	70.5%
2013	5,353,377	83.6%

We are pleased to see the percentage of claims submitted electronically increasing year after year. Online claims submission is encouraged at all Town Hall meetings and Webinars we host. During program implementations and for providers who are brand new to the network, we offer onsite trainings (orientations described above) in individual and group settings wherein we train providers and their staff on billing requirements along with training about how to verify eligibility, obtain authorizations, etc. Also, DHWL will continuously monitor the source of incoming claims (via Electronic Data Interchange (EDI), web portal, or paper) and we will reach out to providers who submit paper claims and encourage them to file claims electronically. The methods we use to reinforce use of electronic billing methods and EFT include:

- "Check Stuffers" sent with paper checks touting the benefits of using the provider web portal. An EFT registration form is also included in the stuffer.
- Monthly Webinars to educate providers on how to use web portal features, explain details about plan and benefit information, and promote targeted programs
- Outbound calling campaigns to work one-on-one with dental offices to increase the use of the web portal for claims management activities
- One-on-one web portal trainings for individual providers and their office staff
- Personal visits made by local Provider Relations Specialists for registry assistance and training demos

Another exciting feature of our Enterprise System is the ability of our Provider Call Center staff to see – at a glance – whether the provider has registered to use the web portal at a provider, location, or payee level and the last time they logged on to the system. When a Provider Services Representative (in the call center) sees that the provider is not registered on the web portal, they use the call as an opportunity to encourage the provider to register and log on to the web portal and explain how to use the portal to better manage the administrative functions that go hand in hand with patient care, claims and authorizations.

Leave-Behind and Reference Materials for Initial and Ongoing Education and Training

DHWL has developed a toolkit of materials for providers that are designed to minimize the time they spend on administrative tasks so they can focus on delivering quality care to members. Below is a list of

the various tools and resources we furnish to providers during initial orientations. These materials will be accessible and available to providers via the web portal at all times.

Provider Welcome Packet. We will strive to expedite distribution the Provider Welcome Packets to new providers following the completion of initial credentialing. We will also expedite the credentialing process during the same time frame, in accordance with DHH requirements, in order to ensure network readiness across the state of Louisiana. The Provider Welcome Packet contains the key materials and information providers need to submit claims such as:

- ✓ *Welcome Cover Letter* – indicates provider's official effective date with DHWL
- ✓ *Quick Reference Guide* – depicts billing addresses, timely filing requirements, toll-free provider services numbers, important web addresses, and step-by-step online registration instructions
- ✓ *Prior Authorization Requirements List*
- ✓ *Prior Authorization Form*
- ✓ *Invitation* to Attend an upcoming Town Hall Orientation Meeting or Webinar
- ✓ *Recent bulletins*, notices and/or newsletters
- ✓ *PaySpan Brochure* (Information and registration for electronic transactions)
- ✓ *List of clearinghouses* that interact with DHWL

These written materials are also distributed at all Provider Orientation meetings.

Online Reference Materials. DHWL offers providers multiple resources and online tools regarding billing requirements and how to file claims. We distribute these materials in Provider Welcome Packets and during initial orientations in hard copy and maintain copies on our website via the secure web portal for provider use. Our main reference sources are described below:

- ***Provider Manual.*** Describes the manner in which DHWL manages the dental program on behalf of DHH as well as operational procedures followed by our company. In addition to quality of care, appointment standards and other access topics, it includes detailed instructions on billing and claims submission requirements, including general billing guidelines; timely filing requirements; electronic and paper claims submission requirements; clean claim requirements; policies and procedures; common causes of claim processing delays and denials; and information about claim requests for reconsideration, claims disputes and corrected claims.
- ***Quick Reference Guide*** is a "cheat sheet" summarizing the operational policies and procedures that govern the program that includes information about billing requirements. A sample of the Quick Reference Guide we propose for Louisiana is located in ***Attachment F.9.b, Sample Quick Reference Guide.***

NOTE: These materials are also available to providers in hard copy upon request.

Ongoing Education and Training for Providers

DHWL's efforts to educate our providers about billing requirements continue beyond initial orientations. We offer our network providers an ongoing training curriculum that ensures providers remain updated on changes in billing requirements and that maximizes their ability to submit clean claims and receive timely payment for services rendered. Any changes to claims coding and processing guidelines will be communicated to providers at least ninety (90) calendar days before the change takes effect. Examples of ongoing training programs, venues and modules include, but are not limited to:

- ***Office Site Visits*** which are conducted by our local Provider Relations Specialists based on a set schedule and frequency by provider specialty and member volume
- ***Train the Trainer*** where DHWL identifies provider champions who receive extensive training and can then serve as a resource for other dental providers
- ***Provider Newsletters*** which address dental as well as billing and payment issues identified in the program. Our newsletter is targeted to office managers, administrative, and billing staff. Topics include administrative support information such as billing and prior authorization changes, updates on key DHH programs, tips and "how-to" ideas relating to a variety of dental health topics. The Provider Newsletter is mailed to each contracted provider office and also posted on the website.
- ***On-demand Web-based Training.*** Available 24/7 to providers at a time and location convenient for them, web-based training is self-paced and allows providers and their office staff to select courses of particular interest to them such as billing requirements.
- ***Webinars.*** More interactive than on-demand web-based training, this e-learning method includes audiovisual and action features and is conducted in real-time. With webinar meetings, DHWL will share our desktop files and computer applications with participants. To participate, the provider simply needs a high speed Internet connection and either conference-call-enabled telephones or VoIP (Voice-over Internet Protocol).
- ***BlastFax and Customized mailings containing billing information and updates.*** DHW will follow the best practice of business affiliates that have found BlastFax to be especially efficient and effective in reaching providers with urgent information about regulatory, contract, or other changes – such as changes in billing requirements -- as provider staff are accustomed to receiving and acting on faxes. BlastFax enables our staff to send from their desktop computer a fax to hundreds of providers simultaneously.
- ***Explanation of Payment (EOP) Stuffers.*** DHWL will use EOP stuffers as an easy way to quickly circulate information to out-of-network as well as in-network providers. We will use this medium for reminders and information that are not specific to a certain provider type. For example, to encourage providers to move towards submitting claims electronically we would include a stuffer on EDI information with the paper checks.
- ***Provider Web Portal.*** DHWL's Provider Portal will house many tools for our provider partners, including the Provider Manual, quick reference guide, and other claims submission and inquiry information and online training curriculum related to billing and claims submission requirements.

Tracking Provider Training Attendance and Satisfaction with Training Received

DHWL will use our Enterprise System to track provider attendance at education and training events and activities. Built on a foundation using best of class contract relationship management and provider data management technologies, the Enterprise System will allow us to more efficiently coordinate communications with our dental providers no matter the media (in person group trainings, phone, IVR, fax, email, or web). For example, we will use Enterprise to develop and conduct an outreach campaign encouraging providers to submit claims via EDI and to accept payment through EFT. In addition, Enterprise will integrate with our other provider service applications, such as the Provider Portal. DHWL will also conduct provider satisfaction surveys at least once per year. The survey includes questions to measure provider satisfaction with our training and education programs, service support and resource materials. Survey results will be submitted to DHH in accordance with Contract requirements.

F.10 TRAINING PROVIDERS AFTER PROGRAM IMPLEMENTATION

Describe how you will educate and train providers that join your network after program implementation. Identify the key requirements that will be addressed.

Overview

The Dental Health & Wellness of Louisiana (DHWL) provider education and outreach program will encompass all components of the Bayou Health Dental Benefit Management Program (DBMP) and DHH requirements. We will ensure that training is provided to all dental care provider types, including general dentists and specialists and that all Provider Relations Specialists and Provider Services Call Center staff are trained on all DHWL and DHH dental programs and requirements so our providers receive efficient "one and done" service and are not transferred to other staff. Our response to the previous section, Section F.9, describes how we will educate providers regarding billing requirements. Our provider training and education programs for all other aspects of this program will be carried out simultaneously with the billing trainings using the same methods and training venues (i.e. Town Hall meetings, Webinars, and One-on-One onsite training sessions). DHWL's policy is to offer robust, comprehensive and timely training to all providers who join DHWL's network, whether they joined before or after program implementation. This training begins during initial recruitment activities and continues throughout the provider's participation with DHWL.

Key Training Topics Reviewed at Every Orientation Training Meeting

Once a provider is credentialed and has contracted with DHWL, we will provide comprehensive education and training within 30 calendar days of their contract effective date that addresses all aspects of plan operations and DHH requirements. Each provider orientation session covers a broad array of topics, included but not limited to:

- Description of the Dental Program
- Urgent and Emergency Service Responsibilities
- Member Grievance System information
- Medical Necessity standards (DHH and practice guidelines)
- Dental record standards
- Claims submission protocols and standards
- Notice that provider complaints regarding claims payment shall be sent to DHWL
- Provider Rights & Responsibilities
- Cultural competency information
- Value added services and benefits, if any
- Quality Improvement Program and requirements
- Core Benefits and Services
- Process for filing a complaint
- Primary Dental Provider responsibilities
- Description and requirements of a Dental Home
- Prior authorization and referral procedures
- Prompt pay requirements
- Practice protocols (such as industry standard guidelines for treating certain dental conditions)
- Other provider contractual responsibilities
- Eligibility verification process
- EPSDT standards
- Credentialing and re-credentialing information

The Provider Manual is DHWL's provider handbook that describes the manner in which providers are expected to accommodate members and bill for covered services. The Provider Manual is comprehensive and addresses all aspects of benefit administration, claims submission and billing requirements, as discussed above in our response provided in the previous Section F.9.

DHWL's Quick Reference Guide is a "cheat sheet" summarizing the operational policies and procedures that govern our program that includes information about billing requirements along with tips, addresses, important phone numbers, websites and step-by-step instructions for performing certain

tasks efficiently. A sample of the Quick Reference Guide we propose for DHH's DBMP is provided in ***Attachment F.9.b Sample Quick Reference Guide.***

Ongoing Provider Education and Training Programs

Training Modalities. DHWL's provider education and training programs extend beyond initial orientations. We offer our network providers an ongoing training curriculum that ensures providers remain updated on DHWL and DHH requirements and any changes in clinical guidelines. Descriptions of the many training modalities we offer are addressed in detail in Section F. 9 (see **Ongoing Education and Training for Providers**).

Curriculum. Key training topics are shown in the bulleted list above (see **Key Training Topics Reviewed at Every Orientation Training Meeting**), and will vary according to recent developments and identified need as the program matures. Topics for ongoing training are based upon:

- Provider satisfaction survey results
- Trends in Provider Call Center inquiries
- Trends in member grievances and provider complaints
- Changes in DHH or DHWL policies and procedures
- DHWL quality improvement initiatives
- DHWL priorities such as cultural competency and quality of care

DHWL will submit any changes to the curriculum that also result in changes to the Provider Manual to DHH at least thirty (30) calendar days prior to the scheduled change and dissemination of information to providers regarding the change.

One-on-One Orientations for New Providers Post Go-Live. DHWL will require new providers to attend a Webinar or schedule an onsite Orientation meeting to occur within 30 calendar days of their contract effective date. A locally based DHWL Provider Relation Representative will conduct individual and group trainings with dental care providers and their office staff. Provider Relations Representatives may initiate the scheduling of additional provider orientation training if they believe the dental practice needs additional training or if staff turnover in the dental practice necessitates training for new dental office staff.

Frequency of Town Hall Orientation Meetings AFTER Implementation. Thirty days after the go-live date we will host Town Hall Meetings for new and existing providers at multiple locations for provider convenience either quarterly or semi-annually or as dictated by DHH.

Frequency of Orientation Webinars AFTER Implementation. Thirty days after the go-live date we will host Webinars on a monthly basis for new and existing providers.

Tracking Provider Training Attendance and Satisfaction with Training Received

DHWL will use its Enterprise System to track provider attendance at education and training events and other interactive activities with network providers. Built based on best of class contract relationship management and provider data management technologies, Enterprise will allow us to more efficiently coordinate communications with our dental care providers no matter the media (in person group trainings, phone, Interactive Voice Response, fax, email, or web). For example, we will use Enterprise to develop and conduct an outreach campaign encouraging providers to submit claims and to accept payment electronically. In addition, Enterprise will integrate with our other provider service applications, such as the provider web portal. DHWL will also conduct provider satisfaction surveys at least once per year. The survey includes questions to measure provider satisfaction with our training and education programs, service support and resource materials. Survey results will be submitted to DHH in accordance with Contract requirements.

F.11 PROVIDER PROFILING FOR QUALITY OF CARE

Describe your practice of profiling the quality of care delivered by network general dentists, and any other acute care providers including the methodology for determining which and how many Providers will be profiled.
o Submit sample quality profile reports used by you, or proposed for future use (identify which).
o Describe the rationale for selecting the performance measures presented in the sample profile reports.
o Describe the proposed frequency with which you will distribute such reports to network providers, and identify which providers will receive such profile reports.

The Dental Health & Wellness Provider Profiling Program

The Dental Health & Wellness of Louisiana (DHWL) Provider Profiling Program is a platform for the review and analysis of utilization data to identify potential aberrant practice patterns and utilization outliers as well as to monitor results of sanctions or corrective measures that have been imposed on identified providers. Our highly effective Dental Provider Profiling tool, created in the Enterprise system, compares individual provider practices to normative data, so that providers can improve their practice patterns**,** administrative processes, and quality of care in alignment with industry standards. Through our Peer Review and Quality Improvement Committees, we will work closely with Louisiana's dental care provider community to select meaningful profile indicators, build useful analyses and help providers understand and use feedback to improve care. Through our years of experience in other markets, we have found that this collaborative interaction fosters provider acceptance of profiling results and motivates providers to improve performance in targeted areas. The profile measures selected from year to year differentiate performance among providers based on peer-to-peer comparisons and statistically valid samplings. Financial and non-financial incentives, aligned with these measures, are designed to encourage achievable and continuous improvement. Our Chief Dental Director (CDD) has final authority and responsibility for our Dental Provider Profiling Program. Prior to the start of each profiling year, the Quality Improvement Committee (QIC), which includes network general dentists and other specialist providers, will review and approve the types of providers to be profiled; the participation criteria for individual providers or group practices; and the performance indicators to be used in evaluating performance.

The Enterprise System is unique in the dental benefits management industry and a leader among benefit administration systems because it offers real-time, web-based provider profiling.

Methods for Determining Which Providers to be Profiled. DHWL will profile all general dental providers who have been in the network for at least six months; have at least 150 unique members on an annualized basis; and who have $100,000 in paid claims in order to ensure statistically valid comparisons. We will also profile key specialty dental types that address the special needs of the population served, such as pediatric dentists for kids. In Louisiana, the QIC will re-evaluate these criterion and specialty types after the initial year of program operations and at least annually thereafter in order to make program adjustments that will ensure maximum profiling participation going forward.

Submit sample quality profile reports used by you, or proposed for future use (identify which).

We have submitted samples of the profile reports we currently use in other markets and propose to use in Louisiana. These profile reports are the Ratio Report and the Frequency Report. Sample reports are provided for your review in ***Figures F.11.A & B Sample Profile Reports***. Our Quality Profile Reports will

be produced using our Enterprise System (Enterprise). Using the system's dashboard, DHWL staff can produce reports from a menu of drill-down specifications to produce refined peer-to-peer comparison groups within specialties, regions, and programs, and risk-adjusting performance scores based on member acuity. Providers can access and download these reports using our secure provider web portal.

Describe the rationale for selecting the performance measures presented in the sample profile reports.

Our Rationale for Selecting Profiling Performance Measures

The particular codes or procedures included for profiling in the reports are derived from industry experience in reviewing procedure relationships that may be susceptible to aberrant dental claims submission patterns. The elements are not fixed and could vary depending on the particular client's benefit plan and authorized procedure codes. The code sets shown in the sample reports we are supplying represent a generic starting point which is dynamic and customized to a particular client or dental program. The Chief Dental Officer typically decides which elements are reviewed subject to feedback from the client, individuals with clinical and/or data analytic backgrounds and provider advisory committees. The profile group indicated in the profile reports is a defined provider or group of providers whose performance is to be measured or analyzed against a cross-section of their peers. The panel group, also shown in the profile reports, is a group of providers representing a large cross-section of peers, serving as a standard against which a profile group is compared to in the Enterprise Reporting Module (ERM) to analyze provider performance.

Profile Indicators. Each year, DHWL's QIC will approve measurable profile indicators that contain multi-dimensional performance assessment criterion using dental, administrative, and member satisfaction related data. Initially, our selection of profile indicators will be guided by the required activities in the Contract. Our standard approach is to further investigate instances where a profile subject is greater than or equal to 2 standard deviations from their peers. In subsequent profiling years, the QIC will consider supplementing DHH-required indicators with additional criterion that are measurable, reliable, achievable and valid; have available, reliable benchmark data; are relevant to our members, providers, and our QAPI program. For trending purposes and to measure improvement efforts over time, we will use the same indicators for multiple years. Our Quality Profile Reports for different provider types (i.e. primary dental providers versus specialists) will have unique sets of indicators that are relevant to the services rendered by those providers and promote compliance with practice guidelines and industry norms.

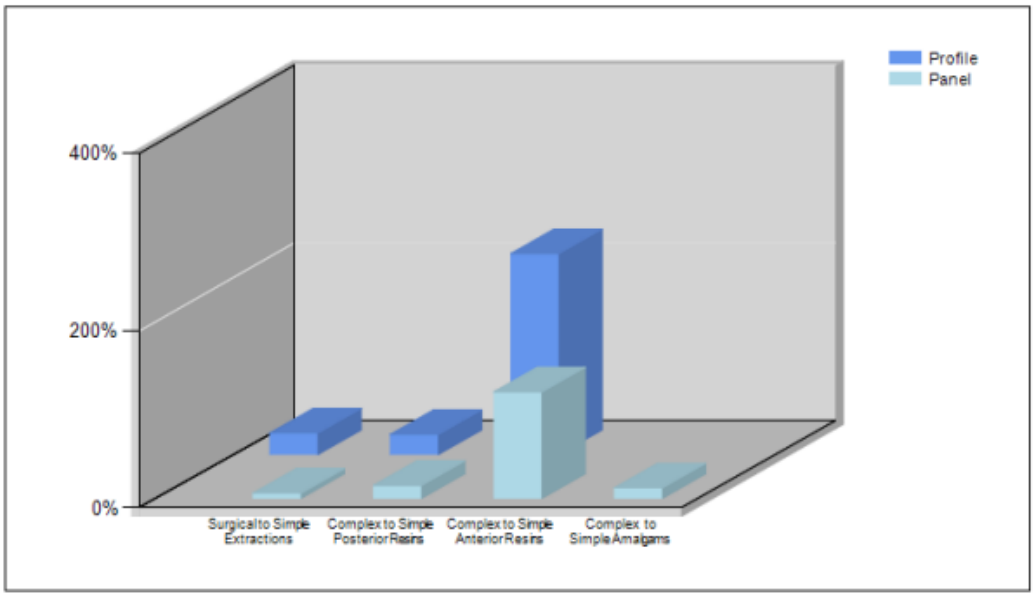
Benchmark Data. Annually, the QIC will identify and establish performance thresholds and improvement benchmarks for each selected indicator. The QIC will derive benchmarks from, HEDIS Scores, DHWL network-wide data, DHH goals, and other credible published data. DHWL will disseminate all approved profiling criteria, profile indicators, and performance benchmarks to providers before each measurement cycle through the Provider Newsletter and provider web portal. We also strive to compare against broader utilization groups in other markets when possible. However we must take into consideration the fluctuation and variance among benefit plans in other markets. DHWL enables providers to compare their outcomes within their network. In addition, we are able to apply additional filters including comparison to a universe of data within our Enterprise Reporting Module for meaningful comparison of quality and cost outcomes with other markets in other states that can help to guide benchmarks and goal setting going forward.

Ratios Report Performance Measures

The Ratios Report serves as a tool to identify potential outlying practice patterns that represent, in part, the quality of care delivered among the same provider types serving similar patient populations. The Ratios Report is designed to detect and provide insight on claims submission patterns and common areas of upcoding and over utilization. In addition, this report compares the frequency of occurrence of a defined group of dental procedures in relationship to a second defined group of procedures. For example, a Ratios Report might show the percentage of complex amalgams to simple amalgams performed by both a profile group and panel group of peer providers. See ***Figure F.11.B Sample Profile Reports*** below:

Provider Profiling - Ratios Report

Profile	Network:	Location: - All -
	Tax Enitity: - All -	Provider: - All -
	Payee:	Provider Group: N/A
Panel	Network:	Specialty: General Dentistry
	Provider Group: N/A	Reporting Region: N/A
Options	Service Date Range	Patient Age
	From: 1/1/2012 To: 12/31/2012	From: 0 To: 99



	Surgical to Simple Extractions	Complex to Simple Posterior Resins	Complex to Simple Anterior Resins	Complex to Simple Amalgams
Profile - 528 Patients	24%	22%	226%	0%
Panel - 62,947 Patients	6%	14%	120%	12%

How to Read the Ratios Report. Using code ratios, a provider is able to compare his/her own profile (the profiled subject) to a panel. For example, when we look at the sample Ratios Report, the "Posts and Cores to Crowns" code ratio for the profile subject shows "233%". This means that the profile subject is performing 2.33 posts and cores for every one crown. In other words, the number of services relating to posts and cores is 233% that of the number of services for crowns.

Frequencies Report Performance Measures

The Frequencies Report serves as a tool to identify potential outlying practice patterns that represent, in part, the cost of care delivered among the same provider types serving similar patient populations. The Frequencies Report compares the frequency of occurrence of a defined group of dental procedures per 100 patients against a panel group of providers and is intended to identify over and under-utilization. A Frequencies Report, for example, might compare how often providers at a selected location perform amalgams and resins per 100 patients against how often these sets of services are performed by a panel group of providers. See ***Figure F.11.A Sample Profile Reports*** on the following page.

Figure F.11.A Sample Profile Reports

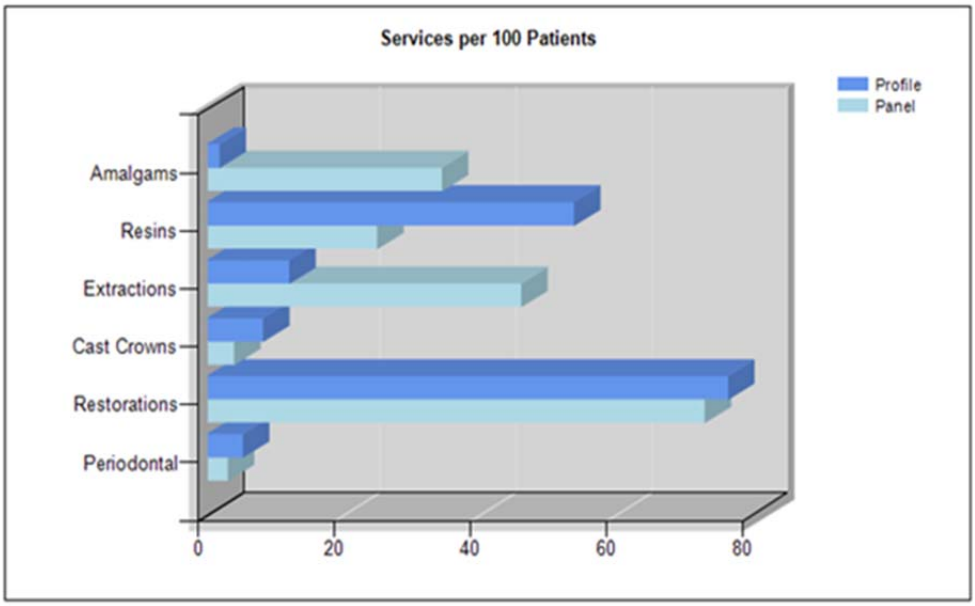
Provider Profiling – Frequency Report

Profile Network [redacted] Location - All - Find | Clear
Tax Entity - All - Find | Clear Provider - All - Find | Clear
Payee [redacted] Find | Clear Provider Group N/A

Panel Network [redacted] Specialty - All -
Provider Group N/A Reporting Region N/A

Options
Service Date Range (10/1/2010 to 11/27/2012) Patient Age
From: 01/01/2011 To: 10/31/2012 From: 0 To: 99 View Clear All

1 of 1 100% Find | Next Select a format Export



	Amalgams	Resins	Extractions	Cast Crowns	Restorations	Periodontal
Profile - 234 Patients	2	54	12	8	76	5
Panel - 110,984 Patients	34	25	46	4	73	3

How to Read the Frequencies Report. The frequencies report will list common CDT groups of codes. The numbers listed on this report are the number of services per 100 patients (# of services/# of unique patients x 100). For example, when we look at sample Frequencies Report in the "Periodontal" code group for the profile subject, the subject performs 17.65 (periodontal) services per 100 patients while the panel group performs 5.73 services per 100 patients. In this case we can say that our profile subject performs roughly 3 times the number of periodontal services per patient than the panel group.

Below is a sample of our Provider Profiling –Frequency report.

Describe the proposed frequency with which you will distribute such reports to network providers, and identify which providers will receive such profile reports.

Frequency of Report Distribution

Each quarter and approximately three months after the close of each profiling year (to allow for claims lag), we will collect indicator data and generate individual and summary annual Quality Profile Reports and deliver the reports to DHH per Contractual requirements. Prior to profile distribution, a DHWL inter-departmental data analysis team will analyze profile results to confirm validity, clinical relevance, and accurate data interpretation. DHWL will post reports for all profiled provider types on our secure provider web portal and provide targeted feedback to select providers as described below.

Frequency of Profile Generation. Perhaps the greatest benefit of our profiling program is its real-time functionality. Through the Enterprise System, providers have access to a secure web portal that allows them to create and download their own reports, such as the Ratio and Frequencies reports described above. The data in these reports is available at any time, 24/7, through the portal. To create reports, providers enter search criteria such as service date and patient age range. They can then view their own data and compare their results to their peers. DHWL's Enterprise System is unique in the dental benefits management industry and a leader among benefit administration systems because it offers real-time, web-based provider profiling. This innovative capability makes it easier to capture troubling trends and quickly correct them; impose sanctions on severe outliers; and monitor the results of those sanctions in a timely manner. This quick feedback has a greater impact on positive outcomes and lasting behavior changes for the better. Provider utilization patterns and submission practices are monitored internally at DHWL. As a result, we can initiate additional correspondence or follow-up with network providers as necessary to quickly address performance issues specific to only one provider, or to address systemic issues pertinent to all network providers.

Providers Identified for Profiling

As described above (see **Methods for Determining Which Providers to be Profiled)**, DHWL will target all Primary Care Dentists (PCDs) for profiling once they meet the thresholds for profiling that will ensure statistically valid comparison among their peers and as applicable to industry norms. In addition to PCDs, we will target select specialist types, such as oral surgeons or endodontists, once statistically valid data can be collected, or as determined by the QIC as described above (see **Profile Indicators** and **Benchmark Data**).

Targeted Provider Feedback. After profile reports are generated, the Chief Dental Officer and/or a Provider Relations Representative will meet face-to-face with each provider whose combined score on all indicators is below the 5th percentile to develop an action plan for improving identified measures to a target level of performance. Part of the discussion will focus on identifying actions we can take to support the provider's improvement efforts. Such help might also include data or support from QI staff or referrals to a high-performing network provider for peer-to-peer insight. QI staff will re-evaluate the provider's performance every three to six months, until an acceptable level of performance is achieved. They will also meet with select providers above the 95th percentile to identify best practices that can be shared with other network providers.

Summary

DHWL views provider profiling for quality of care and appropriate cost to be an important function of our network management responsibilities. For the DHH DBMP, our Enterprise System will enable us to execute a well-rounded provider profiling program that is meaningful to providers and DHH. By sharing outcomes data with providers, we impact provider behavior for the better, improving the quality of care for members and reducing overall costs.

F.12 PROCESS FOR PROVIDER INQUIRIES OUTSIDE OF THE GRIEVANCE AND APPEALS PROCESS

Describe the process for accepting and managing provider inquiries, complaints, and requests for information that are received outside the provider grievance and appeal process.

Overview

Dental Health & Wellness of Louisiana (DHWL) will leverage nearly thirty years of provider service experience that its parent company Centene, and its partner Scion Dental, bring to Louisiana. All Centene-owned businesses have experience transitioning providers from fee-for service Medicaid programs to manage benefit models. Centene and our affiliate health plan, Louisiana Healthcare Connections (LHC) has successfully made this transition for the Bayou Health program, contracting with its current network of 120 hospitals, 2,500 PCD's and 6,500 specialists, and transitioning these providers to managed care. Many of the network specialists building our DHWL network worked closely to welcome providers to LHC. DHWL goes the extra mile to provide excellent customer service, education and support to our providers by focusing on identifying and reducing the 'hassle factor' for providers through strong training programs for providers and their office staff, and by providing dedicated call center staff and Provider Relations field representatives for every Primary Care Dentist (PCD). This assures one-and-done service for providers who have general inquiries or concerns relating to day-to-day activities. We know that starting off on the right foot requires constant attention to provider concerns and reliable responsiveness before, during and after implantation. For DHH, DHWL will manage provider inquiries, complaints, and requests for information that ensures prompt resolution and provider satisfaction. In addition, our Quality Improvement Committee will use the information garnered from provider inquiries to make improvements in our policies and processes that will be meaningful to dental care providers, DHH and the unique aspects of Louisiana's dental care delivery system. Our processes for accepting and managing provider inquiries, complaints and information requests are described in detail below.

Our proactive approach to informing, training, assisting and supporting providers in the provision of quality dental services for members effectively minimized the volume of inquiries, complaints and information requests we receive and empowers providers to deliver the quality dental care DHH demands.

DHWL's Processes for Accepting, Documenting and Responding to Provider Inquiries

DHWL will develop and maintain a consistent process for managing provider inquiries, complaints, and requests for information that ensures prompt resolution and relaying of **accurate** information. We will use the information garnered from provider inquiries to make improvements in our policies and processes. In-network and out-of-network providers may submit inquiries, complaints or requests for information by phone, facsimile, mail, email, secure messaging (via Web Portal and secure e-mail), or in person. DHWL's locally based Provider Relations call center staff are the front line and preferred resource for most providers inquiring about claims, eligibility, authorizations and referrals. Providers can also opt to contact their dedicated provider relations representative for assistance, or they can submit questions via

our secure, HIPPA-compliant provider web portal. We train all DHWL staff at the time of hire, and on an ongoing basis, on how to assist providers, document inquires in the Enterprise System, and respond to inquiries in a timely manner.

DHWL's Toll-Free Provider Call Center. DHWL's Provider Services Department will operate a toll-free provider services line, ***staffed by Provider Service Representatives (PSRs) and located in Louisiana***, which will operate Monday through Friday, 7:00 a.m. to 7:00 p.m. Central Standard Time.

Dedicated Provider Relations Specialists. In addition to our call center Provider Services call center staff, our Provider Relations Department employs a team of Provider Relations (PR) Specialists who are field liaisons working actively with our providers in Louisiana, and are knowledgeable of all aspects of provider services. Our PSRs and PR Specialists will be trained and empowered to quickly respond to and resolve provider inquires, and assist with any provider access concerns including prior authorization requests. Our internal and field Provider Services teams will engage providers to work through any issues or barriers they may have with claims submissions, resolutions and adjustments; identify trends and provide additional training and assistance to any network provider and their staff to ensure our service support for providers is consistent, correct, thorough-and most importantly- exceeds provider service expectations.

DHWL Processes to Capture Inquiries and Track Resolutions

The integrated Enterprise System (Enterprise) is the primary technology tool used by Provider Relations internal and field staff to capture and manage provider inquiries, complaints, and requests for information. Enterprise integrates data from several sources, such as member enrollment files, claims records and authorization records, to enable seamless and efficient call answering capabilities, reporting, and warm transfers within the call center and to the proper DWHL department. Provider Services staff will document all inquiries in the Enterprise System. Our Enterprise application-which was built specifically to support dental benefit programs and dental care providers-enable our PSRs to access and view real-time information and also gives them functionality at their fingertips to assist every caller efficiently and effectively. Examples of items that PSRs can confirm for providers using Enterprise functionality include, but are not limited to:

- Checking service history by tooth
- Checking a member's eligibility
- Checking claims history and status
- Checking authorization history and status
- Finding benefit plan details, including covered services and benefits
- Verifying benefit accumulations and deductibles
- Attaching a file to a call log
- Accessing Provider Remittance Advices
- Resetting a Provider's web portal password

Modes for Accepting and Managing Inquiries or Requests for Information

Providers can make inquiries in a variety of ways, including through our Provider Services call center, during an in person visit with their Provider Relations Specialist, by submitting an email or secure message via our Provider Portal, or correspondence via fax or US Mail. Below we describe how we respond to provider inquiries based on the mode of communication the provider used to contact us.

Inquires Received in the Call Center. When providers call, the system immediately will greet the

incoming caller, offer prompts that immediately connect them to their area of need, such as eligibility verification; authorization management; or claims inquiries and provider information. Calls are answered promptly, in the order received, and by the first available PSR. If at any point the caller wishes to speak to a "live person," they may bypass the prompts by pressing "0" for immediate connection or they can stay on the line and the system will route them to a PSR at the conclusion of the phone prompts. Our **Integrated Voice Response** will allow providers access 24/7 to information such as eligibility, PCD assignment, and claim status including paid date and amount. Call transfers to other departments are minimal and generally occur when the inquiry involves clinical or administrative issues that need to be answered by a clinician.

Claims Inquiry Calls. Louisiana based PSRs are the first level of contact for most claims inquiries. However when they receive a complex claims inquiry, they advise the caller of the need for research and provide a time estimate within which the provider can expect a response. Using Enterprise, PSRs securely route claims records for complex claims inquiries to our Claims Liaisons who complete the research and provide feedback to the PSR regarding necessary next steps. This process frees frontline call center staff to focus on answering other calls, and ensures the provider's inquiry receives full attention from a qualified claims expert. This approach also holds the PSR **accountable** for the entire inquiry, from receipt through research to response, offering a seamless customer service experience for our providers.

Inquiries Received during Onsite Meetings with Providers. When Provider Relations Specialists receive provider inquiries during an onsite meeting, they follow the same approach and protocols as our call center PSRs by accessing the Enterprise System remotely via laptops or I-Pad to document the inquiry and start the resolution process. If the Provider Relations Specialist is unable to answer the question during the onsite visit, they will follow up with the provider within three business days with the answer or provide a status report along with the expected timeframe for resolution.

Inquiries Received via Secure Messaging, Fax or US Mail. DHWL's secure Provider Portal enables providers to submit inquiries via secure messaging. Using the Portal, providers can contact DHWL PSR's. The inquiry is systematically routed to a designated PSR for resolution. Upon completion, the PSR sends an email to the provider that a response is available on the secure Provider Web Portal and that they must log in to access the response. This notification ensures that we comply with HIPAA security requirements. Correspondence received via fax or US Mail is scanned and attached to the call record in the Enterprise System for reference and documentation, and the inquiry is routed to the designated PSR for resolution. Regardless of the method of submission, our PSRs acknowledge all inquiries within three business days and respond with resolution within 10 business days. If unable to resolve an issue within 10 business days, the PSR notifies the provider and gives an estimated date of completion not to exceed 30 days from receipt.

Documenting and Managing Inquiries or Requests for Information

PSRs document all inquiries and requests for information in the Enterprise System. This can include *Provider Updates/Status Information* for inquiries related to provider status and demographics, provider number, TIN or NPI information; *Provider Requests* for information related to requests for manuals, copies of Explanation of Payment forms, and check copies or requests for a Provider Relations Specialist visit; and *Provider Education* for inquiries related to requests for support with the claims submission, Electronic Data Submission, Electronic Funds Transfer or Authorization processes. Each category has a predefined timeframe within which the inquiry should be addressed and aids in our monitoring of established call management metrics. The Supervisor monitors the rate of call resolution, as well as the

age of inquiries that require further action and a callback by a PSR to a provider. This ensures that inquiries do not age beyond the predefined timeframes. For example, should assistance from an internal department be needed for a complex claim, the PSR will document the request and systematically route the inquiry to that department via the Enterprise System. Should the inquiry remain open beyond the defined timeline for the call category, the Enterprise System prompts the PSR to initiate follow up activities and highlights the aged item for the Supervisor.

DHWL Processes for Accepting, Documenting and Managing Provider Complaints

DHWL will provide written policies and procedures which detail our Provider Complaint System to DHH for review and approval. This submission will occur within thirty (30) days of the date the Contract is signed with DHH. DHWL's Provider Complaint System policies and procedures will contain, at a minimum, a description of how and under what circumstances providers are advised that they may file a complaint and the timeframes for resolution. We will include a complete description of the Provider Complaint System in the Provider Handbook and include specific instructions for providers regarding how to contact DHWL Provider Relations Staff, including the Grievance and Appeals (G&A) Coordinator, and who receives and processes provider complaints.

DHWL will employ and maintain dedicated Provider Services and Provider Relations staff, available to respond to provider inquiries, complaints, concerns or issues. All PSR staff are trained to distinguish between a provider complaint and a grievance or appeal in which the provider is acting on the member's behalf. Provider complaints that are not related to the provider grievance and appeal process are received and documented in the same way as for all other provider inquiries or requests for information. However, complaints are categorized and captured as provider complaints in the Enterprise System and routed to the complaint to the Compliance Department where it is managed by the G&A Coordinator. The Coordinator mails an acknowledgement letter to the provider within five business days. The Coordinator thoroughly investigates each provider complaint, collecting all pertinent facts from all parties and processing the complaint per DHWL policies and procedures. The Coordinator works with the applicable department when researching complaints and ensures each matter is investigated using applicable statutory, regulatory, contractual and provider subcontract provisions. Upon completion of the investigation, the G&A Coordinator will issue a written decision letter to the provider, including the legal and factual basis for the decision and the right to an Administrative Hearing. For example, complaints regarding a PSR's conduct are coordinated with the Provider Services Department and complaints about preauthorization policies are coordinated with the Medical Management Department. Once a complaint is resolved, the G&A Coordinator issues a resolution letter to the provider and adds the resolution date and description along with all related documents and information to the Enterprise System record. By monitoring "inquiry age" within the Enterprise System, the Provider Services Supervisor ensures adherence to **resolution timeliness**. On a quarterly basis, the Provider Services Department will report identified trends to the Quality Improvement Committee (QIC) for review and recommendations for interventions or additional action. The QIC will track any implemented interventions, responsible parties, and outcomes which may include the development and intervention of a corrective action plan (CAP) and monitoring of the CAP through resolution.

DHWL Monitoring and Reporting Processes

Call Center Monitoring. DHWL will perform on-going call center monitoring which will include the Provider Services Supervisor silently monitoring a minimum of five calls per PSR per month to evaluate

the accuracy and effectiveness of PSR interaction, accuracy of call documentation, and ability of the PSR to identify and pursue opportunities to educate the provider. Since accurate call documentation is critical because we use trend analysis of data elements such as the "call type and sub-type" to **drive process improvements,** the frequency of call monitoring will increase during 'start-up' and implementation, with more intensive oversight to ensure quality is demonstrated throughout all call-center activities and that all calls are handled promptly and appropriately. We rapidly disseminate this information to the staff best suited to analyze each trend and initiate immediate remediation or education. The Member and Provider Services management team presents a quarterly report of trends to the QIC for review, along with recommended actions to improve the effectiveness of our provider communications and education. The Enterprise System allows the management team to manage overall performance of the department to provide results of operational metrics, staff performance, call types, routing statistics and volumes. These reports will help management quickly identify performance issues, monitor trends, identify opportunities for process improvement, and evaluate the effectiveness of our provider communication.

Provider Complaint Monitoring and Reporting. DHWL will perform on-going monitoring of provider complaints, tracking turn-around-times to ensure the issuance of timely resolutions as well as conducting periodic internal audits to ensure the appropriate applications of regulations. The Enterprise System will serve as a mechanism to capture, track, and report the status and resolution of all provider complaints whether received by telephone, in person, or in writing, and will include all associated documentation. Through use of the Enterprise System, DHWL will be equipped to report the status of all provider complaints and their resolution to DHH on a monthly basis in the format required by DHH.

Self-Monitoring Through Weekly Staff Meetings. Provider inquiry activity is further monitored during weekly staff meetings. All Department staff, including PSRs, and Provider Relations Specialists attend and share occurrences, trends, progress on the previous week's issues and plans for the next week's activities, and identify when and what type of additional provider education or office visits may be needed. The process facilitates the identification of **emerging trends**, in order to proactively avert potential service problems, and holds each attendee accountable for specific follow up action. Meeting minutes are available to all staff online and are submitted to the QIC quarterly.

Subcontractor Monitoring. DHWL's subcontractors must comply with DHWL and DHH requirements and apply similar approaches and protocols for accepting and managing provider inquiries, complaints and requests for information. Our Compliance Department monitors each subcontractor in monthly or quarterly oversight meetings to ensure compliance.

F.13 DEPARTMENT RECEIPT OF WRITTEN OR VERBAL COMPLAINTS REGARDING PROVIDERS

If the Department receives written or verbal complaints on behalf of any provider in regards to excessive, unwarranted, and/or aggressive attempts to require any information to fulfill network adequacy Requirements during the RFP process.

Dental Health & Wellness of Louisiana (DHWL) acknowledges that if the Department receives written or verbal complaints regarding DHWL pertaining to excessive, unwarranted, and/or aggressive attempts to require any information to fulfill network adequacy requirements during the RFP process, DHWL could face a penalty of 0 to -50 points.

SECTION G: UTILIZATION MANAGEMENT (UM)

G.1 ENSURING SERVICES ARE NOT DENIED OR REDUCED INAPPROPRIATELY

Describe how you will ensure that services are not arbitrarily or inappropriately denied or reduced in amount, duration or scope as specified in the Louisiana Medicaid State Plan.

Introduction

Leveraging a long history of Centene managed care experience and the experience of our partnership with Scion Dental, Dental Health & Wellness of Louisiana (DHWL) brings with it local knowledge and experience serving the Louisiana Medicaid population and almost 30 years in utilization management operations. Building from this foundation, DHWL will implement a Utilization Management (UM) Program that complies with all state and federal laws including those specifically outlined in this RFP. DHWL will maintain a UM Program Description that defines the structures and processes within the department, including assignment of responsibility to appropriate individuals, in order to promote fair, impartial and consistent utilization decisions. DHWL's UM Program will follow the Utilization Review Accreditation Commission (URAC) and applicable National Committee for Quality Assurance (NCQA) standards. Our UM Program will ensure the provision of medically necessary covered dental services in accordance with evidence based clinical practice guidelines and will include a mechanism to reduce inappropriate and duplicative dental services. Our UM Program meets or exceeds compliance with 42 CFR 456, 42 CFR 431, 42 CFR 438 and will be reviewed at least annually or more frequently as needed by the UM and QI Committees. DHWL will submit our UM Program to DHH for approval within thirty days of the effective date of the program and annually thereafter.

Dental Health & Wellness of Louisiana's partner, Scion Dental, holds full URAC accreditation for Health Utilization Management

Oversight and Authority

Our experience has shown us that the best approach to cost control and quality care is to strictly adhere to our philosophy of the right care, at the right time and in the right place in order to establish a lifetime of healthy behaviors and outcomes. DHWL will facilitate the quality of the UM program and its management by ensuring accountability for the program, recruiting, training and retaining highly qualified managers and staff, setting high ethical and performance standards and regularly evaluating the effectiveness of the program. The DHWL **Board of Directors** (Board) will have ultimate authority and accountability for the oversight of the quality of care and services provided to members. The Board, through the Quality Improvement Committee (QIC), will oversee development, implementation and evaluation of the Quality Assessment and Performance Improvement Program, which includes the UM Program. The Board will delegate the oversight and operating authority of UM activities to the **Utilization Management Committee** (UMC).

The UMC will ensure the effectiveness of the program and ensure that UM activities are integrated into all DHWL functional areas and departments. The UMC, which will meet no less than quarterly, will be chaired by the Dental Director. The UMC will be responsible for the review and approval of medical necessity criteria; utilization management policies and procedures; and monitoring and analyzing relevant data, including providers' requests and the medical appropriateness and necessity of dental

services provided to our members, to detect and correct patterns of potential or actual inappropriate under- or over-utilization of services, coordination of care, and member and provider satisfaction with the UM process. The UMC will actively involve participating network providers in utilization review activities to the extent no conflicts of interest exist.

Evidence-Based Clinical Review Criteria

DHWL will use evidence-based clinical decision support criteria, developed using or based on, recognized national criteria reflecting accepted clinical practice, along with DHH program requirements, to determine the medical necessity and appropriateness of covered services requiring authorization. Criteria will be selected to enable authorization personnel to determine whether services are appropriate for the member's condition, provided in an appropriate setting and meet professionally-recognized standards of care, while considering any special circumstances that may require deviation, such as disability, acute condition, co-morbidities, life-threatening illness, or risk of institutionalization. In the case of a possible denial of coverage, in accordance with URAQ and State requirements, a Dental Consultant is available to discuss the case and the medical necessity guidelines with the requesting dental provider prior to issuing an adverse determination.

Requiring all professional reviewers to employ the same clinical algorithms ensures the consistent application of clinical criteria.

Utilization Review Criteria. Our Utilization Management (UM) criteria will ensure *timely* access to *appropriate* services that help members achieve the highest possible levels of health, wellness, functioning and quality of life. DHWL will use evidence-based clinical decision support criteria to determine medical necessity of those covered services requiring prior authorization. As further described in our response to G.2, our UM guidelines have been refined over the past ten years through a group of independent Dental Consultants.

Embedded Clinical Algorithms. DHWL will employ Scion Dental's best in class Enterprise System technology that has been customized over the past 20 years to support dental benefit management ensuring consistent and equitable determination of covered and medical necessity of covered services, provided in the appropriate setting, and that meet professionally-recognized standards of care. Built using three-tier architecture and comprised of 34 integrated modules, each module creates a focused environment for task-oriented staff and management to most efficiently produce administrative results. Available only through partnering with Scion Dental, the 34 modules included in the Enterprise System work in harmony to produce a completely "paperless" environment, with the obvious administrative and benefit cost impacts being shared with DHH and our providers.

Another advantage that the Enterprise System offers is its structured algorithms used to conduct utilization review. As seen in the screen print below, UM staff access clinical criteria decision trees that are embedded in the Enterprise System to facilitate accurate and consistent application of criteria. Using the Enterprise System's streamlined workflows ensures efficient and accurate prior authorization determinations at all levels of review.

Figure G.1.a Enterprise System Clinical Algorithm Module

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Qualified UM Staff

DHWL's UM program will be overseen by our licensed Chief Dental Director. Our UM staff will include Dental Specialists and Dental Consultants who will have the appropriate clinical expertise and training (as further described in our response to G.3 below) to conduct utilization review processes. The authorization personnel entrusted with the responsibility of conducting Utilization Management activities for members are listed below along with the required credentials for each position and description of responsibilities:

- **Dental Director (Chief Dental Officer):** DHWL's Dental Director will be a Louisiana licensed Doctor of Dentistry with no restrictions or other licensure limitations with at least ten years of clinical practice. The Dental Director will be actively involved in all major clinical and quality management components of DHWL. The Dental Director shall be responsible for:
    - Development, implementation and clinical interpretation of clinical policies and procedures including, but not limited to, service authorization, claims review, credentialing and clinical review included in the Grievance System;
    - Administration of all clinical management activities; and
    - Serve as director of the UM Committee and chairman of the QI Committee.

  The Dental Director will be available during normal business hours for UM decisions, and is authorized to represent DHWL regarding clinical issues, UM and quality of care inquiries. Only a Dental Consultant or Dental Director is authorized to make adverse service authorization determinations.
- **Dental Consultants:** Dental Consultants will be licensed Doctors of Dentistry and will be responsible for timely and accurate review and authorization of various dental services using

eligibility and contract requirements. Only a Dental Consultant or Dental Director is authorized to make adverse service authorization determinations. Additionally, Dental Consultants are active participants in identifying aberrant conditions / trends related to review of provider authorization of dental services and refer on to DHWL UM staff for appropriate research and resolution.

- **Manager of Utilization Management:** The Manager of Utilization Management (UM) will oversee the day to day operations of all Dental Review staff members to ensure authorizations are processed timely and in accordance with benefit limitations and work collaboratively with other internal clinical resources to design framework by which clinical decisions are made to support benefit limitations and medical necessity.
- **Dental Review Specialists:** Dental Review Specialists are highly trained individuals with at least 2-4 years of experience in a clinical dental role or similar related experience and knowledge of dental procedures, terminology and codes. Advanced education and/or degree in Dental Assisting, Hygiene or similar field is preferred. Dental Review Specialists will be trained in application clinical criteria and algorithms to ensure that services provided are a covered benefit, medically necessary, appropriate to the member's condition, and rendered in the most appropriate setting. Dental Review Specialists are responsible for timely and accurate review and authorization of various dental services using eligibility and contract requirements.

Denial or Reduction in Service. Only our licensed Dental Director/Dental Consultant(s) with appropriate clinical expertise in the treatment of the member's condition or disease will make determinations that result in denial or reduction of services requested. DHWL's Dental Director will make determinations on the basis of medical necessity and appropriateness while taking into consideration the member's special needs or other individual circumstances. Rationale for the decision will be clearly documented in the Enterprise Systems software. DHWL's process for the appeal of medical necessity determinations will ensure that persons reviewing the appeal were not involved nor report to the person who made the original adverse determination.

To ensure appropriate guidance and impartiality, the provider issuing the appeals determination will hold the same specialty or related specialty as the appealing provider, and the Dental Consultant reviewing the appeal will not be the same consultant involved in making the initial determination.

Affirmative Statement about Incentives. As part of our UM Program, utilization review and service authorization decisions are based only on appropriateness of care and service. In accordance with 42 CFR §438.6(h), 42 CFR §422.208, and 43 CFR §422.210, dental consultants and other UM staff receive no incentives to deny, limit, or discontinue medically necessary covered services to any member. UM employee compensation includes hourly fees and salaried positions. Compensation or incentives to staff or agents based on the amount or volume of adverse determinations; reductions or limitations on lengths of stay, benefits, services; or frequency of telephone calls or other contacts with health care practitioners or patients is *prohibited*. DHWL and its delegated Utilization Review agents will not permit or provide compensation or anything of value to its employees, agents, or contractors based on: the percentage of the amount by which a claim is reduced for payment, or the number of claims or the cost of services for which the person has denied authorization or payment; or any other method that encourages the rendering of an adverse determination. All UM staff will be required to sign an Affirmative Statement regarding confidentiality and compensation annually. This statement represents staff understanding that DHWL does not:

- employ incentives to encourage barriers to care and services; UM decisions are based only on appropriateness of care and service and existence of coverage;

- specifically reward practitioners or other individuals conducting utilization review for issuing denials of coverage or service care;
- provide incentives for UM decision makers that result in under-utilization.

DHWL does not prohibit providers from advocating on behalf of members within the utilization review process.

Oversight to Ensure Consistent Application of Criteria

Training will be conducted by the Manager of UM who will maintain documentation of training dates and staff attendance as well as copies of materials used. Based on our work plan, DHWL departmental leadership will develop comprehensive training and materials, including job-specific training on job requirements and roles in readiness preparation for DHWL operational start dates. The Compliance staff will provide oversight and support to trainers and are responsible for ensuring that the departmental training is delivered on schedule.

To ensure effective training and consistent application of clinical review criteria by Dental Review Specialists and Dental Consultants and prevent inappropriate denial of services, DHWL conducts an annual reliability review. All clinical review staff members who are responsible for determining medical necessity are required to participate in these evaluations in which a minimum of 10 cases are reviewed and evaluated. Opportunities for improvement in training are identified and individuals identified with deficiencies are reevaluated within 90 days to measure the success of the additional training. The results of the IRR evaluation are reported to the Quality Improvement Committee at least annually. Our training and audit processes are further described in our response to G.3.

Prior Authorization Process

Using the Enterprise System, DHWL will employ a three step authorization process that has proven successful in preventing inappropriately reduced or denied services and maintains compliance with decision turnaround timeframes. Below we briefly describe each review Level:

Level 1 Review: All authorizations are data-entered into the Enterprise System and processed through a front-end authorization batch-edit process. Similar to front-end claims edits, the Enterprise System systematically reviews authorizations to confirm member eligibility, requested services are a covered benefit, all necessary fields are completed and that appropriate billing codes have been noted on the authorization. Approximately 15% of service requests are rejected during the Level 1 review allowing our UM staff to focus on authorization requests that are submitted with complete and accurate information necessary to make the determination.

Level 2 Review: The Dental Review Specialist conducts a Level 2 Review using reviewing clinical documentation submitted by the requesting provider, authorization history and claims history while considering any extenuating circumstances or special needs that may impact the medical necessity of the service requested (i.e. meets criteria for EPSDT service). The Dental Review Specialist processes this information through the embedded decision tree algorithms in the Enterprise System and may approve the service, request additional information, or refer the request to a Level 3 Review for final determination.

Level 3 Review: A licensed Dental Consultant conducts Level 3 Reviews based on available information and may also contact the requesting provider to conduct a peer to peer discussion regarding the

request. Only a Dental Consultant can make an adverse determination to deny, reduce or terminate a requested service.

Centrally Located Information. The fully integrated Enterprise system ensures that all of the tools needed to make a determination are in one place, streamlining the process for conducting reviews. Information includes but is not limited to:

- Patient details, including access to complete member enrollment record
- Instant access to x-rays and other documentation in a built-in viewer
- Authorization details for each service line
- Exceptions triggered by edit rules
- Notes
- Authorization history
- Electronic copies of letters and other correspondence

Figure G.1.b Enterprise System Authorization Determination Module

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Image Viewer. UM Review staff, including Dental Consultants, have full access to all of a patient's medical history at their fingertips when reviewing and determining authorizations for services. An integrated Image Viewer in the Authorization Review work queue opens automatically when a thumbnail image is clicked. With Image Viewer tools, Dental Review Specialist and Dental Consultants can clarify images by rotating, flipping, and magnifying them, and by choosing brightness and contrast settings.

G.2 UM GUIDELINES DEVELOPMENT PROCESS

If the UM guidelines were developed internally, describe the process by which they were developed and when they were developed or last revised.

Dental Health & Wellness of Louisiana (DHWL) will adopt internally developed UM guidelines that have been developed in compliance with RFP requirements outlined in Section 11. The UM guidelines represent the clinical criteria algorithms/protocols for medical necessity determination for those procedures that may require authorization prior to the provider beginning the procedure. Unlike the medical environment, true evidence based documentation of the relationship between diagnosis and treatment outcomes are largely non-existent in the dental setting. The presence of Milliman- or Interqual-like standardized clinical criteria do not exist in the dental environment due to the non-existence of dental diagnostic codes associated with the current CDT treatment code system.

DHWL will use Scion Dental's clinical criteria algorithms which have been developed and refined over the past 10 years from information collected from the American Dental Association's Code Manuals, clinical articles and guidelines, as well as dental schools, practicing dentists, insurance companies, other dental related organizations, and local state or health plan requirements, as a basis for our Louisiana UM guidelines. Scion Dental's criteria were researched and put into policy by a Peer Review Committee of independent dental consultants working under the guidance of Fred Tye, D.D.S., M.B.A., Scion Dental's Chief Dental Officer. Dr. Tye has been a dentist for over 37 years with 25 years of corporate level positions at healthcare companies across the country. Dr. Tye holds an MBA from Northwestern University's Kellogg Graduate School of Management.

"Dental Health & Wellness of Louisiana will ensure its UM clinical guidelines and clinical determinations are in compliance with DHH's medical necessity definition as defined in LAC 50:I.1101.

DHWL will research and compare any Louisiana state specific requirements/criteria and LSU's criteria to our baseline guidelines and adjust as necessary to ensure we incorporate local practice patterns and best practices in care. For example, we will ensure our clinical guidelines are compliant with DHH's medical necessity definition as defined in LAC 50:I.1101. DHWL will present UM guidelines to its UM and Quality Improvement Committees, which will include Louisiana network dental providers, for review and approval.

Annual Review

DHWL's UM and Quality Improvement Committees, which will include Louisiana network dental providers, will review and approve our dental clinical criteria at least annually and upon significant change in practice. Scion Dental's Peer Review Committee last reviewed their clinical criteria algorithms on October 15th, 2013. The Committee reviewed the criteria to reflect current American Dental Association CDT 2014 documentation. The Committee recommended modification to the clinical algorithm for coronal remnants. Minor wording changes were recommended to several criteria sets including but not limited to: sealants, general anesthesia/IV sedation, and non-intravenous conscious sedation.

Distribution to Providers

Providers are educated about our process for developing clinical decision criteria in our Provider Handbook and during initial orientation. Clinical decision criteria are available on DHWL's Provider Portal. Additionally, DHWL will provide written criteria related to specific determinations to the member or provider upon request.

G.3 UTILIZATION MANAGEMENT STAFF

Regarding your utilization management (UM) staff:
• Provide a detailed description of the training you provide your UM staff;
• Describe any differences between your UM phone line and your provider services line with respect to bullets (2) through (7) in item K.1;
• If your UM phone line will handle both Louisiana DBP and non-Louisiana DBP calls,
o explain how you will track DBP calls separately; and
o how you will ensure that applicable DHH timeframes for prior authorization decisions are met.

Introduction

Dental Health & Wellness of Louisiana (DHWL) will facilitate the quality of the UM program and its management by recruiting and training highly qualified managers and staff from Louisiana; setting high ethical and performance standards for UM staff; and monitoring UM staff performance regularly and providing feedback on identified trends and individual issues. This program will encompass UM staff new employee training, staff in-service of Medicaid, DHH, and DHWL policy updates, comprehensive training reviews, clinical education lunch-and-learn sessions, and seminar opportunities. We will reinforce this training with routine file audits and face-to-face education from supervisor to staff member. DHWL will ensure that all UM staff and any potential subcontractors will be fully trained and prepared by the DBMP operational start dates to provide UM services to members and providers in order to ensure optimal care and achieve improved oral health outcomes.

DHWL has already had conversations with leadership from LSU to discuss ways to retain the expertise and potentially the existing staff that currently conduct dental authorizations for DHH's dental program. We look forward to continuing these discussions following contract award and the potential resulting partnership or other arrangement that ensures that the local nuances of dental care delivery and cultural norms unique to Louisiana dental providers and Medicaid recipients are appropriately incorporated into DHWL's UM Program.

UM Training Programs

Training will be conducted by our Manager of Utilization Management (UM). Documentation of training dates and staff attendance as well as copies of materials used will be maintained by our Manager of UM. Based on our work plan, DHWL departmental leadership will develop comprehensive training and materials, including job-specific training on job requirements and roles in readiness preparation for DHWL operational start dates. The Compliance staff will provide oversight and support to trainers and are responsible for ensuring that the departmental training is delivered on schedule.

Understanding the Culture. DHWL will use employee training as an opportunity to emphasize a corporate culture strongly committed to understanding and prioritizing each member's unique and varied needs, goals, preferences and culture. DHWL believes that an understanding of how different cultural beliefs and norms may impact a person's health and decisions about dental treatment, will aid our utilization management staff, and will improve our ability to communicate with members. Locating DHWL headquarters in Louisiana and hiring staff from the communities where they live enables staff to better relate to, and embrace the cultural differences within the State of Louisiana that set them apart from other States. For example, our employees will know that we may need to

Locating DHWL headquarters in Louisiana and hiring staff from the communities where they live enables staff to better relate to, and embrace the cultural differences within the State of Louisiana that set them apart from other States

arrange for interpreter services in certain parishes such as East Baton Rouge and Jefferson where they have seen an increase in Hispanic populations and Orleans Parish with the Vietnamese population. We will look for opportunities to hire bi-lingual utilization staff to align with different demographics. A central component of staff training for all employees is Centene's own Disability Sensitivity Training, which includes such topics as People-First language, issues in health care utilization, types of disabilities, types of needs, using the TDD line, SSI eligibility determination, the Americans with Disabilities Act, communicating with people with disabilities, and common misconceptions about people with disabilities.

Job-Specific Training. UM positions within DHWL, such as Dental Review Specialists, require specialized skills and expertise. This includes position-specific coursework, which is delivered using a combination of computer-based training (CBT) and traditional classroom learning, with testing to ensure understanding. Below are further specifics on our functional area trainings for Dental Review Specialists. Upon hire, UM staff will receive training from DHWL's Manager of Dental Review in these areas:

- Customer service and telephone etiquette; call routing/warm transfers to other areas such as to a case manager and member services staff;
- Covered services, prior authorization requirements, reimbursement models; techniques to detect other insurance;
- HIPAA and confidentiality of medical records;
- Detection and reporting of fraud, abuse, and waste;
- Systems training, including use of the Enterprise System
- Definition of Medical Necessity and application of clinical support criteria
- Prior Authorization timelines, adverse determinations and medical necessity appeals;
- Quality Improvement, including quality of care concerns and current initiatives;
- Complaints and grievances; and
- Performance standards, productivity goals, inter-rater reliability testing and quality monitoring.

Evidence Based Criteria. To prepare for performing medical necessity reviews, Dental Review Specialists (DRSs) are instructed on the correct application of DHWL's adopted clinical support criteria to determine medical necessity. During initial training, staff acquire a working knowledge of the criteria and system documentation. After training, staff obtain hands on experience shadowing a preceptor in actual application of the criteria while performing UM medical necessity reviews. Once training is completed, UM users are tested to ensure the application of the criteria is sound. When the new DRSs begin reviewing authorizations on their own, 100% of their determinations are audited by a Dental Consultant for 30 days or until the DRS maintains 95% accuracy rate. Feedback on any errors or discrepancies is provided to the Manager of UM and the new DRS is coached and receives necessary retraining or clarification on criteria and processes. Lastly, each year, staff are tested using our Inter-rater Reliability Tool with true case scenarios. For the initial implementation, we will conduct IRR at 60 and 120 days post go-live and annually thereafter. A random selection of reviewer activity will be collected via the Enterprise System. Hard copy information reviewed will be blinded.

Ongoing UM Staff Training. In addition to training on initial hire, DHWL will conduct ongoing training as changes to UM guidelines and policies occur. Annual updates to DHWL clinical criteria and policies are reviewed with staff during UM staff meetings and during one-on-one sessions and will be embedded in the Enterprise System.

Describe any differences between your UM phone line and your provider services line with respect to bullets (2) through (7) in item K.1. If your UM phone line will handle both Louisiana DBP and non-Louisiana DBP calls,

- ***explain how you will track DBP calls separately; and***
- ***how you will ensure that applicable DHH timeframes for prior authorization decisions are met.***

DHWL will offer dedicated-toll-free phone lines that our members and providers can call to ask questions about benefits, get help to obtain needed services, or file a grievance or complaint. Providers can call our Provider Service center with questions about what requires authorization, to check the status of an authorization or to request a peer-to-peer consultation with our Dental Director. The fully integrated Enterprise System ensures that Provider Service Representatives have the information at their fingertips necessary to answer provider questions related to authorizations and claims status.

Our Member and Provider Service Representatives (MSR and PSR) are hired locally from Louisiana. Our Member and Provider Service Lines are available from 7am to 7pm central time, Monday-Friday (excluding State declared holidays). After hours, members and providers also may leave a voicemail message requesting call-back. During the voicemail, they can specify a date, time and phone number for the return call, to make the call-back most convenient. MSRs and PSRs will return all calls as instructed or, if no call-back time is specified, on the next business day.

DHWL will not maintain a separate UM phone line and as such there are no differences with respect to our response to bullets (2) through (7) in item K.1 regarding our Provider phone line.

Tracking DBP Calls

DHWL will implement Avaya phone systems, offering call routing, advanced vectoring, messaging, and information tracking that will enable seamless, transfer capabilities while also providing separate reporting by client. Through the Avaya phone system, DBP calls will be tied to the toll-free number of the client. Call center agents will see the specific market identifier on their phone display screen so they can answer the phone appropriately. This clear delineation allows DHWL to monitor and report performance standards regardless of the physical location of the agents supporting the queue.

Figure G.3.a Sample Call Statistics Report

	Typical Client SLA	Measured Results	
		Beneficiary Calls	Provider Calls
Average Speed of Answer	30 seconds	7 seconds	7 seconds
Abandonment Rate (> 10 seconds)	5%	0.18%	0.18%
% calls answered within 30 seconds	90%	95.16%	95.07%
Average hold time	300 seconds	116 seconds	115 seconds
Number of calls (February – April 2013)		48,319	67,258

Ensuring Compliance with Decision Timeframes

The Enterprise System is designed to support accurate and timely authorization and claims payment processing. Our proprietary algorithms have evolved over the course of 10 years in the dental benefit management industry resulting in highly efficient work flows for service authorization and medical necessity reviews. DHWL will process authorizations in accordance with the timeframes outlined in this RFP. Using the fully integrated Enterprise System and its built in clinical algorithms, our partner Scion Dental consistently averages a two-day service authorization decision timeframe, falling well within the

80% benchmark for standard authorizations. Because we will be implementing the same system and process flows, DHWL expects to attain this same level of execution.

The key to our sustained ability to meet service authorization timeframes lies in our Level 1 batch edit review process, dedicated work queues and a fully integrated operational model that puts all necessary clinical information at the fingertips of the staff that need it.

Average 2-day turnaround time for authorizations

Batch Edit Review Process. The Enterprise System software platform includes a full set of proprietary, dental-specific edits that evaluate and validate authorizations and claims from the moment the electronic data enters the system until payment is determined. Similar to front-end claims edits, the Enterprise System systematically reviews authorizations to confirm member eligibility, requested services are a covered benefit, all necessary fields are completed and that appropriate billing codes have been noted on the authorization request. Approximately 15% of service requests are rejected during the Level 1 review allowing our UM staff to focus on authorization requests that are submitted with complete and accurate information necessary to make the determination.

Dedicated Work Queues. Dental Review Specialists and Dental Consultants each have separate, defined work queues in the Enterprise System that allow them to focus on only those authorizations that require their attention in their respective areas of responsibility. All of the tools they need to make a determination are in one place eliminating the need to search for information or access multiple software systems.

Centrally Located Information. The fully integrated Enterprise system ensures that all of the tools needed to make a determination are in one place, streamlining the process for conducting reviews. These tools include but are not limited to:

- Patient details, including access to complete member enrollment record
- Instant access to x-rays and other documentation in a built-in viewer
- Authorization details for each service line
- Exceptions triggered by edit rules
- Notes
- Authorization history
- Electronic copies of letters and other correspondence

UM Review staff, including Dental Consultants, have full access to all of a patient's medical history at their fingertips when reviewing and determining authorizations for services. An integrated Image Viewer in the Authorization Review work queue opens automatically when a thumbnail image is clicked. With Image Viewer tools, Dental Review Specialist and Dental Consultants can clarify images by rotating, flipping, and magnifying them, and by choosing brightness and contrast settings.

Monitoring Compliance. The Enterprise System features real-time authorization review statistics and trends allowing UM management staff to maintain close observation of authorization volume in each phase of the review process, authorization aging and daily, weekly, and monthly average turn-around times. The screen print below is a sample Authorizations Dashboard that our management staff will use to monitor our compliance with timeframes.

REDACTED

G.4 REPORTING, GATHERING AND ANALYZING UTILIZATION DATA

Describe how utilization data is gathered, analyzed, and reported. Include the process for monitoring and evaluating the utilization of services when a variance has been identified (both under- and over- utilization) in the utilization pattern of a provider and a member. Provide an example of how your analysis of data resulted in successful interventions to alter unfavorable utilization patterns in the system. Individuals who will make medical necessity determinations must be identified if the criteria are based on the dental training, qualifications, and experience of the DBP dental director or other qualified and trained professionals

Dental Health & Wellness of Louisiana's (DHWL) Utilization Management (UM) Program is data-driven and closely integrated with our quality improvement and fraud and abuse functions in the shared process of improving our members' dental health outcomes. Utilization data is gathered, analyzed, and reported through our Quality Assessment and Performance Improvement Program. UM data is used to identify under- or over-utilization of services, aberrant practice patterns, and quality of service concerns, many of which can be corrected with education, outreach or other corrective action.

Identifying and Gathering Data

DHWL's UM Program is supported by fully integrated, robust data management capabilities for data collection, indicator measurement, analysis, and improvement activities. Our reporting and data analyst staff provide standard and ad hoc reporting and analysis support to UM and QI staff. DHWL will employ the **Enterprise System**; designed by dental industry experts and built from the ground up as a dental benefits administration system. Its web-based architecture allows instant access 24x7 from anywhere, at any time. The Enterprise System offers hundreds of flexible, customizable features designed to lower both administrative costs and plan benefit costs, including comprehensive, built-in data monitoring and analysis tools, including real-time dashboards and customizable online reporting that allows organizational and provider level profiling and metric-based decision making.

UM data analysis, and its accuracy, completeness and consistency, is reported to the Utilization Management Committee (UMC) with particular attention to identification of potential over-and under-utilization. All utilization data is reported to the UMC quarterly unless significant variances are identified as needing immediate interventions. In such cases, the Dental Director and the Manager of UM assess the variance and recommend an appropriate action plan. Routine reports include a comprehensive analysis of data, including identification of variances or trends, review of outcomes, and recommended interventions based on the findings. The UMC makes recommendations that may include additional data analysis, continued monitoring of the process or provider, and/or corrective action. Recommended actions, which may be multi-departmental, may include new or revised disease management programs, revisions to prior authorization requirements, new or revised clinical practice guidelines or medical necessity criteria, additional network development activities, improvements in the utilization monitoring process, or addressing the utilization trends of a particular provider or member.

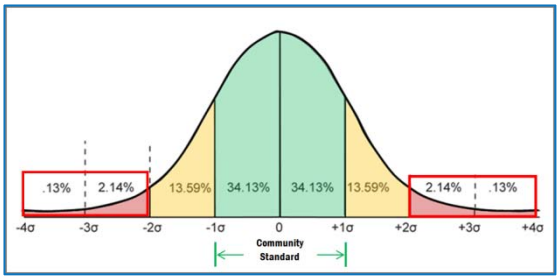
Monitoring Over and Under Utilization of Dental Services

In order to fully understand the utilization trends of our members and our providers, as well as the underlying causes, DHWL will implement real-time monitoring as well as analyze a variety of different 'snapshots' of our utilization data. The UMC monitors and analyzes data at aggregate and detail levels including by member, by individual provider, by provider specialty, by type of service, and by comparing services authorized to services received.

Routine monthly trend reports monitor key utilization measures such market cost analysis report, code level frequency, costs per patient, and age banding (details on our Provider Profiling reports can be found in our response to F.11). Each report includes a drill down capability to more specific areas of interest. For example, when analyzing code level frequency, we can look not only at total number of codes, but also at the utilization in relationship to age, dental home, and peer groups. We can look for patterns of under- or over-utilization by provider, by member, or by Region and Parish.

REDACTED

To detect over and underutilization of dental services, DHWL will use standard deviation analysis (SDA) to guide utilization investigations at the market and provider levels. All internal analysis used to identify over and underutilization of dental services begin with an SDA. The data gathered is filtered from our market analysis and provider profiling to determine outliers and inform our next course of action. Generally, dental service patterns show a statistical clustering for 80% to 90% of all services performed in the market. This clustering of data falls between two standard deviations of the norm. When we find data outside two standard deviations (5% to 10%) of the norm for one market, we investigate further to find the root of the cause. In some cases, these outliers are instances where extreme services were needed. In other cases, these outliers are instances of over- or under-utilization of services.



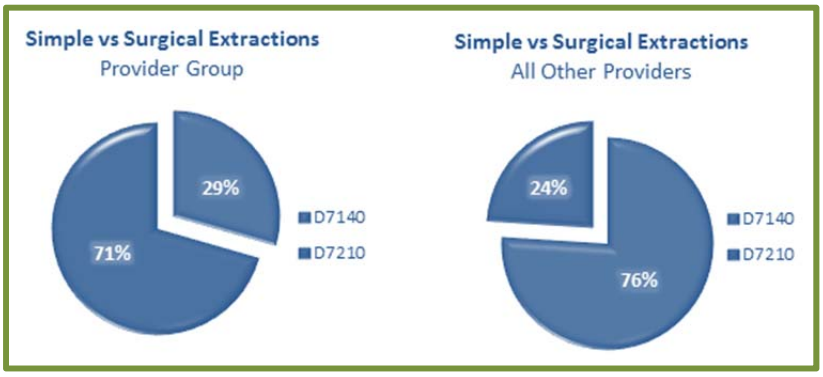
Monitoring and Evaluating Variance in Utilization

DHWL will use standard deviation analysis to evaluate behavior and cost trends across an entire market. We will use our proprietary software tools to gather and analyze information. As the billing methods of several dental chains have become more sophisticated, the Enterprise System software platform has kept pace, and we will aggregate data at a number of different levels—including down to the level of member, individual dentists, office locations, payees, and tax entities. This allows us to identify instances of over- and under-utilization.

Variance in Provider Utilization Patterns. DHWL's QI staff may identify a pattern of under/over-utilization by a specific provider by reviewing the provider's performance on profile measures for services such as preventive dental cleaning and x-rays, amalgams, resins, extractions, or cast crown. Performance is compared to national benchmarks, when available, and average network performance. In review of provider profiles we may find over-utilization in surgical extractions compared to simple extractions, excessive dental work being done on young children or under-utilization of dental sealants. Once the provider has been identified, QI or Network Management staff, or the Dental Director, meet one-on-one with the provider to discuss performance, provide education and establish an action plan for improvement. Interventions range in severity, including but not limited to: provider/office staff education, peer discussion, chart reviews, restricting assignment of new members, or augmented authorization requirements. QI staff monitor performance monthly or quarterly, depending on the measure, and report both to the UMC and the provider. We continue the higher level monitoring until performance has been corrected and maintained for at least six months. The provider will have direct access to profile performance reports on the Provider Portal. In certain cases, QI staff will refer providers with patterns of over-utilization to our Fraud and Abuse Unit for investigation of possible fraud, waste or abuse.

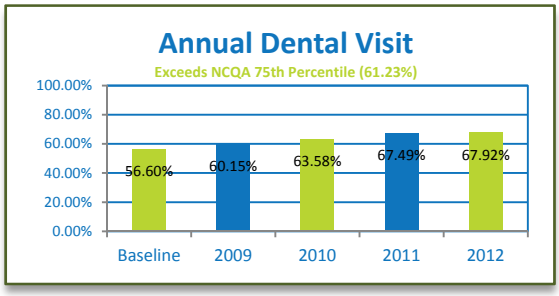
Variance in Member Utilization. DHWL QI staff may identify a pattern of under-utilization by a specific member by reviewing routine Care Gap reports from the Enterprise System of members in need of recommended preventive services. For example, child annual dental exam, fluoride treatments or sealants are areas we have found to be frequently under-utilized in the Medicaid population. Examples of over-utilization often relate to use of the emergency room for dental symptoms or members with high use of controlled drugs, often prescribed by more than one dental provider. To identify these areas of over-utilization, DHWL will work closely with DHH and/or the Bayou Health Plans to share data and develop action plans for improvement.

Illustration of Results



Improvement in Provider Over-Utilization. Our statistically-driven approach to utilization has proven successful for every market where we've implemented it. The following example illustrates how this approach improved patient care, and in the process saved the Commonwealth of Pennsylvania $2.2 million. In Pennsylvania, DHWL's partner, Scion Dental, identified a group of 69 Providers with 21 locations that delivered complex surgical extractions at a rate of 3:1 when compared to simple extractions. This high utilization

of complex extractions affected 16,528 recipients. Working as a team we outlined the issues with the Provider group, identified the impact on the current membership, and created a plan to correct the behaviors.



Improvement in Member Under-Utilization.

Over the past few years, our Georgia affiliate, Peach State Health Plan, has implemented several improvement initiatives aimed at improving routine dental visits. One such activity was a provider education campaign and distribution of a dental reminder tear off pad that was given to PCPs as an easy way to help remind members about the importance of visiting the dentist.

SECTION H: EPSDT

H.1 DESCRIPTION OF TRACKING SYSTEMS AND USE OF TECHNOLOGY

Describe your system for tracking each member's screening, diagnosis, and treatment including, at minimum, the components of the system, the key features of each component, the use of technology, and the data sources for populating the system.

Introduction

The primary goal of **Dental Health & Wellness of Louisiana** (DHWL) EPSDT program is to facilitate age appropriate, comprehensive oral health services for DHWL members in accordance with applicable State and federal laws and evidence based clinical practice guidelines and periodicity schedules. Leveraging the 30 year history of Centene's Medicaid managed care experience and the experience of our partnership with Scion Dental, DHWL brings with it proven systems to track and report on member EPSDT service utilization, including production of the Center for Medicare and Medicaid Services (CMS) CMS 416 report. DHWL will use the Enterprise System's sophisticated data management capabilities for data collection, indicator measurement, analysis, and improvement activities; processes that are essential to our success of improving provision of EPSDT services.

DHWL's technology solutions will be configured to support practical and effective application by DHWL staff to ensure full compliance with DHH's stated clinical performance goals including:

- Increase the percentage of EPSDT members receiving any dental service
- Increase Percentage of EPSDT members that receive any Dental Treatment Services.
- Increase the percentage of EPSDT members (enrolled for at least 90 consecutive days) receiving one annual dental preventive service
- Increase the percentage of EPSDT (enrolled at least 90 days) age 10-15 years receiving one or more sealants on permanent molar teeth
- Increase the percentage of EPSDT members enrolled in two consecutive years who received a comprehensive or periodic oral evaluation in both years

System for Tracking

DHWL will use the fully integrated **Enterprise System** as the central hub for service information that allows collection, integration, and reporting of clinical claim/encounter data; financial information; medical management information (referrals, authorizations); member information (current and historical eligibility and eligibility group, demographics, member outreach); and provider information (participation status, specialty, demographics). The real time data housed in the Enterprise System allows staff to generate standard and ad hoc reports from a single data repository, to build and tabulate key performance indicators and provide drill-down capability to the individual provider or member level to track EPSDT dental screening, diagnosis, and treatments.

DHWL will monitor an array of key performance indicators across its functional areas allowing us to track and trend over time, monitor progress towards goals and identify outliers that require further investigation and intervention. We will monitor several metrics related to EPSDT dental services including lines 12a-12e of the CMS 416 report and the HEDIS Annual Dental Visit measure.

System Component, Key Features and Data Sources

Key Reporting Features. DHWL will use the Enterprise System to track EPSDT services. The key reporting features include but are not limited to its real-time dashboards and customizable online reporting. Data is analyzed at aggregate and detail levels including by member, by individual provider, by provider specialty, and by type of service. For example, we will track preventive dental services using codes D1000 - D1999 and dental sealants using code D1351. Data sources for reporting include member demographic and eligibility data, provider demographic and contract data, and claims/ encounter data.

Use of Technology

Provider Profiling. The Enterprise System consolidates data into provider level information and allows comparison to peer groups. Using provider profiles and statistical analysis, we are able to identify providers with an overall trend of under-utilization of EPSDT dental services including preventive exams, sealants and dental treatment and partner with the provider to identify barriers and increase performance.

Direct Member Education Efforts. DHWL's Member and Provider Services Representatives and MemberConnections outreach staff will use the data and information produced from the Enterprise System to identify members who are due or past due for EPSDT dental services, plan and conduct member and provider outreach and effectively refer members to a dental home for services. Additionally, we will share this data with providers and members to promote compliance with clinical practice guidelines and periodicity schedules. DHWL's comprehensive approach to member education for EPSDT services is described in our Section H.2 response.

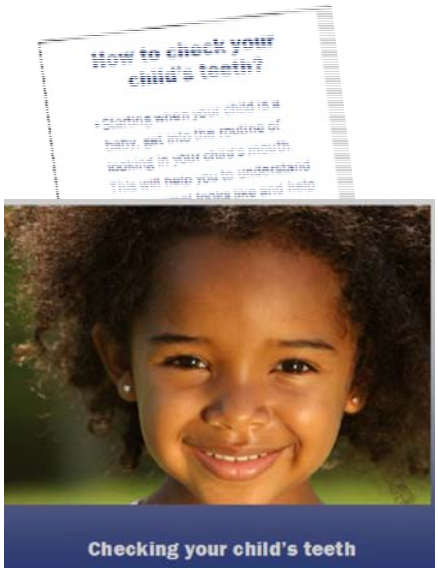
H.2 APPROACH TO MEMBER EDUCATION AND OUTREACH

Describe your approach to member education and outreach regarding EPSDT including the use of the tracking system described in H.1 above and any innovative/non-traditional mechanisms. Include:
• How you will conduct member education and outreach regarding EPSDT including any innovative/non-traditional methods that go beyond the standard methods;
• How you will work with members to improve compliance with the periodicity schedule, including how you will motivate parents/members and what steps you will take to identify and reach out to members (or their parents) who have missed screening appointments (highlighting any innovative/non-traditional approaches); and How you will design and monitor your education and outreach program to ensure compliance with the RFP.

Overview and Experience

Dental Health & Wellness of Louisiana (DHWL) knows that ensuring compliance with EPSDT dental requirements demands a defined, multifaceted approach. Our strategies include intensive general member and provider education as well as targeted education for members due for EPSDT services, members who are non-compliant, and providers with non-compliant members. Provider education also includes assisting providers to understand all required components of EPSDT dental visits and how they perform compared to peers. In addition, the Quality Improvement (QI) Department monitors services that should be provided during an EPSDT dental visit such as cleaning, x-rays, sealants and dental treatment.

DHWL has multiple programs to encourage the use of EPSDT services and fully shares DHH's goal of ensuring that children receive age appropriate comprehensive, dental services. DHWL believes that member education begins during a woman's pregnancy and continues throughout a child's life including early childhood, middle school and young adulthood. MemberConnections Representatives (MCRs) and Member Services Representatives (MSRs) provide extensive education and outreach to ensure that all eligible members understand the importance and availability of age-appropriate, comprehensive EPSDT dental services. DHWL has multiple programs and outreach approaches to encourage the use of EPSDT services including but not limited to:



- General mailings (such as the welcome packet, various reminders, and newsletters,)
- Posted and distributed information (such as information available on the website)
- Telephonic interaction (including outreach calls to non-compliant members)
- Face-to-face interaction which takes place at health fairs and community events

Use of Technology

DHWL's ability to capture and analyze data, identify baseline data and identify opportunities for improvement is essential to our success of improving provision of dental EPSDT services. The primary goal of our EPSDT Dental Program is to facilitate age appropriate, comprehensive dental services for DHWL members from birth to 21 years of age in accordance with applicable State and federal laws. As noted above, DHWL will use "state-of-the-art" business intelligence tools within our Enterprise System

to capture data, identify and reach out to members and providers and report on data specific to all aspects of our EPSDT Dental Program.

• How you will conduct member education and outreach regarding EPSDT including any innovative/non-traditional methods that go beyond the standard methods;

Member Education and Outreach

Our strategies encompass written, telephonic, and online communications, and group and individual face-to-face interactions in a variety of settings. The tools below are used in our other Medicaid/CHIP managed care contracts and will be customized and with DHH approval used in Louisiana for our Medicaid DBP members.

Table E.4: Member Education and Outreach Tools

Member Education and Outreach Tools	
Automated Messaging	• Automated outbound telephone campaign • Pre-recorded message with option to speak to a live person • Ability to target audiences for different messaging and to schedule calls over course of time (hours or days) • Members may opt out of future telephone campaigns
Call Center Contacts	• Member Service Representatives (MSRs) are available 7:00 am – 7:00 pm • Acts as primary vehicle for member outreach and communication while also serving as a hub for information and resources
Community Outreach	• Face to face communication is still most successful • Examples include: working with the YMCA, attending health fairs, presenting at local schools and Head Start programs, coordinating our proprietary *Dental Days* program • Giveaways, as approved by DHH, may include toothbrush, toothpaste, dental floss samples, children's books • DHWL will coordinate efforts with Bayou Health Plans and DHH to conduct outreach activities
Member Portal	• Secure access to enrollment and benefit summaries and claims history • Reminders regarding services due (Care Gap Alerts)
Newsletters	• Categories include: Oral Cancer, Cavity Prevention, Baby & Children, Just for Teens, and Dental Care Tips • Available on our Member Portal • Provided to high-volume dental practice locations • Opportunity to partner with Bayou Health Plans
Postcards	• Topics include importance of dental care and good oral hygiene, as well as tips and information for improving a child's overall oral health • Opportunity to partner with Bayou Health Plans
Provider Directory	• Comprehensive provider network listing • Interactive web-based look-up tool
Text Messaging	• General education and reminders to get dental care • Can be targeted to specific audiences with customized

	messaging • Members may opt out of text messaging
Toll-free Appointment Scheduling	• MSRs can provide recommendations on most appropriate provider based on member needs • Upon request, MSRs may initiate a three-way call with the provider to schedule an initial appointment

Innovative Member Education Strategies

Centene's experience has shown that multiple avenues for education are important to support the different methods in which members learn and respond to education efforts. DHWL will implement the following innovative strategies for member education and outreach to improve member access to care and overall health outcomes.

MemberConnections® Program. As described in our response to Section E.4, DHWL will implement Centene's best practice MemberConnections Program that will allow us to provide a level of in-person, "**boots on the ground**" interaction with our members that other dental benefit plans cannot. Our MemberConnections Representatives (MCRs) hired from within the communities we serve, will assist with member outreach, coordinate with social services, and attend community functions to provide dental health education and outreach. MCRs will work with providers to organize Dental Days and work with other local organizations to facilitate and participate in health fairs and other health events.

Dental Days. Our proprietary Dental Days have helped promote and increase access to dental care services. Dental Days begin by building excellent working relationships with our dental provider network. We partner with high volume dental locations to block off a select portion of their day to see DHWL members. Our MCR staff will identify members who are assigned to the primary care dentist and due for services and then contact these members to schedule an appointment and transportation if needed.

Additionally, our MCR staff will be available onsite to greet and thank members for their participation and handout educational materials and DHH approved dental hygiene items such as tooth brushes, toothpaste and dental floss. MCRs are also available to offer administrative assistance for the provider's office staff, reinforce the importance of preventive care and answer questions about the member's health plan benefits.

Healthy Schools. MCRs partner with schools to conduct health literacy and education events. Topics include, but are not limited to, healthy eating, preventing the spread of germs through proper hand washing and good dental hygiene. During our dental

Our Florida affiliate recently sponsored Dental Health Days at 4C Head Start of Osceola. Through this event, they interacted with over 200 children.

presentations, we read and distribute Scholastic Reader books to children and demonstrate brushing and flossing teeth. We have found these to be valuable tools to teach children about making healthy choices. For example, in 2012-2013, our Louisiana affiliate, Louisiana Healthcare Connections, conducted events at Ryan Elementary, Einstein Elementary, Schaumburg Elementary School, OakPark Elementary and JS Clark Leadership Academy.

Healthfairs and Other Community Events. DHWL believes that active participation in the communities we serve leads to improved member relationships and postively impacts our ability to improve member health and health outcomes. DHWL staff will attend community, public health, school and other health fairs and events. During events like these, MCRs will provide education regarding the importance of good dental hygiene and how this can be achieved, while assisting with the selection of a primary care dentist and setting up an appointment or transportation as needed.

Cultural Competency and Health Literacy. DHWL's member education materials will be available in English, the prevalent non-English languages as identified in each service area, and other languages upon request, at no charge to the member. We will use the Flesch Reading Ease and Flesch-Kincaid Grade Level Index to ensure no more than a 6th grade reading level and the DHH Person First policy.

Engaging Providers in Member Education and Outreach

DHWL recognizes that collaboration with our providers is vital to the success of our EPSDT education activities. To facilitate this collaboration we have implemented a comprehensive approach to provide education for and assistance to our providers. Information about EPSDT requirements and the assistance available by DHWL is offered in person during office visits, on-line via the DHWL website, included in provider newsletters, and as a part of ongoing provider training sessions.

Beginning with an initial provider orientation and continuing throughout participation, DHWL will work with our primary care dentists, FQHCs, and others who deliver EPSDT dental services to offer the education and tools needed to educate members about the importance of preventive dental care and follow-up treatment.

Provider Training. DHWL educates all new dental providers regarding the EPSDT program during a mandatory comprehensive new provider orientation prior to serving DHWL members. This orientation includes an overview of all EPSDT requirements, including but not limited to the periodicity schedule and required dental components of each EPSDT visit. Network dentists receive continuing education regarding these topics as well.

Provider Toolkits. DHWL will make electronic toolkit materials available on the Provider Portal that include the EPSDT periodicity schedule; the components of an EPSDT initial or periodic dental screening; how to appropriately bill for EPSDT dental screenings and service visits; examples of DHWL member education materials and DHH approved posters, brochures, and educational materials available for provider use. For example, our Georgia affiliate distributed dental reminder tear-off pads for their pediatric network providers to assist them in reminding members about EPSDT dental services.

Monthly Reports. On a monthly basis DHWL will provide network dentists a report that includes all their assigned members due for an EPSDT dental visit the upcoming month as well as members who are past due for services. This report is posted on DHWL's

Provider Portal and gives providers a valuable tool to target their member outreach and allows them to preserve valuable office staff resources.

Provider Profiling. DHWL's Provider Profiling is a highly effective tool that compares individual provider practices to normative data, so that providers can improve their practice patterns, processes, and quality of care in alignment with evidence-based clinical practice guidelines and DHH goals. Performance reporting increases provider awareness, identifies opportunities for improvement, and facilitates plan-provider collaboration in the development of clinical improvement initiatives. Quarterly reports will help us to engage primary care dentists throughout the year, since they will be able to see how their scores are progressing over time. Armed with this information, primary care dental providers can adjust their processes or approaches prior to the final year-end quality score.

• How you will work with members to improve compliance with the periodicity schedule, including how you will motivate parents/members and what steps you will take to identify and reach out to members (or their parents) who have missed screening appointments (highlighting any innovative/non-traditional approaches); and

Improving Compliance

DHWL will develop our programs based on Centene's extensive experience in continuous quality improvement to improve parents' awareness and understanding of and compliance with the EPSDT schedule of dental screenings and services provided in the periodicity schedule. We will implement a multi-faceted approach to achieving our performance goals related to utilization of EPSDT. DHWL will monitor compliance with DHH's Dental Periodicity Schedule. We will educate members about what EPSDT is, why it is important, and when a child should be seen for EPSDT dental services. We post the Dental Periodicity Schedule on our Member and Provider Portals.

Motivating Parents/Members

DHWL realizes that without member contact, we are rendered ineffective in impacting the member's health and well-being. Accordingly, ensuring that we have mechanisms in place that support our ability to maintain member contact is a high priority for DHWL. We understand that ongoing effective communication between members, providers and health plan staff is essential to the successful delivery of needed services.

Monitoring Compliance with Periodicity Schedule

DHWL will use continuous, data-driven quality improvement processes to evaluate its performance and outcomes and implement process improvements. As part of our continuous quality improvement approach we monitor the outreach and the informing process and assess how well members understand EPSDT information by regularly reviewing member grievances, provider complaints, Quality Improvement Committee and Advisory Group input, satisfaction surveys, and EPSDT rate trends. DHWL will track compliance monthly using our Enterprise System's robust data analytics module, which integrates claims, member and provider data. DHWL will use this monthly report to identify members who are due for an EPSDT visit during the upcoming month or who do not access EPSDT services in accordance with the periodicity schedule.

Enterprise System. As outlined in our response to H.1 we will use the Enterprise System suite of business intelligence applications to monitor and take action to improve compliance with the EPSDT periodicity schedule. DHWL will monitor an array of key performance indicators across its functional areas allowing us to track and trend over time, monitor progress towards goals and identify outliers that require further investigation and intervention. We will monitor several metrics related to EPSDT including the CMS 416 lines 12a-12e, tracking performance against the goals established by DHH. Our data analytics and provider profiling capabilities will allow us to provide clinical profiling information to

our dental providers and compare their performance to *relevant* peer groups in relevant geographies (e.g. rural, urban).

Steps to Identify and Reach Out to Members

DHWL will draw on the experience and technological strength of our parent and partner companies, Centene and Scion Dental. As illustrated in our response to H.1, DHWL will employ a robust, state of the art technology suite that enables us to track when our members miss appointments and structure effective outreach efforts.

Reporting to Identify Members. DHWL will run monthly reports from our Enterprise System to identify members who will be targeted for outreach. We will run reports to identify members who are due for services in the next month and those that have been non-compliant with EPSDT dental services, including dental exams, cleanings, x-rays, fluoride treatment and sealants, according to the periodicity schedule for their age.

Selecting a Primary Care Dentist. Dental provider selection is essential to establishing a dental home provider and a lifelong habit of accessing preventive care services including EPSDT dental services. We begin our efforts to educate members about selecting a Primary Care Dentist (PCD) and the importance of a dental home prior to enrollment. We continue to monitor PCD selection and educate members on an ongoing basis.

Partnering with Bayou Health Plans. DWHL looks forward to developing excellent relationships with participating Bayou Health Plans in Louisiana. It is our hope that through our Bayou Health Joint Operating Committee, we will form valuable partnerships and can work as a team with health plans to increase access to care, and in turn improve access and compliance with EPSDT dental services. Bayou Health Plans have member communication requirements and are in routine communication with their network providers, who often see members more than their PCD. This is fertile ground to enhance member and Provider education about the benefits of good oral health. We look forward to working with Bayou Health Plans to develop joint content that stresses to both providers and members the need for preventative healthcare for both physical and oral health. In addition, we would like to create content that providers can present to members stressing the importance of oral health when members are living with diseases such as diabetes and asthma, and how this changes their oral health needs and concern.

Education and Outreach Strategies

As noted above, DHWL will employ a multifaceted approach to member outreach and education that includes:

- General mailings (such as the welcome packet, various reminders, and newsletters,)
- Posted and distributed information (such as information available on the website)
- Telephonic interaction (including outreach calls to non-compliant members)
- Innovative face-to-face interaction which takes place at health fairs, community events and Dental Day events

Care Gap Alerts. Using claims information from the Enterprise System, DHWL will identify members who are due or past due for dental screening or services and distribute care gap alerts when a screening is due or past due. Care gap alerts are essential to tracking and ensuring member access to and compliance with required EPSDT dental screenings. Care Gap Alerts are distributed to:

- ***Provider Portal.*** Care gap alerts are available through our secure provider Portal. When a dental provider checks the member's eligibility or views their member panel through our secure

Provider Portal, they will receive care gap alerts for members who are due or past due for EPSDT dental screening or service.

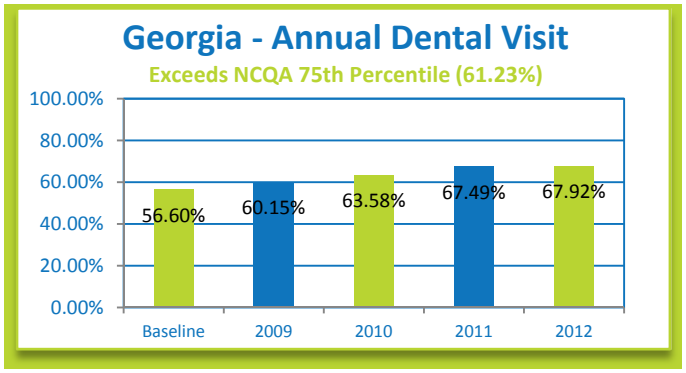
- ***Member Portal.*** Care Gap Alerts are also available on our Member Portal. Members, or in the case of EPSDT parents or legal guardians, are alerted to their dependent member's needed dental screenings and services when they log in to our secure Member Portal.

Outbound Telephonic Outreach. For members that have received the above education and still continue to show limited or no utilization of EPSDT dental services, we feel a person-to-person outreach is essential to ensure understanding of education materials, identify barriers to access and intervene as able. DHWL's MemberConnections Representative will monitor members' compliance with EPSDT dental screening and services periodicity schedule and coordinate comprehensive telephonic outreach to attempt to contact members who are past due for EPSDT services. For example, our WI affiliate reached out to members directly to offer scheduling assistance and reminders for EPSDT screening. They prioritized households with multiple members reaching out to over 1000 households in 4 months, many of which had 3, 4, or 5 noncompliant child members. One-third of these attempts resulted in scheduled or commitments to scheduling appointments.

Proven Success

Ongoing monitoring of HEDIS and EPSDT dental measures reflects the success of our multiple EPSDT strategies. For DHWL's Georgia affiliate, from 2009 to 2013 HEDIS Annual Dental Visit rates showed the following dramatic improvement:

Table H.2 Trended Rates for Annual Dental Visit - Georgia Affiliate



How you will design and monitor your education and outreach program to ensure compliance with the RFP.

Oversight and Monitoring to Ensure Compliance

DHWL's Compliance Officer has oversight responsibility for the development, production and distribution of all member education materials and the planning of outreach activities ensuring full compliance with DHH requirements.

Materials Oversight. DHWL's Communications Coordinator, who reports to the Compliance Officer, will supervise the process of member education content development, media selection, and production of materials. DHWL's policies and procedures will establish our standards and processes for content and materials development to ensure accuracy, compliance, inclusiveness, and respect for member diversity. Our internal approval process will include a thorough compliance review and final approval by the

Compliance Officer. Content produced by organizations other than DHWL will be subject to the same policies and procedures as DHWL-developed content. Using the DHH Marketing and Member Materials Education Approval Form, DHWL will submit all content for member education, regardless of its source, to DHH for approval prior to any distribution.

Outreach and Education Materials Development

DHWL member materials will be culturally sensitive and reflect the diversity of Louisiana's population. DHWL will offer an expansive array of health education content to inform members and their families about health issues, self-care, and how to access DHWL benefits and support, including EPSDT dental services. In developing member education content, DHWL with obtain input from the local provider community and our Community Advisory Group.

Stakeholder Input and Feedback. DHWL will obtain input and feedback on the means for ensuring culturally competent service delivery, largely through our *Community Advisory Group, Bayou Health Joint Operations Committee*, and *Quality Improvement Committee*, which includes network dental providers. Our Community Advisory Group will provide input on draft member and other materials and community-based outreach and collaboration initiatives.

Languages and Readability. DHWL's member education materials will be available in English, the prevalent non-English languages as identified in each service area, and other languages upon request, at no charge to the member. We will use the Flesch Reading Ease and Flesch-Kincaid Grade Level Index to ensure no more than a 6th grade reading level and adhere to the DHH Person First policy.

H.3 ENSURING PROVIDER DOCUMENTATION REGARDING EPSDT

Describe your approach to ensuring that providers deliver and document all required components of EPSDT screening.

Dental Health & Wellness of Louisiana (DHWL) knows that ensuring compliance with EPSDT requirements requires a comprehensive and multifaceted approach. DHWL looks forward to educating providers and monitoring provision of all required components of EPSDT dental services. We will educate providers during our Provider Orientations, through the Provider Handbook, on our Provider Portal and through targeted educational programming.

Using the Enterprise System reporting tools, DHWL will support providers in the delivery of these services by generating reports identifying members due or past due for services. DHWL will monitor the effectiveness of our education and outreach efforts and verify that providers include and appropriately document all age-appropriate components of EPSDT dental visits.

Our approach to ensuring providers deliver required EPSDT dental services also involves educating and empowering members to take an active role in their care.

Educating Providers about EPSDT Components

DHWL will ensure providers deliver all required EPSDT dental components in accordance with the American Academy of Pediatric Dentistry's Periodicity Schedule, through education about requirements, support for member outreach, and tracking and monitoring of provider documentation. Required elements of the EPSDT dental visits include:

- Comprehensive oral exam
- Assessment of caries
- Radiographic assessment
- Fluoride treatments
- Sealants

DHWL will educate all new providers about the EPSDT program. New provider orientation, required prior to serving members, will include EPSDT information, and the importance of reminding parents of EPSDT dental services and periodicity. We will make educational materials available to our dental providers on our Provider Portal. Additionally, DHWL may initiate fax or email blast education campaigns to educate providers on a particular component of EPSDT services.

Provider Profiling

As noted in our response above, DHWL will conduct provider profiling activities. This includes monitoring provision of EPSDT dental services. Our QI department will use standard deviation analysis to evaluate behavior and monitor provider compliance with provision of EPSDT dental services. If a provider is noted to be an outlier compared to peer groups, DHWL will re-educate the provider on the required components of EPSDT services and work with the provider to identify barriers and implement a corrective action plan.

Medical Record Compliance Review

In addition to the tracking and reporting of EPSDT dental services, DHWL will also conduct annual medical record reviews to verify that the medical record supports the EPSDT dental services billed, that providers are appropriately referring children for specialist services as indicated by the EPSDT screenings and that they are appropriately coding their claims to indicate that the EPSDT dental services were completed. DHWL's Quality Improvement (QI) department will review medical records for dental

providers who have treated more than 100 unduplicated members in a calendar year, including individual offices and large group facilities. DHWL will review each site at least one time during each five year period. Our QI staff will conduct a medical record audit of a random sample of 5-10 member records to determine compliance with delivery and documentation of all components of EPSDT. The QI Coordinator will record medical record documentation including the dates and descriptions of EPSDT screening and treatments in the standardized medical record review tool. Data analysts will then analyze the member's claims history to verify that the service was billed appropriately. When a particular provider is noted to be non-compliant, DHWL's Dental Director may reach out to the provider to offer additional education related to EPSDT dental services and billing requirements. If following this additional outreach a provider demonstrates continued non-compliance, he/she will be referred for corrective action, up to and including termination of the provider's contract.

SECTION I: QUALITY MANAGEMENT

I.1 EXPERIENCE IN OTHER STATES REGARDING POSITIVE IMPACTING HEALTHCARE STATUS

Document experience in other States to positively impact the healthcare status of Medicaid and or CHIP populations. Examples of areas of interest include, but are not limited to the following:
- ***Reduction of inappropriate utilization of emergent services***
- ***EPSDT***
- ***Children with special health care needs***
- ***Case management***
- ***Reduction in racial and ethnic health care disparities to improve health status***

Introduction

Centene Corporation (Centene), a national leader in Medicaid managed care, in partnership with Scion Dental, a national leader in innovative Medicaid dental benefit management, come together to leverage the best of both entities in Centene's dental services subsidiary - **Dental Health & Wellness of Louisiana (DHWL)**. This partnership results in new and unique approaches to dental benefits administration for the Louisiana Department of Health and Hospitals. DHWL brings with it proven systems and strategies to improve member health status. Through outreach, education and physician endorsement, Centene's programs are designed to help members navigate the inherently complex health care system, ensuring that they receive appropriate and medically necessary services while managing routine or chronic health problems more effectively.

Centene has particular expertise at delivering health care in states with large rural markets, including Louisiana where more than 87% of the state is designated as a Health Professional Shortage Area. Our Texas affiliate is an Exclusive Provider Organization for CHIP recipients in 170 rural counties across the state. In Mississippi, 79% of the counties in our affiliate's service area are rural; in Georgia, 49% of the counties are rural. Our performance history and reputation are evidenced by the longevity of our contracts in our existing markets. For example, Centene has been providing high quality health care solutions to Wisconsin since 1984, Indiana since 1995, and Texas since 1999.

Positively Impacting Health Care Status

Centene's mission statement is: "Centene will provide better health outcomes at lower costs." To carry out this mission, Centene and its health plans have implemented a variety of clinical initiatives designed to positively impact the healthcare status of our members and the communities we serve. For example, Centene uses Care Gaps to systematically alert Providers to a member's potential need for preventive and other condition-specific testing when checking eligibility on the Provider Portal. An alert is systematically triggered if we have not received a claim for a required service within the recommended time period specified by the applicable clinical guidelines and built in to the system. This enhances Provider ability to manage care according to evidence-based guidelines. While it cannot be directly linked to the full implementation of care gap alerts, Centene did see a sharp increase in our CY12 HEDIS rates across all plans compared to previous years, with Care Gap implementation in full force for the entire 2012 year. Over 60% of our HEDIS measures improved in CY12, which was a much larger increase than in previous years, 57.2% in 2010 and 58.1% in 2011.

Positively Impacting the Communities We Serve

Service to our communities and positive corporate citizenship creates healthier communities, and Centene's approach to corporate citizenship touches all aspects of our company. For 30 years, we have conducted business in consideration of these core values:

- Community investment
- Philanthropic work
- Staff development
- Corporate governance, transparency and accountability

Centene demonstrates this commitment through two foundations.

The Centene Charitable Foundation. The Centene Charitable Foundation provides charitable support for community initiatives that improve the quality of life and health in communities in which Centene Corporation does business. Sponsorships include, among others, Boys Hope Girls Hope, Asthma and Allergy Foundation, United Way, March of Dimes, St. Louis Crisis Nursery, and Youth in Need.

The Centene Foundation for Quality Healthcare. The Foundation for Quality Healthcare was established to improve the quality, access, effectiveness, and value of healthcare for low-income families and individuals, focused on activities that identify and address core causes of unequal access and treatment in healthcare. Building on our long-standing commitment to deliver healthcare at the local level, the Foundation develops partnerships to implement innovative approaches to promote healthy communities.

- **Fragile Kids Foundation, Inc. (FKF),** a nonprofit organization based in Atlanta, Georgia to launch the Fragile Kids Partner Program, an effort to better reach underserved, rural Georgia families caring for medically fragile children with a range of diagnoses, including cerebral palsy, spina bifida, muscular dystrophy, mitochondrial disorder and other genetic/trauma disorders. The goal of the program is to provide medical equipment and therapy tools.
- **Madison County Community Health Centers** to support the development and implementation of a School Based Health Clinic in Alexandria, Indiana. The clinic addresses the effects of inaccessible primary healthcare for school aged children. This Clinic specifically focuses on conducting health assessments for all elementary, intermediate, and high school students in the Alexandria, Indiana area.
- **Texas Parent to Parent** to support its Medical Education Program (MEP). The MEP works with pediatric and family practice residents, as well as other medical professionals to widen their perspective of the needs of Texas children with disabilities and chronic illness from hospital and office to the home and community.
- **The Center for Black Women's Wellness, Inc. (CBWW)** to support Journey to Wellness, a program designed to address the disparity of mental health among black women in Atlanta, Georgia.
- **Healthy Connections Network** to support additional case management services for individuals in the Access to Care program, the first and only comprehensive collaborative effort in Summit County, Ohio to provide free or low-cost health insurance to the uninsured poor.
- **Arizona Health Care Foundation** to provide scholarships to qualified individuals who currently work in long-term care areas such as skilled nursing facilities and assisted living communities.

The scholarship awards provide an opportunity for these individuals to continue formal education in the healthcare fields.

Local Support. All Centene's health plans are actively involved in the communities they serve, sponsoring community health fairs or other events or contributing toward local initiatives. Many health plan staff, from executive leadership to MemberConnections™ outreach teams, are involved as volunteers in community groups that support the members we serve. Examples of just a few of the organizations we partner with include:

- Boys and Girls Club of America – Georgia
- Center for Black Women Wellness - Georgia
- Center for Families Coalition - Louisiana
- Child Abuse Prevention Coalition - Georgia
- Children's Coalition of NELA - Louisiana
- Court Appointment Special Advocates (CASA) - Louisiana
- Evangeline Parish Healthy Family Coalition Louisiana
- Families Helping Families Coalition - Louisiana
- Gulf Coast Coalition - Louisiana
- Job Corps Coalition - Louisiana
- Kids of Katrina Art Camp - Mississippi
- Louisiana Center for Health Equity (LCHE) - Louisiana
- Louisiana Community Health Outreach Network (LACHON) - Louisiana
- Louisiana Primary Care Association (LPCA) - Louisiana
- Mississippi Coalition for Citizen's with Disabilities - Mississippi
- National Hispanic Organization (LA RAZA) - Louisiana
- National Urban League (NUL) - Louisiana
- Region 4 Healthy Communities Coalition – Louisiana

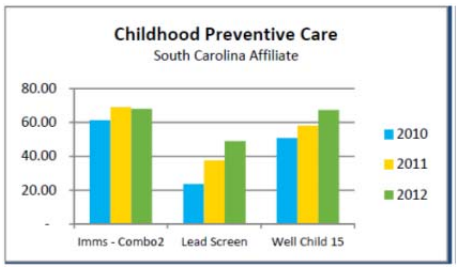
~ DHWL is Committed to Louisiana~

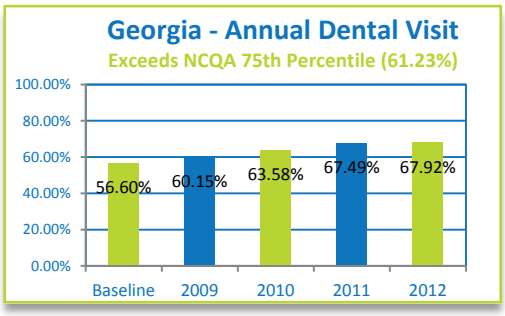
We are building our national headquarters in Louisiana; bringing over 125 jobs to the area and will continue our parent company's tradition of actively supporting our local communities.

Experience Positively Impacting Health Status

The table describes examples of some DHWL's affiliate's experience with programs and initiatives and our effectiveness in improving member outcomes.

Table I.1 Experience in Specific Areas of Interest

Area of Interest	Experience
Emergency Department Utilization	**Comprehensive ED Program.** Our Georgia plan received a 2011 Case In Point Platinum Award for its Pain Management Program. Using a multidisciplinary CC Team approach, members with high controlled substance utilization were identified using monthly pharmacy reports. In partnership with their pharmacy benefit manager, high-risk members were assigned to utilize a program-only pharmacy through the pharmacy lock-in system and enrolled in Complex CM. Data shows that for the 4,733 members identified as having 10 or more ED visits, only 1,009 of these members continued to have high ED utilization following implementation. The results also show a decline in overutilization of services related to drug-seeking behaviors and associated negative outcomes. Overall savings comparing the total spend of members in 2009 vs. 2010 was *$2.3 million.* **Dental-related ED Visits.** Our Ohio affiliate identified a high concentration of dental related emergency department (ED) visits in the south west region of Ohio. As part of an initiative to redirect members to a more appropriate level of care, our health plan affiliate created a dental health kit including a list of local network dentists. The kit was mailed to members identified as accessing ED services for dental symptoms.
EPSDT	**Overall EPSDT Improvements.** Ongoing monitoring of HEDIS measures reflects the success of our multiple EPSDT strategies. For example, our Mississippi affiliate which started providing services to Mississippi Medicaid beneficiaries in 2011 has seen demonstrated improvement in EPSDT service use, despite a high percentage of chronically ill children who face competing medical demands. For example, they experienced a 99.5% screening ratio for children aged 1-2 years (Report 416, Q2 2013) and for all children a 42% increase in our screening ratios between December 30, 2012 and June 30, 2013. They also experienced a score of 83% for overall PCP access for children 1-19 years old (HEDIS 2013); and an Immunization Combo 2 score of 81.94% for children 0-2 years old (HEDIS 2013), which was greater than the 75th NCQA percentile. Additionally, our South Carolina affiliate has seen positive trends in several of its EPSDT HEDIS related measures.  **EPSDT Dental Care Services**. Our Georgia affiliate, Peach State Health Plan (PSHP) conducted a provider education campaign and created a dental reminder tear off pad that was given to PCPs as an easy way to help remind members about the importance of visiting the dentist every six months. As noted in the table below, PSHP has witnessed a steady improvement in their Annual Dental Visit rate; **exceeding the NCQA Medicaid 75th percentile** for the past three years.

	 *Georgia Affiliate PCP Tear-off Pads*
Children with Special Health Care Needs	Our Texas affiliate, Superior Healthplan was instrumental in developing a psychotropic medication utilization review (PMUR) process in partnership with health plan medical directors, consulting psychiatrists, the Texas Health and Human Services Commission and other key stakeholders. The PMUR identifies foster care children taking psychotropic medications and monitors the medication regimen against evidence based guidelines. During the first year of implementation, our Texas affiliate achieved a *17% reduction* in overall prescribing of psychotropic medications; an almost *50% reduction* in number of children who were prescribed a psychotropic for 60 days or more; and most dramatically, they achieved a *reduction of 70%* in the prescribing of non-stimulant medications and a *75%* reduction in overall polypharmacy. **Dental Care for Children with Special Health Care Needs.** DHWL understands that access to qualified specialists and consistency in dental provider is even more important when treating children with special health care needs. DHWL's network approach ensures availability of dental providers with experience treating children with conditions such as cleft palate or diagnosis of autism. We make it a priority to identify and contract with specialty dental providers, such as pediatric dentists, who are experienced in treating children with these and other special needs. The Enterprise System was specifically designed to house indicators of special needs for both providers and members so that we can effectively link children with special health care needs, such as developmental or physical disabilities with providers who are specialized and can accommodate their needs. See our response to E.3 for more information on our approach to children with special health care needs.
Case Management	**Diabetic Screenings.** In CY2010, for all Centene plans, our diabetes program significantly improved physiologic outcomes. For example in the diabetes program there was a nine percentage point increase in the number of participants reporting LDL levels <100 mg/dl, a five percentage point increase in participants with controlled systolic blood pressure (< 130 mm Hg) and an increase in exercise of 150 minutes per week for 57% of members who started outside of the target goal, all between baseline and most recent reassessment. **Dental Care and Chronic Conditions.** DHWL's affiliate health plans have created and distributed dental education materials to members with chronic conditions where dental health has been correlated to patient health outcomes. For example,

	Centene's Start Smart for Your Baby program includes information in our prenatal packet about the importance of dental care during pregnancy and our newborn information packet includes education about the importance of early dental screenings and the periodicity for EPSDT services. DHWL will work with DHH and/or the Bayou Health Plans to implement disease specific dental health education plans for members with chronic conditions such as asthma, diabetes and heart disease.
Racial/Ethnic/ Health Disparities	**Race/Ethnicity Disparities.** A study published in the official Journal of the American Academy of Pediatrics[1] found dental health disparities were particularly common for Latinos and Native Americans. Another study published by the American Journal of Public Health[2] supports these findings noting that Hispanic children had the poorest dental health and lowest preventive dental care utilization, followed by Black then White children. Additionally, the DHH Oral Health in Louisiana oral health status report indicates that only 31% of Hispanic children in Spanish speaking households in Louisianan received a preventive dental visit. All Centene health plans offer free Language Line interpretive services for more than 200 languages and local in person interpretive services for our non-English speaking members and American Sign Language. Many of our Centene health plans routinely distribute member education translated in Spanish and/or employ bi-lingual staff. Additionally we support requests for materials in special formats such as audio-recordings, Braille, and large print. Transportation services and mobile dental units also help address barriers prominent in our membership. **Rural Access**. According to the DHH Oral Health in Louisiana oral health status report, 87% of Louisiana is designated as a Dental Health Professional shortage area (HPSA), many of these in rural areas. To address rural access disparities, our affiliates have partnered with Colgate vans and other mobile dental units in several states to provide dental screenings and preventive care in schools to support access to dental care in rural areas. See our response to E.3 for more information on our approach to improving specialty access in rural areas. **Disabilities.** Special needs can also be considered a health disparity. DHWL will explore opportunities to educate parents/facility staff on how to perform dental care for children with special needs using national resources such as the Autism Speaks – Dental Guide.

[1] Retrieved January 16, 2014 from: http://pediatrics.aappublications.org/content/121/2/e286.full

[2] Retrieved January 16, 2014 from: http://www.ncbi.nlm.nih.gov/pubmed/22420801

I.2 IDENTIFYING QUALITY IMPROVEMENTS

Describe how you will identify quality improvement opportunities. Describe the process that will be utilized to select a performance improvement project, and the process to be utilized to improve care or services. Include information on how interventions will be evaluated for effectiveness. Identify proposed members of the Quality Assessment Committee.

Dental Health & Wellness of Louisiana's (DHWL) systems and processes will be structured around our mission to improve the health status of all members. We will employ a systematic approach to quality using reliable and valid methods of monitoring, analysis, evaluation, and improvement in the delivery of health care provided to all members, including those with special needs. Our cyclical model for continuous quality improvement will enable us to favorably impact member outcomes, sustain improvement over time, and continually increase the effectiveness of programs and initiatives.

Using ongoing measurements and interventions, DHWL will confirm project effectiveness in improving health outcomes and member satisfaction. At a minimum, DHWL will monitor and report on the Performance Measures as outlined in Appendix N and implement PIPs as outlined in Appendix T.

DHWL will identify opportunities and select improvement projects specific to the **needs of our members**. DHWLs Quality Improvement (QI) staff will collect and facilitate analysis of data to identify potential areas where improvements in clinical and non-clinical outcomes or service delivery are necessary or desired. Such data may include, but not be limited to:

- Demographic information relevant to health risks
- External data related to conditions or risks for similar populations
- Utilization and condition prevalence trends
- Claims payment statistics
- Access and availability studies
- Performance on standardized clinical measures such as HEDIS
- Member and provider satisfaction survey results and other feedback
- Member and provider grievance or complaint trends
- Quality of care complaint data

QI Staff review qualitative and quantitative data using a variety of tools to identify the most prevalent issues and those impacting multiple departments.

Process Utilized to Select a Performance Improvement Project

Select Project and Obtain Quality Improvement Committee (QIC) Approval. DHWL selects projects they believe address priority issues and present them, with supporting data, for approval by the QIC, which includes representatives from the dental provider community to ensure that local feedback is obtained and resulting recommendations are population or network specific. We will consider the prevalence of a condition among, or the need for a specific service by DHWL members; the identified member demographic characteristics and health risks of the population; the interests of members, providers, DHH and CMS in the aspect of care or services to be addressed; DHWL priorities as expressed in our Annual QI Work Plan; and **member input**, whenever possible, in the selection of topics for a PIP and formulation of project goals. Specific conditions or specific health service delivery issues for focused system-wide and individual practitioner monitoring and evaluation are then identified. Topics may be clinical (preventive or therapeutic, acute or chronic conditions, coordination of care) or non-clinical (network adequacy or accessibility, cultural competency, plan administrative services), and address a spectrum of member needs and services.

Select the Target Population. DHWL determines the target populations through careful analysis of utilization, enrollment, claims, encounter, complaint, and satisfaction data, or information acquired through care coordination efforts. QI staff also obtains input from DHWL's quality sub-committees, such as our Community Advisory Group and Bayou Health Joint Operating Committee.

This comprehensive process ensures that the population studied reflects the population served in terms of age groups, disease categories and special risk status. The specific health service delivery issue or specific conditions targeted in each PIP are clearly defined and the methodology indicates if the entire population or a representative sample will be used.

Establish Performance Measures and Goals. The QIC evaluates and approves objective, clearly defined, and **measurable** indicators for each project that we derive from clinical practice guidelines or nationally developed clinical or service indicators. At a minimum, we will use the Performance Measures and Goals outlined in Appendix N that include clinical measures from sources such as the CMS 416, HEDIS, Agency for Healthcare Research and Quality Review (AHRQ), Dental Quality Alliance (DQA) to monitor the effectiveness of our QI Program. Non-clinical service indicators may include, for example, access and availability studies, claims adjudication and payment statistics, authorization turn-around times, customer service and call center response times, and credentialing statistics. We determine a baseline and establish goals for each indicator that reflect the desired level of performance. Where Performance Measure Goals are not defined by DHH, DHWL may establish goals as "perfection," an industry benchmark, or a projected percentage change from baseline measurement reflective of a demonstrable improvement.

Process Utilized to Improve Care or Services

Develop and Implement Interventions. The QIC solicits input from experts in the field of study, health plan subject matter experts, staff with strong knowledge of statistical analysis, external community resources, and our member, provider and community advisory groups as appropriate. Root causes are postulated, barriers to performance are identified, and interventions are developed that **specifically address** the identified causes and barriers and are likely to achieve improvement in quality. Causes and barriers that cross various functional areas of the organization are addressed via multi-departmental interventions, which are coordinated among the relevant departments by QI staff, monitored for effectiveness, and reported accordingly. In Centene's experience, nearly all interventions have been cross-departmental. Member Services, Provider Services, Provider Relations and MemberConnections are, for example, all frequently involved in multi-departmental interventions. The implementation plan includes clearly defining specific tasks to be accomplished by specific departments, identifying persons responsible for the tasks, establishing **timelines** for intervention and determining how and when the effectiveness of the intervention will be measured.

Enhance Interventions. Periodic re-measurement and assessment of success are basic components of DHWL's improvement model. We do both interim checks and assessments following full measurement periods. In either case, DHWL employs **rapid cycle** PDSA methodology to test changes or additions to the intervention if there is no evidence of improvement. With that methodology we:

- **P**lan the change, the needed data and the goal
- **D**o a trial of the changed intervention, documenting any barriers
- **S**tudy the results, comparing them to the goal
- **A**ct to further refine the intervention based on the results, and
- Repeat the cycle with incremental changes to the interventions until improvement is achieved and sustained.

How Interventions are Evaluated for Effectiveness

Measure and Evaluate Improvements. DHWL achieves real, sustained improvements in care and service through a continuous cycle of measuring and analyzing performance, and by developing and implementing system-wide improvements. As previously described in *How Quality Improvement Opportunities are Identified* above, DHWL has an innovative and robust capability for accessing and reporting performance measures. We use clinical care standards and/or practice guidelines to objectively evaluate the care DHWL delivers or fails to deliver for targeted clinical conditions. We re-measure each project's established performance measures, compare them to the established benchmarks and goals at the intervals determined at the beginning of the project, and test the comparisons for statistical significance. Intervals are based on the timeframe in which an anticipated improvement in performance is expected to occur. The re-measurement methodology is the same as that used for baseline measurement, to ensure comparability. We may also track additional measures related to the project, such as intermediate process indicators or member or provider satisfaction including monitoring the quality and appropriateness of care delivered to members with special healthcare needs. QI staff evaluates and reports the outcomes of each project to the QIC.

Post-Evaluation Activities. DHWL's Quality Assessment and Performance Improvement (QAPI) Program includes an ongoing mechanism for re-measuring effectiveness and tracking issues over time to ensure that our actions for improvement are effective. If re-measurement does not demonstrate significant improvement and performance is not exceeding established goals, the quality improvement cycle begins again as described above. In such cases, the QIC carefully evaluates each intervention implemented, identifies any additional barriers that may be interfering with the achievement of performance goals, and develops actions to revise the intervention, or replace or supplement it with new interventions also related to identified causes or barriers. We conduct additional re-measurement at periodic intervals, consistent with the rapid cycle application of Plan-Do-Study-Act improvement methodology, to test the changed or new interventions quickly and further redesign them as appropriate. DHWL considers improvement to be **sustained** if the level of performance is maintained or further improved occurs one year after significant improvement has been achieved, and if the improvement likely was a result of the project interventions. We maintain successful interventions, report them to DHH as possible best practices for other contractors, and communicate them as best practices to other Centene plans. Centene also convenes small workgroups with its top performing affiliate and at least two lower performing affiliates around specific quality metrics. They discuss best practices and develop work plans for the lower performing plans over the course of three months, and these work plans are shared with all Centene plans.

Quality Committee Organizational Structure

The QAPI Program will be integrated throughout the organization, representing DHWL's strong commitment to the quality of care and services for our members. We will ensure this integration through our QAPI infrastructure as illustrated below.

Figure I.2.A Executive Oversight Committee Organizational Chart

REDACTED

Below, we provide an overview of each committee's responsibilities and composition. All Committee activities will be documented in meeting minutes, using a standard format that documents attendance, participant discussion, all decisions, and follow-up. Each discussion item will include the person responsible and a timeline for completion. Minutes will be used in planning for subsequent agendas, be approved at the next scheduled meeting, and be maintained in a secure area.

Quality Improvement Committee

The purpose of the QI Committee will be to provide direction for our quality improvement activities and to recommend policy decisions to the BOD. This will be accomplished through a comprehensive, plan-wide system of ongoing, objective, and systematic monitoring; careful analysis and evaluation of performance data; instituting actions to address deficiencies and improvement opportunities; and ensuring appropriate follow-up. The QI Committee will act as an oversight committee and receive regular reports from all accountable or advisory subcommittees. The QI Committee will meet at least quarterly and will be accountable to the BOD, reporting on an annual basis.

Figure I.2.B Quality Improvement Committee Composition

Quality Improvement Committee Composition

REDACTED

Committee Scope. Responsibilities of the QI Committee will include the following activities.

- Review, analyze, and make recommendations regarding key indicators of care and service
- Facilitate collaboration among functional areas
- Provide oversight, direction, and feedback for each subcommittee, including recommendations regarding identified trends, barrier analyses, interventions and follow-up required to improve the quality of care and service to members, implementing corrective actions as appropriate
- Annually review, evaluate effectiveness of, and approve the QAPI, Utilization Management (UM), and Credentialing Programs, providing direction to, and approval of, the QAPI and UM Work Plans
- Establish benchmarks and goals for each performance indicator and quality improvement initiative
- Review and approve evidence-based CPGs
- Review any potential delegated entity and provide oversight to those entities already delegated
- Oversee the implementation of disease management programs, health education activities, and patient safety initiatives
- Prioritize efforts and assure appropriate resources are available to carry out QAPI activities
- Communicate QAPI Program activities and results to participating providers and members.

Subcommittees and Advisory Committees

A core component of DHWL's QI Program is engaging our provider network and community representatives into development and implementation of the program. To this end, in addition to network provider participation on our QI Committee, DHWL will include representation from our network dental providers and key community representatives on our QI subcommittees and advisory committees. DHWL will also participate on coalitions and workgroups to further support efforts to improve oral health in Louisiana. Additionally, DHWL proposes to implement, in partnership with DHH, a Bayou Health Joint Operating Committee to review quality metrics and activity reports and partner together on opportunities to improve dental health care in Louisianans.

I.3 FOCUS STUDIES, IMPROVEMENTS AND OUTCOMES

Provide a description of focus studies performed, quality improvement projects, and any improvements you have implemented and their outcomes. Such outcomes should include cost savings realized, process efficiencies, and improvements to member health status. Such descriptions should address such activities since 2002 and how issues and root causes were identified, and what was changed.

Dental Health & Wellness of Louisiana's (DHWL) affiliate health plans have achieved improvements in outcomes through programs addressing topics such as dental screenings, asthma and diabetes management, children with special health care needs, women's preventive health, EPSDT, and emergency department utilization. The following table summarizes our progressive approach to quality improvement since 1999. These activities have been incrementally improved over time, and typically are piloted in one state or region and rolled out over time to the others, adapted for covered services and local member needs.

Table I.3 Quality Improvement Activities

Quality Improvement Activities	
• Member Newsletters	• Auto-dialer Reminder Calls
• Member Handbook	• Provider Fax Blasts
• Call Center Queue Messaging	• Mobile Dental Units
• Provider Handbook	• Adopt-a-School Programs
• Provider Newsletters	• Secure Member Web Portal
• Reminder Postcards	• Secure Provider Portal
• Live Telephonic Outreach Campaigns	• Dental Days
• Member Non-Compliance Lists	• Online Care Gap Alerts
• Provider Profiling	• Enhanced Member/Provider Services Module
• Disease Management Programs	• Children's Book Series

Improving Dental Care Services

Issue identification. Dental caries is the most common chronic childhood disease (for children under age of 6). It is five times more prevalent than asthma. Regular visits to the dentist provide access to early diagnosis and treatment as well as education to children about the importance of oral health. According to the American Academy of Family Physicians, children's teeth should be examined for defects and cavities at every well child visit. Any child with significant risk factors for caries should be referred to a dentist by 12 months of age. Beginning at the 15th month well child visit, dental care messages should become consistent. Oral hygiene and dietary advice should be the focus of the message to patients and/or their caregivers.

Root causes. A number of barriers to appropriate dental care in this population were identified. These were 1) access to dental services for Medicaid consumers is more restricted than found for commercial consumers; 2) parents may not take their children to the dentist if they are not having any apparent problems; 3) members have a perceived lack of incentive for receiving service, or failure to recognize the risk of not receiving the services; 4) members frequently do not show for routine scheduled

appointments (cultural barrier to accessing care); 5) physicians often don't feel the reimbursement for performing services is high enough to devote staff to patient outreach; 6) members' fear of dental care and of provider (dentists).

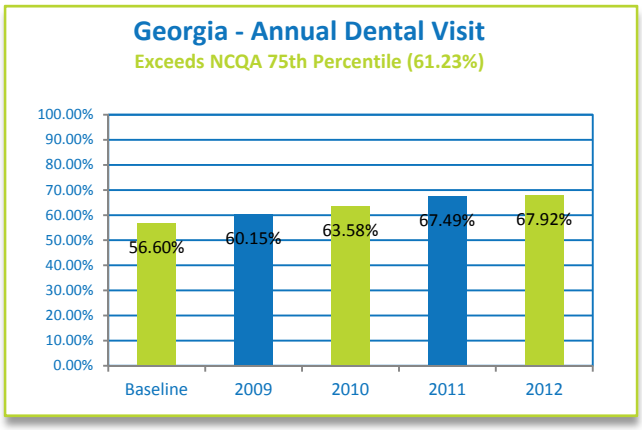
What changed. Interventions included:

- *Mailings to members*: *The Emergency Room and Your Dental Care* educational brochure was included in new member packets and distributed to members after ED visits for dental care; Targeted reminder postcards sent to children aged 2 – 21 who had not yet received an annual dental visit; Member newsletter articles regarding dental issues including pregnancy; HealthChek (EPSDT) reminder (including dental check) was included in the Member Handbook
- *Phone Calls to members*: Automated reminder calls to all noncompliant members to obtain an annual dental visit with the option to get assistance with scheduling the visit if needed
- *Mailings to providers*: provider newsletter articles regarding: children's teeth should be examined at every well child visit; Any infant with significant risk factors for caries should be referred to a dentist by 12 months of age; dental care during and after pregnancy; the importance of monitoring dental health side effects from prescribed medications
- *Process enhancements*: Our Ohio affiliate, initiated a new contract with a pediatric dental practice, Small Smiles, in Lucas County to do screenings, interventions, and treatment of children. This new provider was included in provider directories and promoted by MemberConnections Representatives; New contract with a mobile dental provider who took dental services into communities where there was limited access, thereby improving member opportunity to receive dental care.

Process efficiencies. The use of Interactive Voice Recognition (IVR) to conduct reminder calls to all non-compliant members to obtain an annual dental visit with the option to get assistance with scheduling the visit if needed. This improved members' ability to contact a dental provider in their area who can provide services.

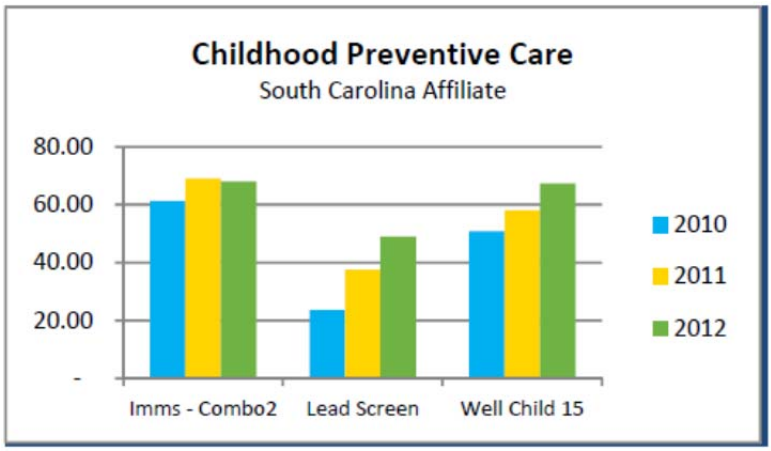
Ohio Affiliate Improvement. There was a 5 percentage point increase in the dental care rate from baseline to 2007 (47.74%) and an additional 2.7 percentage point increase between 2007 and 2008 (50.45%). These differences were not statistically different and did not reach the stated goal of 60%. However it was evidence of sustained improvement in the number of members accessing dental care with an increase of 7.79 percentage points from baseline to 2008 in the face of their 54% growth in membership from 2006 to 2008. Despite this substantial increase, there was sustained improvement over comparable time periods.

Georgia Affiliate Improvement. Since 2008, there has been a steady increase in rates. There was over an 11 percentage point increase from baseline to 2012. For the past three years, the Annual Dental Visit rate has exceeded the NCQA Medicaid 75th percentile, showing sustained improvement over time.



Improving Overall EPSDT Screenings and Services

Ongoing monitoring of HEDIS measures reflects the success of our multiple EPSDT strategies. For example, our Mississippi affiliate which started providing services to Mississippi Medicaid beneficiaries in 2011 has seen demonstrated improvement in EPSDT service use, despite a high percentage of chronically ill children who face competing medical demands. For example, they experienced a 99.5% screening ratio for children aged 1-2 years (Report 416, Q2 2013) and for all children a 42% increase in our screening ratios between December 30, 2012 and June 30, 2013. They also experienced a score of 83% for overall PCP access for children 1-19 years old (HEDIS 2013); and an Immunization Combo 2 score of 81.94% for children 0-2 years old (HEDIS 2013), which was greater than the 75th NCQA percentile. Additionally, our South Caroline health plan has seen a positive trend in its EPSDT HEDIS related measures.



I.4 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT

Describe your proposed Quality Assessment and Performance Improvement (QAPI). Such description should address:
• The QAPI proposed to be implemented during the term of the contract.
• How the proposed QAPI s will expand quality improvement services.
• How the proposed QAPI will improve the health care status of the Louisiana Medicaid population.
• Rationale for selecting the particular programs including the identification of particular health care problems and issues identified within the Louisiana Medicaid population that each program will address and the underlying cause(s) of such problems and issues.
• How your will keep DHH informed of QAPI program actions, recommendations and outcomes on an ongoing and timely manner.
• How the proposed QAPIs may include, but is not necessarily, limited to the following:
o New innovative programs and processes.
o Contracts and/or partnerships being established to enhance the delivery of health care such as contracts/partnerships with school districts and/or School Based Health Clinics.

Dental Health & Wellness of Louisiana's (DHWL) Quality Assessment and Performance Improvement (QAPI) Program will define and facilitate improvement in processes that enhance clinical efficiency, provide effective utilization, and focus on improved outcome management, achieving the highest level of success. DHWL will use an integrated, data- and outcome-driven performance monitoring and improvement model to ensure effective, efficient delivery of quality care and service. We will develop our program based on the current NCQA Standards and Guidelines for the Accreditation of Managed Care Organizations and use the QAPI Program as our guide to drive improvement in daily health plan operations. Our model will incorporate improvement strategies that include the Performance Measure Goals in Appendix N and the Performance Improvement Projects (PIPs) outlined in Appendix T. We will establish and implement ongoing PIPs that focus on clinical and non-clinical performance measures as specified in 42 CFR 438.240. We will use the Plan-Do-Study-Act model for improvement. For each PIP, we will:

Our Quality Program is founded on NCQA Standards

- Develop one or more quantitative quality measures with specific goals.
- Implement system interventions based on root cause analysis.
- Measure and evaluate the effectiveness of the interventions.
- Develop additional interventions to improve, sustain improvement, or further improve performance.

Proposal for Quality Assessment Performance Improvement (QAPI) Project

DHWL will implement QAPI Projects (PIPs) addressing the following major topic areas:

- Total members receiving any dental service
- Total members receiving preventive dental services
- Total members receiving a sealant on a permanent molar tooth

PIP One: Accessing Any Dental Service

Measurable Goal

Increase the percentage of EPSDT members receiving any dental service.

Rationale for Selecting the PIP

DHWL believes in a holistic approach to health care and oral health is part of being healthy. Dental caries is the most common chronic childhood disease (for children under age of 6); it is five times more prevalent than asthma. Regular visits to the dentist provide access to early diagnosis and treatment as well as education to children about the importance of oral health. Poor oral health results not only in painful, disabling and costly oral disease, but a growing body of evidence links oral health to chronic disease including diabetes, asthma, heart disease and premature births. These conditions can be prevented in part with good oral hygiene and routine visits to the dentist. In 2011, just over 41% of children nationally had accessed dental care services in the past 12 months. Children between the ages of 2-5 years old continue to have a higher prevalence of dental caries than any other group.

DHWL selected this PIP due to the need to improve access to dental care for this population, and to address DHH's priority and goal to increase the percentage of EPSDT members receiving any dental service by at least 3% of the baseline measurement.

Expand Quality Improvement Services

In alignment with Healthy People 2020 Goals and Objectives, this project will increase awareness of the importance of oral health to overall health and well-being; increase acceptance and adoption of effective preventive interventions; and reduce disparities in access to effective preventive and dental treatment services.

Improve the Health Care Status of the Louisiana Medicaid Population

Louisiana has a high rate of poverty with poor access/poor utilization of preventive health services that result in high rates of oral health disease. Specifically, DHH's report on Oral Health in Louisiana, notes that Region 5, 6 & 8 have more than a 50% incidence of untreated cavities. Of those, Region 6 had the greatest need for 'urgent dental care' defined in the Report as "very serious decay or problems and needs to see a dentist within 24 hours".

Table I.2 Oral Health Status by DHH Administrative Region, Louisiana, BSS 2007-2009

DHH Region	Sealants Present	Caries Experience	Untreated Cavities	Urgent Care
Region 5	50.1%	70.6%	56.1%	1.4%
Region 6	27.3%	64.4%	**54.8%**	**18.1%**
Region 8	21.8%	70.3%	53%	6.6%
Region 2	33.8%	71.1%	50.4%	8.8%
Region 7	32.5%	71.8%	43.1%	9.2%
Region 3	21.8%	68.6%	33.8%	9.7%

This PIP will attempt to identify and outreach to members who have not had a dental visit within the past 12 months, identify and remove barriers to accessing timely dental care, and in collaboration with Bayou Health Plans and PCPs, ensure that members with chronic and/or special healthcare needs receive the preventive and specialty care services they need.

System Interventions

Root causes. A number of barriers to appropriate dental care have been identified in this population. These include 1) access to dental services for Medicaid consumers is restricted - 87.5% of state designated as Dental Health Professional Shortage Areas (HPSAs); 2) parents may not take their children to the dentist if they are not having any apparent problems; 3) members have a perceived lack of incentive for receiving service, or failure to recognize the risk of not receiving the services; 4) members

frequently do not show for routine scheduled appointments (cultural barrier to accessing care); 5) physicians often don't feel the reimbursement for performing services is high enough to devote staff to patient outreach; 6) members' fear of dental care and of provider (dentists).

Interventions.

- *Dental home assignment*: Encourage selection of a Primary Care Dentist (PCD) at enrollment or implement PCD auto-assignment for those that have not made a selection. Educate members about their dental home and how to change their PCD if desired.
- *Phone Calls to members*: Automated reminder calls to the parents of children turning 2-5 years in the following month reminding them to obtain an annual dental visit with the option to get assistance with scheduling the visit if needed. Direct telephonic outreach by our MemberConnections staff to the parents of children who have not received a dental visit by the age of 3 years old.
- *Mailings to providers*: Because the primary care provider often sees members of this age before a dentist, DHWL proposes a partnership with all Bayou Health Plans to send provider newsletter articles to primary care providers regarding: children's teeth should be examined at every well child visit; Any infant with significant risk factors for caries should be referred to a dentist by 12 months of age; beginning at the 15th month well child visit, dental care messages should become consistent; and oral hygiene and dietary advice should be the focus of the message to patients and/or their caregivers.
- *Enhancing access to care*: Further analyze dental access particularly in Region 6; contract with a mobile dental provider (such as Dr. Greg Folse's Bright Smiles Program or the Tooth Bus) who take dental services into communities where there is limited access, thereby improving member opportunity to receive dental care, and investigating opportunities to support funding for new 'brick and mortar' locations or expansion of existing practices in high risk areas.

PIP Two: Dental Sealants on Permanent Molars

Measurable Goal

Increase the percentage of EPSDT members, age 10-15 years old, receiving one or more sealants on permanent molar teeth.

Rationale for Selecting the PIP

Dental sealants have long been seen as an effective treatment to prevent childhood dental carries on pit-and-fissure permanent molars. The first permanent molars erupt into the mouth at about age six years while the second set of permanent molars erupt into the mouth at about age 12-13 years. The Healthy People 2020 baseline for the proportion of children age 6-9 years receiving sealants is 25.5% and for children age 13-15 years, the baseline is 19.9%. The baseline for children 10-15 years old in Louisiana is only 6.86%, significantly lower than the national baseline measurement.

DHWL selected this PIP due to the need to increase the frequency of sealants for this population, and to address DHH's priority and goal to increase the percentage of EPSDT members, age 10-15 years, receiving one or more sealant on a permanent molar, by at least 5% of the baseline measurement.

Expand Quality Improvement Services

In alignment with Healthy People 2020 Goals and Objectives, this project will increase awareness of the importance of oral health to overall health and well-being; increase acceptance and adoption of effective preventive interventions; and reduce disparities in access to effective preventive and dental treatment services.

Improve the Health Care Status of the Louisiana Medicaid Population

Louisiana has a high rate of poverty with poor access/poor utilization of preventive health services that result in high rates of oral health disease. DHH's report on Oral Health in Louisiana, notes that In Louisiana, 33.2% of third grade children (8-year-olds) have dental sealants. This PIP will attempt to identify and outreach to members who have not had dental sealants by age 10 years, identify and remove barriers to accessing these services, and in collaboration with Bayou Health Plans and PCPs, ensure that members with chronic and/or special healthcare needs receive the preventive and specialty care services they need.

System Interventions

Root causes*.* Barriers to access for dental sealants are essentially the same as those noted above for dental care in general. These include 1) access to dental services is restricted - 87.5% of state designated as Dental Health Professional Shortage Areas (HPSAs); 2) parents may not take their children to the dentist if they are not having any apparent problems; 3) members have a perceived lack of incentive for receiving service, or failure to recognize the risk of not receiving the services; 4) members frequently do not show for routine scheduled appointments (cultural barrier to accessing care); 5) members' fear of dental care and of provider (dentists).

Interventions. Again, interventions will be similar to those noted above for dental care in general.

- *Dental home assignment*: Encourage selection of a Primary Care Dentist (PCD) at enrollment or implement PCD auto-assignment for those that have not made a selection. Educate members about their dental home and how to change their PCD if desired.
- *Phone Calls to members*: Automated reminder calls to the parents of children turning 6-8 years (first molar eruption) and 12-13 years (second molar eruption) in the following month reminding them to obtain a dental visit and ask their dentist about sealants on permanent molars. Members will have the option to press '0' to get assistance with scheduling the visit if needed. Direct telephonic outreach by our MemberConnections staff to the parents of children who have not received a dental sealant by the age of 10 and 14 years old.
- *Mailings to providers*: Provider newsletter articles to primary care dentists and medical providers regarding: clinical practice guidelines related to dental sealants including recommended timeframe for applying sealants**.**
- *Enhancing access to care*: Further analyze dental practices offering sealants; contract with a mobile dental provider (such as Dr. Greg Folse's Bright Smiles Program) who provide dental sealants in schools where there is limited access, thereby improving member opportunity to receive dental care, and investigating opportunities to support funding for new 'brick and mortar' locations or expansion of existing practices in high risk areas.

Our Dental Director will lead the evaluation of DHWL's membership, service patterns, utilization differences and needs in order to effectively implement the PIP interventions. These interventions will combine Centene's assets - nationally proven best practices, expert staff, state of the art technology, and emphasis on assuring access to care - with local innovation driven by partnerships with FQHCs, school-based and mobile dental units and most importantly through support of the dental home.

Keeping DHH Informed of QAPI Project Status

DHWL will calculate Performance Measures on at least a quarterly basis in order to monitor progress and effectiveness of interventions. Using this continuous quality approach we will be able to identify interventions that are working and make changes to those that are not prior to the end of the measurement period. At least annually, DHWL will complete an Annual QAPI Program Evaluation that

will outline the completed and ongoing activities of the previous year for all departments within DHWL, including Performance Measure Reporting for clinical and non-clinical performance measures. This report will be submitted to the DHWL QIC for review and comment. DHWL will submit performance measure reporting to DHH in the format at least annually or within other timeframes as requested.

Innovate Contracts/Partnerships

Dental Days. Dental Days help promote and increase access to dental care services. Dental Days begin by building excellent working relationships with our dental provider network. We partner with high volume dental locations to block off a select portion of their day to see DHWL members. Our MemberConnections staff will identify members who are assigned to the primary care dentist and are due for services and then contact these members to schedule an appointment and transportation if needed. Additionally, our MemberConnections staff will be available onsite to greet and thank members for their participation and handout educational materials and DHH approved dental hygiene items such as tooth brushes, toothpaste and dental floss. MCRs are also available to offer administrative assistance for the provider's office staff, reinforce the importance of preventive care and answer questions about the member's health plan benefits.

Mobile Dental Services. If we find a gap in access, we will recruit mobile dentistry services to facilitate access to care. DHWL realizes that mobile units do not take the place of a dental home, but where access to dental care is extremely limited, mobile units are able to fill the void. DHWL will work closely with these units to ensure referral and follow-up care is coordinated as needed. Mobile dental programs that have been identified by DHWL include:

- Big Smiles
- Children's Hospital Tooth Bus
- Colgate Bright Smiles, Bright Futures®
- Innis Community Health Center
- Primary Care Providers for a Healthy Feliciana (PCPFHF)

Louisiana Dental Foundation. To help provide education and increased awareness to all members, including those with disablilities, DHWL will commit to a dental community reinvestiment program – Louisiana Dental Foundation. Through this innovative program, DHWL will guarantee that any profits above certain thresholds will be specifcally used to help promote and increase access to oral healthcare for Louisiana. These initiatives may include but are not limited to funding new clinics or dental chairs and special equipment to accommodate children with special needs as well as funding community and school-based oral healthcare events and creating additional dental educational materials.

Lumina Healthcare. DHWL is continuously looking for opportunities to expand access in rural areas. We will partner with Lumina Healthcare, a California based company that is looking to expand into Louisiana. DHWL, in partnership with Lumina Healthcare, is proposing three possible approaches to increasing rural access. These include:

- Identifying and supporting existing FHQCs who do not currently offer dental services to add these services. DHWL will work with the Louisiana Primary Care Association and its member FQHCs to determine which locations would best enhance access to Louisiana Medicaid recipients.
- Establishing mobile dental units in remote areas of Louisiana with especially limited access. DHWL would create a rural outreach dental initiative utilizing mobile dental units by targeting underserved areas of the state. Mobile dental units would be placed strategically in locations such as schools, primary care physician's offices, community housing areas, and government

facilities. As part of the outreach, we would establish a treatment and referral plan with a local dentist or entity for a patient's continued care if follow-up care is needed.

- Evaluating, after one year of operations, a location within one or more limited access rural areas to build a new dental practice. In determining which area(s) would best be suited to benefit from a dental practice factors such as recipient utilization, oral and physical health conditions, number of recipients within geographical reach and access to transportation would be included in the evaluation.

I.5 FEEDBACK USED TO DRIVE CHANGES/IMPROVEMENTS

Describe how feedback (complaints, survey results etc.) from members and providers will be used to drive changes and/or improvements to your operations. Provide a member and a provider example of how feedback has been used by you to drive change in other Medicaid managed care contracts.

Dental Health & Wellness of Louisiana (DHWL) appreciates the invaluable information that can be revealed through analysis of member and provider satisfaction. We will emulate the best practices of our affiliate Centene health plans and use a variety of methods such as analysis of grievances and appeals, satisfaction surveys, program satisfaction assessments, and direct feedback (both formal through advisory groups and informal through Member and Provider Services calls). Our Quality Improvement (QI) staff monitors multiple aspects of member and provider satisfaction and report regularly to our Quality Improvement Committee (QIC). We measure performance of member services and other functions against established benchmarks or goals, and at intervals reflecting when improvement is expected to occur. We re-measure data at these intervals to allow us to monitor progress and make adjustments to corrective actions. This process can sometimes result in service improvement initiatives that test a pilot program or an innovative approach. These initiatives are designed to improve the quality of our members' and providers' experience with the plan and the DBM Program.

Using Member Feedback

Member Satisfaction Surveys. DHWL will conduct the annual Consumer Assessment of Healthcare Providers and Subsystems (CAHPS) *Dental Plan Survey* to assess the quality and appropriateness of care to members. The Dental Plan Survey, conducted on a random sample of our population, asks adult members about their experiences with the plan, the dentists, and their staff. Major survey categories will include

- Care from Dentists and Staff
- Access to Dental Care
- Dental Plan Information and Services
- Overall Rating of the Dentist
- Overall Rating of Dental Care
- Overall Rating of Ease of Finding a Dentist
- Overall Rating of the Dental Plan

In the past two years, over 90% of our Mississippi affiliate's adult Members responding to the CAHPS survey say their doctors showed respect for what they had to say and that Magnolia customer service staff treated them with courtesy and respect.

We will report each survey's results, separately for each required CAHPS survey within 120 days after the end of the contract year.

Member Example. Our Louisiana affiliate, Louisiana Healthcare Connections (LHC), recently conducted their 2013 annual Member CAHPS survey. LHC scored above the 2013 Quality Compass All Plan average score in How Well Doctors Communicate, Ease of Filling out Forms, Rating of Personal Doctor, and Rating of Specialist. LHC found opportunities for improvement and have developed action plans for improvement. For example, in regards to key questions related to access to providers, LHC has conducted surveys to further investigate accessibility of providers and their after-hours availability. A process has been put in place to more frequently monitor provider compliance and to educate providers about access and availability requirements in order to ensure that members are getting the care they need.

Figure I.5 Louisiana Healthcare Connections – 2013 Medicaid Adult CAHPS Survey

Composites, Attributes, and Key Questions	2013 Valid n and Summary Rate*		2012 Summary Rate*	2011 Summary Rate*	2013 TMG Book of Business**	2013 Public Report**	2013 Quality Compass® All Plans**
Getting Needed Care		74.7%	NA	NA	80.9%	81.1%	80.6%
Q14. Ease of getting care, tests, or treatment needed	377	76.9%	NA	NA	82.3%	83.0%	82.5%
Q25. Obtained appointment with specialist as soon as needed	164	72.6%	NA	NA	79.4%	79.9%	79.0%
Getting Care Quickly		77.3%	NA	NA	81.4%	81.6%	81.2%
Q4. Obtained needed care right away	230	77.4%	NA	NA	83.6%	83.6%	83.1%
Q6. Obtained appointment for care as soon as needed	355	77.2%	NA	NA	79.2%	79.5%	79.3%
How Well Doctors Communicate		90.1%	NA	NA	88.8%	89.2%	89.3%
Q17. Doctors explained things in an understandable way	321	91.0%	NA	NA	88.7%	89.6%	89.5%
Q18. Doctors listened carefully to you	321	90.7%	NA	NA	89.9%	89.8%	89.9%
Q19. Doctors showed respect for what you had to say	319	91.8%	NA	NA	90.7%	91.1%	91.2%
Q20. Doctors spent enough time with you	322	87.0%	NA	NA	86.1%	86.5%	86.5%
Customer Service		84.2%	NA	NA	86.2%	86.6%	86.2%
Q31. Getting information/help from customer service	136	75.7%	NA	NA	79.7%	80.3%	79.8%
Q32. Treated with courtesy and respect by customer service staff	136	92.6%	NA	NA	92.7%	92.8%	92.5%
Shared Decision Making		46.3%	Not Trendable		50.0%	Not Available	
Q10. Doctor/health provider talked about reasons you might want to take a medicine	169	42.6%			47.1%		
Q11. Doctor/health provider talked about reasons you might not want to take a medicine	166	24.7%			27.7%		
Q12. Doctor/health provider asked you what you thought was best when talking about starting or stopping a prescription medicine	169	71.6%			75.3%		
Health Promotion and Education (Q8)	378	69.8%	Not Trendable		71.6%	Not Available	
Coordination of Care (Q22)	169	74.0%	NA	NA	78.4%	78.9%	78.7%
Providing Needed Information (Q29)	95	57.9%	NA	NA	66.4%	67.6%	66.6%
Ease of Filling Out Forms (Q34)	447	94.9%	NA	NA	94.7%	94.8%	94.5%
Rating Items (Summary Rate = 8 + 9 + 10)							
Rating of Health Care (Q13)	378	68.8%	NA	NA	70.9%	71.0%	70.8%
Rating of Personal Doctor (Q23)	361	80.3%	NA	NA	78.7%	78.3%	78.4%
Rating of Specialist (Q27)	152	82.9%	NA	NA	79.3%	79.4%	79.4%
Rating of Health Plan (Q35)	458	66.6%	NA	NA	73.6%	74.2%	73.5%
Rating Items (Summary Rate = 9 + 10)							
Rating of Health Care (Q13)	378	54.5%	NA	NA	51.5%	50.9%	50.9%
Rating of Personal Doctor (Q23)	361	67.3%	NA	NA	64.2%	63.2%	63.1%
Rating of Specialist (Q27)	152	67.8%	NA	NA	65.2%	64.6%	64.4%
Rating of Health Plan (Q35)	458	51.1%	NA	NA	56.9%	57.0%	56.3%
Effectiveness of Care Measures							
Advising Smokers and Tobacco Users to Quit	177	78.0%	NA	NA	75.3%	75.6%	75.6%
Discussing Cessation Medications	172	43.6%	NA	NA	47.4%	46.2%	45.8%
Discussing Cessation Strategies	171	42.1%	NA	NA	42.1%	41.5%	41.1%
Aspirin Use	32	53.1%	NA	NA	38.1%	Not Available	
Discussing Aspirin Risks and Benefits	59	55.9%	NA	NA	41.7%		

Community Advisory Group and other Direct Member Feedback. Like other Centene affiliates, DHWL will establish a Community Advisory Group. DHWL's Community Advisory Group will promote a collaborative effort to enhance the service delivery system in local communities while maintaining member and community stakeholder focus and allow participation in providing input on policy and programs. In short, we will provide a forum for our members to have a **"meaningful voice"** in the development and continuous improvement of our delivery model. DHWL's Council will be chaired Scott Laihinen, DHW's President and CEO, and will meet at least quarterly and include broad representation of members/families/significant others, member advocacy groups and other key community stakeholders that reflect the population and community served. Members, their families/significant others and member advocacy groups will comprise at least 50 per cent of the membership. DHWL will provide council orientation and ongoing training for council members to ensure they have adequate information and understanding to fulfill their role on the council. At those orientations, DHWL will provide and review the Community Advisory Group Plan including the schedule of meetings and our goals for the council. We will include member perceptions in the development of our goals and submit the plan to DHH within 30 days of contract execution and annually thereafter. Centene values the collaborative relationships we establish with our State customers and DHWL will include DHH in any correspondence to the council including the agenda and minutes.

Louisiana Healthcare Connections
MEMBER ADVISORY COUNCIL MEETING

"It was very enlightening. Thank you!" —Kenneth Casey

"I just wanted to say that Louisiana Healthcare Connections is a great insurance company." —Peggye McKneely

"Everything is great just how it is!"—Brandi Gonzalez

"The meeting was very pleasant." —Susan Gomez

Member Example. LHC obtained feedback from their members during outbound EPSDT reminder calls that they were reluctant to answer the phone when they saw a toll-free number on their caller ID. LHC has since changed the main phone number utilized for member outreach from an "800" number to a local extension to improve communications with our members.

Grievances and Appeals. DHWL's Grievance and Appeal (G&A) Coordinator will log, track, and trend all member grievances. Tracking categories include, but are not limited to, availability and accessibility of services and providers, utilization services, quality of care, and covered benefits. Each month the G&A Coordinator will review all member grievances and discuss them with DHWL's Senior Leadership Team. If the G&A Coordinator identifies adverse trends from quarter to quarter, she will present these findings at the Quality Improvement Committee (QIC), composed of representatives from all departments. The Committee performs a **root cause analysis** to identify underlying causes and recommends corrective actions. If we determine through further analysis that a quality of care issue exists, the grievance is forwarded to our QI Department for further investigation. The QIC will monitor all grievance data quarterly. During the annual QI program evaluation process, the G&A staff and the QIC will assess grievance data by category to identify trends, identify plan or provider level improvement opportunities, and develop interventions for the annual work plan. The G&A Coordinator will also present the grievance data to the Community Advisory Group each quarter for input.

Using Provider Satisfaction Data

Provider Satisfaction Survey. DHWL will use provider satisfaction survey data to drive change. DHWL will conduct annual provider satisfaction surveys utilizing a tool that, following DHH approval, will assess satisfaction with provider enrollment, provider communication, provider education, provider complaints, claims processing, claims reimbursement and utilization management processes, including medical reviews and support toward Patient Centered Medical Home implementation. No later than 120 days after the end of the plan year, DHWL will submit a provider satisfaction survey report to DHH that summarizes the survey methods and findings and provides analysis of opportunities for improvement.

Direct Provider Feedback. DHWL will include network dentists on our quality committees as a formal mechanism to solicit provider input regarding our operations, policies and customer service. Through participation on these committees, providers may offer input on DHWL's provider profile and incentive programs, and other administrative practices, and supports development of the physician scorecard indicators, useful analyses of the data and effective means of helping providers improve their performance. Based on the experience of our affiliate Centene health plans we also anticipate receiving direct feedback from providers on network issues through the secure email on our Provider Portal.

Provider Comments

Fast, efficient authorization processes. Providers appreciate our average 2 day turn-around time.

Clinical Algorithms that promote consistency. Providers comment that our well-developed and extensive clinical algorithms follow common ADA guidelines and many state-mandated Medicaid requirements.

Real-time review status. Provider feedback has been universally positive about their ability to log on to the web portal and view complete details and real-time status of the claims and authorizations they've submitted.

Provider Complaints and Appeals. At Centene affiliate plans, a majority of provider complaints received have been appeals of actions to deny or reduce authorizations for services. The G&A staff log and track the appeals in addition to reporting them to the State. DHWL's G&A staff will monitor appeals and Utilization Management staff will also monitor the frequency and types of actions as additional indicators of potential provider dissatisfaction. Tracking this data may also identify possible changes in practice patterns within the network, or inconsistencies in how Utilization Management staff applies medical necessity criteria. DHWL's G&A staff will present action and appeal data each quarter to the QIC for review and recommendations. Provider complaint data can, for example, drive changes in the process of adopting clinical criteria or practice guidelines, as well as changes in the criteria or guidelines themselves. They can also change the process of provider education regarding criteria and the process of training and testing inter-rater reliability for Medical Management staff.

Provider Example. After hearing feedback that providers were not aware of our website self-service capabilities such as submitting claims and authorizations electronically and receiving payments through EFT, our partner, Scion Dental, initiated a targeted approach to educating and enrolling providers in these services. Scion Dental designated group of Provider Services staff to contact all new providers within 30 days of contracting to educate them about the electronic features and assist them as needed

to register for the services. A significant increase in utilization of these options was noted. In January 2011, approximately 2000 providers had registered for the Provider Portal and by January 2013 almost 7000 providers were enrolled, with over 619,000 hits on the Provider Portal. The use of electronic authorization submission increased from 21.1% of submitted authorizations to 38.6% - increasing more than 17 percentage points.

I.6 HEDIS MEASURES

Provide, in Excel format, the proposer's results for:
1) HEDIS measures specified below for the last three measurement years (2010, 2011, and 2012) for each of your State Medicaid contracts.

- ***If you do not have results for a particular measure or year, provide the results that you do have.***
- ***If you do not have results for your Medicaid product line in a state where you have a Medicaid contract, provide the commercial product line results with an indicator stating the product line.***
- ***If you do not have Medicaid HEDIS results for at least five states, provide your commercial HEDIS measures for your largest contracts for up to five states (e.g., if you have HEDIS results for the three states where you have a Medicaid contract, you only have Medicare HEDIS for one other state, provide commercial HEDIS results for another state). If you do not have HEDIS results for five states, provide the results that you do have.***
- ***In addition to the spreadsheet, please provide an explanation of how you selected the states, contracts, product lines, etc. that are included in the spreadsheet and explain any missing information (measure, year, or Medicaid contract). Include the Proposer's parent organization, affiliates, and subsidiaries.***

Provide results for the following HEDIS measures:
1. Annual Dental Visit
2) CMS 416 Report measures specified below for the last three measurement years (2010, 2011, and 2012) for each of your State Medicaid contracts.

- ***Line 12a - Total Eligibles Receiving Any Dental Services -***
- ***Line 12b - Total Eligibles Receiving Preventive Dental Services***
- ***Line 12c - Total Eligibles Receiving Dental Treatment***
- ***Line 12d -– Total Eligibles Receiving a Sealant on a Permanent Molar Tooth, and***
- ***Line 12e -– Total Eligibles Receiving Diagnostic Dental Services***
- ***For each of your State Medicaid contracts that received a CMS State Focused Dental Review (2008), please outline all findings, recommendations, etc. revealed in the State-specific reports, as well as the steps that were***
- ***taken to improve recommendations and rectify all findings. Focus***

Please see ***Attachment I.6.A: HEDIS Scores*** which contains the audited HEDIS scores for the Annual Dental Visit measure for measurement years (MY) 2010 through 2012 for the Centene Medicaid plans that publically report audited HEDIS scores. The table below lists the Centene Medicaid Health Plans whose HEDIS Annual Dental Visit rates are included in the attachment and any notes regarding the data.

Table I.6.A Centene Health Plans Submitting HEDIS Rates

State	Notes Regarding Submission
Florida	Audited HEDIS rates submitted.
Georgia	Audited HEDIS rates submitted.
Mississippi	Audited HEDIS rates submitted for MY 2012. Magnolia Health Plan did not begin enrolling members until January 1, 2011.
Ohio	Audited HEDIS rates submitted.
Wisconsin	Audited HEDIS rates submitted. Managed Health Services of Wisconsin's HEDIS rates for dental care include only 19-21 year old members.

Scores were not reported for plans where dental services are not a covered benefit, when continuous enrollment during start-up was insufficient for reporting, or when scores were not subject to the NCQA

certified auditing process. The table below lists Centene Health Plans whose data was not submitted with the rationale as to why it was not submitted.

Table I.6.b: Centene Health Plans Not Submitting HEDIS Annual Dental Visits Rates

Contract State Name	Reason for Exception
Arizona	Rates not submitted. Bridgeway Health Solution's HEDIS scores are not audited or publicly reported to NCQA.
California	Rates not submitted. California Health & Wellness Covered Services do not include Dental Care services.
Illinois	Rates not submitted. IlliniCare covered population does not include children under the age of 21 years.
Indiana	Rates not submitted. Managed Health Services' Covered Services do not include Dental Care services.
Kansas	Rates not submitted. Sunflower State Health Plan has not yet begun HEDIS reporting; they did not begin enrolling members until January 2013.
Louisiana	Rates not submitted. Louisiana Healthcare Connections' Covered Services do not include Dental Care services.
Massachusetts	Rates not submitted. CeltiCare Health Plan of Massachusetts' Covered Services do not include Dental Care services.
Missouri	Rates not submitted. Home State Health Plan has not yet begun HEDIS reporting; they did not begin enrolling members until July 1, 2012.
New Hampshire	Rates not submitted. New Hampshire Healthy Families Covered Services do not include Dental Care services.
South Carolina	Rates not submitted. Absolute Total Care's Covered Services no longer include Dental Care services.
Texas	Rates not submitted. Superior Health Plan's covered services only include dental benefits for the Star Health (foster care) population. HEDIS scores are not audited or publicly reported to NCQA for this population.
Washington	Rates not submitted. Coordinated Care of Washington's Covered Services do not include Dental Care services.

2) CMS 416 Report measures specified below for the last three measurement years (2010, 2011, and 2012) for each of your State Medicaid contracts.
- ***Line 12a - Total Eligibles Receiving Any Dental Services -***
- ***Line 12b - Total Eligibles Receiving Preventive Dental Services***
- ***Line 12c - Total Eligibles Receiving Dental Treatment***
- ***Line 12d -– Total Eligibles Receiving a Sealant on a Permanent Molar Tooth, and***
- ***Line 12e -– Total Eligibles Receiving Diagnostic Dental Services***

Please see ***Attachment I.6.B_CMS 416 Reporting*** which contains the CMS 416 scores for lines 12a-12e related to EPSDT dental services. Reports are included for measurement years (MY) 2010 through 2012 for Centene Medicaid plans that reported scores. Reports were not included for plans where dental services are not a covered benefit or where the CMS 416 report is not required by the State Agency.

The table below lists the Centene Medicaid Health Plans whose CMS 416 results are included in the attachment and any notes regarding the data.

Table I.6.C Centene Health Plans Submitting CMS 416 Reporting

State	Notes Regarding Submission
Florida	CMS 416 rates submitted for 2010 through 2012
Georgia	CMS 416 rates submitted for 2010 through 2012
Mississippi	CMS 416 rates submitted for 2011 and 2012. 2010 was not submitted because Magnolia Health Plan did not begin enrolling members until January 1, 2011.

We have not submitted CMS 416 Report results for the following health plans. The rationale for excluding these results is noted in the table below.

Table I.6.D Centene Health Plans Not Submitting CMS 416 Reporting.

State Name	Reason for Exception
California Illinois Indiana Louisiana New Hampshire South Carolina Washington	Dental Benefits are not included as part of covered services for the child population.
Arizona Kansas Missouri Ohio Texas Wisconsin	These affiliates do not have CMS 416 reporting available as they are *not required to submit CMS 416 reporting to their State Agency*

For each of your State Medicaid contracts that received a CMS State Focused Dental Review (2008), please outline all findings, recommendations, etc. revealed in the State-specific reports, as well as the steps that were taken to improve recommendations and rectify all findings. Focus

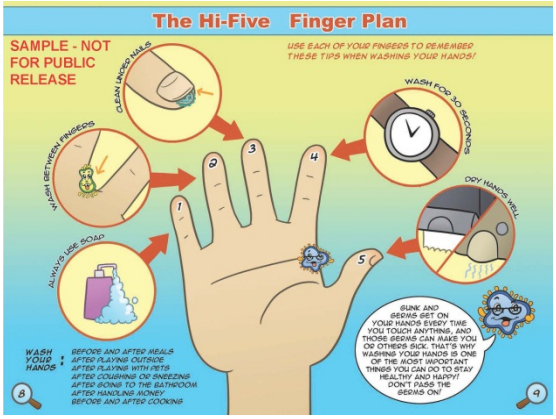
CMS State Focused Dental Review (2008): None of our affiliate health plans have received this audit.

SECTION J: MEMBER MATERIALS

J.1 PROPOSED MEMBER EDUCATION MATERIALS

Describe proposed content for your member educational materials) and attach a examples used with Medicaid or CHIP populations in other states.

Effective member education in oral health, especially for the 24% of Louisianans who are underserved and living in a dental shortage area, is vital to the success of the Louisiana Dental Benefit Management Program (DBMP). Dental Health & Wellness of Louisiana (DHWL), leveraging almost 30 years of Centene Corporation (Centene) experience in member outreach, education and member materials, together with the expertise of Scion Dental, a national leader in innovative Medicaid dental benefit management, will create and distribute an expansive array of oral health education content in a variety of media to inform members and their families about understanding and accessing care, learning and adapting self-care techniques for oral health, and obtaining needed services. Combining our experience and local presence, DHWL will not merely transition members from Medicaid fee-for-service to managed care but will employ a robust member education and outreach program to improve dental health outcomes.



For maximum effectiveness, we will create our member educational materials as one tactic in a total member outreach strategy, customized as much as possible to meet the member's circumstances and health needs. For instance, to encourage member's use of EPSDT services and to achieve DHH's goal of ensuring that children receive age appropriate comprehensive dental services, our member educational materials will include targeted mailings, such as post cards and reminders; tip sheets for use in our network providers' and Bayou Health pediatricians' offices; information posted on our website; proactive- outreach calls to non-compliant members' parents and guardians, and distribution of materials designed for children, such as comic books on oral health. All these materials will encourage the member to schedule an EPSDT dental appointment and will offer our toll-free Member Services number for assistance.

DHWL understands and will comply with all RFP, regulatory, and contractual requirements, including but not limited to RFP Sections III.B.3.B.11.j) Member Education; Section III.K.3.E. Member Education Violations; and all other applicable requirements related to printed member materials and the DHWL website.

In this section, we address the topics below to describe our proposed member education materials.

- Initial Education in Establishing a Medical Home and Accessing Needed Services
- Health Information Tailored to Member Needs
- Monitoring the Impact and Success of Member Education
- Involving Member, Provider and Community Stakeholders in Content Development
- Internal Process for Member Education Content Development
- Adherence to DHH Standards and Requirements
- Member Educational Materials Used with Medicaid or CHIP Populations in Other States

Initial Education in Establishing a Medical Home and Accessing Needed Services

The New Member Welcome Packet: Accessing and understanding services begin with the Welcome Packet. Pending DHH approval, our new member Welcome Packet will be a primer for understanding and accessing provider services and understanding benefits. We will structure the content specifically to assist a member's transition from fee-for-service Medicaid to Coordinated Care. The Welcome Packet will include:

- A welcome letter
- Reference information on
    - how to obtain a Provider Directory and Member Handbook
    - the member's primary care dentist (PCD) as indicated on the Enrollment File or as previously selected by the member; if none, then information on how to obtain assistance from Member Services to make a selection
    - the member's right to file grievances and appeals and how to file
- Introduction to personal services available through our Member Services Representatives (MSRs) on our toll-free telephone number, including assistance in finding a provider, obtaining translations or materials in alternative formats, and obtaining information about continuation of dental services during the implementation phase.

Our welcome letter will highlight major program features and encourage the establishment of a medical home for dental care. If the member has selected a PCD, we will confirm that selection and provide the PCD's location and telephone number. If a member has not selected a PCD during the enrollment process, or if the choice of PCD is not available, the letter will include a list of PCD names, locations and office telephone numbers from which the member may choose. Members who do not select a PCD or whose choice is not available will have the opportunity to select one that is within a reasonable commuting distance from their residence.

Distribution of welcome packets. We will distribute Welcome Packets to new members within 10 business days from the date of receipt of the Member File; although DHWL will have 21 days during phase-in implementation to send the welcome packet to each member, we will strive to do this within the 10 day requirement. Each new member will receive a welcome packet; when the name of the responsible part for the new member is associated with two or more new members, we may send only one welcome packet. DHWL will submit all member-facing printed, web-based, audio or other materials to DHH for approval prior to production and distribution.

The DHWL Member Handbook. Available online and in hard copy upon request, the DHWL Member Handbook will address all issues related to accessibility, member responsibility, and how to get assistance with any member issue. The Handbook will contain all required content and begin with a table of contents to provide readers with a quick method for finding content. We will organize the Handbook content with the information used most frequently by members first, putting more specialized information later in the book. Our toll-free Member Services and TDD/TTY numbers will be prominent at the bottom of each page. The Member Handbook will open with a reminder that a member may request the Handbook translated into another language or alternative format.

Our Member Handbook topics will include:

- How Member Services can help you and how to access
- Summary of benefits and description of all covered services including: diagnostic and preventive services; basic services; major services; orthodontic services; alternative courses of treatment; benefit limitations

- Description of services not covered
- Information on the importance of oral healthcare and establishing a Dental Home
- A guide to dental visits
- What to do in an emergency, including definitions of urgent and emergent care
- Your Child's Oral Health (EPSDT)
- How to use the member web portal
- Key telephone numbers and how to obtain assistance for special needs, non-English speakers
- Oral Health and Hygiene Tips
- Explanation of utilization management and how to detect abusive services
- What is Fraud, Waste and Abuse and how to report it
- Confidentiality and protecting healthcare information
- Member rights and responsibilities
- How to file complaints and appeals
- Handy form for writing in your PCD/specialists phone numbers and location

Member Orientation. For effective early outreach to members, DHWL will orient members through scripted Interactive Voice Response (IVR) outbound calls using our integrated call distribution system. We have found that IVR campaigns allow us to reach out to more members faster, an important feature during implementation, and are more personal and immediate with a better member connection rate than mailing alone. For example, our affiliate health plan in Wisconsin was able to *reach more than 83% of members in an IVR campaign* and Centene's Indiana affiliate reached approximately 70% of new members for whom telephone numbers were available. During the call, a new member will be informed about the importance of establishing a Dental Home and how to request a Provider Directory and Member Handbook. We also will remind members to watch for the Welcome Packet in their mail. At any time during the call, a member will have the option of speaking directly with an MSR for personal service and assistance.

DHWL will submit all outbound automated call scripts to DHH for approval. We also will submit a copy of our procedures to be used to contact members for initial member education for approval within 30 days following the date the Contract is signed.

Health Information Tailored to Member Needs

We know that a one-size-fits-all health message generally fits no one's needs. DHWL will target our educational content for a diverse membership including children, members with disabilities, members with chronic health conditions such as cardiovascular disease, and pregnant women. Several themes will guide the content of our member education materials. First, members must know how to use dental care services appropriately in order to benefit from them, so education on accessing services is primary. Then, our members will benefit from education on the importance of regular dental care, encouraging health literacy on dental hygiene and self-care. Finally, with the cooperation of participating Bayou Health managed care organizations (MCOs), community groups and our provider network, we will reach out to specific groups of members with targeted information on disease and illness prevention, and the need to maintain good oral health for total wellness. (For more detail on our strategic approach to member education and outreach for better health outcomes, see *Section E.4.)*

Centene's experience in developing creative communications solutions to total health and wellness needs is well established. For instance, in 2009, to help combat the rise childhood tooth decay, obesity and diabetes, Centene developed a Children's Book series to raise awareness with youngsters on the need for healthy eating and snacking. The colorful, comic-book style books emphasize healthy habits such as drinking water instead of sugary drinks and skipping fast food in food choices. Centene also created a companion guide for parents and guardians to help children make healthy decisions. Affiliated health plans use the book series in outreach to youngsters across the nation in coordinated campaigns with schools, providers, and community organizations; for example, in 2013 our affiliate Louisiana Healthcare Connections, sponsored "Healthy Snack Attack" events for schools like Einstein Elementary in New Orleans, Head Start programs, and Just Kids Dental. Our latest edition, *The Gunky Bacteria Brothers*, a page of which is shown here, includes information about good oral hygiene, flossing and eating habits. (See *Attachment J.1* for a copy of *The Gunky Bacteria Brothers*.)

DHWL will use this experience to develop integrated communication packages in a comprehensive member education program. For example, to encourage early access to preventive dentistry and exposure to good dental hygiene, we will propose targeted communications for parents whose young children have not seen a dentist. With DHH approval, we will reach out to members via scripted outbound IVR calls, postcards, and other written communication. We will attempt to create linkages with the provider network and, where possible, community groups such as Head Start programs, to deliver colorful, child-centered messages on dental care and the importance of keeping EPSDT appointments. This campaign also will include communications with pediatricians to educate and remind them of the need for integrated care. For example, our Georgia affiliate developed a reminder sheet tear-off pad that was used by pediatric providers, along with their verbal reminder to parents and guardians, as a reinforcement to obtain child dental care.

In 2013 our Louisiana affiliate partnered with Excelth, a community based FQHC, to provide dental screenings. The majority of participants were Hispanic, and the 204 people screened included a Vietnamese family of five.

We will integrate educational messages into health fairs, Dental Days, and other community events, notifying our members a few weeks before the events, and then again a few days before, using DHH-approved automated outbound IVR telephone calls, to motivate participation. We will partner with community organizations and our provider network to create maximum visibility before the events, and provide assistance during the event with hygiene demonstrations, for example showing mothers how to clean baby's first teeth, with a take-home Tip Sheet as a reminder of the techniques. For the events, we will propose kid-friendly educational materials and giveaways, such as coloring books, colorful posters for providers' offices, and dental kits with toothpaste. By using a broad spectrum of media on a single health topic, we will provide the member with repeat exposures to actionable information without

being repetitive.

As social and electronic media gain popularity, DHWL also will employ the new media to appeal to members, especially younger members, through Twitter feeds and text messages with educational reminders about oral hygiene, preventive services, and disease prevention, such as tobacco cessation and dangers of oral piercings. Members always will have the opportunity to opt out of receiving these messages. More proposed education content based on our strategic member communications campaigns is in the chart below.

Dental Health and Wellness of Louisiana Proposed Member Educational Materials	
Outreach Strategy	**Tactic and Member Materials**
Educational Goal: Learning to access oral health services appropriately and effectively	
Educate members on appropriate access of services, understanding benefits, providing information on routine oral health, etc.	Welcome call and Welcome letter mailed to all new members within ten days. Member Handbook, Provider Directory and oral health tip sheets brochure available on Member Web Portal without login and in hard copy through Member Services; available in alternative languages, formats and with real-time translation assistance.
Encourage preventive care for members continuously enrolled for a selected period of time without completing a dental appointment	Scripted outbound telephone calls via Interactive Voice Response (IVR) and/or targeted mailings.
Educate members to appropriate access of urgent and emergent dental services	With DHH or Bayou Health participating MCO's cooperation, develop and mail written educational packet to members who visit the emergency room for oral pain, including list of providers proximate to the member, and Member Services contact information for appointment scheduling or provider selection assistance.
Motivate non-compliant members to corrective action	Develop customizable communications for specific non-compliant actions, such as missing appointments or deliberately avoiding proposed treatments, including postcards, letters and IVR scripts
Educational Goal: Developing oral health literacy and self-care	
Obtain ongoing "buy-in" for preventive care services for members who utilize Member Services to make dental appointments	Targeted scripted IVR calls to members who obtain appointment scheduling assistance to receive feedback after appointments and to encourage continued preventive efforts.
Outreach to parents/guardians of young members who have not visited a dentist; EPSDT awareness.	Targeted correspondence, postcards, tip sheets and newsletter articles to parents/guardians highlighting the benefits of establishing a dental home and encouraging action. Content based on American Academy of Pediatric Dentistry guidelines to boost early preventive care.
Encourage preventive care appointments for members who have special care needs, such as developmental disabilities	Targeted scripted IVR calls emphasizing that DHWL has providers with experience in special needs and offering personal scheduling assistance through Member Services
Educational Goal: Wellness education and disease and illness prevention	
Supply ongoing reminders of the need for good oral hygiene and preventive measures	A bi-annual member newsletter, *Healthy Smiles*, with actionable information on such topics as the role of sealants and fluoride

	treatments, oral care for diabetics, and how to make you're your dental appointment stress-free. Provide newsletter articles with art on oral health and dental disease prevention to participating Bayou Health MCOs at least quarterly with topics selected based on state-wide needs, seasonal variations [i.e., back to school], and impact of dental health on overall wellness. Provide on-hold messages for Member Call Center.
Deliver continuing dental education through monthly messaging	Postcards, with specialized messages on the importance of preventive dental care and the prevention of dental illness (such as cavity prevention and "Just for Teens"), monthly.
Produce educational materials for distribution to participants at Dental Days and health fairs	Coloring books with dental tips for children, Tip Sheets (such as tobacco cessation tips and oral hygiene instructions for children's first teeth), coloring/comic books and dental-related giveaways such as toothbrushes and dental floss.
Educate targeted populations by region, utilization or claim history on issues such as tobacco cessation, and the impact of oral health and heart disease	Customizable information tools, delivered via mail and IVR calls, and through selected providers; tools may include postcards, posters for children's oral health, educational brochures and checklists, and videos for in-provider office waiting room use. Twitter feeds and text messaging delivered to members; members may sign up or opt out of text messaging at any time.

Monitoring the Impact and Success of Member Education

DHWL is committed to evaluating the effectiveness of our member education efforts in order to achieve the most advantageous results for the member's health, to increase personal responsibility and self-management, and to improve dental health outcomes in Louisiana at large. Our Quality Assessment and Performance Improvement (QAPI) Program includes sophisticated data management, analysis, and reporting capabilities that facilitate performance monitoring and support effective service utilization. Our QAPI Program is enhanced by the regular exchange of ideas among our network providers and DHWL staff through Quality Improvement meetings. The Program ensures development and use of high quality, accurate and culturally competent member education materials. For example, our Georgia affiliate has witnessed a steady improvement in its Annual Dental Visit rate, exceeding the NCQA Medicaid 75th percentile for the past three years by using a member engagement and outreach campaign with multiple media and strategies, as proposed above.

Involving Member, Provider, and Community Stakeholders in Content Development

Centene affiliated plans also have a long history of developing member materials in cooperation with our community partners and network. As a Louisiana-based company, DHWL will work with providers on materials and content to meet their members' needs. For example, in 2013, our affiliate health plan developed outreach materials, posters and postcards with eight Federally Qualified Health Plans throughout Louisiana to encourage childhood wellness visits before the start of the school year, and Chlamydia screenings for members ages 16-24.

We incorporate feedback from all our stakeholders as we develop member education content, in order to best respect and reflect Louisiana's distinctive and vibrant way of life and its most pressing dental education needs. We will solicit recommendations on member education content from our statewide Community Advisory Group comprised of both members and community groups and advocates. Their advice will ensure that our educational materials are useful, understandable, and meaningful to our members. DHWL also may use structured focus groups of members to obtain input on education select content and materials.

In 2013, our Louisiana affiliate worked with two multi-location dental providers to develop educational materials, wellness-based games for children, and coloring books for 24 separate events throughout Louisiana.

Our Joint Operating Committee (JOC), with representatives from DHWL's quality, medical and operational departments, plus representatives from each of the participating Bayou Health MCOs, will provide overall guidance on member education topics and material content as it relates to the total wellness of the DBMP population. We will solicit input from JOC on best overall strategies to motivate members and raise awareness of oral health issues and their impact on physical health status. We also will seek cooperation from the MCOs in developing outreach tactics and activities for specific populations The JOC will meet quarterly, but more frequently during the implementation phase. Unless otherwise directed by DHH, DHWL will be responsible for obtaining approval from DHH for jointly sponsored activities and educational materials.

Internal Process for Member Education Content

DHWL will develop member materials topics with consideration for our Quality Improvement Projects, HEDIS initiatives and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) satisfaction surveys. We will include content development and review by management staff in Member Services, Network Development, Utilization Management and Quality Management, as appropriate to the content and proposed use of the materials, including the Chief Dental Officer, when needed. Our MemberConnections Representatives as our "boots on the ground" will work directly with community groups, schools, the provider network and participating Bayou Health MCOs, on developing community events and activities. They will assist us in customizing messages to distinct populations, such as pregnant women or those with developmental disabilities.

The DHWL Communications Outreach Coordinator (Coordinator), reporting to our Compliance Officer and located in our Louisiana office, will supervise the process of member education content development, media selection, and production of materials. We will write all member-facing materials the way a person speaks, using a friendly tone, active voice, common words, and short sentences. Whenever possible, we give examples when words may be confusing and use graphs and illustrations to reinforce content. We will use the Flesch-Kincaid Grade Level Index to ensure no more than a 6th grade reading level, and adhere to People First language and the DHH Person First policy. Our member education materials will be accurate and will not mislead, confuse, or defraud the member/potential member. Our materials will be culturally sensitive and reflect the diversity of Louisiana's population. We will participate in the state's efforts to promote the delivery of services in a culturally competent manner and comply with the Office of Minority Health, Department of Health and Human Services' "Cultural and Linguistically Appropriate Services Guidelines."

As our parent company Centene has done, DHWL will support health literacy training for staff who develop member materials, through organizations such as America's Health Insurance Plans. We also

may selectively engage a specialized health literacy advisor. For example, Centene engaged the Health Literacy Division of Language Solutions to assist on the Start Smart pregnancy book that was endorsed by the March of Dimes and our book on managing diabetes.

Adherence to DHH Standards and Requirements

DHWL's policies and procedures will establish our standards and processes for content and materials development to ensure accuracy, inclusiveness, respect for member diversity, and compliance with all DHH requirements. DHWL will develop a plan for member education, including the development and distribution of member materials, and submit it for DHH review and approval within 30 calendar days from the date this contract is signed, but no later than prior to the Readiness Review. No member materials will be distributed without prior written approval from DHH. DHWL will provide the DHH Monthly Member Education report and an annual review of all member education including the participation of any subcontractors as required.

DHWL will submit complete, final drafts of all member-facing materials to DHH for approval before production and distribution. This includes any materials from subcontractors, providers, and recognized entities having no association with DHWL whose materials DHWL wishes to distribute.

We will ensure that all materials do not discriminate against members on the basis of their health history, health status or need for healthcare services. All member materials shall include a notation with the date of issue, date of revision and if prior versions are obsolete.

The Coordinator will review the materials for compliance with all state and federal requirements, reading levels, cultural sensitivity including People First language and the DHH Person First Policy and all Centene standards for quality. Our Compliance Officer will conduct a final review before submission to DHH.

Within our structured proposed member education program, DHWL shall prepare and distribute educational materials not less than two times a year that provide information on preventive care, health promotion, access to care, or other targeted dental related issues. At least once a year, we will notify members of their right to request and obtain a welcome packet, member handbook, and printed provider directory, and we will notify members in writing of any change DHH defines as significant at least 30 calendar days before the intended effective date.

Distribution of Member Educational Materials. DHWL will make our educational materials available through our entire service area and on our Member Portal on our Website. In some instances, we will customize certain materials within specific parish and populations, such as for Dental Days in selected provider locations and for health fairs. All educational activities will provide for equitable distribution of materials without bias toward or against any population, service area or group.

Language Requirements. Member education materials will be available in languages that meet population threshold standards. Based on experience in Louisiana, we anticipate that this will include Spanish and Vietnamese. Where our materials provide information about oral and written interpretation services, the information will be written in English, Spanish, and Vietnamese. With DHH notice, we will ensure that translation services for written member educational materials are provided for any prevalent non-English language spoken by five percent of the population statewide. We also will notify our members on all multi-page written member materials that real-time oral interpretation is available to them in any language at no cost to them, as well as how to access the interpretation through our Member Services toll-free telephone number. Materials also will be available in alternative formats such as Braille and audio tape or podcast upon request and will be available on our website which will be 508 Compliant for persons with disabilities. On an ongoing basis, we will evaluate member language usage and explore translation of our website to alternate languages as indicated.

Attachment J.1: Member Educational Materials used with Medicaid or CHIP Populations in Other States

Attachment J.1 Member Educational Materials provides samples of member educational materials on oral health used for Medicaid and CHIP populations served by Centene affiliate health plans and materials used for Medicaid populations served by our partner Scion Dental. Scion Dental provides educational materials to Medicaid beneficiaries in 14 states through its relationships with national managed care organizations with state contract for the delivery of health and behavioral health services, such as AmeriHealth and United Healthcare. Scion Dental has extensive experience in collaborative member educational projects with physical health MCOs, including those aimed at improving HEDIS outcomes.

The contents of Attachment J.1 are:

A. Tip Sheets and Flyers for Oral Health and Disease Prevention

- Eating Disorders and Dental Care
- Gum Disease
- Is it OK To Ask the Dentist Questions?
- Missing Your Dental Appointment Is No Laughing Matter!
- Make Your Trip to the Dentist Stress Free
- What To Expect at a Dental Visit
- Pregnancy and Oral Care
- Accidents Happen: Practical advice for your child's oral health safety
- What To Expect at Your Child's First Dental Visit
- What Is Fluoride Varnish?
- Pacifiers and Baby's Teeth
- Checking Your Child's Teeth
- Dental Care for Baby and You
- The Importance of Sealants
- The Importance of Baby Teeth

Nothing but the Tooth

GOOD ORAL HYGIENE

TAKING CARE OF YOUR TEETH AND MOUTH SHOULD START EARLY IN A CHILD'S LIFE. FOOD LEFT ON TEETH AFTER EATING CAN CAUSE BACTERIA TO GROW, WHICH IN TURN CAN CAUSE TOOTH DECAY.

TOOTH TIPS

- BRUSHING 3 TIMES A DAY IS BEST, BUT IT'S MOST IMPORTANT TO BRUSH IN THE MORNING AND AT NIGHT BEFORE BED.
- MAKE SURE YOUR CHILD BRUSHES FOR 2-3 MINUTES AT A TIME.
- TEACH YOUR CHILD TO USE THE RIGHT AMOUNT OF FORCE WHEN BRUSHING. LAZY BRUSHING WON'T CLEAN WELL. BRUSHING TOO HARD CAN HARM THE ENAMEL ON THE TEETH.
- TEACH YOUR CHILD TO FLOSS AT AN EARLY AGE. FLOSSING CLEANS BETWEEN TEETH AND CAN PREVENT GUM DISEASE.
- OLDER CHILDREN CAN RINSE WITH MOUTHWASH. WATCH THEM CAREFULLY TO MAKE SURE THEY'RE NOT SWALLOWING THE MOUTHWASH.
- HELP YOUR CHILDREN FLOSS THEIR TEETH. IT WILL BE HARD FOR THEM TO DO ON THEIR OWN UNTIL THEY'RE SIX OR SEVEN. FLOSS STICKS OR PICKS MAY BE EASIER FOR THEM THAN REGULAR STRING FLOSS. TRY THEM AND SEE WHAT WORKS BEST.

4

FLOSS

B: Newsletter Articles. Ready to print articles for MCO member newsletters, dental office newsletters and for targeted communication to members:

- The Tooth Truth: Oral hygiene tips
- Three Simple Steps for Healthy Teeth
- Tips for Early Dental Care
- How to Take Care of Your Child's Smile
- Have You Seen Your Dentist This Year?
- How to Make a Dental Appointment
- Have You Seen Your Dentist This Year?
- Don't Forget Your Teeth
- Smile for Us!
- Smile Power
- Put a Smile on Your Child's Face
- Dental Health – Series of reminders of oral hygiene

C. Postcards for Member Mailings.

- Because you matter…Because we care: A reminder of a child's oral health tips and need for dental appointment
- Baby Bottle Tooth Decay Prevention
- Why Is It Important To Keep Baby Teeth Healthy?
- What To Expect at Your Child's First Dental Visit
- Fluoride Varnish Application
- Why Is It Important To Go to the Dentist for Checkups?
- Why Is a Mouthguard Needed?
- Oral Piercings Can Affect Dental Health
- Can Pacifiers Harm Your Baby's Teeth?
- How To Check Your Child's Teeth

D. Other materials.

- ***Attachment J.1.D.1 - The Gunky Bacteria Brothers Book –*** A 16-page full color comic and activity book for children, explaining the need for oral and physical hygiene and how healthy habits fight illness. The book has detailed descriptions of brushing, flossing, rinsing, among other hygiene habits, and reinforcing word and pencil games.
- ***Attachment J.1.D.2 - The Proactive Parents/ Guardians Guide for The Gunky Bacteria Brothers Book*** – A 12-page full color book explaining the importance of oral and physical hygiene for children and how parents/guardians can teach and assist their children. The book offers explanations of how bacteria and virus cause illness, how to effectively teach brushing, flossing, bathing, etc., and web-based resources for parents to receive more information.
- ***Attachment J.1.D.3 - Boingg and Sprocket with Smokey Yuckpak!*** – A 16 page full color comic and activity book, with stickers, based on cartoon characters who teach children the dangers of tobacco use. The book offers healthy living tips, explanations of why smoking "isn't cool" and its impact on health, and ends with a pledge to sign, coloring pages and sticker games.
- ***Attachment J.1.D.4 - The Proactive Parents/Guardians Guide for Smokey Yuckpak -*** A 12-page full color book to assist parents in explaining why tobacco use is dangerous to their child's health and appearance, including details on how smoking creates yellow teeth, bad breath and tooth decay. The book includes tips on how to teach your child to say no to tobacco and resist peer pressure.

J.2 LANGUAGE REQUIREMENTS

Describe how you will ensure that all written materials meet the language requirements and which reference material you anticipate you will use to meet the sixth (6th) grade reading level requirement.

Dental Health & Wellness of Louisiana (DHWL), leveraging the extensive experience of our parent company, Centene Corporation (Centene), in delivering an array of medical, behavioral, and dental member materials to Medicaid populations nation-wide, will provide comprehensive, easy-to-read member materials that inform members about accessing services, educate members about oral health, and motivate members to establish a Dental Home. DHWL will provide oversight to ensure our materials meet all Department of Health and Hospitals (DHH) requirements, including but not limited to RFP Section III. B. 3. B. 11. j) Member Education; Section III.B.3.B.11.j).xiii. Oral and Written Translation Services; and all federal and DHH requirements for readability, non-English language translation and alternative formats, standards for quality production and distribution; and we will submit all member-facing materials to DHH approval before production and distribution. We address here the processes for:

- Accountability for Compliance with Language Requirements
- Maximizing Readability for all Members
- Providing Alternatives for non-English Speaking Members and Members with Special Language Needs
- Member Material Style, Production and Distribution

Accountability for Compliance with Language Requirements

The DHWL Communications Outreach Coordinator (Coordinator), who reports to the Compliance Officer, will be responsible for and will review member educational materials for compliance with State and federal requirements including but not limited to required content, accuracy, no more than sixth grade reading level, cultural sensitivity including People First Language and the DHH Person First Policy, non-discrimination, formatting standards, and quality of materials used for printing. The Coordinator will monitor the content review process, which will include review by management staff in Member Services, Network Development, Utilization Management and Quality Management, as appropriate to the content and proposed use of the materials, including the Chief Dental Officer, when needed. The Coordinator will maintain certifications of translation accuracy and completeness and reading grade levels for all materials. DHWL will ensure that member educational materials are accurate and do not mislead, confuse, or defraud the member. Our internal approval process, before submission to DHH, will include final approval by the Compliance Officer.

DHWL will submit complete final drafts of all written member materials to DHH for approval in PDF format unless an alternative format is approved or requested by DHH. This includes any materials from subcontractors, providers, and recognized entities having no association with DHWL whose materials DHWL wishes to distribute. DHWL will ensure that materials and services do not discriminate against Medicaid members on the basis of their health history, health status or need for health care services (including enrollment, re-enrollment, and disenrollment materials and processes).

In developing member material content, DHWL will implement the Office of Minority Health, Department of Health and Human Services "Cultural and Linguistically Appropriate Services Guidelines" and participate in Louisiana's efforts to promote the delivery of services in a culturally competent manner. We will develop our materials incorporating People First Language and the DHH Person First Policy. *Section J.1 and Section J.4* provide further specifics on creation of content for and compliance of member educational materials.

Maximizing Readability for all Members

Ensuring Reading Level. All DHWL member materials will be in a style and reading level that will accommodate the reading skills of all Dental Benefit Management Program (DBMP) members including those with limited reading proficiency. In developing member materials, we will ensure our materials are written at or below a sixth grade reading level as measured by the **Flesch-Kincaid Grade Level Index readability test**, taking into consideration the need to incorporate and explain certain technical or unfamiliar terms to assure accuracy. The Flesch standards, including Grade Level Index and Reading Ease, are built into Microsoft Word, thus staff from all DHWL departments who contribute to written member materials can quickly and easily assess reading level. Our Coordinator will verify the reading level before submission to DHH.

Maximizing Member Comprehension. When writing member materials, we will write the way a person speaks: we use a friendly tone, active voice, common words, and short sentences, and we provide examples when words might be confusing. We will include appealing graphic elements such as illustrations, charts and color, to keep our members' visual interest, and photographs that represent the diversity of the Louisiana membership.

To support the integration of oral health care with a member's total care, DHWL will supply ready-to-use newsletter articles on dental health, written to as low as the fourth grade reading level, to participating Bayou Health plans for use in their member materials.

To maximize comprehension, we will ask participants from our state-wide Community Advisory Group (with representatives from advocacy groups, community organizations and members) to review proposed materials and provide feedback on issues such as readability, clarity, and confirming that the materials convey what is intended and are culturally sensitive to local norms and expectations.

As our parent company Centene has done, DHWL will support health literacy training for staff who develop member materials, through organizations such as America's Health Insurance Plans. We also may selectively engage a specialized health literacy advisor or employ select focus groups to test educational materials.

Providing Alternatives for non-English Speaking Members and Members with Special Language Needs

Translation of Written Member Materials. DHWL will provide all written member materials and communications in English and the prevalent non-English languages spoken by DBMP members, at no cost to the member.

In addition, DHWL will translate and make available, within 90 calendar days of notice from DHH, written member educational materials for any language that is spoken as a primary language for five percent of the population statewide at no charge. DHWL will notify members that written information is available in any other designated prevalent languages, and how to request materials, on our website and in our Member Handbook. This notice will be written in required languages.

For all member materials translation, DHWL will use certified professional translators. DHWL also may engage local translators to translate or review certain materials. When possible, local speakers using regional accents will record audio materials such as scripts for automated outbound calls and podcasts.

Alternative Formats. For persons with visual, hearing, speech, physical, or developmental disabilities we will provide all written required materials in multiple alternative formats, such as audio CD, podcast, large print or Braille, at no expense to the member upon request. Members with low literacy skills,

visual limitations and/or limited English reading proficiency may contact our Member Services Representatives (MSRs) who answer our toll-free telephone number to request alternative formats and to request that the MSR read the material and/or explain the content. MSRs also will be knowledgeable in the use of TTY/TDD and Louisiana Relay to communicate with those with visual, hearing or other communications difficulties. We train our MSRs in the use of common conversational etiquette, such as typing "GA" at the end of each message segment and "SK" at the conversation end, and test the system monthly.

Interpretation Services. In building our services for non-English speaking members and their families, we will attempt to recruit and train staff who are bilingual for English and Spanish or Vietnamese. This recruitment is especially important for supervisors and MSRs in our Louisiana-based call center and MemberConnections Representatives, who will work directly in communities throughout Louisiana with members, their advocates and community organizations. DHWL will rely on our affiliated health plans' significant experience in providing culturally appropriate bilingual service to Medicaid members. For example, in Centene's health plan with the largest number of Medicaid members (Superior Health Plan, Texas), currently more than two-thirds of the member call center representatives, and all call center supervisors, managers, quality analysts and trainers, are bilingual in English and Spanish to serve that state's population.

We will train our MSRs to respond to callers in any language with real-time use of oral interpretation services through our national interpretation partner, experienced in medical interpreting in over 200 languages and meeting HIPAA and other regulatory requirements. All translation services are free of charge. MSRs also will offer real-time interpretation in any language for member documents, Welcome Packet materials, or correspondence through our national interpretation partner. DHWL also will contract with interpretation agencies that provide in-person translation and American Sign Language interpretation services for member appointments with providers, as well as telephonic services as needed. We will educate providers on how to schedule interpreters for member appointments and stress the importance of cultural competency during provider orientation and via our Provider Newsletter. For more detail on all DHWL services to members with limited English proficiency or communications needs, please see our response to *Section K.5.*

Information on how to obtain interpretation services and alternative formats will be provided on our website, Member Handbook, and in footers in many member educational materials; the information will be provided in the required languages.

Requests for Written Translation or Alternative Formats. We anticipate that most requests for written translation or alternative formats will be received by MSRs in our call center or by MemberConnections outreach staff during community events. Staff will enter requests in the Enterprise Customer Service Module, specifying the materials and language or format requested. Requests automatically are routed to the internal fulfillment queue, which alerts the Coordinator to each request. The Coordination will order the materials, monitor timely production by the translator or other subcontractor as needed, obtain any required certification of accuracy and completeness, and normally will mail the material to the member who submitted the request for translated materials or alternative formats. The Enterprise Customer Service Module then will be updated to indicate that material was sent to the member, and our Representative (either MemberConnections or MSR) will contact the member to verify receipt of the materials.

We will document a member's communications need, including languages other than English and communications disability or cognitive need, in our Enterprise Customer Service Module. This will allow

us to access immediate professional translation or other appropriate assistance for the member on the member's subsequent calls to Member Services

Accessibility of Written Materials Online. DHWL's online Member Portal complies with Section 508 of the Americans with Disabilities Act and provides written materials in a format usable by members with vision impairment. The Portal will contain many of our printed materials, such as the Member Handbook, any necessary forms, educational materials and tip sheets, and newsletter articles. On an ongoing basis, we will evaluate member language usage and explore translation of our website to alternate languages as indicated.

Member Material Style, Production and Distribution

The Coordinator will ensure that the style, formatting, and production for all written materials (including those from subcontractors and providers) comply with DHH requirements.

High Quality Materials for Printed Documents. DHWL will use high quality materials for our printed materials, comparable to and as demonstrated by our sample member materials used with Medicaid/CHIP members in other states as provided in *Attachment J.1*. For example, posters on children's oral hygiene for display at provider locations will be printed in full color and on heavy stock by a large commercial printer, while member invitations to local oral health education and health fairs typically will be printed on quality business-weight paper by our mail subcontractor. The quality of paper and related materials correlates generally to the type of document and its intended use, understanding that all member materials are designed to attract and keep members' attention. DHWL also will use color, photos representative of our diverse Louisiana population, and graphs and illustrations to maintain members' visual interest.

Distribution of Member Educational Materials. DHWL will make our educational materials available through our entire service area. In some instances, we will customize certain materials within specific parishes and populations. For example, our Louisiana affiliated health plan participated in Festival Latino in Baton Rouge, an annual celebration of Latin cultures drawing an estimated 3,000 participants, providing educational health information in Spanish. All educational activities will provide for equitable distribution of materials without bias toward or against any population, service area or group.

J.3 PROVIDER DIRECTORY ACCURACY

Describe your strategy for ensuring the information in your provider directory is accurate and up to date, including the types and frequency of monitoring activities and how often the directory is updated.

Maintaining an Accurate, Complete Dental Health and Wellness of Louisiana Provider Directory

The Dental Health & Wellness of Louisiana (DHWL) printed and online Provider Directory will contain all required information which we will validate through initial provider data capture, prompt data update processes, monitoring and auditing for quality, and maintain through provider education and outreach on the importance of reporting demographic changes. DHWL understands and will comply with all RFP and regulatory and contractual requirements, including but not limited to RFP Sections III.B.3.B.11.j) iii. Member Education Materials Approval Process; iv. Member Education – Required Materials and Services; vi. Provider Directory for Members; Section III.B.3.10 a) General Provider Network Requirements; and all other applicable requirements to ensure that Dental Benefit Management Program members, DHH, and other stakeholders have the most accurate and current provider information. Here we address the following topics to ensure a compliant, accurate and up-to-date Provider Directory:

- Initial Provider Data Management and Integrity
- Ongoing Data Integrity through Updates and Audits
- Production and Distribution of Printed Provider Directories
- Online Searchable Provider Directory

Initial Provider Data Management and Integrity

To manage DHWL provider data throughout all our information systems and processes, including the creation of the online and printed Provider Directory, DHWL uses our Enterprise System, designed by dental industry experts and built from the ground up as a dental benefits administration system. Its web-based architecture serves as "the source of truth" for the provider record: it allows for a single touch point for provider data entry, with data entered once and then integrated into all other DHWL systems, including the Provider Directory, promoting data integrity throughout. It supports provider prospecting and recruiting, provider applications processing, including electronic contracting, credentialing, and continuous provider data management support required for the Provider Directory demographics. It houses all demographic information for contracted providers including identification of Primary Care Dentists (PCD), dental groups and all specialists, including telephone numbers, non-English languages spoken, identification of closed panels, credentialing information, location, and accessibility for persons with disabilities, and office hours, including non-traditional hours.

The Enterprise System also feeds our on-line searchable Provider Directory, and the Enterprise Customer Service Module, used by our Member Services Representatives to assist members with provider selection, appointment scheduling, and other personal member service as described in our response to *Section K1.*

Capturing New Provider Information. Prior to initial provider credentialing, DHWL obtains required data elements through our credentialing application. The data are then entered into the Enterprise System, which contains built-in controls and business rules, down to the individual field level, to promote data integrity, reducing the chance of data entry errors. Once credentialing is complete, the provider's data are available for the direct feed no less than weekly to the DHWL searchable Provider

Directory used by our Call Center Member Services Representatives and Network Development staff and uploaded to the website for members.

Ongoing Data Integrity through Updates and Audits

Our Vice President of Network Development will be accountable for the accuracy of the Provider Directory and oversee all aspects of DHWL provider data management. All provider contracts will require providers to notify DHWL of any demographic changes. During provider orientation, we will explain the importance of notifying DHWL immediately of any provider demographic changes, and the Provider Manual instructs providers on how to provide updated information efficiently and in a timely manner. Routinely, we will remind providers of the need to keep all information accurate in the Provider Newsletter through notices on the secure Provider Portal, through routine "Blast Fax" to provider locations, and through Network Development staff onsite visits. Network Development staff also will check demographic information during onsite visits at provider locations.

Process for Data Updates on Request. Providers may submit changes by fax, mail, secure message via the secure Provider Portal, in person during a Network Development staff visit, by facsimile, by mail, or by calling the Provider Services Call Center. Most oral updates require written follow up, typically via facsimile, for confirmation. If members notify Member Services about provider data inconsistencies in the Provider Directory, Member Services will notify Network Development staff, who contact the provider in question, to confirm and/or update the information.

Within one to two business days staff, who receive an update from a provider, will transmit electronically any data changes to Network Development team for verification of the change, if necessary, and entry into Enterprise System. Changes are then uploaded to the online Provider Directory and all internal systems through Enterprise System. Updates will appear in the next monthly hardcopy Directory insert and in the annual full Provider Directory reprint, or as required by DHH.

When DHWL terminates a provider from the network, we will update the provider's record in Enterprise, remove the contracted status indicator, and report the termination to DHH within seven calendar days as required. This action automatically will remove the provider from the online Provider Directory during the daily update, and from the monthly insert and annual hard copy printings. We also will notify members who received primary care from the provider or who were seen on a regular basis by the provider about the termination, as required by DHH.

Types and frequency of Provider Data Monitoring

DWHL will monitor provider demographic data to ensure that the Provider Directory is accurate and up-to-date quarterly, annually, and with ongoing processes. DWHL will maintain audit controls to periodically test and verify provider data. Identified discrepancies will be flagged for Network Development staff to investigate and resolve.

Quarterly, DHWL will validate provider demographic data to ensure that current, accurate and clean data are on file for all contracted providers. We will compare our provider files to our quarterly network adequacy report, which includes our network GeoAccess reports, to ensure there are no large discrepancies between the two and Network Development will be flagged to investigate any discrepancies found.

At least annually and prior to reprinting the hard copy Directory, the Vice President of Network Development will oversee a quality audit of the Provider Directory by Department staff. Staff will verify all demographic information of a portion of the provider network based on selected criteria (such as providers by membership or by parish). Staff will obtain new provider rosters and check for changes in information such as office hours; languages spoken; accessibility for persons with disabilities; whether

the provider is accepting new patients, etc. Updates/changes will be logged and submitted for updating the Enterprise system, which will feed the corrected information back to all DHWL systems.

At provider recredentialing every 36 months, providers will complete a recredentialing application and confirm or, if necessary, update Directory information. Credentialing staff will submit any demographic changes for the Provider Directory to the Network Development Team for entry in the system, as described above.

Production and Distribution of Printed Provider Directories

Our Provider Directory will support all the elements members need to make an informed provider selection, including:

- Name, location and phone numbers
- Hours, including non-traditional hours (before 8 a.m. or after 5 p.m. or any weekend hours)
- Service limits (such as not providing services to children under age 5) and any restrictions on the enrollee's free of choice among network providers
- Identification of primary dental care dentists, dental specialists, and dental groups, including pediatrics, oral surgery, oral radiology, oral pathology, endodontics, orthodontics, prosthodontics and periodontics
- If a language other than English is spoken
- If the provider is not accepting new patients
- Information on providers experienced in members with special needs and locations that are wheelchair accessible.

We will inform members on how to obtain a printed Provider Directory in the new member Welcome Packet, offer to send it upon request through our Member Services toll-free number, and provide information about obtaining a hard copy on the member web portal.

After the Contract has been signed but prior to Readiness Review, our Communications Outreach Coordinator will use the DHH-provided file layout for the Provider Directory and check the hard copy for accuracy and completeness. The Manager then will submit templates of the Directory to DHH within 30 days from the date the Contract is signed and not later than prior to the Readiness Review. Each iteration of the DHW Provider Directory will have a unique identifying number with date to distinguish it from another edition.

We will update and print the Provider Directory at least annually and more frequently during periods of provider network expansion, if necessary. Between printings, our Communications Outreach Coordinator will update the hard copy monthly with printed inserts to provide to new members and fulfill requests, as needed.

Online Searchable Provider Directory

Our searchable online Provider Directory will contain all provide demographic information needed to make an informed Dental Home selection. Since provider demographics will feed from Enterprise System into the online directory daily, the online version will contain the most current, accurate information about our provider network. The Directory will allow for searches by specialty or service, such pediatric orthodontics; by provider name; by zip code, town or county; or by exact location. The website will be Section 508 compliant for persons with disabilities and will not require special features beyond a regular browser.

Finding a Provider Close to Home. Members will find any network Provider located close to their residence by using our online or printed Provider Directory, or by calling Member Services. Our searchable online Directory will plot the member's location and show the nearest providers, including specialists, such as pediatric dentists and oral radiologists, within a radius on an interactive map. The member also can obtain directions to a provider's location by clicking on the easy "get directions" link on the map, or they may print a map of the area around the provider's location by selecting the printer icon. DHWL will use Google Maps™ Mapping Service Directions for driving, walking and public transportation, where available. Member Services Representatives in our Call Center also will offer callers driving, public transportation and walking directions from any location to a provider's location.

J.4 INTERNET PRESENCE AND WEB SITE REQUIREMENTS

Describe how you will fulfill Internet presence and Web site requirements, including:
• Your procedures for up-dating information on the Web site;
• Your procedures for monitoring e-mail inquiries and providing accurate and timely responses; and
• The procedures, tools and reports you will use to track all interactions and transactions conducted via the Web site activity including the timeliness of response and resolution of said interaction/transaction.

The Dental Health & Wellness of Louisiana (DHWL) Member Portal will leverage our nationwide healthcare web applications design, development, integration, implementation, and operations expertise. We will configure the DHWL Member Portal specifically for the DBMP. The DHWL Member Portal will provide user-friendly accessibility to content specifically developed to address our member population. Through our Member Portal Members can:

- Research benefits, claims and provider information
- Request a new Primary Care Dentist (PCD)
- Find information about covered dental services
- Find how to contact Member Services including phone number and an email address
- Find information about local providers and office locations
- Find information about filing complaints and appeals

Fulfilling DPBM Internet Presence Requirements: The DHWL Member Portal

Member Services: The DHWL Member Portal. Our secure Member Portal will offer DHWL members the "informational tools" they need to help them take personal accountability for their oral health by providing important basic information such as eligibility and benefit information; oral health information; and providing tools for members to locate and select a PCD online, exchange secure messages with our staff, and manage their Member Portal web account information and preferences. Our Member Portal also enables our members to access member handbooks and educational materials on topics ranging from general oral healthcare to disease specific issues and their correlation to good oral healthcare.

Updating Portal Information

Ensuring Relevant and Informative Member Materials. We take great care in selecting and presenting updated and vibrant materials for all member communications. Member materials, including those on the DHWL Member Portal are developed leveraging input and ideas from a wide audience of people, including; DHH, our providers, the various community organizations and committees in which DHWL is involved, and our employees, based on interactions with members, or other stakeholders. We will also use several quality improvement measures to inform our selection of targeted topics of interest and concern such as the results of Performance Improvement Projects, Quality Improvement Plans, Healthcare Effectiveness Data and Information Set (HEDIS®) initiatives, Consumer Assessment of Healthcare Providers and Systems (CAHPS®) satisfaction surveys. Once topics are identified, we will review DHH priorities and contract requirements to determine what information must be disseminated or if there are any restrictions to the dissemination.

Member Feedback. Aside from Section 508 compliance, and the information provided through the channels mentioned above, DHWL will work directly with our members and our Community Advisory Group (CAG) to assemble important the topics and materials members would like to see on the Member Portal, and ensure with them that our Member Portal provides the utmost in information accessibility.

We will periodically conduct usability testing of our Member Portal with actual DHWL members who we will ask to try out the Member Portal features and provide feedback to us. We will subsequently use this feedback to enhance the Portal where appropriate. We design our member usability testing to evaluate how easy it is to use our provider directories, the appropriateness of Portal font size and reading level, intuitive content organization, and ease of user navigation. We provide each member who tests our Portal a testing tool that guides them through Portal features and allows them to score their experience completing various tasks. We also encourage members to provide written feedback and suggestions on how we can improve our Member Portal.

To ensure that our materials are culturally appropriate, understandable, and meaningful to members, we will obtain input from our CAG to obtain additional input on DHWL materials and program information. The CAG will review and provide feedback on our services, promotions, member materials, policy or operational changes, or any other information on which DHWL staff seek member perspective. We also solicit ideas on how to improve DHWL, its services, policies or operations, and regularly seek input from CAG members on the understandability of member materials.

Member Portal Materials. DHWL will use a multi-departmental, inclusive approach for developing member materials, including several approvals and sign off by our Member Services Department management and DHWL executive leadership, *before* we submit them to DHH for approval. We believe it is critical that Member Services management play a role in the approval of all materials provided to members, since they interact with them most frequently and understand the delicacy and complexity of member interactions.

DHWL will create a policy and procedures document that specifies the review and approval process for materials that are prepared for our members and potential members, and other stakeholders.

The DHWL Communications Outreach Coordinator will have ultimate for managing the content on the DHWL member (and provider) Member Portals. When DHWL staff identify the need for new materials or a change to existing materials, the responsible manager submits draft material and an DHWL *Communication Project Initiation Form* to the Communications Outreach Coordinator. This form identifies the appropriate internal and corporate departments that must review the draft document, substantiates the review and approval process, and ensures that all approvals have been made before submission to DHH for review.

The initial internal review particularly focuses on the following:

- Overall message
- Grammatical accuracy and flow
- DHWL Style Guide standards
- Compliance, privacy, rights and responsibilities
- Addresses, telephone numbers and Member Portal addresses
- Any State-mandated date stamp and catalog number that may be required
- Easy-to-understand benefits, operating procedures, accessibility and limitations
- Reading level (in compliance with State standard of no higher than grade 6.9)
- Availability in alternative supported languages.

Provider Directory. Our Provider Network Team oversees the provider directory feature of our Member Portal. All technical errors will be reported in writing (hard copy or electronically) to the Director of Network Operations with a copy to the Communications and Outreach Coordinator to ensure proper communication with the Service Desk or IT for correction of any issues. (If necessary, an “Experiencing

Technical Difficulties" bulletin will be posted temporarily to instruct visitors of technical challenges). Technical errors will also be reported to DHH.

Translation of Member Materials. To assure the best possible level of usability, our member materials will be written at a sixth grade reading level (no higher than 6.9), with appealing graphic elements. We use the Flesch Reading Ease and Flesch-Kincaid Grade level tests to ensure this reading level. When writing all member materials, we write the way a person talks; we use a friendly tone, active voice, common words, and short sentences; provide examples when words might be confusing; and obtain member feedback to ensure clear messaging. Materials will be culturally relevant and produced in required languages and alternate formats. We include information on key member materials to advise our members to call us if they need the information in another format. Our content and most DHWL member materials will be developed in any prevalent non-English language that meets the language threshold.

All documents in foreign languages are translated by a certified translator and will then be reviewed by bi-lingual DHWL staff to ensure that program-specific language is translated properly and that it will be understood by our members. We will post translated materials on the walls of our office for a period, so that our bilingual employees can consider them over time. We believe this helps to ensure our members will understand the content.

Member Portal Link Integrity. Any DHWL employee who discovers broken links or Member Portal error messages will be requested to report these in writing (hard copy or electronically) and submit this promptly to the Communications Outreach Coordinator for immediate correction.

DHH Approval. Once add/change documentation has gone through all internal approvals, the Communications Coordinator will prepare the Marketing and Member Education Materials Submission Form for DHH and submit this to our Compliance Officer for submission to DHH. Once approved by DHH, changes will be made to our DHWL Member Portal by our Communications team or by IT if on the Member Portal. Once in production, our Communications Outreach Coordinator reviews and approves production changes are accurate and implemented as designed.

Annual Review. Materials that have been developed/reviewed through the above processes will be reviewed annually (or more frequently if necessitated by a program change) to ensure that the content (in all published languages) is correct and will not defraud, mislead or confuse members. The annual review process follows the initial review process described above. We will also systematically assess member understanding of our operations and policies by meeting quarterly with the CAG and assessing the results of our incoming and outgoing member calls. We seek member feedback during all member interactions to improve service delivery and ensure that members understand our organization, operations and policies.

Monitoring, Tracking, and Responding to e-Mail Inquiries and Other Member Interactions

We consider our Member Portal an extension of our ability to outreach to and serve our members, and we provide interactive features to engage members in taking responsibility for their oral healthcare, as described above. We monitor and track all Internet correspondence to ensure that we are responsive to member concerns and requests.

Contact Us and E-Mail Tracking. Any visitor to our public DHWL Portal will be able to complete a form online to contact us.

Once a member contacts us, the visitor's inquiry is immediately assigned to the correct department, tracked, managed, and followed up systematically. If, for any reason, it is necessary for the responsible

department to confer or obtain information from another department, that email, is routed to the appropriate party and placed in their call queue.

DHWL will carefully monitor all e-mail and all online interactions and inquiries and answer these in the shortest time possible, and at most, within two business days of the date received by DHWL. All e-mail correspondence between our Member Portal and staff will be sent via secure e-mail, and noted in our Enterprise System.

In order to ensure we respond to all Internet communications in a timely manner. DHWL has a policy regarding Internet communications and a procedure for evaluating if the department is meeting the defined standards.

All MSRs and other staff using the Enterprise System will have extensive training on the documentation system. This will include but is not limited to documenting e-mail inquiries through the DHWL Member Portal, routing emails to the designated individuals for follow up and resolution (if applicable), and checking queues to ensure all routed emails have been closed in a timely manner. All emails will be responded to within two business days. Member Services Management will conduct monthly audits of open/closed cases by reviewing Enterprise System reports.

Select/Change Primary Care Dentist Requests and Response. Through our member portal the members may also change to their PCD. This feature is fully integrated with our Enterprise System, ensuring provider data is current and accurate. Members are able to use the member portal search functionality, allowing the member to find a PCD that meets their preferences on geographic proximity.

Quality Audits. For quality and training purposes, on a monthly basis, the Supervisor/Manager will monitor a random sample of e-mails; e-mail statistics; PCD Change Error Report; and all other special projects, as appropriate. The audit consists of checking percentage of cases entered, accuracy of documentation, and the number of open versus closed cases. We will capture these results on a monthly performance card, reviewed with, and signed by each employee on a monthly basis.

Portal Metrics. In addition to the above monitoring activities and tools, DHWL tracks metrics about our member portal, such as the number of registrations, attempted logins, provider search, password resets etc. We do this to ensure that the functionalities we provide on our Member Portal are valued and used by our members, and to identify areas of potential improvement. We Member Portal activity to help us determine how people find our Member Portals, what pages they visited and consequently, what areas interested them. We use this information to help guide us on content, usability and overall design.

SECTION K: MEMBER/PROVIDER SERVICE

K.1 MEMBER SERVICES LINES

Provide a narrative with details regarding your member services line including:
o Training of customer service staff (both initial and ongoing);
o 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);
o Process for handling calls from members with Limited English Proficiency and persons who are hearing impaired;
o Monitoring process for ensuring the quality and accuracy of information provided to members;
o Monitoring process for ensuring adherence to performance standards;
o How your customer service line will interact with other customer service lines maintained by state, parish, or city organizations (eg., Partners for Healthy Babies, WIC, housing assistance, and homeless shelters); and
o After hours procedures.

Overview

The mission of Dental Health & Wellness of Louisiana (DHWL) Member Services Department is to provide first-call resolution for every caller through high touch personalized service, and comprehensive initial and on-going training program for staff, and quality monitoring and supervision. Our Member Services Representatives (MSRs) will be available from 7 a.m. to 7 p.m. Central Time, Monday-Friday, excluding State declared holidays. Our Call Center will be located in Louisiana with locally hired staff and management to build greater cultural compatibility and understanding between DHWL staff and Louisiana Dental Benefit Management Program (DBMP) members.

DHWL approaches call center operations and member service with a unique perspective. Our parent company Centene Corporation has almost 30 years' experience in providing individual attention to Medicaid members' needs through call center operations for physical and behavioral health, including Louisiana Healthcare Connections call center in Baton Rouge. Our partner, Scion Dental, has expertise in meeting the oral health education and network access needs of almost 5 million Medicaid Dental beneficiaries through 14 states in its own call center operations. This combination equips DHWL with best member services practices to create a warm, efficient call center experience for DBMP members and an assurance that DHWL will meet, and often exceed, Department of Health and Hospitals (DHH) requirements for call center metrics and standards.

Our staff are the cornerstone of our call center, serving as advocates for our members and supported by desk-top technology which provides a smooth foundation for their interactions with members. In this response, we address staff and technology first, and then DHH's seven specific questions regarding the member services lines.

We understand and will comply with all regulatory and DHH requirements for conduct of and reporting on call center activities, including but not limited to all requirements in Section III, A.3.11.j) Member Education; Section III.A.3.ll.i) Enrollment and Disenrollment; and Section III.K.3.E Member Education Violations.

Call Center Staff and Responsibilities

The **Director of Member and Provider Services** (Director) will have oversight for all call center functions and staff training; provide strategic planning and departmental goal-setting; develop all departmental policies, procedures and work processes; ensure compliance with state, federal and DHWL

requirements; and work with the management team to ensure maintenance of performance metrics and company standards.

The **Quality Monitoring Specialist** (Quality Specialist) will perform call quality audits and maintain the quality report card, provide immediate and ongoing coaching for accuracy, courtesy and completeness, and assist in MSR training as needed.

Member Services Representatives (MSRs), the heart of our member call center, will respond to all telephonic inquiries and emails from members and their representatives. Hired, trained and supported locally, MSRs will be fully equipped to serve our diverse Louisiana membership in a culturally competent manner. MSRs will include Team Leads who will have advanced knowledge and responsibilities, will handle escalated calls and special assignments, and will provide coaching when directed.

Integrated and Innovative Technology

Our member call center will share the same automated call distribution system (ACD) with all internal departments. DHWL will use the Avaya Call Management System, which delivers call routing, advanced vectoring, messaging, and information tracking to enable seamless, efficient call answering and transfer capabilities and data reporting. DHWL's ACD complies with all DHH requirements for ACD system as listed in Section III, B.3.B.11.j) ix ACD System, including all measurements, recording, backup systems for emergency situations or line trouble, notice to callers of monitoring for quality contract, and option to speak to a live person at all times during call center operating hours.

MSRs' primary information and documentation tool will be our fully integrated Customer Service Module of the Enterprise System (Enterprise), with architecture specifically designed to support member-related data management applications and member services inquiry in a dental managed care environment. Enterprise gives MSRs all the information they need in one place without the need for separate systems or logons, so they can quickly and accurately answer a member's inquiry for first call resolution. Enterprise supports:

- All eligibility and service history for members, including all member demographics, provider selection or assignment, languages spoken, special needs, and authorized callers who may act on the member's behalf
- Claim and authorization details
- Covered services and benefits, including limitations
- Provider remittances and explanation of Benefits
- Provider network, including Geomapping between provider locations and member location with public transportation routes, where available
- Care Gaps, pre-approved scripts delivered by MSRs with information about needed oral health services selected by DHWL Utilization Management and based on Healthcare Effectiveness Data and Information Set (HEDIS®) performance measures, such as EPSDT appointments
- Track inquiry tools from the time an inquiry starts to resolution, including creating a work queue for follow-up requests
- Member inquiry history, a real time summary of inquiries received from the member by call type and subtype category for tracking and monitoring purposes (for instance, if an inquiry history notes that the member has made repeat inquiries on the same topic, such as Primary Care Dentist (PCD) change, the MSR can assist in resolving the problem; Enterprise also can generate reports such as for "frequent callers" who may have needs that need to be addressed by MemberConnections Representatives, our staff working in the field directly with members.)

DHWL will develop policies and procedures that address all DHH required areas, including tracking and reporting of calls and call metrics, and submit these to DHH for written approval prior to implementation.

o Training of customer service staff (both initial and ongoing);

Initial Training

DHWL's comprehensive four-week training program will ensure that all MSRs are qualified, professional, and equipped to provide outstanding customer service to our members. Initial and ongoing training reminds our MSRs that the member often approaches interaction with our call center under stress: sometimes in dental pain, sometimes fearful or confused, and perhaps even with a disability or medical condition that impacts communications or cognition. We teach our MSRs to appreciate fully the member's circumstance so that they can deliver empathetic and informed service, respecting the dignity and privacy of each caller. Our Director will conduct and oversee initial and ongoing training programs, monitor for training performance, and adapt learning programs based on observations or changes in policy, with the support of our Human Resources Department and Quality Specialist.

We employ adult learning principles to accommodate all learning and thinking styles, monitor learning objectives, review key points daily, and test for understanding of the information and systems. We supplement classroom instruction with role-playing, computer based simulations, hands-on technology demonstrations, and telephone system practice. All MSRs must complete a post-course assessment successfully to ensure their readiness to serve all DBMP members before moving into one week of live-call instruction. The classroom portion of our training program includes these topics:

Initial Member Service Representative Training Course Topics	
Fundamentals	**Customer Service Tools**
• Company overview, mission, goals and vision • Human resources orientation • Cultural competency, diversity training, People First language • Mandatory training on HIPAA, confidentiality and privacy • Overview of dental terminology, CDT codes and custom reports • Disaster and emergency preparation training • Code of ethics and conduct trainings • Detailed review of policies and procedures • Round Robins with key departments (Utilization Management, Claims Processing, Reimbursement, Appeals/Grievances, and Network Development)	• Customer Service 101 and telephone etiquette • Coordinating three way calls and warm-transfers • Telephone training, hands on practice with telephony software • Core computer systems training for intranet, instant messaging, Team site, Microsoft Outlook • Training on Enterprise functions and features and integration with all DFWL departments • Use of all Resource Guides, Policies and Procedures, and on line reference guides • Authorization reviews, tools, reports and fee schedules • Escalation protocols
Review of Programs	**Job Responsibilities**
• Introduction to Medicaid and DBPM policies and procedures • In-depth review of benefits, exclusions and limitations • Role of coordinated care programs in Medicaid and introduction to Bayou Health participating plans	• Verify member eligibility and benefits • Find and refer primary or specialty provider; assist with appointment scheduling and provider demographics; Geomapping assistance • Knowledge of authorization procedures, fee schedules and other reports

• How to spot and report fraud waste and abuse • Use of Provider and Member Web Portals • Importance of the dental home, the provider network, contracting and credentialing, provider complaints and appeals • Introduction to dental claims: ADA form, claim processing status terminology, life of a claim, remits, EFT, accumulators, claim denial reasons • Introduction to authorization reviews (OR, NEA, etc.) and advanced training in custom reports and common denial reasons, claims and appeals • Member rights and responsibilities; filing complaints and grievances	• Understand procedures for resolution of service and/or dental delivery problems • Access real-time translation services for members with limited English proficiency, and services for members with hearing (TDD/TTY) or cognitive impairment • Respond to urgent/emergent calls • Respond to emails and after-hours messages within required timeframes • Maintain call documentation guidelines and standards • Participate in quality monitoring and metrics • Teach members how to use on-line Member Portal

In addition to the topics described above, MSRs learn to: educate members and parents/guardians about benefits, services, timeframes for services and EPSDT schedules; process member demographic updates and PCD changes; explain continuation of services, including member's rights and responsibilities; and fulfill requests for provider directories and other member materials.

DHWL will require all staff to complete our Cultural Competency training program upon hire and annually thereafter. The program is based on the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) and reviews daily challenges facing many members such as poverty, Limited English Proficiency, communications disabilities, low literacy, limited mobility, behavioral health conditions, food insecurity and lack of social supports, and how these challenges impact oral health care and health literacy.

After all classroom training has been completed successfully, new MSRs will participate in hands on training through real-life and real-time situations. The Director and Team Leads will conduct shadowing, during which they observe the new MSR's technique and competence, and provide guidance and coaching. The Director will evaluate new staff performance, either by a review of recorded calls or by side-by-side monitoring for accuracy, customer courtesy and appropriate use of all desktop tools and electronic resources. The new staff must demonstrate proficiency prior to graduating from the training program and performing independently.

Ongoing Training

DHWL will require ongoing training for call center staff monthly on matters such as trends in performance levels and member inquiries, issues across MSRs, use of technology, and notice of DHWL outreach activities. We will incorporate recorded calls into training as needed to reinforce procedures. For urgent matters such as contract or benefits changes, network changes, and any information required by DHH, the Director immediately will disseminate information through our integrated Outlook software. Annually, we will require all call center staff to complete training on our Code of Conduct and Ethics, monitored by our Compliance Officer and a refresher course on cultural competency provided by Centene University, our corporate web-based continuing education center.

o 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);

Initial Prompt Call Answering

When members call our dedicated toll-free member line, our self-service, voice-activated automated attendant (IVR) will greet them. Members are advised to dial 911 if the call is an emergency, and then can select to receive automated information on eligibility, and name, hours of operation, telephone and location of their PCD or any network provider. Our IVR will offer the option of leaving a voice message which will be returned by close of business the following business day. While we will provide these IVR self-service options for callers' convenience, our goal is to provide *personal* service through a Louisiana-based MSR. At any time during IVR service, members can press "0" or say "agent" to be connected with an MSR, where all calls will be answered in the order received and within DHH timeframes for call waiting time. For members with physical, cognitive or communication impairment, DHWL will use a best practice "*stay on the line" feature*, which will direct callers automatically to an MSR if the caller cannot press phone keys or determine how to respond to the menu options.

Routing Calls

Member calls normally will *not* be routed among call center staff, because all MSRs have similar comprehensive training, and the same online and workstation information and systems to minimize the need for routing and maximize one-call resolution. Additionally, we will fully cross-train our MSRs in all Provider Services information which will allow the MSR to serve as a better advocate for the member in all circumstances, such as when discussing the status of prior authorizations.

Members will use only one phone number and place only one call to DHWL to receive all needed assistance. Whenever a transfer is necessary, call transfers will be "warm" or three-way transfers, during which the MSR stays on the line and orally introduces the member to the appropriate staff to ensure continuity. For example, a member who calls about a complaint or appeal will be warm transferred to our Grievance and Appeal Coordinator for assistance; a member who needs to reach her child's PCD will be warm-transferred and introduced to her provider's office staff.

Escalation

Our experience shows that the most common reason for the need to escalate a call for dental services is because a member is not satisfied with the result of an authorization determination. MSRs are trained to use empathy and high-level customer service skills while providing correct information about the situation. However, members often want to speak with a person in authority for confirmation. We will train our MSRs to escalate members to the Director for final discussion and resolution as necessary.

If a member has a complex issue, for example, difficulty obtaining services during transition, MSRs will warm-transfer the member to our MemberConnections Representatives in Quality Improvement/Quality Assessment, who can investigate issues and work directly with the member to resolution, including on-site visits when necessary.

Training will include escalating and warm-transferring calls from our call center to the member services departments of managed care organizations participating in Bayou Care. This is especially important for members with chronic health conditions that impact receiving oral services, such as cardiac and respiratory diseases. Call transfers to health plans will be warm-transfers, with our MSR introducing the member with background as provided and then leaving the call to the health plan representative for confidentiality.

Confidential Escalation for Waste, Abuse, and Fraud (WAF) Issues. Centene Corporation has a comprehensive program for prevention, detection and reporting of waste, abuse, and fraud by providers, members, employees and subcontractors. DHWL's WAF Program will be based on and include best practices from Centene. Through our call center, the Member Handbook, Provider Manual, newsletters and on the Member and Provider Portals, we will provide an internal and external toll-free hotline for employees, providers, members, subcontractors, or others to *anonymously* report their noncompliance concerns. These WAF phone lines are available 24 hours a day, 365 days a year, and are operated by a third party specializing in confidential assistance to corporations. We have found that use of a hotline administered by a third party enhances the potential for reporting WAF issues and allows callers to report with complete anonymity. The hotline administrator logs all suspected WAF issues and forwards them immediately to the Centene Compliance Officer for further investigation.

MSRs will escalate and warm-transfer members who call with WAF referrals to the confidential hotline. If members choose to report WAF directly to an MSR, MSRs will document and report the matter to the hotline on the member's behalf. All WAF referrals are investigated and remain confidential.

Information Available to Member Services Staff

Virtually all information needed by MSRs will be available to them online through their desktop system, including:

- Member eligibility and service history, including service history by tooth
- Claim history and authorization details
- Covered services and benefits
- Provider remittances and member explanation of benefits
- Provider directory with all demographics and mapping to a member's location, including driving, walking and public transportation, where available
- Call history for the member
- All member materials, including member handbook, tip sheets, wellness and disease prevention materials, etc.
- Ability to help a member navigate the member web portal and reset a member's web portal password
- Our general Call Guidelines Policy and Procedure manual

Additional information available online to MSRs at the worktop station will include industry coding manuals, billing guidelines and process flow documents. At the desktop in Microsoft Outlook integration software, MSRs will have *Community Resource Directories*, for example, to help refer members to community services for smoking cessation programs or to the local parish office of Emergency Preparedness. The desktop also will hold contact and other information on each managed care organization participating in Bayou Health.

o Process for handling calls from members with Limited English Proficiency and persons who are hearing impaired;

DHWL will train MSRs to provide seamless service to every member regardless of language spoken or communication ability. Enterprise notes the member's special needs and languages requirements, if such information is in the Member File as submitted by DHH or when logged into the system after the member's first contact with Member Services. This will allow the MSR to provide anticipatory, effective service to the member with communications needs.

DHWL will make every effort to recruit and hire MSRs who match the language and cultural profile of the Louisiana members we will serve, including those who are bilingual. For example, in our affiliated health plan in Texas more than two-thirds of MSRs are bilingual in English/Spanish.

For non-English speaking Callers. At the call's start, we will offer members the initial phone prompts and IVR self-service features in English, Spanish and Vietnamese. If the caller selects a language other than English, the automated attendant will route the call to a MSR who can facilitate real-time interpretation.

For other non-English speaking callers, DHWL will offer real-time interpretation through our interpretation partner with expertise in 200 languages meeting HIPAA and other regulatory requirements. Upon request, MSRs also will arrange for interpretation services for a member's appointments with our dental providers.

MSRs will help members identify providers who speak the member's primary language via interactive, searchable Provider Directory on our Member Portal. MSRs will provide hardcopy materials such as Member Handbook in alternative languages that meet language thresholds, and provide material interpretation services for other languages on request.

For callers with hearing impairments. Our TTY/TDD phone number will be prominent on our website, Member Handbook and other Member materials. We will train all MSRs on the use of TTY/TDD, including common acronyms such as SK ("stop keying") for the end of call and GA ("go ahead") at the end of a completed phrase. The phone will be tested monthly. We also will train MSRs to accept calls through Louisiana Relay. MSRs will be trained to arrange for in-person American Sign Language interpretation services for health care appointments through DHWL's interpretation agencies.

Jose, a Medicaid dental plan member, stated that MSR Michelle was very helpful and patient. Jose stated that he understands he has a language barrier issue and Michelle was willing to take the time to help him.
Call Center manager report
January 2014

For callers with vision impairments, developmental disabilities or other reading difficulties. MSRs will always be available to read and explain member materials to any member. We will offer printed materials in alternative formats upon request, including Braille, large print, audio tape, and compact disc.

o Monitoring process for ensuring the quality and accuracy of information provided to members;

DHWL will promote and maintain a high standard of locally-based customer service and quality monitoring through a Louisiana-based Quality Specialist in Member Services. Our Quality Specialist will monitor and evaluate MSR performance to ensure and confirm accuracy and appropriateness of interactions with members or their representatives, confirm accuracy and completeness of call documentation, and identify training opportunities. Specifically, the Specialist will review a minimum of five recorded calls per month selected randomly for each MSR, more for newly hired staff, via an audit tool which is integrated with the Avaya System. The audit will survey customer service requirements such as:

- Professionalism and courtesy, including during call opening and closing
- Accuracy of information provided, including follow-up and documentation
- Efficiency and problem solving, including taking ownership of the call and providing first call resolution
- HIPAA and PHI compliance

- Outstanding caller interaction, including interactive listening skills, building rapport, cultural sensitivity and competence, and providing patience and empathy.

DHWL will submit our call center audit quality criteria and protocols to DHH for review and approval at the Readiness Review and for annual approval thereafter.

The Director and MSRs will receive audit results weekly. Monthly, the Director will review the audit results with each MSR as a performance report card. This industry *best practice* as cited by the Call Center Optimization Forum compares individual performance to predefined performance goals, including number of calls handled, documentation, and attendance. Performance correction may include coaching, retraining, or a Performance Improvement Plan. Lack of HIPAA verification on a call is an automatic fail requiring immediate retraining and monitoring within 24 hours. We archive calls for one year so we can incorporate "live" call examples into our training programs as well as investigate and address a caller complaint.

Supervisors also may audit calls in real time through silent monitoring built in to our telephone system. This is especially important, for instance, if we observe an MSR on a call of long duration or complexity, such as arranging for urgent care for a member traveling outside of Louisiana. Supervisors may listen to the interaction silently or coach the MSR through the call by using our integrated Instant Messaging feature, without disrupting the call flow.

o Monitoring process for ensuring adherence to performance standards;

Performance Standards

DHWL will require and monitor that our call center answers 95% of calls within 30 seconds by an MSR or through the IVR options; with an abandonment rate of no more than 5%; and with no caller receiving a busy signal. We will maintain an average hold time of three minutes or less as defined by DHH and do not impose maximum call duration times. We will provide ongoing quality assurance to ensure these standards are met. DHWL will report on all metrics as required by DHH and develop call center policies and procedures that address staffing, personnel, hours of operation, access and response standards, and all other DHH requirements, and provide them to DHH for written approval prior to implementation of the policies, including a capability to track and report information on each call. We will have the capability to produce an electronic record to document a synopsis of all calls.

Dental Health & Wellness of Louisiana will ensure that no caller receives a busy signal

Ensuring Adherence to Performance Standards

Both our parent company, Centene, through its affiliated health and behavioral health plans, and our partner Scion Dental have extensive experience in maintaining high call center performance standards. Our Louisiana affiliate health plan, Louisiana HealthCare Connections, met or surpassed DHH's standards for Bayou Health participating plans in 2013 with no fewer than 90% of calls answered by staff within 30 seconds. Our largest affiliate Medicaid plan, Superior Health Plan in Texas, maintained an average speed of answer under 22 seconds with an abandonment rate of less than 2% in 2013. (See our response to *Section K2* for the full call center report.)

Our partner Scion Dental maintains equally impressive metrics for Medicaid members in its Dental Call Center. In 2013, Scion Dental Call Center answered calls from its largest Medicaid population with an average speed of answer of 10 seconds, an abandonment rate under one percent, and an average hold time (measured as the amount of time on hold during a call with the MSR while, for example, the MSR

investigates an authorization status with a provider on a separate call) of 116 seconds, all showing better performance than DHH requirements.

DHWL's systems will ensure that no caller receives a busy signal, has a time limit, goes unanswered, or drops into a voice mail box during regular business hours. Our MSRs will take the time it requires to answer a member's inquiry promptly and accurately.

In daily call center operations, our Director, or Team Leads when appropriate, will monitor queues and call distribution, call duration and MSR metrics via real-time, on screen call queue and call distribution monitoring tools built into the Avaya System to determine appropriate call coverage. Staffing adjustments are made based on real-time need; for example, if the Director detects an increase in call volume or average duration, we will adjust scheduling, identifying any available MSR to ensure coverage of calls and maintain DHH service levels.

For unexpected situations of short duration, the Director and the Quality Specialist will answer calls from the Avaya system at their desks. Staff also can log into the distribution from a remote location, such as home, and take overflow calls seamlessly. For additional coverage and to cover during staff trainings or other expected events, our Provider Services Representatives (PSRs), who staff our provider calls, will be fully cross-trained in all aspects of providing member services and have the same telephone technology and desk-top tools as MSRs .We will analyze phone statistics, call traffic, and call trends based on half hour increments within the workday, day of the week, or timeframes within the month (beginning, mid or end) to ensure staff schedules are in sync with peak call times.

To provide complete coverage for unexpected situations, such as staff illness or unexpected attrition, DHWL's partner Scion Dental will answer calls from DHWL members at its call center in Wisconsin. Scion Dental's experienced managers and MSRs, who take calls from Medicaid members in 14 states daily, will have the same training and Enterprise technology platform as our call center. This additional assistance will provide our members with personal, accurate service under any circumstance and support expanding customer service needs, maintaining DHH performance standards.

Maintaining Performance during Operation or Critical Business Function Failures. In the event of an operation emergency or crisis, or during a serious weather-related event, DHWL seeks to meet or exceed DHH guidelines for restoration of normal business operations. DHWL will train our MSRs on our Emergency Management Plan and to answer member questions on emergency preparation, local Parish Office of Emergency Preparedness contact information, and information specific to a particular declared emergency event. In the rare event the office needs to close for an emergency, DHWL will immediately redirect all calls to Scion Dental's call center, where trained and experienced MSRs will handle all inquiries using the same desktop tools as DHWL staff to ensure members do not experience a disruption in service. DHWL will develop a contingency plan to address overflow calls and emails and to maintain DHH call center access standards during situations such as staff illnesses, vacations and emergency and will maintain call performance levels in situations such as natural disasters. Our Emergency Management Plan is further described in *Section L.*

Maintaining Performance Standards during Implementation

Based on the experience of our affiliate plans, DHWL will recruit and hire staff immediately upon contract award and train staff prior to the mailing of Welcome Packets. We also will increase call center staffing by as much as 20% during implementation to accommodate increased call volume and account for expected longer call durations required to explain the new program. Using call center data, performance standards and information categorized during calls, DHWL will identify, track, resolve and communicate issues and risks that could impact successful implementation of the DBMP. For example, key DHWL staff will conduct daily check-in meetings with support and call center staff and subject

matter experts to determine and resolve issues. Key DHWL, Scion Dental and Centene corporate leadership and staff will hold weekly meetings throughout the implementation process.

Performance Reporting

DHWL will provide call center performance reports to DHH within the timeframes and specifications required. In addition, DHWL leadership will receive call center performance reports monthly noting operational achievements and challenges. These reports will be used by internal constituents, such as our Quality Improvement Committee, as needed. We will summarize our daily call performance reports and post daily and monthly cumulative performance within the department for the staff to view.

o 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

One Call – Many Solutions

Our experience shows that, when members reach out for assistance with oral health needs, they often discuss other concerns or issues. When MSRs identify a member's needs that fall outside the DBMP, but that we have identified as being provided or accessed through state, parish, city, health plan or other organizations, MSRs will assist members in reaching the appropriate customer service line or organization. MSRs will have Resource Guides with commonly requested information, such as food banks, shelters, WIC locations and other community-based support systems. MSRs will assist the member with making the call in a three-way warm-transfer, as needed, while the member is on the line or provide the information for the member to follow-up.

We will train our MSRs to warm-transfer members to the appropriate member services representative at each Bayou Health participating managed care organization, as designated by each health plan. We will encourage the plans to use three-way warm transfers for their members when referring them to DHWL for service. Through our proposed Bayou Health Joint Operating Committee, we will discuss methods of more complete and seamless integration of each member's physical and oral health education, for example through website links between the plans' and DHWL's member portals.

o After hours procedures.

When members call DHWL after hours, our automated call attendant system will prompt them to select if their preferred language is not English. The system will provide

- Information on what to do in the case of a dental emergency
- DHWL's business hours during which a representative will answer the call
- Self-service features to
    - Obtain eligibility verification
    - Obtain address and phone of the member's PCD
    - Obtain address and phone of any provider in our network

Members also may leave a voicemail message requesting call-back. During the voicemail, the member can specify a date, time and phone number for the return call, to make the call-back most convenient

for the member. MSRs will return all calls as instructed or, if no call-back time is specified, on the next business day.

24/7 Member Portal. Members may contact us after hours via DHWL's Member Portal to access a number of self-service features including:

- Research benefits, claims and provider information
- Request a new PCD
- Find information about covered dental services
- Find how to contact Member Services including phone number and an email address
- Find information about local providers and office locations
- Find information about filing complaints and appeals
- Obtain a Member Handbook, educational materials, tip sheets and links to other websites with oral health and oral disease prevention information.

Members also may submit inquiries online via secure email and receive a response within two business days of receipt. More detail about our Member Web Portal is *in Section J.4.*

K.2 MEMBER HOTLINE TELEPHONE REPORTS

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.

As of January 1, 2013, our affiliate in Texas, Superior HealthPlan has the largest Medicaid and CHIP enrollment, which includes over 930,000 Members. Superior operates Call Centers in San Antonio and El Paso, Texas that accept member hotline calls. The membership includes Medicaid TANF and CHIP members (primarily children and pregnant women), Medicaid foster care children and Medicaid Aged, Blind, and Disabled members (primarily adults, including dually eligible members).

The Texas Health and Human Services Commission (HHSC) measures call center performance on a quarterly basis. Our Texas affiliate surpassed the state's performance requirements in all four quarters. HHSC standards provide that at least 80% of calls must be answered by call center staff within 30 seconds, measured from the time the call is placed in queue after selecting an option, and the call abandonment rate is 7% or less. The Texas data for call volume, average speed of answer, and abandonment rate can be found on the following page in ***Table K.2 Member Hotline Telephone Reports***.

Our Louisiana affiliate health plan, Louisiana HealthCare Connections, has a performance requirement that 90% of calls be answered by call center staff within 30 seconds, which is measured from the time the call is placed in queue after the caller selects an option. In the last calendar year, the health plan met or surpassed the state's standard with no less than a 90% rate for both Member and Provider Services.

If for any reason DHWL does not meet our performance standards during a given month, we will immediately identify the root cause and address the issue with the appropriate staff or through process or technology enhancements.

Table K.2 Member Hotline Telephone Reports

REDACTED

K.3 MEMBER SERVICES REPRESENTATIVE PROCEDURES

Describe the procedures a Member Services representative will follow to respond to the following situations:
o A Member has received a bill for payment of covered services from a network provider or out-of-network provider;
o A Member is unable to reach his/her a provider within the network after normal business hours;
o A Member is having difficulty scheduling an appointment for preventive care with her primary care dentist; and
o A Member becomes ill while traveling outside of the state.

Dental Health & Wellness of Louisiana's (DHWL's) Member Services Representatives (MSRs) who answer our toll free member telephone number will receive comprehensive training that emphasizes what services are covered under the Dental Benefit Managed Program (DBMP). DHWL providers will be instructed not to bill members for covered services in training sessions and in the Provider Handbook. To enable MSRs to handle a variety of member inquiries from initiation through resolution, we will cross-train our MSRs in all provider services procedures, such as for claims and authorizations, eliminating the need to route the caller for service. The procedures an MSR will follow if a member reports receiving a bill for covered services follow.

1. If a member contacts Member Services after **receiving a bill for payment of covered services from a network provider**, the MSR will obtain all relevant information from the member for the service in question and will review the member's claim history through our Enterprise Customer Service Module, our plan-wide member and provider service inquiry and data management application, to determine if the provider has submitted a claim to DHWL for the services. The MSR will explain to the member that they should not pay the bill, and that the MSR will contact the provider on the member's behalf to resolve the matter and re-contact the member with the resolution.

- <u>If the claim has been received and paid</u> (or denied appropriately), the MSR will reach out to the provider's billing staff to explain that billing the member is not allowed and must be discontinued. If the provider staff maintain that the member should be billed, the MSR will escalate the case to Network Development staff, who will contact the provider to assess the situation and determine whether additional action needs to be taken.
- <u>If no claim has been received</u>, the MSR will contact the provider's office and verify that the service was provided, offer education on basic claims submission requirements, and emphasize that requests for payment for covered dental services must not be sent to members.

In all cases, the MSR will inform the member that if another bill is received for this service, the member should not pay it and should re-contact the DHWL call center. **If the billing issue is not resolved to the satisfaction of the member**, the MSR will advise the member of the right to file a complaint and explain the process involved. If necessary, the MSR will warm-transfer the member to our Appeal and Grievance Coordinator. The MSR will document all inbound and outbound member and provider calls and resolution in the Enterprise Customer Service Module, along with any follow-up dates for action.

Member Services will monitor **patterns of non-compliance with billing procedures.** Should we detect that a network provider is billing inappropriately for covered services repeatedly, the Director will notify our Louisiana-based Network Development staff, who will attempt to determine the cause to ensure that it does not continue and will schedule an appointment to educate the provider and the office staff on billing. Based on our experience, DHWL understands that in-person education and training are the most effective methods of ensuring providers understand critical information.

2. If a member contacts Member Services after receiving **a bill for payment from an out of network provider,** the MSR will obtain all relevant information from the member, first inquiring as to whether

the service was for an emergent issue. If the care was emergent, the MSR will review the member's claim history through our Enterprise Customer Service Module to determine if the provider has submitted a claim**.**

- For a claim that has been paid, the MSR will counsel the member not to pay the bill and, if another bill is received for this service, not to pay any subsequent bill but to re-contact the DHWL call center. The MSR will contact the provider to explain that the member should not be billed for this service.
- If no claim was received, the MSR will counsel the member not to pay the bill and request a copy of the bill from the member. The MSR will contact the out of network provider, first by phone and then, if necessary, by mail, and provide all needed information for the claim to be filed with DHWL, including information for retrospective review.
- If the bill is for a claim that was denied by DHWL as being non-emergent, the MSR will counsel the member on the member's responsibility to access network providers for covered non-emergent services. In some cases, based on the circumstances surrounding the receipt of services, DHWL will contact the out-of-network provider about becoming a contracted provider or signing a single case agreement and, if negotiations are successful, DHWL will pay for the service delivered to the member retroactively.

In all cases, the MSR will keep the member informed on the progress of the discussion with the provider and on resolution. The MSR will document all inbound and outbound member and provider calls and resolution in the Enterprise Customer Service Module, along with any follow-up dates for action. **If the billing issue is not resolved to the satisfaction of the member**, the MSR will advise the member of the right to file a complaint and explain the process involved. If necessary, the MSR will warm-transfer the member to our Appeal and Grievance Coordinator. We will respond to a member inquiry regarding billing or any other issue left as a voice message after hours within one business day of receipt, and all inquiries via secure email within two business days.

3. We will respond within one business day to a member who contacts us via voice mail message after hours regarding a bill received for covered services, and to a member's secure email within two business days. Subsequent action steps are the same as described above on the member's behalf.

o A Member is unable to reach his/her a provider within the network after normal business hours;

When a member calls DHWL to report a problem with contacting his or her primary care dentist (PCD), the following procedures are employed:

1. The MSR will determine if the situation is **an emergency**. If the matter appears emergent, such as severe bleeding, the MSR will direct the member to the nearest emergency facility or assist the member in contacting 911.

2. If the matter appears **urgent,** such as a broken tooth, the MSR will instruct the member to seek an appointment for urgent treatment.

- **If the member's main dental office is closed**, the MSR will refer the member to a suitable substitute network provider location. The MSR will establish a three-way call with the substitute provider location to introduce the member. If needed, the MSR also will explain the situation to the provider's staff and assist in scheduling an urgent appointment.
- **If no suitable substitute network provider can be found** within contractual access standards, the MSR immediately will work with Network Development staff to locate an out of network provider to take the urgent case. The MSR will maintain contact with the member and provide the member with all referral assistance.

3. If the matter appears to be **neither emergent nor urgent**, the MSR will ask if the member needs to reach the PCD and will provide the correct contact information, including office hours, in case the member has any confusion about the PCD's availability. The MSR will encourage the member to contact the provider directly during the provider's next available business hour. The MSR may assist the member in scheduling an appointment with the provider, if needed.

4. If the member wishes to change to a PCD with office hours more convenient for the member, the MSR will assist the member in finding a new provider close to the member's location, re-assign the member to the new PCD in the Enterprise Customer Service Module, and provide the member with all the needed information to schedule an appointment. The MSR may assist the member in scheduling an appointment with the new provider, as needed.

5. If **a member contacts DHWL's Member Services Department after business hours**, our automated Interactive Voice Response (IVR) system will answer the call.

- The IVR immediately instructs the caller to **contact 911 in case of any emergency**. If the situation is urgent, a member may obtain contact information on all available provider s in the DHWL network from which the member can receive urgent service through the self-service features in the IVR. As with any urgently needed care, any required authorizations for the service will be handled on a retrospective basis upon submission by the provider.
- The member also has the option of leaving a **voicemail message**, and our MSR will return the call on the next business day, when the MSR will provide assistance as outlined above.

o A Member is having difficulty scheduling an appointment for preventive care with her primary care dentist; and

1. If a member is having difficulty scheduling an appointment for preventive care with her PCD, the MSR will work with the provider to ensure the **required timeframe of six weeks for preventive non-urgent appointments** is met.

- The MSR will contact the PCD's office to **ensure that the office has not misunderstood** the member's request. We find that dental office staff sometimes misunderstand or do not have a member's plan information; with the correct information, the PCD's office often is willing to create an appointment for the member within the required timeframe.
- In cases where the PCD staff report being unable to schedule an appointment within required waiting time limits, the MSR will advise the provider's staff of the contractually mandated acceptable waiting time limits per plan guidelines and attempt to gain agreement from the PCD staff on providing the member with an appointment within the required timeframe. The MSR will report the resolution to the member and, if necessary, will conduct a three-way call with the member and the provider's office staff to assist in establishing the appointment.

2. If the PCD remains unable to schedule an appointment within the required timeframe, the MSR will request **a referral to a colleague within the Dental Home Practice**, if one is available. The MSR will advise the member that her PCD cannot accommodate an appointment and has referred her to another PCD at the same location. If the member agrees, the MSR will provide the member with all the information needed to schedule an appointment with the colleague in the same practice or, if necessary, facilitate the appointment scheduling.

3. If the provider location does not have an open appointment time available within the required timeframe or if the member does not agree to the referral, the MSR will reach out to **other in-network providers** within a reasonable distance for an available appointment. If the member agrees, the MSR

will provide her with all the information necessary to schedule the appointment with a different provider, or, if necessary, provide direct scheduling assistance in a three-way call with the member.

4. **If the MSR determines that the member's PCD is not complying with DHH and DHWL's access and availability standards**, the MSR will document the call in our Enterprise Customer Relations Module and alert Network Development staff. We train and remind our dental providers of the standards and expect them to make accommodations for members who request appointments within the standards. If we determine there is an issue of non-compliance, Network Development staff will promptly follow up with education for the PCD's office staff on appointment availability standards, and in some instances, offer technical assistance on scheduling practices that help improve compliance with appointment standards. Network Development will coordinate with our Compliance Department to determine if a corrective action plan is necessary, and whether to refer the PCD to the Credentialing Committee for review and possible consideration of discontinued network status.

o A Member becomes ill while traveling outside of the state.

1. If a member calls requiring **emergency service**, the member will be advised to contact 911 or go to the nearest emergency facility. Our training for MSRs includes how to assist a member in an emergency and MSRs will offer assistance, if needed. We will advise the member that emergency services are covered and do not require prior authorization.

2. If the member requires **urgent care**, such as for a child who has experienced an accident or fall and has knocked out a tooth, the member will be advised to seek immediate care.

- The MSR first will determine **if the member has selected a provider** near his or her current location; if so, the MSR will obtain that provider's name and location and notify our Network Development staff. Network Development will reach out to the provider to make an arrangement for the member to be seen urgently. The MSR will maintain contact with the member, informing her that DHWL has made arrangements for the care.
- **If the member has not selected a provider**, Network Development will reach out to a provider close to the member's location who offers the needed service and make an arrangement for the member to obtain care. If the member is traveling in an area where Dental Health & Wellness has an established network of credentialed providers, we will locate a network provider who meets the member's dental needs and location. In every case, our MSRs and Network Development staff work closely, keeping the member informed during the process and providing to the member all information necessary to receive timely care.

In these cases, the MSR will encourage the member to seek any necessary follow-up care with his or her own PCD upon returning home.

3. If no in-network provider is available and the dental service required is **not urgent or emergent**, the MSR will advise the member to wait until he or she is within an acceptable distance to an in-network provider before receiving care.

K.4 ENSURING CULTURAL COMPLIANCE

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.

Introduction

Cultural Competency Experience and Expertise. Dental Health & Wellness of Louisiana (DHWL), with its parent company, Centene Corporation, more than 28 years' experience in full-risk Medicaid coordinated care. Centene companies provide the total spectrum of culturally competent healthcare solutions to Medicaid members, and looks forward providing culturally competent dental care to Louisiana.

One of Centene's seven governing Core Values, which applies to all its subsidiaries including DHWL, is **"Diversity of People, Cultures and Ideas."**

Centene is proud that our commitment to diversity is widely recognized. Recent recognitions include the "CBC Health Braintrust Fall 2013 Corporate Leadership Award" an award from the **Congressional Black Caucus**, recognizing Centene Corporation for its significant contributions to reducing racial and ethnic, geographic and other health disparities, and for assuming a leadership role in efforts to achieve health equity.

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In 2012 were honored by the **National Urban League** with their first ever ""Health Innovator Award", recognizes Centene's leadership in building healthier and stronger communities by designing health initiatives that improve the quality of life for millions of individuals who receive health services through the Medicaid program – including pregnant women and young babies, children, individuals with disabilities and those with multiple, chronic health conditions.

We are also proud of our **designation of Centene by the Starkloff Disability Institute as a Role Model Company**, and the **2010 Corporate Achievement and Image Award from the National Black Caucus of State Legislators** (NBCSL). Centene earned the Starkloff designation by working with the Institute to train and educate decision makers and companies regarding disability diversity in the employment setting. The Institute is dedicated to helping people with disabilities participate fully and equally in all aspects of society.

The 2010 Corporate Achievement and Image Award from NBCSL is presented to individuals and corporations working closely with African American legislators to address key issues affecting the African American community, including access to health care and health disparities. Centene was honored for assisting NBCSL in its networking activities with members and advocates. NBCSL represents more than 600 African American state legislators from 42 states, the District of Columbia and the Virgin Islands.

Serving Louisiana Members. Through the experience of our affiliate health plan, Louisiana Healthcare Connections, DHWL knows that the major ethnic cultures we will serve besides Caucasian are African American and Hispanic. In addition to the growing Vietnamese population, we anticipate serving members of Native American, Cajun, Chinese, and Haitian Creole heritage. As one of the most prevalent conditions among members, poverty has a profound impact on attitudes about care and often limits members' ability to access care. DHWL recognizes that cultural competence is a critical factor in engaging members in their care and providing services that meet their individual needs. As described

below, we will ensure that services are provided in a culturally competent manner by addressing cultural competence within both DHWL and our provider network.

Overview

In this response we will address the following issues in describing how DHWL will provide culturally competent services:

- CLAS Standards and DHWL Cultural Competency Infrastructure
- Staff Hiring and Training
- Language Access Services
- Eliminating Ethnic and Other Disparities in Care
- Community Involvement
- Culturally Competent Service Delivery By Providers
- Subcontractors

DHWL Cultural Competency Infrastructure

Stakeholder Input and Feedback Structures. DHWL will obtain input and feedback on evaluating and means for ensuring culturally competent service delivery, largely through our **Community Advisory Group, Quality Improvement Committee, and the Bayou Health Joint Operating Committee**. Our Community Advisory Committee, which consists of both members and community advocates and stakeholders, will provide input on draft member and other materials, performance statistics, proposed intervention strategies along with evaluation of their effectiveness, member satisfaction survey results, and community-based outreach and collaboration initiatives. Our Quality Improvement Committee will seek the input of the provider community around ways to increase culturally competent care. Our proposed Bayou Health Joint Operating Committee will bring together DHWL leadership with representatives from the Bayou Health Managed Care Organizations. This committee will encourage collaboration and explore ways to best serve the total healthcare needs of Bayou Health Membership.

DHWL will include providers on the QIC and other appropriate committees and will analyze ethnic and other disparities in utilization and quality of services. We also will solicit individual provider feedback during provider training sessions and field visits. All DHWL committees will seek the participation of providers of all ethnicities, including those most prevalent ethnicities; African-American, Hispanic, Vietnamese.

Cultural Competency Plan. The DHWL Cultural Competency Plan will address the current CLAS Standards and in particular the following elements:

- Staff and provider training
- Member access to interpreters including for persons with hearing impairment
- In-person and telephone communication standards
- Written materials in multiple languages and alternative formats
- Community collaboration
- Cultural competency regarding, at a minimum, ethnicity, gender, cultural background, poverty or low income status, religion, sexual orientation, member beliefs, interpersonal communication styles, and physical and behavioral health disabilities

Monitoring DHWL Cultural Competency. DHWL will monitor our provider network services and the sufficiency of resources to address related issues, and reporting to the QIC. The QIC will monitor metrics and activities such as:

- Utilization of telephonic interpretation services, including which non-English languages members request; utilization of TDD and Louisiana Relay services for members with hearing impairment
- Utilization of in-person interpreter services, including requested spoken languages and American Sign Language
- Member and provider complaints related to cultural competency
- Member and provider satisfaction surveys
- Progress on Cultural Competency Plan initiatives

Centene Cultural Competency Committee. Centene maintains a national Cultural Competency Committee that meets biannually and includes representatives from all Centene health plans and specialty companies. The Committee facilitates sharing of cultural competency strategies and best practices across plans for activities such as provider education and linguistic services. DHWL's Cultural Competency Officer will represent DHWL at Centene Cultural Competency Committee meetings.

Staff Hiring and Training

Hiring. DHWL is proud to be based in Louisiana. We look forward to hiring from the community not only for the Louisiana DBMP, but to staff our headquarters for all of our dental plans, administering benefits to 1.5 million people outside of the state. Through the experience of our affiliated health plan Louisiana Healthcare Connections, we know that we will fill DHWL staff positions with a competent and diverse workforce that provides excellent service to our membership. DHWL will emulate the best practice of other Centene health plans by recruiting and hiring local staff who reflect the diversity of our member demographics. For example:

We look forward to hiring from the community. Not only for the Louisiana DBMP, but to staff our headquarters for all of our dental plans, administering benefits to 1.5 million people outside of the state.

State / Health Plan	African-American	Hispanic	Other
Louisiana- Louisiana Healthcare Connections	60%	1%	39%
Georgia – Peach State Health Plan	71%	6%	23%
Mississippi – Magnolia Health Plan	64%	1%	35%
South Carolina – Absolute Total Care	50%	10%	40%
Texas – Superior HealthPlan	12%	54%	34%

It is our experience, particularly for staff with member contact, hiring from the local area helps ensure

that staff have a personal familiarity with the region, cultural norms, and how people access care, which helps foster the trust needed for effective member communication and education. The experience of our affiliates is that influencing member behavior and providing oral health education are most successful when members feel they are talking with a person with whom they have something in common. DHWL also will identify and use minority professional organizations such as Minority Professional Network and the Urban League to help recruit a diverse workforce.

Staff Training and Resources. DHWL will require all staff, regardless of role or responsibility, to complete our **Cultural Competency Training Program upon hire, and at least annually thereafter.** We also will require **biannual refresher training for staff with member contact**. Our initial training will focus on the impact of culture on health care decisions, the employee's own culture and potential biases, including ethnicity and gender, the impact of poverty on health, resources for members with disabilities, and linguistic barriers and resources for members with Limited English Proficiency (LEP) or low literacy.

All customer facing DHWL staff and Provider Relations staff will be based in Louisiana.

All DHWL staff will have access to **Centene's Cultural Diversity Database**, which provides information on more than 20 different races or ethnicities. The database includes information on specific diseases or conditions for which a particular group is at higher risk and identifies cultural habits, beliefs, and traditions that may influence a person's health care practices.

Language Access Services

Member Materials. DHWL member materials will be written at or below a 6th grade reading level in People First Language, and in accordance with DHH's Person First Policy. Our Member Handbook, and other member materials will be available in English, and other required languages, and any languages which DHH may deem necessary. The DHWL Member Portal contains information written in these languages and includes a variety of member education materials. DHWL will identify languages used by network providers, including American Sign Language, and the hardcopy and online Provider Directory will list which non-English languages are used by each provider. DHWL member materials will comply with all DHH requirements.

Translation. DHWL will use certified professional translators for translation of all member materials. When we use health education material produced by other entities, including subcontractors, we will review for grade level comprehension and sensitivity to the diversity of membership. The Community Outreach Coordinator will coordinate this review process.

Cultural Appropriateness. We will customize our member educational materials to ensure that they are geared toward the ethnicities within our membership and are consistent with member cultures and local idioms. As all of our staff that interacts with members are from Louisiana, and reflect the community, we will rely on the input of our employees to help make material culturally appropriate. Materials with pictures will include appropriate representation of minority populations and, when applicable, will include information about race or ethnicity-related risk factors.

Disability Related Access to Materials on the Member Portal. DHWL's Member Portal will be designed and maintained to be used by persons with vision or other impairment.

Language Interpretation Services. DHWL will load any preferred language information into our Enterprise System, and upon communication, staff will determine or verify members' preferred language and document it in the Enterprise System. This helps us, for example, assist members in selecting a PCD who speaks their preferred language. DHWL will provide linguistic access for members whose primary language is not English or who are hearing impaired.

Telephonic Access to DHW. DHWL call center will be staffed locally. When a member calls, they will interact with member services representatives who know the local landscape. Local staff are best prepared to recognize and respond appropriately to the rich variety of dialects represented across the State of Louisiana. We also will seek to include staff who are bilingual relative to the representation of speakers within the general population. Members always will be able to converse with DHWL staff by phone in members' preferred language, through professional translators with our interpretation vendor, which provides translators for more than 200 languages.

In-Person Interpretation Services. DHWL will provide oral interpreter and sign language services free of charge to members receiving covered services to ensure effective communication on treatment, medical history, and health education. For member appointments with providers, we will strive to ensure availability of certified medical interpreters. DHWL will educate providers on these services and how to use interpreter agencies. We will emphasize use of professional interpreters, and not using family members, especially children, in part because impartiality is critical, such as in assessments, therapy, and treatment.

We also will educate members about interpretation services and how to obtain them, through the new member Welcome Packet and Member Portal. We will maintain a list of certified interpreters who provide services on an as-needed basis, when members or providers request services.

Linguistically and Culturally Appropriate Community Resources. DHWL will facilitate member access to linguistically and culturally appropriate community health and social service resources for non-covered services. Our Member Services and Member Connections Representatives will provide referrals to such resources at community events and when interacting with members, for example educating members on how to use the 211 Information and Referral line, particularly in the event of natural disasters. This resource provides information around a variety of issues, including food, housing, employment and counseling.

Culturally Competent Service Delivery by Providers

DHWL will provide culturally competent care by maintaining an ethnically diverse network of providers of both genders, providing ongoing cultural competence education to network participants, and monitor to ensure culturally competent service delivery. DHWL will strive to provide a network that demographically reflects our membership.

Strategies to Recruit a Diverse Network. DHWL prioritizes recruiting STPs because they tend to be ethnically diverse, and they already serve prospective members and understand their needs. In addition, STP demographic profiles match member demographic profiles more closely than do non-STP demographic profiles.

Once a network is operational, we have found that network providers themselves often are the best source for identifying diverse providers and recommending to their peers that they contract with the plan.

Strategies for Retaining Diverse Providers. DHWL recognizes the importance and value of strong doctor-patient relationships. A primary DHWL strategy for maintaining a culturally diverse network is

supporting dentists in the coordination of their patient's care, paying them on time, and making administrative procedures as simple and provider-friendly as possible. Because Medicaid rates are lower than commercial rates, prompt payment and smooth preauthorization and other procedures are especially important in helping STPs efficiently manage their practices.

DHWL will methodically solicit and use STP input on ways to improve delivery of care and administrative processes, and we will encourage participation by ethnically diverse providers, both female and male, on committees such as the Credentialing, Utilization Management, and Quality Improvement Committees. In addition, provider (and member) satisfaction surveys will include questions relating to linguistic access and cultural issues.

Contract Requirements and Provider Education. DHWL provider contracts require compliance with DHH and DHWL non-discrimination and cultural competency requirements, such as timely use of professional interpreter services and meeting access requirements under the Americans with Disabilities Act accommodate members with disabilities.

Training Processes, Content, and Materials. We will offer cultural competency training to providers and their office staff, through regional group sessions and webinars free-of-charge. During new provider orientation and ongoing training, DHWL will offer information on the CLAS standards and encourage providers to implement applicable CLAS standards that are not already mandatory within their own practices. We will be alert to the need for specialized training. We will provide written cultural competency materials on policies, procedures, and recommended practices during in-person and web-based trainings in our Provider Manual and Newsletters, and on our Provider Portal online.

Collaborative Training with Provider Organizations. DHWL will collaborate with key provider organizations and practitioners to customize, develop, and deliver provider education that meets network providers' needs.

Provider Monitoring and Support. We monitor complaints for trends around cultural competency. Should a trend be identified, we may provide training, and work with them to develop a corrective action plan (CAP), and monitor for improved performance. Although failure to improve could lead to contract termination, it is our experience that providers generally recognize the benefits to them and their patients of providing linguistically and culturally competent services and most are cooperative in implementing related practices and procedures.

Practice Support. DHWL believes in a "boots on the ground" approach to provider relations. Our provider service representatives are local and available to assist with any practice support needed, solving needs of providers, and often time troubleshooting member and provider disputes. Through in-person visits as well as calls to our provider call center, locally based Provider Relations staff will monitor provider satisfaction with their interaction with patients. For example, if providers express frustration with missed appointments and non-compliance with treatment plans, staff will troubleshoot and offer help, such as having DHWL staff contact members who repeatedly miss appointments to address barriers such as lack of transportation or childcare. This practice support can only be provided by local staff. Provider Relations staff also will educate providers on how DHWL staff can support their practice such as by linking their patients with local culturally appropriate community resources.

Subcontractors

DHWL contractually requires subcontractors to maintain policies and programs that comply with our cultural competency requirements and ensure that services to members are linguistically and culturally competent. The staff of all Centene affiliate subcontractors must complete Centene's initial and annual

cultural competency training. We also require subcontractor participation in community outreach activities for cultural minorities. We provide subcontractors our Cultural Competency Plan and post it together with related policies and procedures on our Provider Portal.

For our subcontractor, Scion Dental, DHWL will provide oversight of to ensure compliance with all DHH and DHWL requirements. Oversight will occur through quarterly meetings and annual delegation oversight audits. At meetings, committee participants will analyze standardized performance reports, member and provider complaints, and other key data and act on them to promote compliance and continuous quality improvement in DHWL service delivery.

K.5 ENSURING COVERED SERVICES TO MEMBERS WITH LIMITED ENGLISH PROFICIENCY

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.

DHH Requirements

Dental Health & Wellness (DHWL) will make real-time interpretation services available, free of charge, to each member and potential member for all non-English languages. DHWL will notify members that oral interpretation is available for any language, and written information is available other languages upon request, and how to access these materials and services.

DHWL will ensure that translation services are provided for written marketing and member education materials for any language that is spoken as a primary language for more than five-percent of the population. Within 90 calendar days of notice from DHH, DHWL will translate and make available member materials in the DHH designated language. Materials will be available at no charge in that specific language to assure a reasonable chance for all members to understand how to access DHWL and network providers and use services appropriately as specified in 42 CFR §438.10(c) (4) and (5).

DHWL will comply with the Office of Minority Health, Department of Health and Human Services' Cultural and Linguistically Appropriate Services Guidelines, known as CLAS Standards. Standards 4-7 govern language access services.

In describing below how DHWL will fulfill these requirements we address the following topics:

- DHWL Staff Who Use Linguistic Services and Promote Members' Access to Them
- Language Assistance Services for Members with Limited English Proficiency (LEP)
- Language Assistance Services for Members with Hearing Impairment
- Written Materials for Members with LEP
- Quality Monitoring, Including Subcontractors

DHWL Staff Who Use Linguistic Access Services and Promote Members' Access to Them

DHWL staff with member contact include **Member Services Representatives (MSRs),** who communicate with members primarily by telephone, and **MemberConnections®** outreach staff, whose member contact is mainly in-person, interacting with members in the community. This staff will all be recruited locally and we will strive to hire staff who are bilingual in prevalent languages, and DHH designated languages. We will provide our staff extensive training on communication with members who have LEP or hearing impairment.

Provider Relations Specialists are field staff who conduct provider training sessions and one-on-one training to providers and their office staff. Provider Relations educate providers on DHWL language access services for members with LEP and hearing impairment and how DHWL supports provider/member communication through interpretation services.

Language Assistance Services for Members with LEP

DHWL Call Center. When members call DHWL's toll-free number, they will reach our self-service automated attendant that will immediately greet and prompt them to select their preferred language English, Spanish or Vietnamese. For members with physical, cognitive or communication impairment, DHWL will use a best practice "stay on the line" feature, which will direct callers automatically to a

Member Services Representative (MSR) if the caller cannot press phone keys or determine how to respond to the menu options – they will simply stay on the line for this feature to activate. Members will speak either with bilingual staff or a staff member who engages a translator from our interpretation vendor, which provides interpretation for over 200 spoken languages.

MSRs' interactions with our members will be monitored, with at least 5 calls per MSR per month being audited. Our audit program is integrated with our phone system, and records all call center phone interactions and retains a record of any applications that staff touch or use on their computer to resolve a call. We will use auditing to monitor and ensure that staff using translator services are providing members the same level of service as for calls in each MSR's primary language. We will similarly monitor calls involving bilingual staff. Our call audit criteria include evaluating the accuracy and effectiveness of the interaction, accuracy of call documentation, and cultural appropriateness.

Through the experience our affiliate Bayou Health Plan, Louisiana Healthcare Connections we know that a diverse local staff will be will be a significant resource in improving linguistic access. This approach has been helpful for serving members from neighborhoods such as Kenner, Terrytown, Mid-City, eastern New Orleans and central Metairie, where the rapidly growing Hispanic population is from a variety of Latin American countries that have different dialects. This is also helpful for the Vietnamese population in New Orleans, East Baton Rouge and Vermillion Parish.

Statewide and In-Person Services. DHWL will contract with interpretation agencies that provide in-person translation services for member appointments with providers, as well as telephonic services as needed. For member appointments with providers, we will strive to ensure availability of **certified medical interpreters**, with the same agency that also provides call center interpretation services. Upon contract award we will look to expand to include Louisiana based resources such as the local agency Multi-Language Solutions, Inc. We will maintain a list of certified interpreters who provide services on an as-needed basis, including for urgent and emergency care, when members or providers request services.

DHWL will **educate providers** on how to schedule interpreters for member appointments. We will encourage providers to notate members' language preference in a prominent way on their medical record and to take the initiative in scheduling a translator, rather than assuming that members will arrange for a translator by contacting the DHWL local call center. We will emphasize to providers that members should not use family and friends, and especially children, to interpret (except on specific request by the member, after knowing that no-cost translation is available).

DHWL staff who work with members also will **educate members** with LEP about the availability of and how to use of translation services, so they can take an active role in removing linguistic barriers to receiving timely services. As MSR's speak with members, they will verify each member's preferred language and enter it in the Enterprise system. The preferred language designation prompts call center staff to provide the type of member education that is most important and appropriate to each individual member with whom they speak. We also will educate members about interpretation services and how to obtain them through the Welcome Packet, Member Portal, and Member Newsletters.

Language Assistance Services for Members with Hearing Impairment

Telephonic Services. DHWL will use Louisiana Relay Service (Relay), the State's portal to the nationwide 711 relay to communicate with members with hearing impairment. To use the relay service, which is considered a best practice by persons with hearing impairment, members dial 711 to reach a Communications Assistant. The member then types in DHWL's toll-free call center number and the Communications Assistant connects the member and the DHWL staff person, and "relays" the discussion between the member and the DHWL representative. Training also will include use of Telecommunications Device for the Deaf (TDD) equipment (which is used less now with the advent of the Relay), and the Telebraille system (through Louisiana Relay), for members who are visually and hearing impaired. DHWL will engage a local community member who is hearing impaired to train our staff to use TDD equipment. Training by a person who is hearing impaired improves staff understanding of sign language conventions and etiquette distinctive to use of the equipment.

Louisiana Relay operates an Equipment Distribution Program to provide TDD equipment for individuals who cannot afford it. Call center and outreach staff will help members access this and other resources as needed. Currently, our affiliate plan members without TDD equipment, who do not qualify for a state equipment program, usually ask a family member or friend who can both speak and use sign language to call the plan and interpret for the member. Our affiliates have found, through both Consumer Assessment of Health Plan Providers and Systems (CAHPS) results, and feedback from their Member Advisory Councils, that many members with hearing impairment do not use electronic communication due to lack of equipment and lack of confidence and experience, such as in establishing an internet account. DHWL will provide information and community resource referrals to members with hearing impairment regarding equipment options and internet access. In addition, DHWL will educate providers on options for improving communication with members with hearing impairment.

In-Person Services. DHWL will arrange face-to-face American Sign Language interpretation services for members with hearing impairment at health care appointments in a manner similar to providing language translation for members with LEP. Provider Relations staff will educate providers on use of Louisiana Relay and encourage them to be proactive in using interpreter services for members with hearing impairment.

Written Materials for Members with LEP

DHWL will comply with requirements relating to all written member materials, regardless of the means of distribution, for example, printed, web, advertising, and direct mail.

Accountability for Compliance with Language Requirements. DHWL will submit complete final drafts of all written materials to DHH for approval using the DHH Marketing and Member Education Materials Approval Form. Before submission, DHWL's **Communications and Outreach coordinator and Compliance Officer** will review the materials for compliance with State and federal requirements including but not limited to required content, accuracy, no more than 6 grade reading level, cultural sensitivity including People First Language and the DHH Person First Policy, formatting standards, and quality of materials used for printing. The Communications and Outreach Coordinator will coordinate the review process, which includes review by management staff in our Member Services and Provider Services, and Quality Management Departments, as appropriate to the content and proposed use of the materials.

Readability and Member Comprehension. All DHWL member materials will be in a style and reading level that will accommodate the reading skills of members. The writing will be at no higher than a 6

grade level, as determined by the **Flesch Reading Ease and Flesch-Kincaid Grade Level Index**, taking into consideration the need to incorporate and explain certain technical or unfamiliar terms to assure accuracy.

When writing all member materials, we write the way a person talks: we use a friendly tone, active voice, common words, and short sentences, and we provide examples when words might be confusing. We will include appealing graphic elements and culturally relevant illustrations to reinforce narrative in member materials. In addition, we will ask participants from our Member Advisory Council and Community Advisory Committee to review proposed materials and provide feedback on issues such as readability, clarity, and confirming that the materials convey what is intended and are culturally sensitive to local norms and expectations.

Language Translation. DHWL will notify members that written information is available in other languages as required, and how to request it. On materials where this information is provided, including the Member Handbook, the notation will be written in these languages. For all member materials translation, DHWL will use certified professional translator services. DHWL also may engage local translators to translate or review certain materials.

Requests for Translation. We anticipate that most requests for translation (Requests) will be received by Member Services Representatives in our call center. Requests entered in the Enterprise System are relayed to Communications Department staff, who then order the specified materials, monitor timely production, and mail the materials to the member who submitted the Request. The Enterprise System is then updated to indicate the mailing, and DHWL will contact the member to verify receipt of the materials and answer any questions.

Content. The Communications and Outreach Coordinator will use checklists and related management tools to identify and assemble content requirements and guidelines for member written materials. The Manager will use such tools both early in development of new materials, and for the final review, to ensure that all required content is included. The Manager will include, at a minimum, all DHH standards, including the DHH Person First Policy and notice of the availability of real-time oral translation services. The Communications and Outreach Coordinator also ensures the accuracy of content for member written materials.

Written Materials for Provider Offices. DHWL will provide member education materials required languages to providers for their optional use in their waiting rooms and offices, in keeping with DHH requirements. Provider Relations Specialists will educate providers on appropriate use of these member materials and encourage providers to post their own office signage in these languages.

Quality Monitoring, Including Subcontractors

DHWL's Compliance Officer will monitor to ensure that covered services are provided in an appropriate manner to members with LEP and members with hearing impairment. Monitoring will include provision of covered services by DHWL subcontractors. The Compliance Officer will report the results of monitoring to the QIC, Chief Dental Officer, and Compliance Committee. The Compliance Officer will monitor metrics and activities such as:

- Utilization of telephonic interpretation services, including which non-English languages members request; utilization of TDD and Louisiana Relay services for members with hearing impairment
- Utilization of in-person interpreter services, including requested spoken languages and American Sign Language

- Member and provider complaints related to linguistic access
- Member and provider satisfaction surveys

The QIC will meet at least quarterly and will report. The QIC will include monitoring and evaluation of linguistic access in the annual Quality Assessment and Performance Improvement Workplan and Evaluation.

SECTION L: EMERGENCY MANAGEMENT PLAN

L.1 BUSINESS CONTINUITY PLAN

Describe your emergency response continuity of operations plan. Attach a copy of your plan or, at a minimum, summarize how your plan addresses the following aspects of pandemic preparedness and natural disaster recovery:
o Employee training;
o Identified essential business functions and key employees within your organization necessary to carry them out; Contingency plans for covering essential business functions in the event key employees are incapacitated or the primary workplace is unavailable;
o Communication with staff and suppliers when normal systems are unavailable;
o Specifically address your plans to ensure continuity of services to providers and members; and
o How your plan will be tested.

Dental Health & Wellness of Louisiana (DHWL) views Emergency Response and Business Continuity Planning (BCP) as an integral component of being a responsible employer, a responsive business partner, and a service-oriented organization. By ensuring that solid business continuity plans are created and maintained, combined with a series of tactical mitigation strategies that we have put in place to ensure resiliency in our organization, and finally socializing and exercising our plans with our employees and business partners on a routine basis, we are confident in our demonstrated ability to better withstand emergency events and even reduce potential negative impacts associated with those events.

Below we describe our approach to Emergency Response, Disaster Recovery, and Business Continuity and outline our proposed solutions to meet the service and resiliency requirements and needs of DHH and the state of Louisiana in the administration of their Dental Benefit Plan. We welcome the opportunity to collaborate with DHH and the state to find new ways of service, especially in times of emergency.

Comprehensive Approach to Emergency Management, Disaster Recovery, and Business Continuity

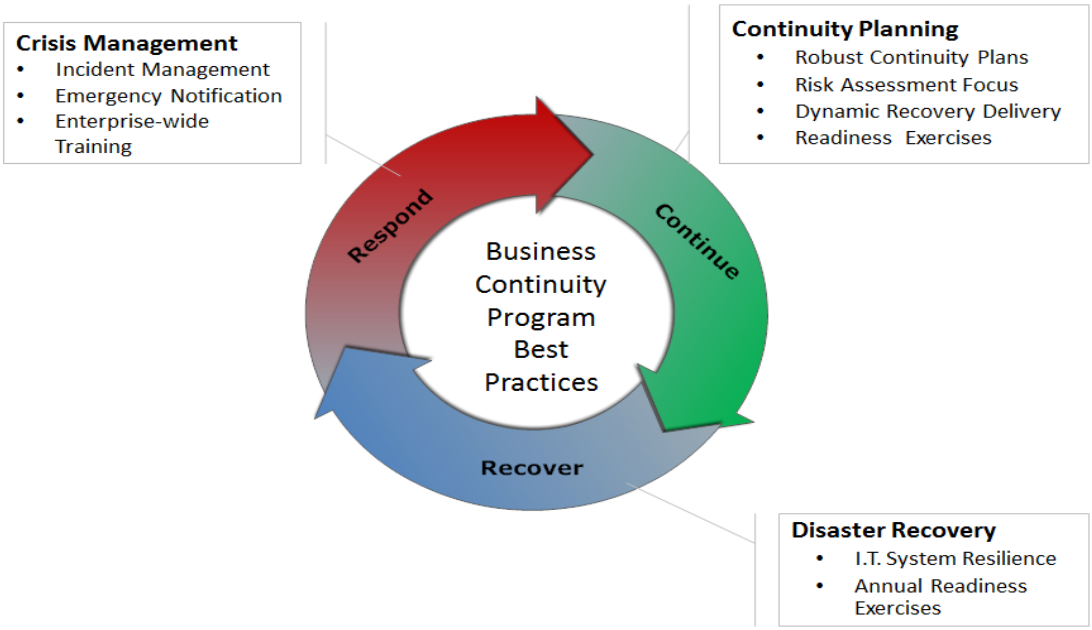
DHWL, along with Scion, will be responsible for the DHWL Emergency Response, Continuity of Operations, and Disaster Recovery Plans, which we collectively refer to as our BCP. We will tailor our BCP for the specific requirements of DHWL, DHH, and Louisiana to specify the actions DHWL and Scion will take to ensure ongoing provision of dental health services to our Louisiana members, ongoing coordination of service with our providers, and continuing responsibility to DHH in the event of an emergency/disaster, manmade emergency, or epidemic (pandemic). These emergencies include, but are not limited to, localized acts of nature (hurricane, flood, etc.), accidents, and technological and/or attack-related emergencies. A central tenet of our BCP is *proactive continuity management,* which is realized both by **anticipating** emergency events and by **managing** events that impact operations so they do not escalate into major crises. Our BCP is designed to:

- Protect the health and safety of all DHWL and Scion employees
- Ensure continuity of dental services to members and providers as appropriate
- Ensure essential business operations are restored in a timely manner
- Enable appropriate and prompt communication with staff, suppliers, DHH, etc.
- Minimize any adverse financial effects of a disaster
- Provide a proper work environment for displaced DHWL employees

- Provide a regularly tested business continuity system

DHWL and Scion Dental BCP components include activities that enable us to ***anticipate***, ***respond***, ***continue,*** and ***recover*** from emergency events, as outlined by the activities represented in our Best Practices graphic below (see Figure L.1-A).

Figure L.1-A: BCP Best Practices



Our BCP's clear communication and organizational protocols minimize any confusion and exposure to errors, omissions, and unnecessary duplication of effort. The ***overall result*** is the quickest response and recovery possible to an emergency event, with a rapid return to normal business operations.

Thoroughly Documented Plans Covering Essential Business Functions. DHWL and Scion know that preparation, information, communication, and relationships are key to successful BCP management. We maintain extensive documentation of targeted information on our BCP to ensure sufficient detail relative to the business area recovery and overall coordination of recovery efforts. All BCPs are regularly, and at minimum annually, updated to reflect the most current operational status and are made available via multiple methods to ensure availability. Finally, each member of the response team and all department managers must keep a hard copy of the respective area's BCP offsite to ensure easy accessibility, regardless of the particular emergency situation.

The table below shows the categories of our BCP documents with a brief description of each:

Centene-DHWL Business Continuity and Disaster Recovery Plan	
Documentation Categories	**Description**
Corporate Crisis Management Plan/ Emergency Response Procedures	Who, what, when, where, and how with respect to an organized and consolidated approach for response and recovery activities at our corporate location following any unplanned incident or systems interruption to data or telecommunications.
Local Plan Management Team/ Emergency Response Procedures	Details on considerations, assignments, and tasks necessary for Local Plan Management Teams to respond, declare, manage, and recover from an incident following any unplanned incident or systems interruption at their location. The plans detail the relationship, roles, and responsibilities for the local plan (e.g. DHWL) working with the Corporate Crisis Management Team (CCMT).
Business Unit Continuity Plans	Business Unit recovery plans detail the specific steps to be taken by the Business Unit teams after an incident has been declared. Plans detail the processes, tasks, contacts, vital records, workspace requirements, and alternate work locations as appropriate.
Pandemic Operations Plan	Procedures to recover the business following a disruption due to an epidemic or pandemic.
Employee Awareness & Training	Annual Business Continuity Plan refresh including a plan walk-through and scenario exercises. Please reference the Training Section below for more information.
Disaster / System Recovery Plan	Proactive mitigation through our business partner, Scion Dental: procedures (outline of detailed steps) and prioritization to recover Information Technology infrastructure, data, systems, services, and tools needed by DHWL and its members and providers in the event of an incident impacting Information Technology resources, including relocation or repair of physical site and equipment to secondary datacenter, and an annual DR-Test and evaluation.

Each BCP provides detailed information on the specific activities to be undertaken to respond to the event and restore business operations in a safe, effective, and rapid manner. For example, each BCP includes call lists, alternate location instructions, key vendor listings, and necessary special supplies providing recovery staff with all relevant information they need in an emergency. DHWL and Scion Dental are willing to share any further documentation, including Disaster Recovery Plans, Business Continuity/Contingency Plans or any other related documents, with DHH upon request.

Pandemic Planning. In order to support large-scale epidemics and/or pandemic events, Scion will maintain a Pandemic Plan. DHWL, will have a designated Pandemic Crisis Manager who will coordinate and refine our Pandemic Plan with DHH and other appropriate Louisiana organizations. Our Pandemic Plan includes established teams assigned to participate in recovering DHWL operations with the following goals in mind:

- Commitment to our employees
- Continuity of care for our members
- Concern for our providers
- Maintaining operating viability

Our Pandemic Plan will follow the most recent guidance provided by the Centers for Disease Control (CDC) in July of 2009, the "Five Stage Pandemic Severity Index", as well the World Health Organization ("WHO") "Six Phase Alert Schedule." Together these organizations assist our Pandemic Crisis management Team in determining when to invoke our Pandemic Operations Plans and recommended activities to continue our business operations.

***Hurricane Preparedness and Other Natural 'Predicted' Events*.** DHWL will complete development of BCP and emergency response procedures within 45 days of contract award. We will make changes to our BCP that may be required by DHH for approval. We will review and exercise these plans annually and will republish our plans to DHH according to an agreed upon time frame. Ideally, the refresh schedule will be to review, exercise, and update these plans and republish them, *prior* to the beginning of the Atlantic hurricane season, which begins annually on June 1st. These would then be submitted to DHH by May 31st of each year.

The BCP will include an evacuation plan for our DHWL offices in the event the state declares a mandatory evacuation from a specific area due to an impending natural disaster of sufficient warning. Our evacuation plan may include transportation for our employees and their families to an alternate site, accommodations, remote work area recovery for key personnel and business processes, and activation of other contingency planning identified in the planning process, as necessary and appropriate, to ensure continuity of care and services to our members and providers.

We will include a hurricane preparedness checklist in our DHWL Emergency Response plan. The checklist contains activities to consider or complete during the ***Watch***, ***Warning***, and ***Post Event*** phase of any storm/hurricane development, which typically begins 24-48 hours prior to expected impact, but could potentially begin as early as 7 days prior to a potential event. Of course, in the event of a mandatory evacuation, DHWL and Centene will activate the DHWL evacuation plan noted above. Below are examples of the activities that will be on the DHWL hurricane preparedness checklist.

- ✓ Contact the CCMT to discuss the situation and potential contingency needs. Contact Local Parish Office(s) of Emergency Management and align with their activities and determine communication and outreach activities as appropriate.
- ✓ Determine need to establish/schedule a virtual Emergency Response Team call and frequency of call.
- ✓ Send reminder email to employees regarding hurricane preparedness (or other natural 'predicted' event), along with a reminder of the employee call center number. Management will prepare an employee call center message with time and date stamp.
- ✓ Send note to DHWL Department Heads asking them to review their BCP and ensure employee and vendor lists are current with contact names and phone numbers.
- ✓ Consider ordering additional water, food, etc., and determine the need to move physical assets away from windows and doorways (PCs, fax machines, file cabinets, printers, etc.).
- ✓ Verify call-rerouting instructions along with voice messages.
- ✓ Contact HR/Payroll for current employee listings, including emergency contact information.
- ✓ Ensure outdoor items are secured or brought inside (patio furniture, etc.)

- ✓ Determine if hotel rooms should be reserved.
- ✓ Ensure Temporary Agencies are contacted/notified of potential event.
- ✓ Determine if appropriate to send people to pre-determined backup locations while airports are still open.
- ✓ Prepare message(s) for local news media – radio stations, local television news, etc.
- ✓ Contact Employee Assistance Program to ramp up additional counseling resources.
- ✓ Ensure insurance contacts are aware of situation.

Employee training;
Identified essential business functions and key employees within your organization necessary to carry them out;

People – Ownership-Emergency Response Teams (ERTs)

A Proactive, Organized Response. If DHWL is affected by an emergency, **the entire company, as defined in our Business Continuity Plans,** is placed on alert. Pre-identified teams, including the Executive Team (Management Team), Business Continuity Management Team (Steering Committee), Corporate Crisis Management Team (CCMT), DHWL *Local Response Team* (LRT), and other Support Teams and Business Units respond as appropriate. This leadership and the supporting teams are collectively responsible for ensuring that critical local dental plan functions (particularly call center functions for communicating with members and providers) remain operational under emergency and post-emergency conditions.

Roles and responsibilities are clearly defined for ERTs, including our Corporate Crisis Management Team (CCMT) and our Local Response Teams (LRT) to fit into the reporting structure that will be employed during a response, resumption, recovery, and restoration process. Team leaders/alternates are familiar with the responsibilities not only of their team, but also of all the teams with whom they must interact.

Training and Awareness

Employee Training and Awareness. DHWL and Scion employees take seriously the training and awareness necessary to maintain an effective and ready response plan.

Employee Orientation. Our culture of awareness is created from the onset by providing BCP training for all new employees. This training describes and details the importance of appropriate and effective business continuity and disaster recovery planning. Our program does not only include company related responsiveness, but also focuses on insuring our employees are personally prepared for disaster as well. DHWL and Scion employees will be highly encouraged to create and maintain a personal preparedness plan. We understand that our employees need to be well organized and have a plan in place in order to best serve their families as well as business operations.

BCP Refresh and Mock Exercises. As described above, each plan will go through an annual BCP refresh and mock exercise. We feel these are the most critical aspects of the program as the entire team comes together to work through a “life-like” scenario, collectively as a team. We like to change and progress these exercises from year to year to ensure responsiveness in all situations. Our focus at DHWL will be to reinforce and strengthen preparedness steps based on the likely natural disaster conditions in the state of Louisiana.

DHWL Provider Portal. We will post informational material on our Provider Portal. We will also use our Portal to encourage providers to review their Emergency Response and Evacuation Plan and ensure it is up-to-date (completed).

Provider Awareness. As we meet with our network providers, we will discuss the importance of emergency preparedness and planning.

Contingency plans for covering essential business functions in the event key employees are incapacitated or the primary workplace is unavailable;

Contingency Plans for Essential Business Functions

Through DHWL extensive Emergency Management Response program, within minutes of any event affecting DHWL's ability to respond (e.g., an evacuation or office closure due to inclement weather), member and provider calls will be re-routed to Scion Dental. DHWL and Scion will identify key internal employees to perform critical recovery tasks, as well as back-up replacements within DHWL.

DHWL's BCP will address recovery requirements, based on business priority, including an appropriate alternate work location in the event an office or region is rendered inaccessible or as needed for pandemic planning. DHWL's BCP will include Work Area Recovery Facilities provided by Centene's BCP partner, Agility Recovery Solutions. Agility is Centene's contracted recovery vendor providing both mobile trailer and brick-and-mortar work area recovery "warm site" capabilities. Our Work Area Recovery strategy provides for desktop computers, telephones, and access to DHWL systems so staff can resume activities quickly. Contractually, Agility can provide up to 96 workgroup recovery seats, which could be set up and available within 48 hours of disaster declaration. The DHWL Local Response Team will work with the CCMT to execute the Recovery Plan. In the event the local office is inaccessible or destroyed, Agility would be placed on alert to provide a Work Area Recovery facility. Reference diagram Centene Business Continuity/Disaster Recovery Scenarios below for a graphical summary of our Recovery Strategies.

DHWL Business Network Continuity/Disaster Recovery. Scion will provide Information Technology and Service Desk operations and those teams will provide a central point of command for daily operations, as well as in the event of an emergency event. The Service Desk monitor equipment and call lines respectively, and will act as the communications hub (via an internally published 800 number) to escalate and help manage any issue and/or recovery process.

If an emergency event disables our datacenters, located in Wisconsin, our partner Scion Dental will invoke pre-established recovery procedures. Following an emergency at the datacenter, operational personnel on site will take the appropriate initial action and then contact a member of the Emergency Management Team. That member will then contact the remaining members of the team. The team will meet at or near the disaster site to make a firsthand assessment of the damage. Key steps include:

- Emergency Management Team notifies other teams
- Establish control center
- Begin Disaster Recovery Team operations and Disaster Recovery checklists.

Full Recovery at Remote Site. All planned software, hardware and resources are already in place at the headquarters of our partner, Scion Dental located in Wisconsin. Scion Dental owns and operates two data centers. The primary data center is located in Mequon, WI, and the secondary data center is located in Menomonee Falls, WI. Other than a dedicated 1Gbps network circuit connecting the two facilities, they are configured so that they can operate completely independent of one another for disaster recovery and business continuance purposes. All the applications are continually tested in preparation for disaster. Duplicate network and server hardware are already in place at the backup site. Key steps include:

Verifying each client system is operational

Verify external access is operational

Use Disaster Recovery Team Checklists to track and document activities, coordinate events from Control Center, and report progress to DHWL and Scion Dental executive management.

All backup sites have hardware, software and communications capabilities, as well as functionally equivalent environments, including remote dial in and Internet access.

Maintaining Call Center Services - Supporting Providers, Members and DHH. We have engineered several levels of *redundancy* in our phone system hardware, software, and networking, with automated rerouting of inbound calls to our partner Scion Dental, if any one of our call centers experiences a communications failure. If an emergency event were to disable the DHWL phone system, our BCP calls for phone lines to be transferred to our partner Scion Dental to ensure continuity of "communication" service to our members and providers. Staffing needs at the call center are reviewed at the time of the emergency and if needed, additional staff are called in to address any subsequent increase in call volumes. We will also provide Scion Dental staff with appropriate information to manage outbound and inbound communications from members and providers who may call into Member or Provider Call Centers.

Communication with staff and suppliers when normal systems are unavailable;

Maintaining Communication with Employees

DHWL and Scion Dental Local Response Emergency Management Team will meet upon notification of a regional or localized emergency to determine if call lines should be transferred, or if following an event, a disaster declaration should be made. If a building is not accessible**,** the DHWL Local Response Team will direct the business units to activate their BCPs while keeping the Corporate Crisis Management Team (CCMT-including all Corporate Support Teams) apprised of the situation.

All impacted team members will be notified immediately using Centene's Emergency Notification Service upon declaration of an emergency. Centene's Emergency Notification Service is an externally hosted program that can be used to contact employees by phone, email and text during emergency events. Within the emergency notification tool, we have pre-established call groups identified for quick and easy notification. This tool is similar to the notification systems used by public schools and colleges to inform students and parents of an emergency event, such as approaching severe weather conditions. This emergency notification software is utilized by DHWL, Centene's ITOC Team and Service Desk, Business Continuity team, Corporate Communications, and other selected health plans/specialty companies when important, time sensitive information needs to be communicated to employees. It can be used throughout an event to communicate instructions to employees no matter what happens to prevailing communications systems. Home phone and personal cell phone numbers are updated in the Emergency Notification Service from ADP, our Human Resources application, so the employee list always remains current. Messages can be sent to individuals or to a list of people, which can be built in the Emergency Notification tool.

DHWL will use employee call center numbers to keep employees up-to-date regarding current status of an emergency event. In an emergency, our top priority is to preserve the health and safety of our staff and care for our members before proceeding to the Notification and Activation procedures.

Vendor Communications

Each Business Continuity Plan contains vendor information. This information is reviewed and updated annually as part of the BCP refresh program. As necessary, the LRT would direct business units to place vendors on alert as required by their BCP.

Communication Protocols with Our State Partners, such as DHH

In crisis situations, the DHWL CEO and President will be the key contact person. If the CEO cannot be reached, the DHWL Compliance Officer will serve as DHH's primary contact. DHW's CEO or Compliance Officer will notify DHH of any event negatively affecting dental plan operations as required by DHH. This will allow DHWL to reach out to DHH as quickly as possible. If DHH cannot reach these key contacts via our dedicated DHWL line, or alternate contact number published on the list, DHH can call our Centene Service Desk which is available 24/7. The Service Desk will initiate the appropriate event notification tasks through the Crisis Management Team. In most cases, the Service Desk will already be aware of an event that has threatened service interruption because of our monitoring efforts, emergency identification, and notification procedures. We will adjust these communication protocols as necessary to meet the needs of DHH.

Specifically address your plans to ensure continuity of services to providers and members; and

Continuously Available Member and Provider Telecommunications

As stated previously in this narrative, our telecommunications architecture is engineered so that mission critical phone communications *remain live* for all local sites *at all times*. If the phone system should become unavailable at our local DHWL offices, we would systematically route calls to respective *pre-defined* secondary call center services in Wisconsin, with our partner Scion Dental. Because of this continuous service, members and providers do not need to have a special list of phone numbers or emails during or after an emergency event. They will be able to dial the standard DHWL contact number and their call will be routed according to pre-defined scripts. Our DHWL Member and Provider Portals will also have contact information and we will post any specific information about emergency response or services to our Portals as appropriate.

Recovery Support to Affected Areas. In addition to working with our provider network and our qualified internal staff to get assistance to areas in need, Centene and its employees consistently provide assistance and emergency support to affected locations and will engage our employees for recovery support for Louisiana.

How your plan will be tested.

Annual Plan Review and Exercise

Our entire BCP program undergoes a formal review on an annual basis. All departments and Senior Management participate in these reviews which include a read through of current plans, an update of all materials, and a read through of the final plan after all changes have been made. We will use every review and exercise as an opportunity to train and retrain Centene and DHWL employees regarding roles and responsibilities.

Dental Health & Wellness Review and Exercise. Under the guidance of our BCP team, DHWL offices will also participate in annual desktop mock (or scenario) disaster exercises to further prepare for (and mitigate the impacts of) unforeseen events such as pandemic or natural disasters that might impact

DHWL and delivery of care. Our program focuses on engaging management and employees in planning, as well as training, on pre-defined and pre-assigned responsibilities in emergency conditions. Additional BCP changes are made based on the scenario exercise results to ensure the plan reflects the ideal response to an event. Crisis events, which include man-made, disaster or epidemic events, are used for annual scenario-based exercises. Examples of exercises that have been conducted at Centene include the following:

- Flood
- Fire
- Hurricane
- Pandemic
- Tornadoes
- Terrorism
- Severe Winter Weather
- Workplace Violence Incident

We also look forward to participating in mock events organized by Louisiana Emergency Response Organizations to ensure our activities align with those of the state and that we have a well-orchestrated response alongside our business partners and community.

L.2 EMERGENCY MANAGEMENT PLAN SCENARIOS

Describe your plan in the following Emergency Management Plan scenario for being responsive to DHH, to members who evacuate, to network providers, and to the community.

• You have thirty thousand (30,000) or more DBP members residing in hurricane prone parishes. Louisiana parishes include coastal and inland areas subject to mandatory evacuation orders during a major hurricane. A category 5 hurricane is approaching, with landfall predicted in 72 hours and certain parishes are under a mandatory evacuation order. State assisted evacuations and self-evacuations are underway. Members are evacuated to or have evacuated themselves to not only all other areas of Louisiana, but to other States.

• Your provider call center and member call center are both located in Baton Rouge and there is a high likelihood of high winds, major damage and power outages for 4 days or more in the Baton Rouge Area (reference Hurricane Gustav impact on Baton Rouge). It is expected that repatriation of the evacuated, should damages be minimal, will not occur for 14 days. If damage is extensive, there may be limited repatriation, while other members may be indefinitely relocated to other areas in Louisiana or other states.

72 Hours (3 Days) Before Anticipated Landfall

With 72 hours before anticipated landfall, Dental Health & Wellness of Louisiana (DHWL) will have been following news of the hurricane for the past several days. As news reports indicate that the storm could develop into a category 5 hurricane and will make its way to landfall on the Louisiana coast in approximately 72 hours. Our management team is not surprised when the Governor declares a mandatory emergency evacuation for the coastal region. In accordance with our Business Continuity Plans and Hurricane Checklist, our DHWL Local Response Team (LRT), which consists of the DHWL President/CEO, COO, and the entire DHWL Management Team, has been meeting daily with Centene's Corporate Crisis Management Team for the last week, preparing for this possibility, and we have already been working with state officials.

All parties are in motion performing the pre-event tasks we have discussed over the past three days and have prepared for since DHWL's Emergency Response Plan was initially created.

Member and Provider Services. Only moments ago, call center 800 numbers were rerouted to the pre-defined secondary call center services at our partner Scion Dentals, located in Wisconsin. Scion Dental has been part of our emergency response and has already compiled staffing requirements to ensure we have the right mix and sufficient resources to handle increased call volumes for the potential outage and duration of the event. DHWL has already provided Scion and other staff with appropriate information to communicate to and from members and providers who may call into the service lines.

Medical Management Team. Our Medical Management team has been working with Member and Provider Services to outreach to the Bayou Health Managed Care Organizations about pre-established Phone Outreach Campaign for Imminent Emergency Events as outlined in the Emergency Response Plan (see description below).

Provider Services and Network Management Teams. Our provider-facing teams have been contacting providers preparing to respond if events turn for the worse.

Compliance. Our DHWL Compliance Officer has been keeping DHH informed of all activities and is serving as the point person between DHH and DHWL's President.

6:15 AM EST: Due to the timing of the official hurricane warning, DHWL's President and LRT Crisis Manager call into the scheduled emergency response call with Centene's Corporate Crisis Management Team. The warning and evacuation orders are confirmed and the DHWL office closure is underway.

DHWL employees are informed of office closure using our automated emergency notification system, and are instructed to follow the established emergency response and business continuity plan.

Pre-planning/preparedness activities have been ongoing since program inception. Months prior to the warning, as a matter of best business practice, DHWL and Centene have completed the emergency preparedness actions described in the following pages.

Approximately 3 Months Before Anticipated Landfall

In compliance with our DHH contractual requirements, DHWL just submitted the updated Business Continuity Plans (BCP) to DHH. In the preceding weeks, Centene's Director of Business Continuity and Centene's Certified BCP Specialist met with DHWL's Executive Team and all business team leads to thoroughly review the Emergency Response Plan and each department Business Continuity Plan. Business partner and contact lists were updated; business requirements and recovery tasks were reviewed and updated where necessary, etc. Also, under the guidance of the BCP team, DHWL conducted a scenario-based exercise following the plan refresh where we walked through our response to the threat of a hurricane, only days away from the coast of Louisiana. The Hurricane Checklist, included in the Emergency Response Plan, was thoroughly reviewed during the scenario exercise to ensure the relevancy of the tasks and verify that we had not missed anything. A few additional tasks were added, such as "reaching out to the Centene Corporate Security Department to secure several satellite phones." that could be used if an actual event were to occur, but overall, the checklist which is used by all Centene affiliates in hurricane threat areas, was considered well vetted and appropriate for DHWL's needs.

DHWL reinforces DHH requirements by conducting our own internal DHWL/Centene hurricane scenario exercise which includes representation from DHWL's Management Team and department heads, as well as Centene's Corporate BCP department, to ensure DHWL's Management Team and employees are well trained and retrained annually in their roles and responsibilities should disaster strike.
BCP refresh actions completed include:

- Updates to our Mobile Recovery Plan, which includes a review of the contact information for vendors who supply generator fuel, local electrical contractors, air conditioning contractors, and the local power company. We have selected two possible areas for the recovery trailer to be positioned, one in the northern Region 6, Rapides Parish area, and one near our Baton Rouge location, should the emergency affect only the DHWL office.
- We pre-identified DHWL employees who will travel to Rapides Parish to work from the mobile recovery site, if needed, and identified local accommodations for our staff and their families. Note, we refer to this list of employees as the DHWL Recovery Team hereafter, and this term is used in the DHWL Emergency Response and Business Continuity Plans.
- Completion of Expanded National Incident Management System (NIMS) and First Responder Training by select DHWL and Centene employees.

Throughout the month DHWL completed *pre-determined* activities for and with DHWL employees, members, and providers in preparation for the Governor's annual Emergency Preparedness and Hurricane Awareness campaign. See below for details.

Best Business Practices – Actions Completed Throughout the Year

Throughout the year, DHWL proactively took action to ensure that the plan would be well prepared should an emergency or disaster occur. For example:

- DHWL Member Services Representatives and Member Connections Representatives continued to outreach to Bayou Health Managed Care Organizations to help in their efforts to outreach to special needs members who require evacuation assistance and have registered with the state for transportation assistance.
- Requirements with Health Resources and Services Administration (HRSA) were reviewed to ensure understanding of requirements for providers to have emergency coverage and approvals in place to work in alternate community facilities, if needed.
- The registry of providers who are willing to volunteer at state-operated Special Needs shelters and community health centers was continuously updated.
- DHWL educated providers about our Provider Portal and encouraged them to register and utilize the clinical capability available to them so that in an emergency event, they will have established access and understand how to navigate our Provider and Clinical Portal.

2 Months, 9 Days Before Anticipated Landfall

Hurricane Season begins and daily weather and hurricane monitoring begins with the National Hurricane Center: http://www.weather.gov/. The DHWL Local Response Team Information Disbursement Coordinator (DHWL LRT IDC) is set up to receive alerts via email, etc. DHWL begins daily monitoring of potential Hurricane threats.

7 Days Before Anticipated Landfall

8:00 AM EST: Like DHWL, our affiliate health plan in Louisiana, **Louisiana Healthcare Connections**, and our affiliate in south Florida Sunshine State Health Plan™(Sunshine Health) are monitoring weather reports for possible hurricane activity. A member of the Sunshine Health team confirms reports about Tropical Depression Four in the Florida Keys. The National Hurricane Center meteorologists believe it has great potential to become a fast moving hurricane and predict that it is headed for southeast United States. The Sunshine Health contact advises the Business Continuity Planning (BCP) group at corporate of the risk and BCP alerts the full complement of health plans about Centene services in the southeast which could be impacted, such as DHWL, **Louisiana HealthCare Connections**; **Magnolia Health Plan**® in Mississippi; **Superior Health Plan**™ in Texas; **Peach State Health Plan**™ in Georgia; and **Absolute Total Care**™ in South Carolina, directing them to review their BCPs.

12:00 PM EST: The tropical depression quickly strengthens over warm tropical waters and becomes a tropical storm with maximum winds of 60 miles per hour. A central tenet of our BCP is *proactive continuity management*, which is realized both by **anticipating** emergency events and by **managing** events that impact operations so they do not escalate into major crises. Daily monitoring continues from multiple fronts, including DHWL, our affiliated health plans, as well as Centene Corporate Network Operations Center/Service Desk (NOC). The Centene NOC monitors equipment and call lines respectively and acts as the communications hub to escalate and help manage any issue and/or recovery process.

2:00 PM EST: Following the notification from Centene BCP, and drawing from prior experience with Hurricane Gustav and others, DHWL proactively schedules an internal meeting of the DHWL Local Response/Management Team (DHWL LRT), asking each department head to bring their Business Continuity Plans and to briefly discuss the steps that will be taken now to prepare DHWL for possible

hurricane landfall. During the meeting, DHWL LRT reviews the DHWL Emergency Response plan, with special attention given to the Hurricane Checklist. The action items below are assigned to specific members of the DHWL LRT:

- Send email to DHWL employees reminding them of the DHWL employee call center number and asking them to keep this number in a safe place.
- Ask employees to update their ADP (our Human Resources application) contact information and ensure next of kin information is current, for potential alerts.
- Reserve hotel rooms for DHWL employees who will work from the Mobile Recovery facility (DHWL Recovery Team), just in case.
- Review and update evacuation plans for DHWL offices in the event of a mandatory evacuation from a specific area due to an impending natural disaster of sufficient warning.
- Contact Employee Assistance Program to gather and prepare additional counseling resources.
- Ensure that insurance contacts at corporate are aware of situation.
- Ensure temporary agencies are contacted/notified of potential event.

The named scribe captures the following excerpts during the meeting:

- CEO/VP of OPs/HR Manager – General Discussion
  - In preparation for real life, possible hurricane impact to DWHL, what updates should we make to our web portal to assist our employees, members, and providers?
  - Do we have the right mix of local and state government and media hurricane preparedness links?
  - Remind employees to review and update their Get a Game Plan.
  - What activities do we need to do now?
  - BCPs are reviewed and discussed collaboratively with the DHWL Management Team. Department heads are asked to confirm DHWL Recovery Team employee availability and their backups, and verify personal affairs are in order for travel to the mobile recovery facility. After the meeting concludes, Department Heads take the following actions.
- Member Services/Provider Services Manager/Director
  - Reviews pre-approved DHH Member IVR 'on-hold' messages and directs staff to update their Get a Game Plan and remind members to update theirs.
  - Directs staff to update the DHWL public website with appropriate notices and/or communicate notices to members via social media.
  - Works with staff to update call rerouting and voice message instructions and verifies with corporate telecommunications and DHWL partner Scion Dental.
  - Directs staff to verify and update DHWL portal links to state and local website (web addresses to local news media, such as Channel 9 WAFB in Baton Rouge's Weather Hurricane Center).
- Medical Management Coordinator/Vice President Medical Management
  - Directs the Medical Management Team to work with Bayou Health Managed Care Organizations to initiate the Phone Outreach Campaigns for Imminent Emergency Events.
- Provider Services Manager/ Director Contracting and Network Development:
  - Prepares information for HRSA so that Centene can submit a request, following the event and according to HRSA rules, to initiate temporary coverage at alternate community facilities.

- Contacts Centene Corporate Provider Network Team to place Provider Network Management counterparts at other Centene affiliates on standby, should our members need to evacuate out-of-state and potentially utilize services. Reinforces that payment will be based on Louisiana Medicaid rates.

- Compliance Officer
  - Contacts key state agencies, including DHH, to inform them of the event and relay status information as needed. Alternate contact information is provided.
  - Outreaches to local parish office(s) of Emergency Response so teams can align with their activities.

6 Days Before Anticipated Landfall

3:00 AM EST: The National Hurricane Center makes the formal announcement on the Weather Channel; the 3rd named hurricane of the season is *Chris* with current sustained winds of 85 miles per hour. Based on early predictions, fast moving Hurricane Chris has no upper-level winds to disrupt its development as it prepares to enter the Gulf of Mexico.

The Hurricane Chris Watch Phase at Centene and DHWL Kicks Into Action

8:00 AM EST: In the wake of Hurricane Gustav, it is no surprise when Governor Jindal declares a state of emergency for Louisiana due to Hurricane Chris's potential to cause severe storms, hurricane force winds, and torrential rain that could cause damage to private property and public facilities, and threaten the safety and security of Louisiana citizens.

DHWL will be appropriately represented at the state's Emergency Operations Center.

9:00 AM EST: A combined DHWL and Centene Corporate Emergency Response Call is initiated. DHWL's President and LRT/Management Team meet to discuss expected hurricane landfall predictions and what each department should now do to prepare. Even though the hurricane has not yet entered the Gulf, DHWL is not waiting. They contact Centene's Corporate Service Desk and the first Emergency Response call is initiated with DHWL's President, DHWL LRT Crisis Manager, and Centene's Corporate Crisis Management Team (CCMT). Centene's CCMT and Business Continuity Management Team (BCMT) are fully engaged with DHWL and ready to offer assistance. Among the myriad of review steps forthcoming, a meeting frequency is established and communicated across all Emergency Response Teams (ERTs).

The fully vetted Hurricane Checklist from the DHWL BCP continues to be our guide during the Emergency Response meeting. Open action items from the DWHL internal meeting yesterday are reviewed, areas of responsibility are established, and a status is given on each watch stage item.

During the call with the CCMT, DHWL's President and LRT Crisis Manager report that the following actions have been taken:

- Employees were reminded of the DHWL employee hotline number, and asked to ensure their ADP contact information is current; they also asked employees to ensure their Get a Game Plan is current.
- Hotel rooms in Rapides Parish were reserved for the DHWL Recovery Team.
- Evacuation plans for DHWL offices were being reviewed.
- DHWL's contracted transport bus company was placed on alert to transport DHWL Recovery Team employees and their families to Rapides Parish, where our alternate Mobile Work Area Recovery site will be established.

- Key personnel and business processes were updated, specifically as it relates to the Mobile Recovery plan.
- Appointed staff outreached to Local Parish Office(s) of Emergency Management so DHWL could align with their activities.

Specific department discussions included the following:

- Member Services/Provider Services Manager/Director reported :
  - DHWL's public website was updated with appropriate notices and communications, such as:
    - "You should be taking precautions now to be moving. If you cannot move, make sure you have adequate water, batteries, and a refreshed emergency kit, ensure next of kin information is updated, and talk to next of kin to see if they can help you."
  - Social media outlets being used to communicate with members and providers.
  - DHWL portal links to state and local websites were being reviewed and updated (web addresses to local news media such as Channel 9, WAFB in Baton Rouge's Weather Hurricane Center)
  - Call rerouting and voice message instructions were being verified and updated in collaboration with corporate telecommunications and Scion Dental.
  - Members were encouraged to learn about the local emergency plan in their community and stay connected with social media sites to stay informed in coordination with Louisiana Emergency Response Organizations, who use these sites to update citizens.
  - An up-to-date DHWL High Risk/Special Needs Report was requested.
    - Educating members on what to do during the storm, instructing them to:
- Stay inside and away from windows and glass doors and find a safe area in the home (interior room, closet, or bathroom on lower level).
- If flooding is a threat to the home, turn off electricity at main breaker.
- If power is lost, turn off major appliances, such as air conditioner and water heater to reduce damage.
- Do not use electrical appliances, including computers.
- Do not go outside. If the eye of the storm passes over your area, there will be a short period of calm, but at the other side of the eye, the wind speed rapidly increases to hurricane force and will come from the opposite direction. Do not go outside, as it is possible to be hit by flying debris.
- Provider Services Manager/ Director Contracting and Network Development reported:
    - Northern parish providers to ensure southern providers can work out of northern offices
    - Northern parish providers for provision of services to evacuated members
    - Registry of providers willing to volunteer in state operated special needs shelters
  - DHWL's Network Team was talking to Provider Network Management counterparts at Centene health plans and putting them on standby, should our members need to evacuate out-of-state and potentially utilize services.
- Compliance Officer reported that:

Key state agencies, including DHH have been contacted to inform them of the event and relay status information as needed and that alternate contact information has been provided. DHH was reminded that our MIS is housed at our datacenter in Wisconsin, it will be available regardless of prevailing conditions at our Louisiana offices. As a result, DHH could be assured that DHWL's MIS is continuously availability to DHH and DHWL throughout this hurricane event.

- At the end of the first conference call, both DHWL and Centene CCMT reinforced the need to conduct virtual, internal (DHWL and Centene) Emergency Response Team calls twice a day or more if needed, beginning tomorrow morning. The group agreed to use the upcoming weekend to prepare for the possibility of Hurricane Chris to make landfall on the Louisiana coast by mid-week the following week.

5 Days Before Anticipated Landfall

9:00 AM EST: The first of twice daily pre-scheduled Emergency Response Calls begins.

We Move From Watch Stage to a Warning Stage in Less Than One Day

Louisiana emergency preparedness officials have met several times before the 7:00 AM EST announcement from the National Hurricane Center to discuss predictions that the coming storm will reach the state as a major hurricane in just three to five days. Following Centene's established emergency response process, each call follows an established pattern beginning with the most recent weather reports. This is followed by status reports by department/area on open issues. As needed, additional resources are brought in if timelines or deliverables are at risk. Methods of communications and phone numbers to use throughout the event are published. The Centene Emergency Operations Centers are activated with primary and alternate staff members taking 12-hour shifts each. All Emergency Response Teams are on high alert and the Business Continuity Management Team has been mobilized since early Friday. The full inventory of DHWL business continuity plans is activated. Following established NIMS process, a senior spokesperson is identified to become the Public Information Officer. Expectations are established for an additional spokesperson role to handle inquiries from key stakeholders (employees, customers, investor community, and board of directors). In addition, the corporate group have decided to waive approvals for the potentially large, emergency-related expenditure requests.

2:00 PM EST: The second Emergency Response Team Call of the day with the CCMT and DHWL LRT teams begins.

- All pre-identified watch activities are validated to ensure completeness; any open issues are tracked and given a priority status along with expected timeline for completion.
- Selected DHWL employees are designated to secure physical assets. Fax machines, laptops, computers, etc. are covered with plastic sheeting; file cabinets are dead bolted and moved away from walls, windows, and low-lying areas.
- The team is determines which operational tasks to transition to corporate and/or Scion due to the evacuation.

6:00 PM EST: Expectations are clear this storm will produce a significant disruption to overall operations; serious equipment and facility damage; prolonged service outages; and high media attention. A third Emergency Response Team Call is initiated. Following our established Emergency Management Governance Model, the DHWL LRT and Centene's CCMT have been on the phone throughout the day verifying established processes, working through gaps, and finding solutions for our employees, members, and providers along the Louisiana coast.

4 Days Before Anticipated Landfall

9:00 AM EST: The scheduled Emergency Response Call begins. The group reports that the following steps have been taken:

- Pre-identified DHWL Recovery Team members (and their backups) have been notified to prepare for travel to the pre-determined backup location in region 6, Rapides Parish.
- Centene's contracted transport bus company, which was placed on alert two days ago, has been placed on high alert.
- Our Mobile Work Group Services vendor has been placed on alert.
- The employee call center messages are being updated after each meeting for information dissemination. The BCPs identify who is designated to record the message, as well as instructions regarding how to record the message. A CCMT member is reviewing the messages to ensure communication remains consistent.

5:30 PM EST: The scheduled Emergency Response Call begins. During the second scheduled Emergency Response Call of the day, the current weather situation is discussed with the CCMT and DHWL LRT. The status of open tasks is reviewed with each department manager.

72 Hours (3 Days) Before Anticipated Landfall

4:00 AM EST: This morning, the National Hurricane Center reports Hurricane Chris's winds have dropped slightly overnight to 135 miles per hour, but it remains a category 4 storm. However, the eye of the storm is now about 350 miles south of the Louisiana coast and is expected to move on shore toward Baton Rouge. Based on predicted wind speed, experts anticipate landfall late Wednesday or early Thursday morning. Months in advance of the 72-hour warning, as a matter of best business practice, DHWL and Centene have completed a comprehensive list of emergency preparedness actions.

- ***6:10 AM EST:*** Governor Jindal holds a third press conference to announce, "mandatory evacuation orders" for all of the southern coast of Louisiana. The Governor states this will be "the storm of all storms".
- ***6:15 AM EST:*** An unscheduled Emergency Response Call begins. Due to the timing of the Governor's announcement, DHWL's President and LRT Crisis Manager request an unscheduled emergency response call with Centene's Corporate Crisis Management Team, using Centene's service desk to alert CCMT members to join the call. The warning and evacuation orders are confirmed and the DHWL office closure is declared. All parties are in motion with the pre-planning tasks that began over the past three days.
- DHWL's contracted transport bus caravan is activated to transport the DHWL Recovery Team and their families traveling north to region 6, Alexandria/Rapides Parish.
- Member and Provider Services Call Center 800 numbers are rerouted to the pre-defined secondary call center services, **Scion Dental** and other Centene affiliates.
- The employee call center number is prepared and posted with an updated script.
- All established communication mechanisms are activated to ensure coordination and visibility across all subsidiaries, departments, and levels of the organization.
- Remaining DHWL employees are informed using our emergency notification system. Our offices are officially closed. Employees are directed to follow the evacuation order as directed and

instructed to contact the Centene corporate service desk when they arrive at their specified evacuation location.

48-24 Hours Before Anticipated Landfall

4:00 AM EST: The National Hurricane Center reports Hurricane Chris's winds have dramatically increased. The storm has mushroomed into one of the most intense on record. The experts agree it will arrive as a category 5 when it reaches the Louisiana coast.

8:00 AM EST: The scheduled Emergency Response Call begins.

- It is confirmed that the transport buses safely transported the DHWL Recovery Team to Rapides Parish and all members have successfully checked into the reserved hotel rooms, along with their families.
- The remaining 40% of DHWL employees have reported that they have reached their specified evacuation destination and have provided contact information.
- Scion Dental confirms and reports the number of member and provider calls taken. At this point, Scion Dental has the capacity to accept all DHWL calls.
- Provider Relations continues to outreach to, and receive calls from, our provider community and record their operational status. Provider Relations is also staying in contact with northern parish providers, as well as communicating with out-of-state providers, to ensure provision of services to evacuated DHWL members.

4:00 PM EST: The scheduled Emergency Response Call begins.

- Currently, 50% of DHWL employees have reported that they reached their specified evacuation destination and have provided contact information.

8:00 AM EST: The scheduled Emergency Response Call begins.

- 85% of DHWL employees have reported that they reached their specified evacuation destination and have provided contact information.

4:00 PM EST: The scheduled Emergency Response Call begins.

- 98% of DHWL employees have reported that they reached their specified evacuation destination and have provided contact information.

Landfall

1:00 AM EST: The National Hurricane Center reports the winds are blowing at 175 miles per hour, raising it in stature to a catastrophic, category 5 event. This is the 4th category 5 hurricane to hit the United States in recorded history. This storm is on track with the 1992 Hurricane Andrew. Hurricane Chris hits the southern coastal shores of Louisiana, affecting cities and parishes all the way to Baton Rouge. Damage is extensive. No one travels until the storm passes.

6:00 AM EST: First reports are coming in on local TV and radio with information on the damages in the Baton Rouge area caused by Hurricane Chris.

7:00 AM EST: Centene's Corporate Network Operations Center/service desk reported power loss at the DHWL office in Baton Rouge. Following designated procedures, they immediately initiate a conference bridge call including CCMT and members of DHWL LRT (those who can join) using our emergency notification system. Once the call is established and roll call is taken, the DHWL Compliance Officer,

Human Resources Manager, Member and Provider Services Director, and the each report what they know:

- Recovery teams are, as yet, unable to travel to the damaged site to assess the damage; however, based on news coverage, it is believed the DHWL Baton Rouge office took a direct hit with extensive water and wind damage.
- The storm has left the Baton Rouge area with limited phone service.
- Southern Parish Coast Emergency Management agencies have not issued clearance for travel; therefore, all citizens who did not evacuate are encouraged to remain in their homes and neighborhoods.
- Electricity is out for most of the area.
- Many cell towers are down or damaged, so cell phone usage is spotty to non-existent.

Personal life and safety is paramount and the DHWL LRT accounts for all DHWL employees. All participants are asked to provide a quick assessment of their area of responsibility and indicate recovery steps needed. Information Technology Resources are online to monitor telecommunications, network, and other infrastructure related topics.

The Decision to Declare a Disaster is Made. In coordination with the DHWL Local Response Team, the Centene Corporate Crisis Management Team declares a disaster at the Baton Rouge office. Our Information Disbursement Coordinator/Public Information Officer is ready to initiate the first round of internal communication and Public Service Announcements (PSA) within the local markets.

Mobile recovery trailer(s) are requested for delivery to region 6 in Rapides Parish. Our vendor acknowledges trailer availability, confirms arrival expectations within 48 hours, and advises that mobile recovery trailer(s) will be dispatched from their hub.

Our emergency contact system and the DHWL employee call center are used to provide an update to employees regarding current status, the decision to declare this event a disaster, and to communicate safety information to them.

Centene support teams actively outreach to the provider community to determine the operational status for each provider office. They are directly working with the Louisiana EOC to facilitate this process as they did directly following Hurricane Gustav several years prior. Provider availability is recorded in the PRM for reporting and tracking purposes.

State offices are closed; however, the DHWL Compliance Officer is able to establish informal communication with DHH and advises them of steps we have taken (member, provider, and medical management calls are being routed to Scion Dental, etc.), our decision to declare this event a disaster, and steps to activate our recovery vendor, to provide a mobile work facility for our DHWL Recovery Team in Rapides Parish.

24-48 Hours After Hurricane Hits Southern Louisiana

8:00 AM EST: The scheduled Emergency Response Call begins.

- Employee update and status is given, encouraging employees to remain either at their evacuated locations (northern parishes at relatives homes, etc.) or at their homes.
- Travel continues to be limited.
- Status of the DHWL office in Baton Rouge is provided.

- Following DHWL Business Continuity Plans, temporary arrangements for incoming mail and courier services are verified.
- Human Resource services including counseling, payroll, and family assistance is clearly communicated.
- Provider status is reported.
- Scion Dental indicates they are successfully handling call volume and do not need any assistance at this time.

Clear expectations are set for the next scheduled update.

9:00 AM EST: The scheduled Emergency Response Call begins. As contractually promised, the Mobile Trailer arrives at its pre-determined location in Rapides Parish. After a few short hours of required setup, the recovery facility is ready to open its door for business. Select employees are asked to verify access to critical systems and ensure phones can be rerouted from Scion Dental to this recovery facility. Corporate telecommunications is involved in this process. Test calls prove successful for member, and provider. Additional inbound call lines are validated. Printers and fax machines are tested as well. Necessary supplies are available at the Mobile Recovery facility.

The DHWL Recovery Team Lead reports to CCMT the framework is established and testing completed. DHWL will be open for business, from the Mobile Recovery facility.

Using our emergency contact system and the DHWL employee call center, our DHWL Recovery Team members and employees are notified that the Mobile Recovery Trailers are ready for occupancy on the next business day.

5:00 PM EST: The scheduled Emergency Response call begins with an update on weather and repatriation. In the surrounding District 2 of Baton Rouge, cell phone services, internet services, and cable television may be unavailable for up to two months in some areas. Any traffic lights still standing do not work, causing an increase in traffic problems. Gasoline is in high demand for cars and generators and six-hour waits are common due to lack of power to pump the fuel.

Human Resources provides an employee status update and Provider Relations reports on provider status.

3 Days After Hurricane Passes. ***8:00 AM EST:*** The scheduled Emergency Response Call begins with an update on weather and repatriation. Circumstances have not changed since yesterday's report.

4 Days After Hurricane Passes. ***8:00 AM EST:*** The scheduled Emergency Response Call begins.

Post Review Report. Our facilities and real estate department has made contact with our Baton Rouge office to verify early damage assessment reports. Contracted security officers are onsite to ensure protection of DHWL physical assets and PHI data. Due to the extensive damage and restricted access, our national restoration companies cannot arrive until mid-week.

Plans are underway to keep the mobile recovery trailer for a minimum of 30 days. The human side of the story is significant, the time is needed to mourn and give our DHWL employees time to move back into their neighborhoods and rebuild. City and county disaster declarations are being obtained to ensure insurance claims get processed on damaged property owned by DHWL.

Weather/Repatriation Status Report. DHWL is open for business via the Mobile Recovery Trailer. Besides the rerouting of phone traffic, application documents are reviewed for the various departments and a determination is made of what data, if any, has been lost and must be reconstructed or reentered in the systems.

As they have done daily, the DHWL Compliance Department updates DHH with current status, while operating from the Mobile Recovery facility. Additionally, Compliance does the following:

- Requests an extension from the state now if completion of a corrective action does not appear to be viable in a timely manner, given the circumstances.
- Updates DHWL staff on grievance instructions and forwards procedures to corporate Centene for processing, as necessary.
- Reviews log/tracking system to ensure any grievances, compliments, or other comments that were manually processed during the crisis event are entered into the system.
- Ensure processes are being followed to address claim edits, provider profiling and credentialing, quality control, delegation oversight, and monitoring.
- Reviews and updates any mandatory reporting requirements and prioritize accordingly to respective due date.

5 Days After Hurricane Passes. *8:00 AM EST:* The scheduled Emergency Response Call begins with a weather/repatriation status report. Cell phone services are improving; however, landline coverage continues to be an issue due to fluctuating electricity. Internet services and cable television continue to be unavailable for up to two months in some areas; therefore, portable, battery operated radios provide the main means of communication. Any traffic lights still standing do not work, causing an increase in traffic problems. Gasoline is in high demand for cars and generators and six-hour waits are common due to lack of power to pump the fuel.

DHWL reports the successful resumption of business from the Mobile Recovery facility in Rapides County. Member and provider service calls are handled from this facility for the next month. Minor issues are encountered and quickly resolved with resources from Centene.

The ICT continues to receive reports and updates from members regarding repatriation. This continues throughout the next month or more.

6-13 Days After Hurricane Passes. *8:00 AM EST:* The scheduled Emergency Response Calls continue during this timeframe. Updated weather reports continue to be provided, as well as status reports detailing repatriation efforts. As power returns, roads reopen, and businesses resume operations, providers and members slowly begin to return home and rebuild their lives. Many members are unable to return home due to loss of home or damages to their homes. These members continue to receive services from providers in northern parishes or out-of-state providers.

Thursday - 14 Days After Landfall. *8:00 AM EST:* The scheduled Emergency Response Call begins with a weather/repatriation status report. Damage was extensive, but members are slowly moving back home and providers are re-opening their offices in southern Louisiana. DHWL continues to report provider availability to the Parish Emergency Response Command Centers.

Repairs at the DHWL office are in full swing; however, we anticipate an additional 2 weeks (14 days) are necessary due to broken glass and water damage. The damage assessment report also indicated several damaged workstations, printers requiring replacement, including a large order of telephone equipment with headsets. In addition, mold in the carpet and wet drywall will require updating. Throughout this entire process the communications flow has been constant.

At all levels of the ERT, internal and external communications have been crisp and concise.

We continue to provide single case agreements, where necessary, in locations outside of Louisiana, and provide for out-of–network coverage as appropriate.

32 Days After Landfall. ***10:00 AM EST:*** The Emergency Response Call begins. Multiple daily Emergency Response conference calls have been reduced to a minimum of one call a day. The process is underway to close down all internal Emergency Response Centers established through the event. The weather/repatriation report indicates that power, water, and health care are back to normal levels and our providers are moving back to their offices.

As a result of our proactively built service plans, members who are still out-of-state continue to receive needed oral health care services because we knew where they were going, have stayed in touch with them, and referred them to providers in the area to which they evacuated.

DHWL is continuing to operate from the Mobile Recovery facility, and Member and Provider call center 800 calls are primarily handled from this facility. DHWL's Portals continue to be updated with helpful information, as well as links to state and local websites.

Employees working from the Mobile Recovery facility in Rapides Parish return home. Selected members of the DHWL LRT and the CCMT form a Special Operations Unit, set up for these employees who have remained responsible for tactical operations and carrying out the plan. This unit facilitates post reviews, continues to track any open issues, and any other residual activities.

All action steps in the watch and warning phases are being modified to account for lessons learned. Additional post reviews are being conducted across all ERTs to capture lessons learned and incorporate these into plans for future response activities.

Just as a formal disaster declaration was announced, an authorization of "all clear" is necessary to clearly notify all ERTs and operations of the decision to return to normal business. The Emergency Response Teams in coordination with the DHWL Local Response Team unanimously make the decision to declare the "all clear." Our vendor is immediately notified of the decision and a request to deactivate the mobile recovery facility (tractor trailers) is made. Our Information Disbursement Coordinator/Public Information Officer initiates the first round of internal communication and Public Service Announcements (PSA) within the local markets.

SECTION M: GRIEVANCES AND APPEALS

M.1 MEMBER GRIEVANCE AND APPEALS FLOWCHART AND PROCESS

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:
o 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;
o 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
o 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.

Dental Health & Wellness of Louisiana (DHWL) will establish, implement, and maintain a fully developed, member-centric grievance process that meets all DHH requirements. Our processes for identification, receipt, tracking, response, review, reporting, and resolution of Medicaid member inquiries, grievances and appeals comply with all State, and federal requirements. DHWL will promote and maintain functions dedicated to the identification and prompt resolution of oral and written grievances, and member appeals. Our policies and procedures govern the resolution of inquiries, grievances and appeals, and encompass expedited review, external review, and access to the State's Fair Hearing system. DHWL will maintain written policies and procedures clearly describing the grievance and appeals process and will provide the Member Grievance Policy and additional information to providers and subcontractors at the time of contracting, in the Provider Manual, Provider Newsletters and on the Provider Portal. We will educate members about the Member Grievance Policy through our Member Welcome Packet, Member Newsletters, and Member Portal and during telephonic and face to face interactions with members. Members will have this information available in their primary language.

When members or providers have a grievance or appeal, the first person to address their concern will be a Louisiana based employee.

Grievance System

All DHWL staff will be trained about the grievance and appeals process and its importance; member and provider rights; and how to assist members and providers in filing complaints/grievances and appeals.

Educating Members, Providers and Subcontractors. We will educate members about grievance procedures in the Member Handbook and the Member Portal. This will include, but not be limited to, how to file a complaint or grievance, how the complaint or grievance will be addressed as well as how DHWL will receive, track, review, and report all inquiries, grievances and appeals. It will also include the DHH Medicaid Fair Hearing process, including the rights of members and providers to access a fair hearing after exhausting DHWL's internal appeal process, and the procedures involved. Information will be made available upon request; on our Member Portal; provided by staff when informing members of their rights; and verbally and/or in writing in applicable situations such as initiation of disenrollment by DHWL and decisions resulting in an adverse action. Providers and subcontractors will be educated about

these procedures through applicable provider and subcontractor contracts; Provider Manuals; the Provider Portal; through interactions with Provider Relations and Contracting staff; in written notifications of adverse action; and upon request.

Reasonable Assistance to Members. DHWL believes that members should have their concerns and issues heard and addressed as soon as possible. We educate our members about how to contact our Member Services Department if they have an inquiry or concern, and about the grievance process, in the Member Handbook, on the Member Portal, and at least annually in our Member Newsletters. All materials are written in easy-to-understand language equivalent to a 6th grade reading level. A member or member's authorized representative may contact DHWL at any time with an inquiry on behalf of a member. They may contact DHWL orally, in writing, by mail, facsimile, electronic mail, through the Member Portal, or by dialing the local toll-free Member Services Helpline. We take pride in our responsive customer service, and attempt to resolve the issue or Inquiry for the caller at the time of the call. All DHWL staff are trained to identify, document, and route verbal or written issues or inquiries to the appropriate personnel, although most individuals and members call the Member Services Helpline with their initial Inquiry. When responding to inquiries, MSRs utilize help screens and other system documentation to assist them in addressing issues or provide information to the member's satisfaction. DHWL ensures that communication with designated representatives on behalf of members is HIPAA compliant, and that there is written consent from the member for a representative acting on behalf of the member. Our Grievance and Appeals Coordinator will confirm the member has given written consent. When appropriate, the Grievance and Appeals Coordinator will supply a consent form for the member to complete and return. In all cases the member has access to DHWL assistance in filing member inquiries, grievances, appeals, or requests for State Fair Hearings. DHWL will provide personal assistance to any member needing support in any stage of the complaint/grievance process; including communication assistance such as translation, TTY/TTD availability, interpreter services, or alternative formats for materials. We will make appeal forms available to members, providers, and other authorized representatives filing grievances on behalf of members, but submissions will be accepted regardless of format used. DHWL will provide forms with all written adverse action notices, on the Member and Provider Portals, and upon request.

Appropriate Expertise. Louisiana based Member Service Representatives (MSRs) staff are typically the member's first point of contact regarding the filing of a grievance or appeal. All MSR staff members are trained to document and resolve the member's concern during this first contact, if possible. This procedural training will also be extended to all DHWL staff who works directly or indirectly with members. All staff will be trained to recognize any expression of dissatisfaction, and follow procedures to ensure the member's issue is appropriately captured and addressed, which includes emphasis on the importance of the grievance and appeals process and procedures, and the rights of both the member and provider. DHWL's written policies will ensure that no punitive action will be taken against a provider who supports a member's complaint, grievance or appeal, or files a complaint, grievance or appeal on a member's behalf. **Individual staff making decisions on the resolution of grievances and appeals will not have been involved in any prior level of review or decision-making, and will have authority to require corrective action as appropriate.** Physicians involved in reviewing medically related grievances and appeals will have appropriate experience treating the member's condition, and will not have been involved in any prior level of review or decision making. Members and providers will be allowed to present evidence to the individuals and/or committee making the decision.

Expedited Appeal Process. DHWL will follow DHH's timeframes and processes for handling expedited and standard appeals, including extending time periods within guidelines, if the extension is in the best interest of the member. A member or provider may request an expedited appeal of an Action, while

pursuing the standard appeals process if it could seriously jeopardize the member's life or health or ability to attain, maintain or regain maximum function. The Grievance and Appeals coordinator will immediately gather supporting documentation for expedited appeal requests and forward all information to a Dental Director (DD). The DD will consult with another physician, who was uninvolved in any previous level of review. Prior to issuing an adverse determination, the DD will also contact the requesting provider to obtain any additional information the provider or member wishes the DD to consider. For requests related to an ongoing emergency or denial of a continued hospitalization, the DD will render a decision within 24 hours or sooner as the member's condition requires. For other types of requests, the DD will render a decision within 72 hours of receiving the request or sooner as the member's condition requires. An oral expedited appeal request does not require written notification. The DD will provide prompt verbal notice of all decisions to the provider and member. The Appeals Specialist will send written notification within two days of the expedited decision. If a request for an expedited appeal is denied, the appeal is transferred to the standard resolution process and reasonable efforts are made to provide the member with prompt oral notice of the denial of the expedited request and written notice within two days. Although a decision regarding the denial of a request for expedited resolution of an appeal does not constitute an Action or require a Notice of Action, DHWL affords the member the right to file a grievance in response to the decision.

Member Grievance Process

A member grievance is any member expression of dissatisfaction about any matter other than an Action. Possible concerns identified as grievances may include, but are not limited to, the quality of care or services provided to a member and aspects of interpersonal relationships such as the rudeness of a provider or employee, or failure to respect the member's rights. Members, authorized representatives acting on a member's behalf and providers (with the members' written consent) may file a grievance orally by using our local toll-free or TTY/TDD number, in person, or in writing. Grievances will be logged and maintained within our Member Relationship Manager (MRM) Enterprise System which provides a central location for documenting, tracking and reporting of member grievances by category, and facilitate monitoring of the grievance resolution process and timeframes. This is illustrated in Chart C, which follows this narrative.

Acknowledgement. Staff receiving grievances orally will acknowledge the grievance and attempt to resolve them immediately. Staff will document the substance of the grievance. For informal grievances, defined as those received orally and resolved immediately to the satisfaction of the member, representative or provider, the staff will document the resolution details. The GAC will date stamp written grievances upon initial receipt and send an acknowledgment letter, which includes a description of the grievance procedures and resolution time frames, within five business days of receipt.

DHWL recognizes that members, providers, and DHH alike are best served by the quick and accurate processing of all complaints, grievances, and appeals, which helps ensure satisfaction and fosters a network of mutual trust and respect.

With dedicated staff and adaptable process workflows—addressing issues from both members and providers—provide a flexible support structure to ensure timely resolutions and favorable turnaround times. With Enterprise System read-only access to oversee the entire process, members and providers are never left in the dark.

On the following page please see **Chart C.1 Member Complaint Work Flow Process**, followed by an explanation of our complaint procedure description. **Chart C.2 Complaints, Grievances and Appeals Workflow** is followed by a description of our Appeals Process

Chart C.1 – Member complaint workflow process

The following diagram outlines DHWL's process for resolving complaints. **DENTAL HEALTH & WELLNESS OF LOUISIANA - CONFIDENTIAL** REDACTED

Complaint Procedure Description

Following the same process as the flowchart above, here are the more detailed steps an Appeals Specialist will follow:

1. Upon the receipt of a verbal or written complaint, the Grievance and Appeals Coordinator will document the incident in the Enterprise System Customer Service Module under the member's record by opening a "follow-up." Any documentation received as a part of the complaint will be scanned to an electronic document and attached to the complaint follow-up. The Appeals Specialist will assign a due date on this follow-up for no later than 30 calendar days from the date that it was received, counting the date received as day one.
2. The Appeals Specialist will enter the complaint on an external tracking log. The tracking log, at a minimum, will capture the following information:
    a. Member Name
    b. Medicaid ID
    c. Member's age
    d. Date received
    e. Date resolved
    f. Turnaround time: calculated by calendar days, counting the day received as day one
    g. Complaint or grievance classification
        i. Quality of Care
        ii. Access
        iii. Attitude and Service
        iv. Billing and Financial Issues
        v. Quality of Office Site
    h. Indication of whether or not the complaint was referred by the state
    i. Untimely justification area to be used in the event that a grievance is not resolved timely
    j. Comprehensive summary of complaint filed
    k. Comprehensive summary of the resolution provided
3. After the complaint has been categorized, the Appeals Specialist will begin working on the investigation and resolution of the complaint. Access to care complaints will be forwarded to the Provider Services department. Any complaint regarding the quality of care received will be reviewed and resolved by a designated dental consultant employed by DHWL. Some complaints/grievances may be resolved with the member prior to completing the provider investigation and dental consultant review. The Appeals Specialist will investigate complaints by completing the following steps:
    a. Contact the member by phone (or send a letter if needed) for clarification of the complaint if needed.
    b. Once the issue is clarified, the Appeals Specialist will contact the dental office and ask to speak with a member of management or the treating professional in relation to a complaint filed by a member.

i. In the case of a quality of care complaint, the office will be asked to forward any chart note information, in addition to providing a verbal and/or written response to the complaint.
ii. In the case of a quality of service complaint, the office will be asked for a verbal and/or written response. The dental office management will also be reminded of their contractual obligations and levels of service that they are required to provide.
    1. Should DHWL indicate that there is a severe service issue, the complaint details will be forwarded to the Peer Review Committee for further consideration and/or action.

4. Once the resolution has been received the Appeals Specialist will review the response for appropriateness. If the response does not clearly and fully address the member's complaint, the Appeals Specialist will refer the complaint back to the individual/department who supplied the proposed resolution for further consideration. This process will be repeated until the Appeals Specialist is satisfied that the proposed resolution clearly and fully responds to the member's complaint in its entirety.
5. DHWL will attempt to contact the member by phone once a resolution has been reached. Any verbal conversations will be documented by the Appeals Specialist in the CSM follow-up. The member will be notified verbally of the resolution to their complaint. All members will be provided with a written resolution to their complaint. An electronic copy of this letter will be added and retained in the CSM follow-up containing the associated complaint record.
6. The Appeals Specialist will update the external log with the resolution and the date that the resolution letter was mailed to the provider. The Appeals Specialist will then resolve the open follow up in CSM, marking the end of the complaint/grievance process.

Appeal workflow process

The following diagram outlines DHWL's process for resolving appeals. **Chart C.2**

Complaints, Grievances and Appeals Workflow

DENTAL HEALTH & WELLNESS OF LOUISIANA - CONFIDENTIAL REDACTED

Appeals Procedure Description

Following the same process as the flowchart above, here are the more detailed steps an Appeals Specialist will follow:

1. All incoming appeals mailed to the Appeals PO Box is received and opened between 7:00AM and 12:00PM on each business day by the Appeals Specialists.
    a. Each document received and processed receives a stamp that will display the date that it was received.
2. The Appeals Specialist will read all incoming appeal requests and match the request to the corresponding denial in the Enterprise System Customer Service Module (CSM).
3. The Appeals Specialist will review the initial denial letter for timely filing compliance of the appeal request. The appeal must be received no later than 90 calendar days from the date of the denial letter to be considered as a timely appeal submission.
4. If the request is found to be untimely, the appeal is denied for being "received beyond the timely filing limit."
    a. A letter is drafted and mailed to the Appellant explaining the timely filing denial.
    b. The denial letter and any documentation that was submitted as a part of the appeal are scanned to a PDF file on the same business day that the appeal was received.
    c. A call log is created by the Appeals Specialist in CSM under the Appellant's record. The call log will include the following information:
        i. A copy of the of the PDF file created in step b
        ii. A brief summary of what was being appealed and why it was denied
        iii. The claim or authorization number containing the denial
    d. The Appeals Specialist will make a log entry, recording the appeal activity, on an external tracking log.
5. The Appeals Specialist will create an acknowledgement letter for all timely filed appeals, unless the appeal is expedited. If the appeal is expedited, reasonable attempts will be made to acknowledge the receipt of the appeal with the Appellant by phone.
6. The acknowledgement letter and any documentation received as a part of the appeal are scanned to a PDF file. The original documentation is shredded and the acknowledgement letter is mailed to the Appellant within two business days of appeal receipt.
7. The Appeals Specialist will review the authorization record in ADM or the claim record in CAM and determine what Dental Consultant or Dental Reimbursement Analyst will conduct the appeal review by reviewing the determination history.
8. The authorization record in Authorization Determination Module (ADM) or claim in Claim Adjudication Module (CAM) is prepared and updated for appeal review by the Appeals Specialist. In ADM and CAM the documents received as a part of the appeal are attached to the authorization/claim record. An "appeal note" is placed on the authorization record indicating that the denied services are being appealed.
9. The Appeals Specialist will prepare and assign the appeal to a Dental Consultant/Dental Reimbursement Analyst who was not involved in the original determination by creating a follow-up in CSM. That follow-up will include the following information:
    a. A copy of the PDF file containing the appeal request
    b. A brief summary of what is being appealed
    c. The authorization or claim number containing the denial

d. A due date for the Dental Consultant/Dental Reimbursement Analyst to complete their review by
e. If the appeal requires a medical necessity review, an attestation will be placed in the follow-up that the Dental Consultant must state that they attest to in the following format:

> (Unique identifier) I, (Dental Consultant Name, Credentials), attest that, to the best of my knowledge, I have a scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review, as well as current, relevant experience and/or knowledge to render a determination for the case under review. (Description of denied services)

10. The Appeals Specialist creates an entry on an external tracking log. The external log will capture, at a minimum, the following information:
    a. Provider Name
    b. Subscriber ID of the member in the appeal
    c. Authorization or claim number being appealed (unique identifier)
    d. Date that the request was received
    e. Services being appealed
    f. Dental Consultant/Dental Reimbursement Analyst who will perform the review
    g. Outcome of the appeal
    h. The date that the determination notification was released
    i. Turnaround time from the date of receipt when the appeal determination notification is mailed
11. The Dental Consultant/Dental Reimbursement Analyst will render a determination after all of the documentation presented is reviewed. If the determination is to uphold the initial denial, the Dental Consultant/Dental Reimbursement Analyst will apply a specific denial reason on each line item that is being appealed and upheld or provide free-form denial language in the follow up. If the services are approved, the Dental Consultant/Dental Reimbursement Analyst will dictate what is to be approved for each denied service that is overturned. If the appeal was in regards to the denial of a claim for payment and the appeal is overturned, the claim will be resubmitted for payment application. The follow-up will then be reassigned back to the Appeals department, retaining its original due date.
12. If the appeal has been overturned, the Appeals Specialist will create a letter indicating the overturn action and what services were approved. A PDF copy of this letter is created and attached to the appeal record. The letter is then mailed.
    a. If the appeal was expedited, reasonable efforts will be made to notify the member and provider of the approval by phone. The verbal notification efforts will be followed up with a written notice of the decision within 2 business days of the decision being made.
13. If the appeal is upheld, the Appeals Specialist will create a letter indicating the reason for denial. The denial reason listed in the denial letter will reflect the denial language that was created by the Dental Consultant or provided by the Dental Reimbursement Analyst. A PDF copy of this letter is created and attached to the appeal record in CSM. The letter is then mailed.
    a. If the appeal was expedited, reasonable efforts will be made to notify the member and provider of the denial by phone in tandem with the mailed copy of the denial. The verbal notification efforts will be followed up with a written notice of the decision within 2 business days of the decision being made.

14. The Appeals Specialist will close the appeal by resolving the appeal record in CSM and updating all of the fields in the external tracking log.

Operational Improvements

As mentioned above, authorized users of the Customer Service Module (CSM) in the Enterprise System document the status and final determination of every complaint, grievance, and appeal as well as track all member/provider resolution communications. In addition, DHWL uses this documentation for insight into opportunities for improving the Complaints, Appeals and Grievances process. Please see examples where a process has been improved based on feedback from a provider.

1. Per a complaint from a provider, pre-authorization was removed for services requiring the excision of inflammatory tissue surrounding a partially erupted or impacted tooth; the benefit is that the provider was no longer required to complete documentation requirements and can proceed with treatment of this painful condition without authorization.
2. The language used to explain the reason for a procedure denial was updated to be more specific. This was done based on feedback from providers that the original language did not provide clear instructions for correcting or supplementing the claim with documentation. The benefit is that the provider has more specific information on the correct next steps after a denial is made.
3. To accommodate a member who switches providers, the allowed frequency of specific procedures was increased. For instance, there may be a case in which a provider has taken x-rays for a member and then the member switches providers. The new provider may require their own set of x-rays. The benefit of increasing the frequency allowed is that the new set of x-rays is now a covered procedure whereas previously only one set of x-rays was allowed within a certain timeframe.

SECTION N: FRAUD & ABUSE

N.1 PROGRAM INTEGRITY REQUIREMENTS

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.

Dental Health & Wellness of Louisiana (DHWL) will operate a Fraud and Abuse Compliance Plan (FACP) that includes policies, procedures, work plans, and an oversight committee that meet the program integrity components of 42 CFR 438.608 and State regulatory and contractual requirements. DHWL's local staff expertise and infrastructure, including being a Louisiana based company, will contribute toward the administering a robust waste, abuse and fraud (WAF) program that meets the expectations of the Department of Health and Hospitals (DHH).

DHW Program Integrity Plan and Processes

The DHWL Fraud and Abuse Compliance Program (FACP) and work plan will focus on identification, prevention, deterrence, reduction, correction and reporting of waste, abuse and fraud while preventing potential oral health risks to members. In addition, DHWL will cooperate with DHH, and any other federal or state authorities in the investigation and prosecution of any suspected fraud by a provider, member, or subcontractor. We will fully comply with all state and federal laws and regulations relating to fraud, abuse, and waste in the Dental Benefits Management Program. DHWL will submit our FACP document and work plan to DHH within 30 days of signing the contract, and no later than 30 days from readiness review. All updates and modifications will be submitted to DHH for approval at least 30 days in advance of making them effective. Following approval, we will review and update our program document at least annually to ensure that the results of previous year's activities, new fraud schemes and "lessons learned" are incorporated. Revisions to the document will incorporate the best practices and any DHH requested additions or revisions. This document includes citations to all applicable State and federal laws and outlines our commitment to compliance. The FACP outlines DHW's responsibilities, processes, lines of communication, standards, and is organized around four major components: Education and Training, Prevention, Detection and Investigation Processes, and Reporting.

Program Goals and Objectives. DHWL's FACP will set goals and objectives which outline the compliance activities we will conduct to achieve program goals. Compliance activities are developed by adhering to state and federal laws, rules and regulations from the Office of Inspector General; direction from DHH; issues and best practices identified by Centene and its affiliate health plans who offer dental benefits; and issues identified by the DHWL staff in their interactions with members, providers and subcontractors. DHWL will present our FACP to our Quality Improvement Committee, which includes Louisiana network dental providers, for suggestions on best practices and emerging trends. The main components of the FACP are outlined below:

1) FACP Leader: Designate a Compliance Officer and Compliance Committee to oversee internal and external monitoring activities. The Compliance Officer has the authority to carry out the provisions of the FACP and communicate effectively with regulatory authorities and DHH.
2) Administrative Provisions: Provide a systematic method for identifying, investigating, and taking corrective action against any person found in violation of Medicaid Program Integrity requirements.

3) Communication, Training and Education: Ensure that all DHWL providers, subcontractors, officers, directors, managers, and employees understand the FACP and their role in the compliance process as well as consequences of noncompliance.
4) Confidential Reporting Mechanisms: Ensure confidential reporting of WAF issues through hotlines and other well-publicized means and prevent retaliation against providers, members, and staff for reporting incidents.
5) Timely Reporting to Authorities. Provide a method for reporting suspected and/or investigated cases of WAF to the appropriate State or Federal authorities.
6) Ongoing Monitoring: Procedures will be developed for internal monitoring and auditing, including timelines for development and completion of corrective action plans and prompt response to reported WAF.

DHWL develops each goal, objective, and activity so that the responsibility and accountability for the steps involved, the documentation required, and the oversight is clear. DHWL documents all WAF activities, including correspondence with providers, recoupments if applicable, receipts of voluntary repayments, and education activities conducted.

Compliance Officer. DHWL will designate its Compliance Officer as the organization's FACP authority with the ultimate oversight responsibility for carrying out the FACP. This individual and their staff will be experts on the regulations related to fraud and abuse, and the Compliance Officer or his/her designee will interface and communicate with DHH and CMS, as the issue demands. The DHWL Compliance Officer routinely communicates with Centene's Compliance Committee and colleagues on common issues, best practices, and training initiatives. The Compliance Officer is accountable to the DHWL Board of Directors and is a resource to Senior Management.

Compliance Committee. The DHWL Compliance Officer will serve as the Chair of the Compliance Committee, which at least quarterly and includes managers from every DHWL department. This committee reviews and determines the need for further action regarding any identified issues of noncompliance. ***Policies & Procedures.*** The FACP will include policies and procedures specific to fraud and abuse prevention, detection, investigation and reporting. DHWL is committed to complying with all State and federal standards regarding fraud and abuse prevention and detection and will include the definition of Fraud presented by DHH in the RFP. DHWL will develop additional policies and procedures as may be required by DHH or to comply with relevant state and federal laws, CMS, HHS, the Office of Inspector General or any such standards established or adopted by the state of Louisiana.

Compliance Meetings. The DHWL Compliance Officer will meet at least every month with representatives from the Claims Research, Provider Relations, Provider Services, and Member Services teams, to review the FACP, update all open activities, share results, and discuss any outstanding issues. These meetings, when coupled with regular calls and ad hoc meetings, allow the Compliance Officer and other DHWL representatives to interface share compliance best practices.

State Meetings. The DHWL Compliance Officer and other designated representatives will attend all meetings set by DHH to collaborate on FACP policies and operations, including procedural updates or training sessions. The DHWL Compliance Officer will be the point person for communication with DHH officials and will be available to meet periodically with DHH and the State's Office of Inspector General Medicaid Fraud Control Unit (MFCU) to discuss any identified issues of fraud, abuse, neglect or overpayment.

DHWL Education and Training Regarding Fraud and Abuse

Annual Staff Training. DHWL believes that the key to preventing, deterring, detecting and stopping waste, fraud, and abuse lies in training employees at all levels of the organization. DHWL will include training on WAF in our Business Ethics and Conduct training module and during new hire orientation. The Employee Handbook, which every employee is required to read, also reinforces this information. We also conduct a series of companywide mandatory training sessions each year. These training sessions are limited to 20 persons to allow the attendees to confirm their understanding, share relevant experiences, and ask and receive answers to questions. We document each session through attendance logs and the training materials, which are scanned and saved to show completion in our Compliance 360© comprehensive compliance program management tool. The latest PowerPoint training deck is available for DHH's review.

The goals of our FACP and extensive training initiatives are to:

- Uphold DHWL's commitment to business ethics and compliance
- Educate our employees on identifying and preventing occurrences of WAF
- Provide discipline or additional education, as appropriate
- Provide reporting mechanisms and complete any necessary reporting

The focus of our training is the DHWL and Centene code of conduct, which insists that all employees, officers, and directors, have the responsibility to comply with our compliance policies and all applicable state, federal and local laws and regulations at all times and to report any concern they have regarding possible noncompliance. DHWL employees will be trained to report non-compliance through the Compliance Officer or our toll-free helpline. Our organizational value of integrity stipulates that failure to report a violation is considered a violation of our code of conduct. In addition to all WAF requirements, both state and federal, other training modules include requirements to not use or disclose confidential information, engage or assist with insider trading, and not provide business courtesies to government employees. Staff will also be trained on the requirements of the False Claims Act and Anti-Kickback statute. This annual mandatory training also educates and reminds employees of our obligations under the federal HIPAA privacy and security rules (including updates like HITECH and the Omnibus Rule), and State laws to protect the privacy of our members' information.

We conclude training sessions with a reminder that there can be a wide range of consequences for employees who violate our policies and applicable laws and regulations. This includes personal, civil and criminal consequences for people who engage in violations, or know about them and do not report them; as well as consequences under our disciplinary guidelines up to and including termination of employment. DHWL's goal is to maintain transparency and continue to build on our parent company's reputation as an organization that strives for the highest ethics and compliance to proactively identify and mitigate any potential instances of noncompliance.

Intranet Training for Employees. In addition to the annual training, Centene and DHWL provide computer based training modules on topics such as "Speaking Up: How and When to Speak Up with a Concern." This online course takes employees through a scenario of speaking up to a manager about a potential conflict of interest, including the proper way to make a report, how the manager should handle the situation, our zero tolerance non-retaliation policy for a report submitted in good faith, and what to expect from an investigation and follow up. Other online sessions related to maintaining program integrity have included:

- Identification, Reporting, and Resolving Conflicts of Interest
- Avoiding Insider Trading

- Centene 101 – Compliance, HIPAA and Fraud and Abuse
- Handling Employee Complaints and Concerns

Provider and Subcontractor Training. During orientation sessions, DHWL will educate providers about our FACP, which includes information about their obligations and how to report any concern directly to the company or via our WAF hotline. We also disseminate this information in our Provider Handbook, in newsletters, in classes, and during onsite visits to individual providers. These visits may be routine, the result of a random audit, an issue focused audit, or an inquiry generated by some reported concern.

DHWL will educate our subcontractors and consultants during their initial orientation meetings. Any of their personnel who work onsite are also included in our mandatory annual trainings. DHWL's contracts with subcontractors and consultants contain terms obligating them to comply with all relevant laws, regulations, DHH mandates, and incorporate, by reference, our Provider Manual. Furthermore, we contractually obligate subcontractors to immediately report any concerns about noncompliance within their organization; or that they may have observed at DHWL, at a provider's office, by a member, or by another subcontractor. At a minimum, DHWL will meet quarterly with each of its subcontractors or more frequently based on volume of business, criticality, sensitivity of responsibilities, or historical performance. During these oversight meetings, we review operational reports, compliance, and program integrity efforts.

Member Training. We will educate our members about WAF prevention in the Member Handbook, Member Welcome Packets, and on the Member Portal. DHWL will provide these resources to all new members, including those who lose eligibility and re-enroll with the plan. Our materials provide guidance to members about utilization issues, and how to report persons suspected of abusing program benefits.

Internal Communication Processes Regarding Fraud and Abuse

Our Compliance Department, led by the DHWL Compliance Officer, uses several methods of communication to address employee questions, concerns, and reports of potential noncompliance. The combination of new hire orientation and ongoing employee training, along with the participation of Compliance Department staff in Quality Improvement Committee and workgroup meetings encourages our employees to approach our Compliance Committee members with any questions or concerns. In addition, we provide an internal and external toll-free hotline for employees, providers, members, subcontractors, or others to anonymously report their noncompliance concerns. These phone lines are available 24 hours a day, 365 days a year, and are operated by a third party that specializes in providing confidential assistance to corporations. Use of a hotline that is administered by a third party enhances the potential for reporting of WAF issues and allows callers to report concerns anonymously. The hotline administrator logs all suspected WAF issues and forwards them immediately to the Centene Compliance Officer for further investigation. If the allegation is substantiated, the information is forwarded to DHWL's Compliance Officer for action. DHW will report this information to the State within 24 hours of discovery, or sooner if possible, and take prompt corrective action.

DHWL staff training will include instruction on the variety of resources staff can use to report a WAF issue or concern, including the employee's supervisor, the Compliance Department, the toll free WAF Helpline, or DHWL/Centene's Compliance Committee representatives. We stress during our training that the most important thing is to report any and all suspected instances of WAF or noncompliance without fear of retaliation. All reporting resources, including telephone and e-mail contact information, are listed in training materials and the employee handbook.

Enforcement of Standards

DHWL will ensure that employees understand our written policies, the content of the trainings described above and emphasize the consequences of any willful violation or failure to report will result in discipline up to and including termination of employment. DHWL will ensure that the written policies and training programs described herein will also be included in provider agreements, orientation and provider manuals to emphasize that any willful violation or failure to report suspected fraud and abuse will result in discipline up to and including termination of employment. Similarly, DHWL will enforce compliance by subcontractors with corrective action clauses in our subcontracts and monitor performance through regular auditing, reporting and oversight meetings. Should we find an issue or receive a report of a concern, we will discuss it with the subcontractor and implement a corrective action plan. Severe or repeated issues may result in termination of the subcontract and if warranted, a report to the appropriate authorities.

DHWL's enforcement of program integrity also extends to members. If DHWL receives a report of member misuse of benefits, we will analyze claims reports and examine any existing files to validate or invalidate the report. If we discover member abuse or fraud has occurred, we will report the member to DHH. If waste or inappropriate use of services is identified, we will contact the member, address the concern with them, and offer solutions to avoid recurrence. We will also contact the member's PDP to be sure he or she is coordinating the member's care appropriately.

DHWL Detection and Investigation Processes for Claims

Through our proven and innovative Enterprise System, we are helping shape the way fraud and abuse is detected, and is helping DHWL Members to benefit from better and more reliable care. By reducing fraud and abuse DHWL dental program ensures compassionate care is delivered to all beneficiaries and reduces tax payer dollars spent on fraudulent billing and unnecessary services. DHWL will utilize the Enterprise System, which contains a number of built-in controls to prevent fraud and abuse ***before it happens***. These controls, described in detail below, include clinical algorithms and authorization guidelines, proprietary dental edits and business rules, provider profiling, and integrated biometric technology.

Complete Market Analysis. Enterprise System tools are used to gather and analyzed market information. As the billing methods of dental chains have become more sophisticated, the software platform has kept pace with the ability to aggregate market data at a number of different levels, including individual dentists, office locations, payees and tax entities. This allows identification of abusive billing practices that use multiple locations, tax IDs, and Providers for the same patient. By identifying market cost trends, the software is able to analyze Providers driving trends in the markets, and generate Provider profiling reports to gather detailed statistics. ***Provider Profiling*** allows us to better understand the specific dental services being rendered that fall outside of the norm. This is accomplished by comparing the Provider or Provider group against a panel of peers (Providers of the same specialty) and filter by

- Costs per patient
- Services per patient
- Up-Coding Ratios
- Age Banding

Once this information is gathered and Providers with a significantly different statistical variance in delivery of services are identified, we can focus an investigation and intervene if appropriate. DHWL will work with the Provider to determine the cause of the abnormal trend. If the Provider refuses to work with us, an intervention takes place. Provider interventions include but are not limited to:

- Discussions with Provider
- Patient chart review
- Conditional network participation status
- Fee schedule modification
- Enhanced authorization and scorecards
- Fraud and abuse referral
- Contract suspension or termination

Clinical algorithms/authorization guidelines: Technology, combined with DHWL experience, ensure a consistent approach to determining medical necessity for dental procedures before fraud and abuse takes place. A well-defined set of proprietary clinical algorithms are at the core of DHWL's dental protocol process. Over 120 algorithms have been developed over a period of ten years under the direction of Chief Dental Officers and a committee of independent dental consultants. The automated guidelines are used to ensure consistent, fair decisions about the medical necessity of covered dental services.

Dental edits and business rules. DHWL takes full advantage of the Enterprise System to detect and prevent fraudulent billing practices before providers are reimbursed. This technology is used to avoid and the expensive "pay and chase" approach, and instead identify potentially fraudulent or abusive claims before they are paid. The Enterprise System software platform includes a full set of proprietary, dental-specific edits that evaluate and validate authorizations and claims from the moment the electronic data enters the system until payment is determined. The system also supports custom edits for unique DHH business requirements and cost containment objectives. Edits can be customized with DHH specific business rules to automatically determine authorizations, deny claims, and flag authorizations and claims with descriptive exception messages for further review.

As an example, one such edit caught a situation in which a Provider office billed services for the same recipient, on the same date of service with slightly different procedure codes from different Providers of the same specialty. Further investigation identified this scenario as inappropriate, and the second claim was denied as a duplicate requiring further documentation from the provider office.

Should potential fraud be identified post claim payment, we are able to create new edits and business rules to prevent the situation from occurring with future claims.

Integrated biometric technology. One way to help reduce phantom Provider billing and Member card sharing is to require the use of a point-of-service biometric device, such as a finger vein scanner, in targeted office locations. The Enterprise System is capable of integrating with biometric technology and can offer live alerts that provide positive feedback through online access to the Provider Web portal. This provides access to comprehensive history for both Beneficiaries and Providers, and customizable edits that enforce documentation requirements during claim adjudication.

Subcontractor Oversight. As part of DHWL's oversight of all subcontractors, we will require subcontractors to report any suspected fraud or abuse to DHWL's Compliance Officer. The Compliance Officer will ensure that any subcontractor reporting follows the same processes described herein.

Investigating and Reporting of Fraud and Abuse

If any situation is believed to be fraud or abuse after review by the compliance committee, DHWL's Compliance Officer will be notified immediately. The Compliance Officer will immediately notify the appropriate State offices, depending if the case is member or provider related. When DHWL believes that a provider billing error exists, but the problem does not amount to fraud, we will work to investigate, educate the provider, and correct the situation. If necessary, a provider may be placed on prepayment review. When this occurs, the DHWL Compliance Officer will work to ensure that medical records are reviewed to prevent overpayments for future claims submitted by the provider. Once a provider is educated, DHWL will re-review the provider's billing practices within one year of the education to validate that the erroneous billing pattern has been corrected. If the billing pattern has been corrected, the case will be closed and the resolution reported to DHH. If it has not, the DHWL Compliance Officer will be notified. The Compliance Officer will work closely with DHH to determine the next steps of the investigation.

Investigation Conducted by State. Once a case of suspected fraud is reported to the State, DHWL will suspend all plan efforts to investigate, resolve, or take further action, unless otherwise directed by the DHH, so as not to interfere with any ongoing State investigation or enforcement process. Neither DHWL nor our parent company will disclose the existence of any investigation conducted by DHH or a federal law enforcement agency. It is our policy to verify with DHH on how they prefer DHWL to handle future claims received from the provider while an investigation is underway. For example, we will not put a reported provider on pre-payment review without DHH permission. We understand that should a recovery be made by the State, DHWL may share in that recovery to the extent that we have documented any losses. We understand that we will receive reimbursement only after the State has recovered its cost of pursuing the action and that reimbursement will not exceed actual losses.

Investigation Conducted by DHWL. When we have reported a concern to the State and receive authorization to pursue the investigation ourselves, DHWL will assign a case number and conduct a preliminary investigation within 30 working days of receipt. The preliminary investigation includes a description of other investigated issues, when the provider or member last received education, a review of billing patterns for suspicious indicators, discussion of which State regulations or program guidelines have been violated, and a review of the preliminary conclusions with DHWL's Chief Dental Officer. If no irregularity is detected, the case is closed, filed for future reference and the Internal Joint WAF Committee and DHWL's Compliance Officer will be informed of the results.

If it is determined that there is a billing error, but not fraud, the Internal Joint WAF Committee and the DHWL Compliance Officer will prepare and send an education letter to the provider. This letter may contain a notice to recoup overpayments. Providers have the right to appeal any planned recoupment. The Provider Relations Specialist will work with Provider Relations and Network Development staff to determine if the notice should be delivered via mail or in person.

If it is determined that medical records are necessary to facilitate review, DHWL has 15 working days to select a sample and send the request to the Internal Joint WAF Committee and the DHWL Compliance Officer for review and approval. Upon approval, a certified letter will be sent to the provider requesting records. Once the dental records are received, within 60 working days, the records will be reviewed and the results discussed with the Chief Dental Officer. The Internal Joint WAF Committee and the DHWL Compliance Officer will be informed of the results. If fraud or abuse is identified by the reviews conducted, the Internal Joint WAF Committee and the DHWL Compliance Officer will ensure that DHH receives all relevant information pertaining to the case in a timely manner.

Reporting Concerns to the State. A crucial part of our FACP is to report any provider whose billing activity appears to be more than erroneous or even abusive to the State. While DHWL will provide any assistance including written materials, an onsite visit, or resources to help educate providers and their office billing staff about errors, DHWL will report any provider to DHH if we suspect a provider is submitting claims that are wrongly coded or not supported by documentation, we receive a credible report of fraud, or we have requested recoupment that is not received. Our DHW Compliance Officer, or designee, will forward the following information to the appropriate State agencies:

- Provider name and ID number
- Source of the potential compliance issue (if known)
- Type of provider
- Nature of the potential compliance issue
- Approximate dollars involved
- Legal and administrative disposition of the case, and any necessary information to describe the activity regarding the complaint.

DHWL recognizes and will provide documentation to any of the state identified resources below:

- Louisiana Medicaid Office of Program Integrity via US Mail
- The Louisiana Medicaid fraud hotline toll free number, 1-800-488-2917
- Fraud reporting fax line 225-219-4155; or
- DHH website www.dhh.louisiana.gov

Member fraud is often on a smaller scale than provider fraud; however, it is critical to monitor our program, including case data, member calls, and claims data to deter, detect, and resolve any issue.

Quarterly Reporting to the State. DHWL will report quarterly to DHH on our progress in accomplishing our compliance activities, including meeting our goals and objectives. We will also report provider educational initiatives related to billing and medical records. We will keep DHH informed of important findings of our investigations, such as if we were to identify what appeared to be a trend in a certain type of billing error in one part of the State or an identifiable health system, or a group of providers that appeared to be billing members inappropriately. DHWL will also include a list of recoupments from providers in its quarterly report. All instances of suspected fraud, abuse, waste, neglect, and overpayment will be reported to DHH immediately upon discovery.

SECTION O: THIRD PARTY LIABILITY

O.1 COORDINATION WITH DHH REGARDING TPL

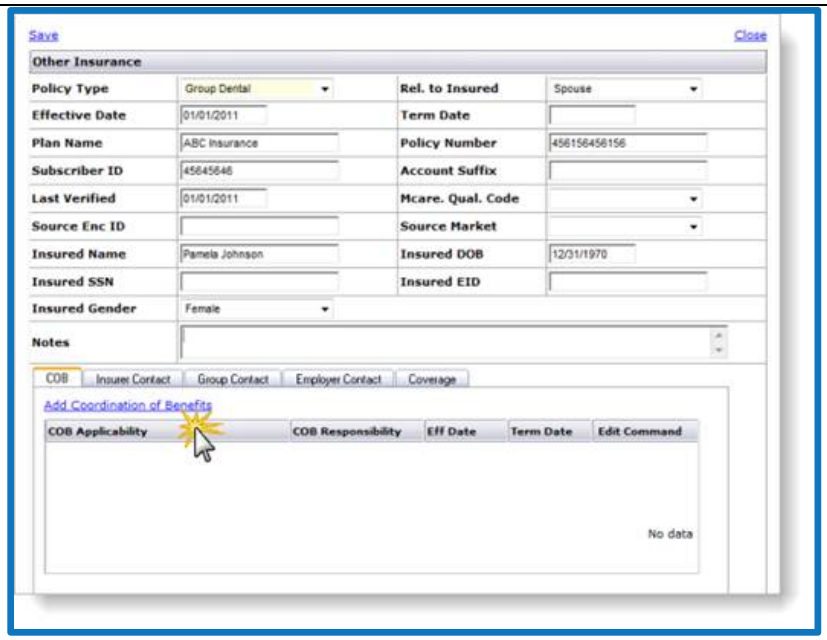
Describe how you will coordinate with DHH and comply with the requirements for cost avoidance and the collection of third party liability (TPL) specified in this RFP, including:
o How you will conduct diagnosis and trauma edits, including frequency and follow-up action to determine if third party liability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

Third Party Liability Processing

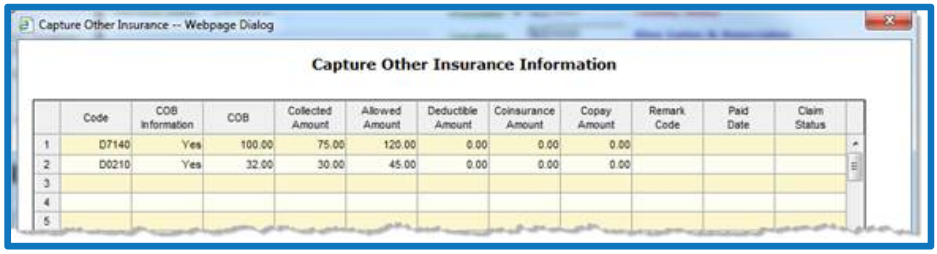
Dental Health & Wellness of Louisiana (DHWL) will leverage the Coordination of Benefit (COB) processes, including cost avoidance and post-payment recovery processing, of our partner Scion Dental. DHWL understands that Medicaid is the payer of last resort, and we will adjudicate claims according to Federal and DHH requirements for COB and Third Party Liability (TPL).

Cost Avoidance – Our Pre-emptive Approach. Our experience has shown that the best approach to TPL is to *minimize the need to recover costs in the first place* and we employ several methods to support our "pre-emptive," cost avoidance strategy. Our goal is to identify other insurance prior to payment, and then allow the system to adjudicate and pay claims correctly, taking other insurance into account automatically. Rather than pay and pursue, DHWL will make every effort to avoid overpayment by gathering and storing details about other insurance sources for each member, and then calculating accurate payment or denying claims accordingly. Our pre-emptive strategy to maximize the accurate identification of TPL/OI includes the following processes:

Enrollment Processing	Today, our partner Scion Dental supports receipt of TPL information via the HIPAA 834 eligibility file; we can also receive TPL information securely in proprietary formats, if necessary. Once we receive this information, the data is systematically loaded into the Enrollee Input Module (EIM) of our Enterprise System. From there, the data moves to the Enrollment Module (EM) which houses current and historical member information and maintains our master member index to assure member data integrity. Once loaded in EM, that data is available to our other modules in our Enterprise System, such as the Claim Adjudication Module (CAM). When other insurance information is stored with an enrollment record, the system evaluates the other insurance information during claim processing, applies business rules (based on DHH requirements), and then either calculates a COB payment amount, automatically denies claims if no payment is due, or routes claims to work queues for special handling. On a weekly basis, we will provide TPL information to DHH's Fiscal Intermediary, in the specified file format, to ensure synchronization of data between DHWL and DHH.



Explanation Of Benefit Attachments and Claim Adjustments	We validate TPL whenever we receive a first time claim with a COB indicator, when an Explanation of Benefit (EOB) is attached, or when we receive an adjustment request from the provider. If other insurance is indicated when a claim is submitted, and COB is missing, the system triggers an exception, and a Dental Reimbursement Analyst (DRA) handles the claim. When we receive a claim with Explanation of Benefits (EOB) or other Coordination of Benefits (COB) documentation attached, both the claim and its related documentation are scanned, and the documentation is attached to the electronic claim record. When the claim data is entered into the system through the data entry interface, the information included on the EOB is entered directly into the claim record, including specific procedure codes, dollar amounts, and other insurance information. The system then uses this information to adjudicate and accurately pay or deny the claim.
DHWL's Provider Portal	Via our secure, web based Provider Portal we will receive from and communicate to providers information related to TPL: Providers can submit to us a member's TPL documentation by uploading images, PDFs, Microsoft Word documents, or other digitally formatted TPL related documents electronically and securely via the Provider Portal. A provider may enter a claim directly via our HIPAA compliant online claim



	entry facility. Our online claim entry application has logical field checks so that, for example, if a provider indicates that the member has OI, but no entry is made concerning third party payments, our claim entry application will alert the provider about this missing information at the time the provider is entering the claim. We allow authorized provider users of our Provider Portal to see any current TPL information we have collected for a member.
Diagnosis and Trauma Edits	We will load accident related ICD-9 diagnosis code edits into our claims adjudication system. If a claim is received without documentation to support the liability or non-liability of a third party, and the claim contains an accident- or injury- related diagnosis code, and/or trauma indicator of "Y", we will pay the claim and request that the provider submit accident-related documentation or payment information from the third party. Our claim data entry system has the capability to capture ancillary claim information, such as information about treatment related to Employment, Auto Accident, or Other Accident. The presence of this information on a claim can be used to trigger an inquiry into other sources of insurance to cover the treatment.

Verifying TPL and Provider Education. COB details are gathered and stored with each member record in the Enterprise System software application; that data is then used to accurately adjudicate and pay claims. DHWL will incorporate several different tactics to validate COB.

- ***Data Verification & Communication.*** We will customize our member outreach COB program to meet DHH requirements. To verify COB accuracy, we can notify DHH that we suspect a member has other insurance or our Member Outreach team can contact the member to verify the accuracy of other insurance information.
- ***Member Call Center & Member Outreach.*** When a member calls into the Call Center, our Customer Service Representatives can attempt to identify whether a member has other insurance and then update the member's enrollment record to reflect Third Party Liability (TPL). In addition, based on DHH preference, we can contact members proactively to gather and verify information about other insurance, based on time elapsed since TPL was last updated.
- ***Provider Training.*** Through our regular provider orientations, ongoing training meetings, and our online Provider Manual, we will inform and educate providers about the importance of submitting denial notices from third parties,. We will educate our providers about the importance of identifying TPL information at the time the member receives service. We will also provide them with any additional instruction needed related to including TPL payer and payment information in the COB and other payer segments of their HIPAA 837 EDI claim submissions, or their paper claim submissions. In addition to training, we will allow authorized provider portal users to see any current TPL information we have collected for a member. TPL checking by the provider thus becomes a routine part of the member eligibility verification process before the claim is created and submitted.

Coordination of Benefits Processing and Recoupment. Our Enterprise System and specifically our Claim Adjudication module will be configured for DHH specific processing rules for COB. If other insurance is flagged on a member's enrollment record, we can automatically deny claims during processing or route

claims to a work queue for special handling. If other insurance is indicated when a claim is submitted, then Coordination of Benefits (COB) documentation is required when the claim is processed. If the provider has indicated that there is other insurance but doesn't provide the needed documentation (the primary carrier's EOB), the claim will be rejected and a letter will be sent to the provider requesting that documentation . If other insurance information is identified and verified after a claim is paid, the claim can be reprocessed, and overpayment can be recouped automatically from subsequent provider payments.

- DHWL and Scion Dental will provide encounters to DHH as specified in the request for proposal. For claims that are recouped in full, we will void the claim.
- Where the recoupment results in an adjusted claim payment, we will submit replacement encounters.
- We understand that DHH will use TPL data for the purpose of future rate setting.

Medicare Crossover Claims Processing. Using the Enterprise System platform, we can identify, process, and price "crossover" Medicaid/Medicare claims submitted for the same eligible patient and can automatically manage Coordination of Benefits (COBs) for members with dual eligibility. When a claim is edited, client business rules are applied to identify which benefit plan is considered "primary." The claim is then adjudicated according to the primary benefit business rules, and the outbound payment can be reduced to account for the appropriate reduction based on the COB handling rules defined for the member's benefit package. The "secondary" benefits are either applied to the second claim submitted by the provider, or if the client prefers, a custom process can automatically generate a secondary claim and apply the secondary benefits. For all "crossover" claims, Scion Dental follows client-defined handling rules. For example, if a claim is received without an attached Explanation of Benefits (EOB), the claim can be automatically denied, or it can be automatically routed to a work queue for client-defined handling.

Subrogation. Traditionally, Scion Dental has not had a need to implement subrogation processes on behalf of its clients. In our experience, there have been extremely small dollar volumes to recover from other healthcare insurers for dental claims. Scion Dental is currently in the process of searching for a subrogation vendor that specializes in dental. Our planned functionality for the future would be to have a subrogation vendor in place for the dollars that would need to be pursued from other insurers.

Subcontracted Responsibilities. As mentioned above, DWHL will partner with Scion Dental for the administration of the Louisiana Dental Benefit Program. Scion Dental will be responsible for enrollment and TPL data processing. Scion Dental is experienced at transforming, validating, importing, and reconciling both standard enrollment and TPL formats and complex, proprietary data transactions. Scion Dental takes advantage of built-in efficiencies in the Enterprise System, the dental benefits administration software platform, to import, process, and manage data file imports, including eligibility files. Scion Dental has more than 20 years of experience with enrollment and TPL/COB procedures. With DHWL and Scion Dental, our team is fully dedicated to the successful implementation of DHH's program and will work with DHH to ensure data is tested, updated and validated. Our data processes will be very specific to DHH and the Companion Guide, eligibility file layout, any mapping documents, product identification mapping and eligibility test file

SECTION P: CLAIMS MANAGEMENT

P.1 CLAIMS MANAGEMENT SYSTEMS AND CAPABILITIES

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.

Scion Dental will manage the claims processing function for Dental Health & Wellness of Louisiana (DHWL) and will bring 20 years of experience processing dental claims to DHWL, DHH and the Louisiana Dental Benefits Program. As external confirmation of Scion Dentals excellence in claims management, Scion Dental, and their sister company, are the ***first*** and currently the ***only*** companies in the United States to have received URAC full accreditation for Claims Processing Administration with Claims Review and Appeals, Version 4.0. DHWL and Scion Dental are very proud of the technology and teams who made this accreditation possible, and to be in the position to offer these capabilities to DHH.

We have reviewed in detail all claims requirements stipulated in Section III of the Request for Proposal (RFP) and also requirements indirectly impacting claims processing such as those found in Section III.E.19, as well as those specified in Electronic Claims Management Functionality Section, and the Adherence to Key Claims Management Standards Section. We support similar requirements for all our clients today, and our systems and processes are fully capable of honoring DHH claims processing requirements.

Scion Dental offers an advanced, comprehensive and flexible claims management system and our Claims processing teams are dedicated to timely, accurate claims processing and follow a meaningful workflow from the time a claim is entered to the time it is approved and paid. That workflow is outlined below.

Claim Intake

Our Claims Management Information Systems and teams are comprehensive, dedicated and follow a meaningful workflow from the time a claim is entered to the time it is approved and paid. That workflow is outlined below.

Claim information can enter the Enterprise System in one of three ways:

- Imported in an EDI file in HIPAA-compliant 837 transaction set format.
- Submitted electronically through the Provider Web Portal.
- Manually entered through the user interface from a paper form or scanned image.

Data entry controls prevent claims with missing information from being submitted. Claims that have been submitted through the web portal or imported through electronic files are validated for quality and completeness.

DHWL prefers to receive electronic claim files. Our Network Management team works with Providers every day, encouraging them to submit electronic claims through the Provider Web Portal; and our IT team members are experts in working with clients to load Electronic Data Interchange (EDI) claim files. Please refer to **Diagram P.1.B *Paper Claims Processing***, and **Diagram P.1.C *Claim Intake – Electronic*** for a workflow of these processes.

The workflow, **Diagram P.1.A *Paper Claims and Authorizations***, summarizes how incoming paper claims, authorizations, and supporting documents are handled and scanned.

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Paper Claims and Authorizations

The workflow below illustrates the intake process for paper claims ***Diagram P.1.B Paper Claims Processing***

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Diagram P.1.C Claim Intake – Electronic

Claims submitted electronically. Our Network Management team works with Providers every day, encouraging them to submit electronic claims through the Provider Web Portal. Data entry controls prevent claims with missing information from being submitted. Claims that have been submitted through the web portal are validated for quality and completeness.

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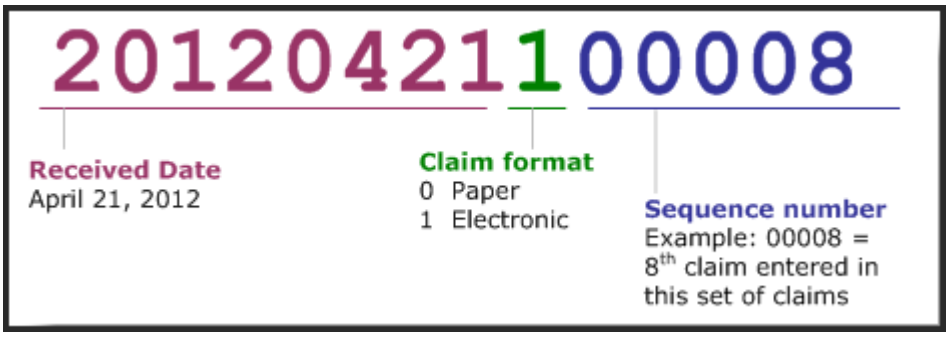
Claim Inventory Management

Regardless of how claim data enters the system, it is automatically assigned an internal control number called an Encounter ID. This number becomes part of the claim record in the Enterprise System database.



All claims and attachments that DHWL receives in a paper form are scanned with the date of receipt. When a paper claim is scanned, third-party inventory control software assigns it a unique Encounter ID. DHWL can track the inventory of claims that have been entered into the system at each stage of the claims workflow using the real-time Claims dashboard. Each Encounter ID is accounted for as an entered claim, a claim rejected for incomplete information, or a claim in the work queue waiting to be processed.

Claims are entered in priority of date received. The imaging software's workflow management utility ensures that all claims and attachments are accounted for. Attachments, including x-rays, are automatically associated with the claim record via the assignment of unique barcode labels. The unique barcode label allows the system to electronically "marry" claims with their related attachments.

After paper claims are scanned, staff enters the claim data into the system from the scanned images.

To speed data entry, the Enterprise System claim entry functionality supports data entry shortcuts, including:

- "Sticky" fields that allow field values to remain the same from one claim to the next.
- Encounter IDs that automatically increment for subsequent claims.
- Quick keyboard navigation across fields.
- Shortcut entry for dates, providers, locations, and procedure codes.
- Keyboard shortcut keys for opening search windows and performing repetitive functions.

After a batch of claims has been entered into the Enterprise System, a report is generated that accounts for any missing Encounter IDs or indicates that every Encounter ID has been accounted for. Auditors review batches for accuracy and completeness.

Data Entry Audits

To ensure the validity of all entered claims, edits are performed at multiple levels within the Enterprise System software. At data entry, specific validity checks and "complete claim" edits are performed as claims are entered into the system. After entry, audit reports are generated to check for client-defined edits designed to meet specific client requirements. When claims are adjudicated during claims processing, the system runs hundreds of business rules against claims to verify complete, accurate, and appropriately authorized service data.

To ensure the accuracy of claims entered by claims examiners through the Enterprise System user interface, data entry accuracy is audited through the following measures:

- Data integrity is automatically checked during data entry, and a system-generated warning message is displayed to the examiner during data entry (e.g. invalid diagnosis code).
- DHWL managers conduct random data entry audits prior to payment.
- A nightly audit report checks for validity and any potential entry errors. This audit report is customizable by client. Potential errors are reviewed and corrected (if necessary) by DHWL auditors.
- During claim editing, the Enterprise System automatically identifies invalid data with an exception code and routes the claim to a work queue for review, and if appropriate, ultimate denial.

Claim Edits

Proprietary edit rules are applied during claims processing to verify Member, Provider, and dental service eligibility. These pre-defined dental claim rules are based on many years of industry experience, industry standard best practice, licensed consultant reviews, and past customer input.

Proprietary edits can be customized with DHH-specific business rules to automatically determine authorizations, match authorizations against related claims for automatic consumptions, deny claims, and flag authorizations and claims with descriptive exception messages for further review.

Any of these rules can be easily customized, turned on or off, automated or set up to require manual review, or applied selectively down to the level of an individual benefit plan, Provider, or clinic location.

A few of the edits applied during claim processing are listed below.

Dental Edit Package

- **Appropriate Care Edits.** These edits use criteria defined in the Appropriate Care rules to deny services that are deemed inappropriate based on the patient's claim history.
- **Client Specific Edits.** These edits use custom defined business logic to meet unique DHH business rules.
- **Code Standardization.** Includes Code Switching, Amalgam/Resin Recoding, and X-Ray Recoding rules.
- **Code Validation Edits.** These edits use business rules based on procedure codes to determine if the code, tooth, quad, and arch are valid for the patient's age and valid based on other codes billed for the service.
- **Collect Additional Information**. Updates information on the claim to allow DHH-defined rules to be applied.

- **Coverage Edits**. These edits use benefit plan business rules to determine if service is covered and meets defined service limitations; these edits also apply alternate benefits and waiting period rules.
- **Data Integrity Edits.** Includes validation of Member information and Provider contracting terms.
- **Downcoding Edits.** These edits use user-defined criteria established in the downcoding rules.
- **Checking for Provider Service Authorizations**. Manages Provider Service Authorization requirements and triggers exceptions if matching authorizations are not found or additional documentation is missing.
- **Illogical Patient Service Edits**. Triggers exceptions if the Provider specialty, quantity billed, patient age, or place of service is not appropriate for the billed service.
- **Prerequisite Care.** These edits use criteria defined in the Prerequisite Care rules to deny services that require prior services to have been performed in the patient's claim history before the current service is paid.

Appropriate Care Rules

A few of the edits built into the Enterprise System to validate appropriateness of care are shown below. Any of these edits can be customized or turned on or off.

Sample Appropriate Care Rules

- Re-cement crown not billable within 12 months of crown
- Periodontal maintenance billed within 90 days before or after a code in D4210–D4999 range
- Reline/Rebase Complete/Partial Dentures Maxillary not billed within 180 days before or after Complete/Partial Denture – Maxillary
- Basic restorative services billed on extracted tooth after extraction
- Endodontic services billed on extracted tooth after extraction
- Periodontics services billed on extracted tooth after extraction
- Sealant billed on extracted tooth after extraction
- Extractions billed on extracted tooth after extraction
- Surgical extraction of residual roots on extracted tooth after extraction
- Therapeutic pulpotomy/pulp debridement billed on extracted tooth after extraction
- Palliative (emergency) treatment (D9110) not billable with certain codes
- Consultation (D9310) not billable within 90 days before or after for certain codes
- Consultation (D9310) not billable on same day for certain codes
- Codes not billable after full denture placement

Customizable Claim Processing Rules

The Business Rules Engine also allows DHWL to define and implement customized business rules, including customized edit processing and adjudication rules. For example, DHWL customizes their own dental edits and associated exception messages, including defining rules for appropriate care, downcoding, x-ray recoding, quantity recoding, and edit restrictions.

In addition, DHWL can define and manage our own adjudication rules and apply or restrict each rule based on claim type, benefit plan, group, payor, insurer, benefit level, network, and code set.

Examples of Denied Claims

The Enterprise System software platform can be configured to meet specific business rules for automatically denying claims for administrative reasons. DHWL will configure the system based on DHH rules and regulations around which claims should be automatically denied and can also specify the wording used for each exception/denial reason. We can also specify which claims should be routed to work queues for manual review and correction.

When a claim does not meet our pre-defined business requirements, such as missing member information, the claim is recorded in the inventory control system and letters to Providers are generated. These letters, customizable by DHWL, inform the Provider of key details about what information was incomplete or inaccurate, and why the claim was not able to be accepted and processed.

Diagram P.1.D Claim Adjudication and Payment Process The workflow below illustrates DHWL claim adjudication and payment process.

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Claim Processing Cycles

Once all claims are converted to electronic format and validated, they move through Edit, Adjudicate, and Payment Cycles. **The Enterprise System is designed to automatically adjudicate nearly 100% of all claims.** All units of coverage are defined as part of each benefit plan and automatically applied and validated when claims are edited. The system automatically determines whether a service should be paid or denied, based on both the benefit plan rules and the patient's service history. Using the Enterprise System as its claim processing platform, adjudication rates in excess of 99% are nearly always achieved.

Automated Claim Reviews

The Enterprise System performs automated reviews by applying hundreds of proprietary, dental-specific business rules against each claim and its services during the claim processing Edit Cycle. The system uses these rules to identify and automatically deny services for administrative reasons where appropriate, such as "member ineligible" or "service not covered."

Those services that do not require further review can automatically advance from the Edit Cycle to the Adjudicate Cycle, where they can be adjudicated and either paid or denied (rather than held back in the Edit Cycle with other claims that do require review and manual intervention). The auto advance feature can be enabled or disabled for each denial reason.

Claim Processing Standards

DHWL partner Scion Dental has always met—and usually far exceeded—its own claim processing standards, as well as those defined in each client's unique Service Level Agreements (SLAs). We are confident that we will meet or exceed DHH requirements around claim processing. Including but not limited to payment of ninety percent of clean claims within 15 business days, and ninety nine percent of clean claims within thirty calendar days of receipt. The following chart compares Scion Dental's internal claims processing standards against actual audited results in 2013.

	Client Standards	Actual Performance
Claims paid within 30 days	90%	99%
Claims paid within 60 days	100%	100%
Financial accuracy	98%	99%
Payment accuracy	95%	99%

Audit Trails

The claim processing system maintains a complete audit trail for each claim record. The audit trail shows each processing stage and includes (but is not limited to) the date the claim entered each stage and any edits, audits, and changes posted to the claim at each processing stage. All of this information is available for immediate online review through the Enterprise System user interface.

Every action taken with a claim and authorization is tracked, including the time it is entered, who entered it, which edits and pricing rules were applied during processing, and any manual changes, approvals, or denials. All actions are recorded in an audit log during each processing stage, allowing a complete audit trail that traces the claim or authorization from the moment DHWL receives it through its final determination.

All claim/authorization details are maintained in the system, including (but not limited to) the original billed amount, calculated allowed amount, COB entered and calculated amount, any manually priced amount, actual payment amount, any other insurance paid amount, and any member responsibility amount. In addition, details on how the calculated allowed amount was determined are also tracked for each claim. All of this information is maintained for each claim and never overwritten, so historical information is always available for immediate online review. Users with appropriate security permissions can view the change history and audit log from various functional areas in the Enterprise System. Historical claim data is also available to Providers through the Provider Web Portal.

Provider Payments and Claims Reconciliation

The claim processing Payment Cycle generates payments for Providers (and members, if applicable) and also generates payment reports, including Remittance Advices for Providers, as well as Explanation of Benefits (EOB) and Explanation of Payment (EOP) reports for members. After the Payment Cycle is confirmed, the system automatically posts payment reports to web portals where the appropriate documents can be accessed online by Providers and Beneficiaries. If configured, the system can also send automated email messages to Providers and Beneficiaries when new payment reports are posted to the portals.

Providers can receive either EFT payments or paper checks. The Finance Department obtains check stock from a secured location and prints paper checks in-house. The Finance Department also sends EFT files to the appropriate banks. For security purposes, DHWL physically secures all check stock and allows only authorized users the ability to finalize the Payment Cycle, issue electronic payments, and print checks.

DHWL can process and pay Provider claims on any schedule that meets DHH needs. Office Services are performed by experienced staff members who follow detailed schedules that identify when individual tasks are due. This allows DHWL to meet scheduled check runs and other DHH deadlines on time. The Office Services department has clear expectations, well-defined processes, and careful oversight and monitoring. Workloads are managed and additional resources are assigned as necessary to ensure every DHH deadline is met.

Diagram P.1.E Printing and Mailing Services The workflow below illustrates DHWL services for printing and mailing documents and Payment Cycle output including checks, Provider Remittance Advices, and member Explanation of Benefits (EOBs) and Explanation of Payments (EOPs).

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Diagram P.1.F Monthly Claim Activities The workflow below illustrates monthly claim activities performed by the Finance department.

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Payment Capabilities

DHWL can process and pay Provider claims on any schedule. DHWL will meet or exceed the requirement to pay 90% of clean claims within 15 business days, and 99% of clean claims within 30 days. Dental Reimbursement Analyst tasks are performed by experienced staff members who follow detailed schedules that identify when individual tasks are due. This allows each Dental Reimbursement Analyst to meet scheduled check runs and other DHH deadlines on time. The Dental Reimbursement department has clear expectations, well-defined processes, and careful oversight and monitoring. Workloads are managed and additional resources are assigned as necessary to ensure workflows are followed and all DHH deadlines are met.

Payment Methods

Payment by paper check and payment by electronic funds transfers are available to Providers.

The claim processing Payment Cycle generates payments (either paper checks or EFT payments) and also generates payment reports, including Remittance Advices for Providers and Explanation of Benefits (EOB) and Explanation of Payment (EOP) reports for Beneficiaries.

After the Payment Cycle is confirmed, the system automatically posts electronic payment reports to web portals where the appropriate documents can be accessed online by Providers. If configured, the system can also send automated messages to Providers when new payment reports are posted to the portals.

The Finance Department obtains check stock from a secured location and prints paper checks in-house. The Finance Department also sends EFT files to the appropriate banks, following each client's defined process steps. For security purposes, DHWL physically secures all check stock and allows only authorized users the ability to finalize the Payment Cycle, issue electronic payments, and print checks.

Figure P.1.G, illustrates the Electronic Funds Transfer page of our provider portal.

Figure P.1.G Electronic Funds Transfer Page from Provider Portal

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DHWL strives to operate in a paperless environment and prefer to pay Providers with electronic funds transfers, rather than with paper checks. We have an ongoing education programs in place to educate Providers about the advantages of electronic payments.

Our electronic education campaign includes:

- Instructions for enrolling for EFT payments included as envelope stuffers with Provider payment checks.
- Articles promoting EFT payments included in Provider Newsletters.
- Articles and instructions promoting EFT payments posted on Provider Web Portal.
- Instructions and discussion promoting EFT payments included in Provider education webinars and on-the-ground training/orientation sessions.

- Explanation of EFT payments, instructions, and enrollment form included in Provider Manual.

Experience

In 2013, DHWL's partner, Scion Dental paid over 5.4 million dental claims.

Payment of those claims involved the following:

- 1,685 Reimbursement Schedules
- 1,640 Fee Schedules
- 5,355,989 Claims paid by fee for service
- 45,547 Claims paid by encounter rate
- 59,444 COB claims with third-party payers

Using advanced reimbursement features built into the Enterprise System software platform, DHWL has complete flexibility to set up any payment methodology, fee schedule, or reimbursement schedule required by DHH. Because we own and develop our own benefits administration software, we can make adjustments as needed, including:

- Fee schedule changes
- Encounter rate changes
- Member eligibility changes
- Coordination of benefits and third-party payer updates

Three Client Examples from Similar Contracts

Below are client statistics for three state clients that meet the requirements for Electronic Claims Management Functionality and Adherence to Key Claims Management Standards as outline in the Request for Proposal.

New Jersey

- Number of claims processed yearly: 800,651 (2013)
- Processing Claims since: 12/1/12
- Business Days from Receipt to Payment: 8.7 days (2013)
- Percent of claims submitted electronically (vs paper): 85.2%

Pennsylvania

- Number of claims processed yearly: 408,049 (2013)
- Processing Claims since: 6/1/2011
- Business Days from Receipt to Payment): 12.3 days (2013)
- Percent of claims submitted electronically (vs paper): 83.1%

New York

- Number of claims processed yearly: 424,652 (2013)
- Processing Claims since: 9/13/2010
- Business Days from Receipt to Payment): 9.1 days (2013)
- Percent of claims submitted electronically (vs paper): 73.5%

P.2 CLAIMS PAYMENT ACCURACY

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.

Methodology for ensuring claims payment accuracy

Claim information can enter the Enterprise System in one of three ways:

- Imported in an EDI file in HIPAA-compliant 837 transaction set format.
- Submitted electronically through the Provider Web Portal.
- Manually entered through the user interface from a paper form or scanned image.

Data entry controls prevent claims with missing information from being submitted. Claims that have been submitted through the web portal or imported through electronic files are validated for quality and completeness.

DHWL prefers to receive electronic claim files. Our IT team members are experts in working with clients to load electronic claim files. Our Network Management team works with providers every day, encouraging them to submit electronic claims through the Provider Web Portal.

To ensure the validity of all entered claims, edits are performed at multiple levels within the Enterprise System software. At data entry, specific validity checks and “complete claim” edits are performed as claims are entered into the system. After entry, audit reports are generated to check for defined edits designed to meet specific DHH requirements. When claims are adjudicated during claims processing, the system runs hundreds of business rules against claims to verify complete, accurate, and appropriately authorized service data.

Claim Adjudication and Payment Process

Figure P.2 A Claims Adjudication & Payment Process - The workflow below illustrates DHWL's claim adjudication and payment process.

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Claim Processing Cycles

Once all claims are converted to electronic format and validated, they move through **Edit, Adjudicate, and Payment** Cycles. All units of coverage are defined as part of each benefit plan and automatically applied and validated when claims are edited. The system automatically determines whether a service should be paid, denied, or routed to a work queue for review, based on both the benefit plan rules and the patient's service history.

Automated claim reviews

The Enterprise System performs automated reviews by **applying hundreds of proprietary, dental-specific business rules against each claim** and its services during the claim processing Edit Cycle. The system uses these rules to identify and automatically deny services for administrative reasons where appropriate, such as "member ineligible" or "service not covered."

Those services that do not require further review can automatically advance from the Edit Cycle to the Adjudicate Cycle, where they can be adjudicated and either paid or denied (rather than held back in the Edit Cycle with other claims that do require review and manual intervention). The auto advance feature can be enabled or disabled for each denial reason. Claims that require review can be automatically routed to rules-based work queues.

• The process for auditing a sample of claims as described in Key Claims Management Standards Section;

Audit trails

The claim processing system maintains a complete audit trail for each claim record. The audit trail shows each processing stage and includes (but is not limited to) the date the claim entered each stage and any edits, audits, and changes posted to the claim at each processing stage. All of this information is available for immediate online review through the Enterprise System user interface.

Every action taken with a claim and authorization is tracked, including the time it is entered, who entered it, which edits and pricing rules were applied during processing, and any manual changes, approvals, or denials. All actions are recorded in an audit log during each processing stage, allowing a complete audit trail that traces the claim or authorization from the moment DHWL receives it through its final determination.

All claim/authorization details are maintained in the system, including (but not limited to) the original billed amount, calculated allowed amount, COB entered and calculated amount, any manually priced amount, actual payment amount, any other insurance paid amount, and any member responsibility amount. In addition, details on how the calculated allowed amount was determined are also tracked for each claim. All of this information is maintained for each claim and never overwritten, so historical information is always available for immediate online review. Users with appropriate security permissions can view the change history and audit log from various functional areas in the Enterprise System. Historical claim data is also available to providers through the Provider Web Portal.

Auditing Process

- The claim/encounter is identified as either an electronic or paper submission.
- The claim is reviewed in the Enterprise System.
- The number of procedures or line items is verified from the report to the checklist.
- The claim's date of service, procedure code, amount billed, amount paid, provider and provider's
- location of every line item is imported to the spreadsheet from The Enterprise System.
- The provider service contract is verified with a listing of providers which includes location(s), fee schedule(s) and date(s) of when the provider was contracted.
- The date of the provider eligibility and fee schedule is imported to the Audit Checklist spreadsheet.
- The provider's fee schedule is confirmed to the data source which tabulates all the different contracts and fees to be paid for each procedure.
- The amount paid for the encounter's line item is confirmed to the fee schedule.
- If the procedure was denied, then the denial code and explanation is stated on the Audit Detail tab.

The denial reason is analyzed to ensure that it was reasonable

- If any of the payments or agreements is inconsistent, it is brought to the attention of the Operations department. A consensus is reached before reports are finalized.
- Member eligibility is confirmed based upon member number. Any question regarding payment made, if there is questionable eligibility, is addressed to the Dental Reimbursement department. Also, the member's identification number is screened for duplicate services to the patient. Any concerns are brought to the Dental Review department for insight.
- Each line item is analyzed to ensure proper payment. The number of working days is calculated between the date received and the date paid to ensure timely payment. If any encounter took over
- 30 days to process, it is brought to the Dental Reimbursement department to determine why.

- If the claim was submitted in paper, extra analysis is required.
  - The claim is reviewed for inclusion of patient's name, member number and provider's tax id.
  - Submitted Coordination of Benefits attachments, if any, are examined and noted on the tab. The date of service and inclusion of the provider's NPI number is also confirmed.
  - The claim is compared to data in The Enterprise System. The paper claim is displayed on
  - the Audit Detail spreadsheet. The provider's name, member's name, number and date of
  - birth are checked. Also confirmed is the date(s) of service, procedure(s) and the amount(s)
  - billed. If any inconsistency is shown, it is addressed to the Claims department.
  - Quarterly reports are completed by DHWL measuring payment accuracy and claim accuracy. The reasons for the errors and how they were corrected is stated.

The sampling methodology itself;

To ensure the accuracy of claims entered by claims examiners through the Enterprise System user interface, data entry accuracy is audited through the following measures:

- Data integrity is automatically checked during data entry, and a system-generated warning message is displayed to the examiner during data entry (e.g. invalid diagnosis code).
- A predetermined percentage of claims and authorizations per employee are audited based on employee's tenure and historical accuracy results.
- A nightly audit report checks for validity and any potential entry errors. Potential errors are reviewed and corrected (if necessary) by DWHL auditor.
- An on-demand Audit report, which mirrors the Nightly Audit Report, is run to capture any errors on claims/authorizations entered the same day of transport.

DHWL will also perform post payment audits of claim payments and denials to verify accuracy of the processing by the company.

Audits are conducted for each check run of each individual market.

Audits are performed on claims extracted for analysis from the pool of claims adjudicated for the check run. The audit will include a randomly selected sample of all processed and paid claims upon initial submission in each month. Sample population size will consist of a minimum of two hundred (200) to two hundred-fifty (250) claims per year, based on financial stratification, selected from the entire population of electronic and paper claims processed or paid upon initial submission.
On a monthly basis, DHWL will submit a claims payment accuracy percentage report to DHH. The report will be based on an audit conducted a representative from DHWL's Finance Audit team.

The minimum attributes to be tested for each claim selected will include:

- Claim data correctly entered into the claims processing system;
- Claim is associated with the correct provider;
- Proper authorization was obtained for the service;
- Member eligibility at processing date correctly applied;
- Allowed payment amount agrees with contracted rate;
- Duplicate payment of the same claim has not occurred;

- Denial reason applied appropriately;
- Copayment application considered and applied, if applicable;
- Effect of modifier codes correctly applied; and
- Proper coding.

The results of the audit will be documented to include:

- Results for each attribute tested for each claim selected;
- Amount of overpayment or underpayment for each claim processed or paid in error;
- Explanation of the erroneous processing for each claim processed or paid in error;

- Determination if the error is the result of a keying error or the result of error in the configuration or table maintenance of the claims processing system; and
- Claims processed or paid in error have been corrected.

• Documentation of the results of these audits; and

Claim processing standards

DHWL's partner, Scion Dental has always met—and usually far exceeded—its own claim processing standards, as well as those of DHH. The following chart compares Scion Dental's internal claims processing standards against actual audited results in 2013.

	Client Standards	Actual Performance
Claims paid within 30 days	90%	99%
Claims paid within 60 days	100%	100%
Financial accuracy	98%	99%
Payment accuracy	95%	99%

• The processes for implementing any necessary corrective actions resulting from an audit.

Corrective Action - Personnel

Audit percentages are reviewed monthly to determine if adjustments need to be made due to individual processor performance. Throughout the auditing process, if the processor is not able to meet accuracy requirements, the manager will increase the percentage of claims being audited, and additional training will be provided as necessary. If performance does not improve, corrective action and performance management processes will be implemented.

Corrective Action - Finance

If a financial error is found during the auditing process the auditor will complete an error informational spreadsheet and forward the information to the Manager of Reimbursement for review and possible initiation of claim reprocessing. The auditor will follow up with the appropriate departments until the

financial issue is resolved. The resubmission of the claim will be noted in the Enterprise System at the time the reprocessing is completed.

P.3 MEETING CAIMS REQUIREMENTS

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

System Configuration

During the configuration portion of the implementation process, DHH's business rules that will drive claims process and service authorizations are built.

- The Enterprise System configuration includes the following steps:
- Set up business rules:
    - Benefit plans.
    - Finance (checking accounts, banks, EFTs, compensation accounts).
    - Claim rules (appropriate care, prerequisite care, downcoding, code switches, quantity recoding, edits/adjudication rules, work queue rules, etc.).
- Set up security groups and users.
- Set up system-generated documentation templates (EOBs, EOPs, remits, authorization letters, etc.).
- Set up DHH-defined reports.

Following the configuration, the system is tested with newly entered data to monitor how the workflows are handling and processing the data. The sections below describe the process and system used for claim and authorization processing.

Incoming Claim Data

Claim information can enter the Enterprise System in one of three ways:

- Imported in an EDI file in HIPAA-compliant 837 transaction set format.
- Submitted electronically through the Provider Web Portal.
- Manually entered through the user interface from a paper form or scanned image.

Data entry controls prevent claims with missing information from being submitted. Claims that have been submitted through the web portal or imported through electronic files are validated for quality and completeness.

DHWL prefers to receive electronic claim files. Our IT team members are experts in working with clients to load EDI claim files. Our network Management team works with Providers every day, encouraging them to submit electronic claims through the Provider Web Portal.

Claim/Authorization Scanning Process

The workflow below summarizes how incoming paper claims, authorizations, and supporting documents are handled and scanned by DHWL staff.

Figure 9.3A Authorization & Claim Workflow - Office Services – Incoming Claims & Authorizations

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Figure 9.3B Claim Intake – Paper Documents

The workflow below illustrates the intake process for paper claims.

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Claim Inventory Management

Regardless of how claim data enters the system, it is automatically assigned an internal control number called an Encounter ID. This number becomes part of the claim record in the Enterprise System database.

All claims and attachments that DHWL receives in a paper form are scanned with the date of receipt. When a paper claim is scanned, third-party inventory control software assigns it a unique Encounter ID. DHWL can track the inventory of claims that have been entered into the system at each stage of the claims workflow using the real-time Claims dashboard. Each Encounter ID is accounted for as an entered claim, a claim rejected for incomplete information, or a claim in the work queue waiting to be processed.

Claims are entered in priority of date scanned. The imaging software's workflow management utility ensures that all claims and attachments are accounted for.

Attachments, including x-rays, are automatically associated with the claim record via the assignment of unique barcode labels. The unique barcode label allows the system to electronically "marry" claims with their related attachments.

After paper claims are scanned, DHWL staff enters the claim data into the system from the scanned images.

To speed data entry, the Enterprise System claim entry functionality supports data entry shortcuts, including:

- "Sticky" fields that allow field values to remain the same from one claim to the next.
- Encounter IDs that automatically increment for subsequent claims.
- Quick keyboard navigation across fields.
- Shortcut entry for dates, providers, locations, and procedure codes.
- Keyboard shortcut keys for opening search windows and performing repetitive functions.

After a batch of claims has been entered into the Enterprise System, a report is generated that accounts for any missing Encounter IDs or indicates that every Encounter ID has been accounted for. Auditors review batches for accuracy and completeness.

Examples of Denied Claims

The Enterprise System software platform can be configured to meet specific business rules for automatically denying claims for administrative reasons. For example, the DHH can specify which claims should be automatically denied and can also specify the wording used for each exception/denial reason. We can also specify which claims should be routed to work queues for manual review and correction.

When a claim does not meet pre-defined business requirements, such as missing member information, the claim is recorded in the inventory control system and letters to Providers are generated. These customizable letters inform the Provider of key details about what information was incomplete or inaccurate, and why the claim was not able to be accepted and processed.

The Claim Intake – Paper Documents workflow diagram included earlier in this response provides an example of how claims are automatically denied and rejection letters are generated for claims that are missing member information.

Data Entry Audits

To ensure the validity of all entered claims, edits are performed at multiple levels within the Enterprise System software. At data entry, specific validity checks and "complete claim" edits are performed as claims are entered into the system. After entry, audit reports are generated to check for DHH-defined edits designed to meet specific DHH requirements. When claims are adjudicated during claims processing, the system runs hundreds of business rules against claims to verify complete, accurate, and appropriately authorized service data.

To ensure the accuracy of claims entered by claims examiners through the Enterprise System user interface, data entry accuracy is audited through the following measures:

- Data integrity is automatically checked during data entry, and a system generated warning message is displayed to the examiner during data entry (e.g. invalid diagnosis code).
- DHWL conducts random data entry audits prior to payment.
- A nightly audit report checks for validity and any potential entry errors. This audit report is customizable by client. Potential errors are reviewed and corrected (if necessary) by Dental auditors.
- During claim editing, the Enterprise System automatically identifies invalid data with an exception code and routes the claim to a work queue for review, and if appropriate, ultimate denial.

Claim Processing Cycles

Once all claims are converted to electronic format and validated, they move through Edit, Adjudicate, and Payment Cycles. The Enterprise System is designed to automatically adjudicate nearly 100% of all claims. All units of coverage are defined as part of each benefit plan and automatically applied and validated when claims are edited. The system automatically determines whether a service should be paid or denied, based on both the benefit plan rules and the patient's service history. Below, ***Figure 9.3C*** is a screen shot of our claims processing workflow.

Using the Enterprise Systems claim processing platform, auto-adjudication rates are nearly always in excess of 99%

Figure 9.3C Claims Processing Workflow

Service Authorizations

Providers can submit prior authorizations to DHWL in three ways:

- Online through the Provider Web Portal
- EDI files (HIPAA-compliant 837 format)
- Paper forms mailed or faxed (to be scanned by DHWL personnel into a high-quality electronic format)

During training sessions, DHWL encourages Providers to submit authorizations through the web portal. Built-in shortcuts make it fast and easy to submit an authorization, complete any required clinical guidelines, and attach copies of any required documentation.

Data entry shortcuts include:

- **Patient rosters**. Providers can create and store any number of named lists of patient information that can be reused to streamline routine tasks, such as checking eligibility for groups of patients, scheduling recurring patient appointments, and automatically filling patient information in claim and authorization data entry forms.
- **Eligibility links**. The system automatically checks a patient's eligibility for benefits when an authorization is submitted. Providers can check eligibility before submitting an authorization by clicking an Eligibility link embedded in the data entry form. If the patient is eligible as of the tentative date of service, the word "Eligibility" turns green. If the patient is not eligible, "Eligibility" turns red.
- **Billed amounts**. Providers can set up procedure codes and billed amounts in advance. When a procedure code is entered as part of submitting an authorization, the associated billed amount fills in automatically.

When an authorization is submitted, the Provider is presented with a summary page that includes step-by-step instructions for completing clinical guidelines (algorithms) and attaching required documentation.

Authorization Determination Process

DHWL offers a full range of consistent, efficient, and accurate prior authorization review services that take advantage of streamlined workflows built into the Enterprise System software platform.

DHWL uses an efficient, consistent, three-level process:

- **Level 1**—Automatic system reviews based on tailored, client-specific business rules
- **Level 2**—Dental Review Specialist reviews
- **Level 3**—Dental Consultant reviews

To ensure consistency between Level 2 and Level 3 reviews, Dental Review Specialists and Dental Consultants use well-defined clinical algorithms—embedded in the Enterprise System software—as the basis for authorization determinations.

When Providers submit electronic authorizations through the Provider Web Portal, they are presented with these same algorithms, so participating dentists can follow the decision matrix and understand the logic behind authorization decisions.

Currently, the average turnaround time for all authorizations is two days.

Figure 9.3D Authorization Determination Workflow

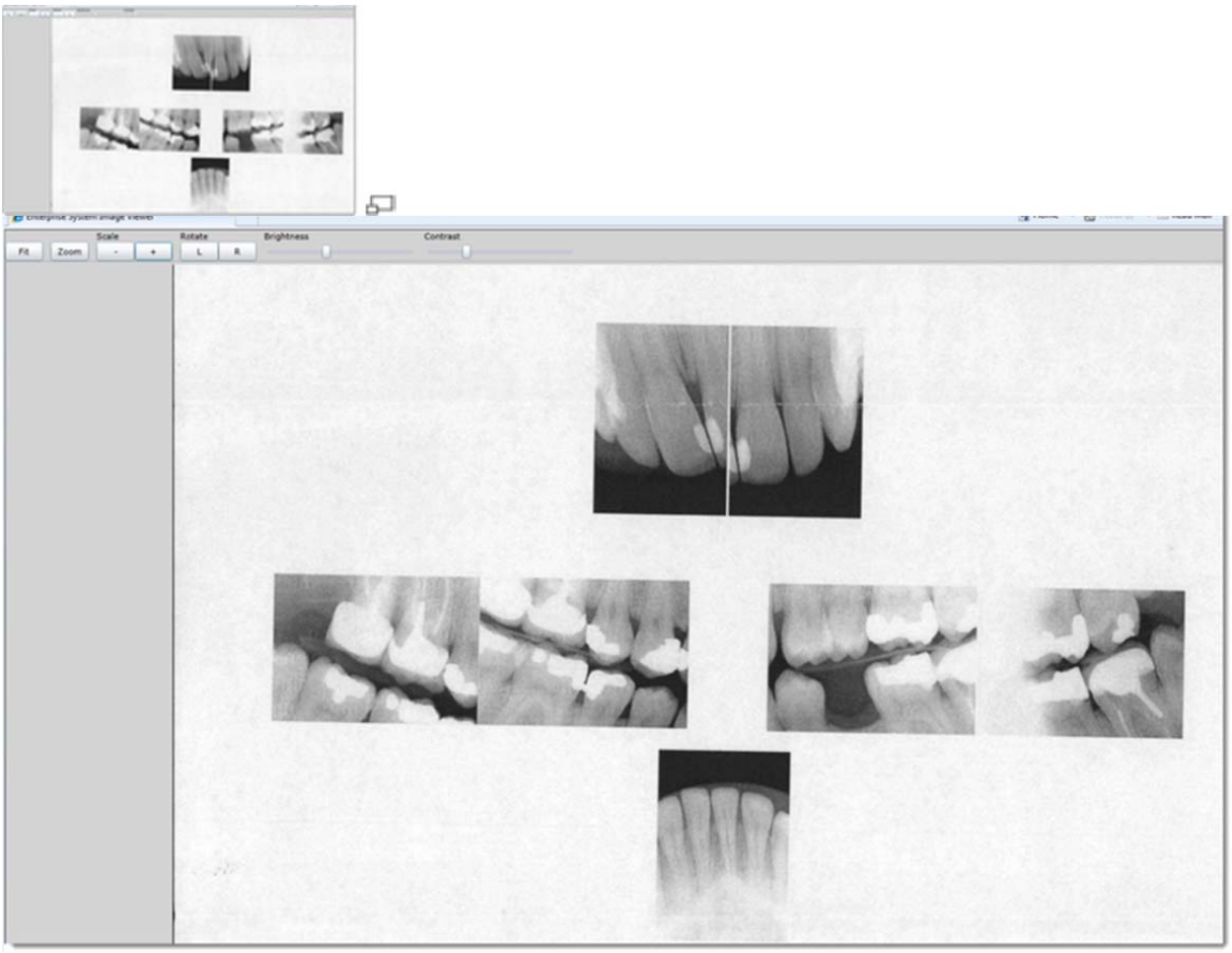
The workflow below illustrates how authorizations are received into the system, evaluated, and approved or denied. DENTAL HEALTH & WELLNESS OF LOUISIANA – CONFIDENTIAL REDACTED

Dental Review Specialists and Dental Consultants each have separate, defined work queues in the Enterprise System that allow them to focus on only those authorizations that require their attention in their respective areas of responsibility.

All of the tools they need to make a determination are in one place, including but not limited to:

- Patient details
- Instant access to x-rays and other documentation in a built-in viewer
- Authorization details for each service line
- Exceptions
- Notes
- Authorization history
- Electronic copies of letters and other correspondence

Built-in Image Viewer



An integrated Image Viewer in the Authorization Review work queue opens automatically when a thumbnail image is clicked. With Image Viewer tools, dental reviewers and consultants can clarify images by rotating, flipping, and magnifying them, and by choosing brightness and contrast settings.

Level 1

The Enterprise System automatically edits prior authorizations against hundreds of business rules defined during the implementation phase.

Level 1 business rules can be tailored to correspond to the authorization guidelines and documentation required for each procedure code and patient age limitations. Guidelines and documentation requirements can be further tailored to apply only to specific Providers, office locations, and/or benefit plans. This flexibility allows DHWL to assess Providers individually and apply different requirements based on each Provider's authorization and claim history. This targeted, individualized approach reduces administration costs for most Providers and allows us to focus our clinical resources on those Providers whose profiles and treatment patterns warrant more evaluation and scrutiny relative to their peer group.

This targeted, individualized approach reduces administration costs for most Providers

The system uses these rules to identify and automatically deny services for administrative reasons where appropriate, such as "member ineligible" or "service not covered." Provider-specific services can be tailored within the Level 1 review process to automatically approve based on Provider-specific guidelines. Business rules can be tailored to each benefit plan, so that those benefit plans requiring EPSDT medical necessity reviews for non-covered services can be flagged appropriately and further reviewed.

Level 2

Dental Review Specialists review prior authorizations. The Dental Review Specialist reviews each authorization that has not passed the automated Level 1 review process and either approves it or flags it as requiring dental consultant review for a clinical determination. The reviewer has a number of tools available to help ensure consistent and sound clinical determinations, including:

- Over 120 proprietary dental clinical algorithms developed and maintained by Scion Dental's Chief Dental Officer.
- Full set of supporting documentation, scanned and available for electronic review.
- Complete tooth history and authorization history for each member, available for immediate electronic review.
- All Level 1 results, including authorizations with business rule edits flagged for further consideration.

Level 3

Prior authorizations are reviewed by appropriately licensed Dental Consultants. These consultants use the same set of tools used by Dental Review Specialists in Level 2. Dental Consultants review authorizations that were not approved during the Level 1 and Level 2 reviews and make a final determination of either "Approved" or "Denied."

Clinical Algorithms

Proprietary clinical algorithms—developed over the past ten years under the direction of Scion Dental's Chief Dental Officer and independent dental consultants—are at the core of our dental protocol process.

We use proprietary clinical algorithms to ensure consistent and equitable determination of coverage (medically necessary covered dental services).

Clinical algorithms are made up of a series of questions related to coverage and clinical criteria. Each clinical algorithm consists of a clinical decision tree composed of several decision points based on clinical criteria for an effective and logical decision-making process. The professional reviewer, using the available clinical documentation submitted by the Provider for a particular procedure, responds to a series of clinical questions. Each response to a question results in a sequenced movement along the clinical decision tree until a decision point for approval or denial is obtained.

Requiring all professional reviewers to employ the same clinical algorithms ensures the consistent application of clinical criteria. Providers are presented with these same algorithms when they submit authorization requests through the Provider Web Portal.

To provide a high level of customization, we can modify any of its 120+ generic clinical algorithms, which cover over 400 dental procedures, to meet the State's requirements. In our experience, most implementations employ our standard proprietary algorithms for the majority of covered procedures requiring authorization. We have found that the area of greatest customization occurs in orthodontic clinical algorithms related to government-sponsored dental programs.

A small sample of procedure codes for which Scion Dental has developed standard algorithms/clinical criteria include the following:

Anesthesia	Anesthesia—Additional 15 Minutes
Antimicrobial Agents	Apexification—Final Visit
Apexification—Initial Visit	Apexification—Interim Visit
Apically Positioned Flap	Apicoectomy
Appliance Therapy	Biopsy
Connective Tissue Graft	Core Buildup
Coronal Remnants—Erupted or Exposed Root	Crown
Dislocation/TMJ Dysfunctions	Distal Wedge
Full Dentures	Gingival Flap Procedure—Quadrant 1-3 Teeth
Gingival Flap Procedure—Quadrant 4+ Teeth	Gingivectomies—Quadrant 1-3 Teeth
Gingivectomies—Quadrant 4+ Teeth	Gross/Full Mouth Debridement

Clinical Algorithm Development

The current set of proprietary clinical algorithms—incorporating their respective clinical criteria—have been developed over a period of ten years under the direction of Scion Dental's Chief Dental Officer and a committee of independent dental consultants. To develop its clinical criteria, Scion Dental has incorporated numerous sources, including:

- Principles of diagnosis and treatment modalities taught in American dental schools and postgraduate dental programs
- Available evidence-based dentistry guidelines
- State Medicaid guidelines
- Educational literature and dental specialty guidelines published by various dental specialty organizations
- Commercial dental benefit client criteria for decisions
- The current Code of Dental Terminology (CDT) published by the American Dental Association (ADA)

As part of an ongoing review process, the clinical algorithms and clinical criteria are reviewed at least annually by Scion Dental's Chief Dental Officer.

Integrating Claims and Authorizations

One of the strengths of our dental benefits administration system is its ability to automatically link claims to specific pre-authorized services and decrement (consume) prior authorizations and service items based on specific encounter data submitted by the Provider. We tailor the rules for matching claims to specific pre-authorized services to each client's specific requirements. Links between real-time claim details and corresponding authorizations are available through the Enterprise System user interface.

When the system cannot match a service that requires pre-authorization against an open authorization, an exception is recorded on the service. These exceptions can be reviewed and resolved before the claim is adjudicated. When a claim is adjusted, the authorization consumption is also automatically updated accordingly, if appropriate.

Customer Service Access to Linked Claims/Authorizations

DHWL Provider Services Representatives (PSRs) can easily access real-time claim and authorization details from the Customer Service system. With this information at hand, PSRs can assist Providers over the phone with real-time status details on related authorizations.

Notifying Providers

Based on business rules set up in the Enterprise System, customized determination letters that include State-defined determination reasons can be generated for both Beneficiaries and/or Providers. Typically, these letters are generated once a day, but the system can be configured to meet any defined schedule.

As indicated in the prior authorization workflow, DHWL will notify Providers via:

- Fax or email with State-approved letter templates
- Mail with State-approved letter templates
- Telephone calls

Real-time Status Updates

Providers who use the web portal never need to call in to check on the status of authorizations or wait for approval or denial letters. As soon as an authorization is determined, its updated status is immediately available through the web portal. Likewise, as soon as a claim is processed and paid, the online Authorization History report shows that the matching authorization has been consumed.

The corresponding Claim History report, available through the Provider Web Portal, includes the linked Authorization Number for easy reference.

DHH-level Oversight

DHH will have instant access to real-time authorization review statistics and trends through the online Authorizations Dashboard.

The Authorizations Dashboard provides authorization inventory counts, including the number of authorizations that are pending, determined with no consumption, determined with full or partial consumption, fully denied, and expired with no consumption. This overview includes current day transactions as well as those representing month-to-date, prior month, current year-to-date, and prior year-to-date periods. DHH can use this information to assess and track authorization receipt volume and turnaround time. Below, in ***Figure 9.3E*** is a screenshot of the Authorizations Dashboard Report:

Figure 9.3E Authorizations Dashboard Report

Client and Provider Feedback

During routine conference calls and training sessions, our Dental Review department collects feedback about our authorization workflows from clients, Providers, and our network of Dental Consultants. The following comments highlight key strengths of our Dental Review department and our Authorization Determination system.

- **Fast, efficient review turnaround**. Clients and Providers comment on our impressive authorization review turnaround. Our turnaround consistently averages just 2 days, far outperforming all current contractual requirements.
- **Automated determinations**. Clients like the efficiency of our Level 1 automated review process as well as the ability to define their own custom edits for automated determinations.
- **High-quality image viewer**. We frequently hear comments about the clarity and high quality of our images, and the ability of reviewers to zoom in and manipulate x-ray contrast and brightness. High-quality images improve both the quality and the timeliness of decision reviews.
- **Clinical algorithms promote consistency**. Both clients and Providers comment that our well-developed, extensive, and customizable clinical algorithms follow common ADA guidelines and many state-mandated Medicaid requirements. Clients especially like the way clinical algorithms are integrated into the system, which allows dental reviewers and dental consultants to quickly view the decision tree with just a mouse click.
- **Real-time authorization review statistics and trends**. Clients like quick, 24/7 access to real-time authorization review statistics and the ability to monitor trends online, any time.
- **Real-time authorization review status**. Provider feedback has been universally positive about their ability to log on to the web portal and view complete details and real-time status of the claims and authorizations they've submitted.
- **Customizable determination letters**. Clients like the ability to customize determination letters and tailor individualized letters for denial reasons.
- **Customizable authorization schedules**. Clients are impressed by our system's ability to manage customized authorization schedules that can be applied down to the individual Provider, Provider group, or product level.
- **Remote access for dental consultants**. Our web-based Authorization Determination system, which includes integrated electronic images, allows dental consultants to review authorization records and x-rays remotely, from the states where they live and are licensed. Clients appreciate this level of flexibility and nationwide access to licensed dental professionals.

Experience and Results

Our partner Scion Dental has handled more than 39,000 prior authorization determination services for 25 different markets and over 5 million members.

SECTION Q: INFORMATION SYSTEMS

Q.1 IMPLEMENTATION OF INFORMATION SYSTEMS

Describe your approach for implementing information systems in support of this RFP, including:
• Demonstrate capability and capacity assessment to determine if new or upgraded systems, enhanced systems functionality and/or additional systems capacity are required to meet contract requirements;
• Configuration of systems (e.g., business rules, valid values for critical data, data exchanges/interfaces) to accommodate contract requirements;
• System setup for intake, processing and acceptance of one-time data feeds from the State and other sources, e.g., initial set of DBP enrollees, claims/service utilization history for the initial set of DBP enrollees, active/open service authorizations for the initial set DBP enrollees, etc.; and
• Internal and joint (DBP and DHH) testing of one-time and ongoing exchanges of eligibility/enrollment, provider network, claims/encounters and other data.
• Provide a Louisiana Medicaid DBP-Program-specific work plan that captures:
o Key activities and timeframes and
o Projected resource requirements from your organization for implementing information systems in support of this contract.
• Describe your historical data process including but not limited to:
o Number of years retained; How the data is stored; and
o How accessible is it.
The work plan should cover activities from contract award to the start date of operations.

Capability and Capacity

Dental Health & Wellness of Louisiana (DHWL) is partnering with Scion Dental, a veteran in the dental business management industry, to bring a best-in-class information systems platform to Louisiana to support the DBPM. Scion Dental's Enterprise System supports many health programs across the dental, vision, medical, and therapy industries. Nationwide, Scion Dental's scalable IS supports the goals of responsive, accountable, and coordinated care for over 5 million Americans. For over 20 years, Scion Dental has constantly worked toward finding new and better ways to support healthcare programs. Over the course of this time, they have developed a number of tools designed to empower clients, members, and providers including:

- **The Client Web Portal –** a web portal designed to offer client team members and executives insight into critical program operational areas (including the member and provider services call center, claims processing, and authorization processing) as well as bring forward key program statistics and overview through the Executive Dashboard
- **The Member Web Portal –** a web portal designed to provide members with the information that matters to them, including their eligibility information, benefit plan details, and providers that they could visit
- **The Provider Web Portal –** a web portal designed to automate claim and authorization processing (they can submit right through the portal), research member history and eligibility, check the status of any claim or authorization submission, compare their service statistics against other providers in the program, and much more

Continuous Quality Improvements. Each of these tools have been leveraged in many important markets to make managing and administrating healthcare programs simpler and more effective for all parties

involved. Every year, several upgrades are released to the Enterprise System, which allows DHWL and DHH access to the latest healthcare technology.

Having direct access to the team of developers who are constantly developing the Enterprise System and all of its tools allows project managers the capacity to determine where new technologies could be created to make each program more effective.

One recent example of enhanced systems functionality to meet the needs of the client was in a market where the implementation focus was on creating a "Dental Home" for each member. In a Dental Home, a primary care relationship is created between the member and provider much like an HMO.

To increase communication and oversight, Scion Dental created a Primary Care Assignments feature as an enhancement to the Provider Web Portal. Providers would now have 24/7 access to view each member who had selected them as their Primary Care Dentist, including eligibility, the enrollment plan, and the effective date of the primary care relationship. Creating this feature, which now exists for all clients to use when primary care relationships are used, allowed the providers to communicate and work with DHWL. This is just one of many recent examples where new systems functionality was created to improve a program.

For each implementation, our project managers look for new and creative opportunities to support each program by developing new technology tools. The reason why Scion Dental is so unique and effective at bringing these solutions to life is because of their relationship with the development team, and the shared goal of always improving how dental programs can be administered and managed.

Configuration of systems (e.g., business rules, valid values for critical data, data exchanges/interfaces) to accommodate contract requirements

One of the project team's first tasks is to become familiar with the unique business needs of DHH, so that the system can be properly configured and enhanced where necessary. Any business gaps identified are included in the implementation plan, so that they can be resolved before the go-live date.

The concept of customizable "business rules" is one of the Enterprise System's key strengths. This flexibility creates the ability to react quickly to changing government mandates and client requirements by implementing feature changes on the fly, directly through the user interface, without requiring programming changes to the system.

The Enterprise System has its own fully integrated Business Rules Engine. Some business rules, such as custom adjudication rules and client-defined claim edit rules, are developed as SQL Server stored procedures and made available to authorized end users through drop-down list selections in the Enterprise System user interface. Other business rules are developed within the user interface as Transact SQL (T-SQL) queries, presented to users as simple, selectable "plain English" filter options with context-based operator and value selections. Other business rules, such as handling other primary insurance, are available through the user interface in drop-down lists. In addition, many of the business rules within the Enterprise System are data driven, allowing end users to modify or enhance existing business rules directly through the user interface.

Nearly every area of the Enterprise System benefits administration software platform is driven by customizable business rules, including:

- Benefit plan designs
- Reimbursement methods
- Finance options (checking accounts, banks, EFTs, compensation accounts)

- Claim rules (appropriate care, prerequisite care, downcoding, x-ray recoding, code switches, quantity recoding, etc.)
- Prior authorization rules
- Provider network participation rules
- Provider credentialing requirements
- Member eligibility rules

To allow maximum flexibility, the system supports:

Table-driven rules, such as service co-payments, deductible amounts, and service limitations. With these types of rules, key elements are combined with user-defined values and stored in database tables for use throughout the system.

Business logic rules, such as duplicate service definitions and formulas for calculating patient responsibility amounts for each benefit level. These types of rules allow users to make choices from drop-down lists of pre-programmed options.

User-defined rules, such as special coverage rules. The Enterprise System user interface allows users to choose from pre-programmed filter options, operators (such as equals, less than or greater than, in, not in) and relevant values to create their own valid rules without programming.

Custom edits and formulas. This functionality allows DHWL to help DHH meet immediate business needs by creating custom rules, such as processing edits and adjudication formulas, and incorporating them into the appropriate claim processing workflow step. Custom edits define rules that determine whether a particular procedure should be paid, while custom adjudication formulas define how much should be paid. This "shortcut" functionality allows us to respond to new DHH requirements quickly, without having to wait for formal releases of the Enterprise System software.

Once all needs begin to be identified, DHWL begins its configuration and set up. Once set up is complete, DHWL moves into a testing phase and reports back to the client the success of each test. Once the client has signed off, DHWL moves all configurations to the production environment ready for go-live.

System setup for intake, processing and acceptance of one-time data feeds from the State and other sources, e.g., initial set of DBP enrollees, claims/service utilization history for the initial set of DBP enrollees, active/open service authorizations for the initial set DBP enrollees, etc.

As referenced in the above response, early in the project DHWL defines the needs of one-time historical data loads for the program so that they can be imported into the Enterprise System, validated, and processed. The following details DHWL's systematic approach.

Establish the data file layout. Either DHWL or DHH will define the layout of the data file to be delivered. We have a number of proprietary as well as ANSI file layout guides that can be offered as possible solutions.

Map the data file to our system. Once DHWL has received the data file and is aware of its layout, we map the data file fields to the Enterprise System to facilitate transferring the data.

Perform unit tests. After the mapping process is complete, DHWL performs unit tests designed to validate that all coding during the mapping process was correct and that data can be transferred.

Perform quality assurance tests. After mapping has been verified through unit tests, quality assurance tests are performed. These quality assurance tests verify data integrity and ensure that no data has been changed or altered from the original file. The quality assurance test also verifies that the load process is working correctly and will be ready to take on the actual file load.

Deliver test file, obtain State approval, and load file. After unit and quality assurance tests have been performed, DHWL delivers the test file to DHH for approval. This test file provides the State with insight into our load process and allows the opportunity to ask questions or make adjustments as needed. Once approval is obtained, we load the file into the production environment of the Enterprise System, ready for go-live.

Internal and joint (DBP and DHH) testing of one-time and ongoing exchanges of eligibility/enrollment, provider network, claims/encounters and other data.

All testing of one-time and ongoing data files received by DHWL will follow the exact approach defined in the previous question:

- Establish data file layout
- Map the data file to our system
- Perform unit tests
- Perform quality assurance tests
- Deliver test file, obtain approval and load to production

This process is used for incoming files including, but not limited to eligibility and enrollment files, provider files, claim history files, and open authorization files.

However, during the implementation process, we will also test outbound files such as claim encounter files. The approach for this is very similar to the approach for testing incoming files. First, DHWL and DHH agree on a file layout. Then, as DHWL begins building the extract, DHH uses the layout to map accordingly to their system. Once the extract is developed and the client has completed the mapping, the extract is sent to the DHH for test loading and quality assurance testing. Once the file has been agreed upon and signed off by DHH, DHWL moves the process to the production environment and as does DHH, both ready for go-live. It is often common that the first production file is sent to the testing environment as a means of precaution, and then, once approved loaded into production. ***For details on handling particular files, please refer to our responses in Q9.***

Provide a Louisiana Medicaid DBPM-Program-specific work plan that captures key activities and timeframes and projected resource requirements from your organization for implementing information systems in support of this contract

See our standard implementation plan, ***Attachment Q.1 IS Implementation Plan***. Included in the plan are all critical activities that must be completed prior to go-live and the resources responsible for completing each task. Upon contract award, the project manager will collaborate with DHH, looking at each task and identifying timelines based on the specific circumstances and constraints of each project.

Describe your historical data process including but not limited to number of years retained; How the data is stored; and how accessible is it.

Data Center Security

Scion Dental owns and operates two data centers. The Primary Data Center is located in their corporate headquarters building (in Mequon, WI). The secondary data center is located in the Menomonee Falls office approximately 10 miles away. Other than a dedicated 1Gbps network circuit connecting the two facilities, they are configured so that they can operate completely independent of one another for disaster recovery and business continuance purposes.

The data centers include multiple and/or highly redundant equipment, connected to at least two separate power circuits, multiple network switches, multiple SAN (Storage Area Network) fiber switches, and virtual servers, each configured with automatic failover to other physical servers in the cluster.

The Storage Area Network system includes dual redundant controllers with automatic failover. Core network routers and switches are highly redundant with multiple fabric modules, multiple I/O modules, and multiple power supplies. In the event of a utility power failure, an emergency generator automatically starts and powers the data center until utility power is restored.

Security Audits

Scion Dental has an agreement with a third-party vendor to provide Vulnerability Scanning and Penetration Testing audits at least once per year. During the most recent test, the vendor was not able to identify any critical or high-risk vulnerabilities in the Internet-facing systems, nor was the vendor able to gain unauthorized access to the systems or data. Scion Dental also participates in multiple client-led security audits each year and uses multiple layers of security to protect against Internet threats. When an independent third party first attempted to access our secured environment to perform security audits on behalf of a client, all of their attempts to penetrate our Data Center security failed. The auditor was not able to perform any vulnerability tests until we disabled three layers of security.

Physical Security

Physical access to facilities, offices, and rooms at the Scion Dental headquarters are controlled through electronic key fobs or manual door locks. Employee access into the buildings, as well as into secured areas within each of the buildings, is controlled by access cards (key fobs). All access attempts are recorded in the security system logs, which are reviewed periodically by the Director of Information Technology.

Physical entry into the data centers is further restricted to only authorized personnel for the purpose of performing essential tasks and requires an authorized electronic key. Every data center entry is logged electronically. To keep physical entry into the data center to a minimum, nearly all administrative and support tasks are performed remotely through secured connections.

Data center environments are fully monitored with active alerts in the event of power or temperature anomalies. In the event of a power outage, a natural gas generator powers the data center as well as the building's network and IP telephone system to limit disruptions to hosted environments. Redundant air conditioners maintain consistent, safe temperatures for servers and other hardware, and the floor is grounded to prevent electrical damage to equipment.

In the event of fire, a gas-based fire suppression system automatically shuts down power to the data center prior to releasing its agent. The system is tied into the building fire alarm system, which is

monitored 24x7. In the event of a fire, the monitoring service dispatches the fire department and notifies key contact personnel on a call list. Each facility has a burglar alarm system that is similarly monitored 24x7. In the event of a burglar alarm, the monitoring service notifies key contact personnel on a call list then dispatches police, if appropriate.

Data Backups and Recovery

DHWL's partner, Scion Dental, uses several processes to ensure that client-defined Recovery Time Objective (RTO) and Recovery Point Objective (RPO) business requirements are met. Full SQL Server database backups are performed nightly and saved directly to a disk-based (digital media) appliance, which de-duplicates and encrypts the data stored on the appliance, in addition to replicating saved data to a sister appliance installed in the secondary data center. Backup results are logged, with members of the Database Administration Team receiving automatic notifications should a backup process fail. Full SQL Server data backups are retained for 70 days and are readily accessible to members of the Network and Database Administration teams.

Full file backups are performed on a weekly basis during the weekend, with incremental backups performed each night during the week. As with the data backups, the file backups are saved directly to a disk-based (digital media) appliance, which de-duplicates and encrypts the data stored on the appliance, in addition to replicating saved data to a sister appliance installed in the secondary data center. These backups are retained per Scion Dental backup policy. Members of the Network Administration team receive an automatic report that is reviewed to ensure the file backup process(es) completed successfully.

Additionally, month-end full backups are archived to tape. Tapes are clearly labeled for easy identification. Scion Dental retains positive control over all media in transit and does not outsource the handling or transportation of offsite media. The Network Administration team is the only team that physically handles data. Monthly archive backup tapes are kept in fire-safe storage within the secure data center.

Network Controls and Security

Most network infrastructure within the data centers is secured via RADIUS authentication, and access to all network infrastructure is restricted to members of the Network Administration team. The external Internet routers are secured with a local account name and encrypted password. Administrative access to external Internet routers is restricted to local IP addresses within our internal network.

Access to the data center network and to each Enterprise System deployment environment must be approved by management and is restricted to only those resources and applications required for each user's job function.

Users are identified and authenticated with user identification codes and passwords. The Enterprise System enforces a minimum password length and requires users to change their passwords periodically. The user's security authorization profile controls the applications and transactions a user can execute. Individual users are assigned to groups and each user is authorized to process applications and transactions in the group profile. Access to the Enterprise System is reviewed periodically to ensure all users have only the access required.

Firewall logs are shipped to a dedicated analyzer appliance that automatically alerts the Network Administration team to unusual traffic or activity. Additionally, the firewall log analyzer appliance generates periodic reports that are reviewed by a member of the Network Administration team. Antivirus software is installed and kept updated on all servers and workstations. As previously

mentioned, vulnerability scans and penetration testing is performed regularly by an independent security auditor.

Q.2 PROCESSES FOR ENSURING DATA INTEGRITY AND AUDITING

Describe your processes, including procedural and systems-based internal controls, for ensuring the integrity, validity and completeness of all information you provide to DHH and the Enrollment Broker. In your description, address separately the encounter data-specific requirements in, Encounter Data Section of the RFP as well as how you will reconcile encounter data to payments according to your payment cycle, including but not limited to reconciliation of gross and net amounts and handing of payment adjustments, denials and pend processes. Additionally, describe how you will accommodate DHH-initiated data integrity, validity and provide independent completeness audits.

Ensuring the Integrity, Validity and Completeness of Information

Dental Health & Wellness of Louisiana's (DHWL) partner, Scion Dental, who will provide the Management Information Systems (MIS) on behalf of DHWL has over 20 years' experience receiving, processing, reporting and securely transmitting membership, provider, encounter, and other reporting data to our clients and their agents, including their Fiscal Intermediaries (FI) and Enrollment Brokers. Today we receive, transmit and supply quality and timely data on schedules ranging from daily to annually, depending on the specific information and data product required by our clients.

We ensure the integrity, validity and completeness of the information we send to our clients through four general architectural components of the Enterprise System. These components essentially trace the "flow" of data through DHWL to our clients, such as DHH and DHH's FI:

- Our "external facing" application interfaces include all the capabilities and controls we deploy to support data entered or viewed online by DHWL staff using any of the Enterprise System modules (e.g. Enrollment, Claims Adjudication, etc.), and our providers using our secure Provider Portal;
- Our data and file communications protocols, controls and supporting systems allow us to send and receive formatted data (including HIPAA transactions, and state proprietary formats) with integrity, confidentiality, reliability, and assured delivery;
- The Enterprise System is comprised of over 40 integrated web-based modules that work together to administer dental plan benefits with a single, relational Database Management System and audit logging controls.
- The Enterprise System provides an integrated, central "data hub" to ensure information integrity across all of the Enterprise Service modules. Once a report or data extract is ready for distribution, we then use the services of our data and file communications subsystems (above) for reliable transmission to our state clients or their intermediaries.

Audit logging and tracking tools are a common aspect of all of the above capabilities. We use audit tracking mechanisms at both the application level (for example, date/time, user ID, and record level update audit tracking in our business modules); and at the RDBMS level - through the native audit logging and journaling functions in Microsoft SQL/Server.

We are experienced in ensuring that auditors have the access to the systems, documentation, control artifacts and data they need to do their tests, and we will be ready to accommodate any DHH initiated audit activities.

External Facing Applications Help to Enforce Data Quality on the Front End. Much of the data that users enter into the Enterprise System will eventually be reported by us to DHH either directly or indirectly (e.g. used for aggregation into summary reports, and/or used in the computation of statistics for DHH). Thus it is critical for our externally facing applications, such as the online interfaces to our

internal applications, and our Provider Web Portal, to facilitate the entry of "clean data" by users who are authorized to enter that data.

There are two general sets of controls we use to ensure that data entered into our MIS has quality and integrity:

- Secure access controls to ensure that only authorized users are entering data appropriate to their "role"; and data entry field level edits
- Access Controls - We use network level security Microsoft Active Directory Application Mode (ADAM), and application level authentication, along with Role Based Access Control (RBAC) to control what Enterprise System modules a user may have access to; what information they can view; and what data they can view, edit or update.

Data Exchange Controls to Ensure Transmission Integrity. We use automated, scheduled file exchanges (receipt and transmission) processes based on SSIS (SQL Server Integration Services) with our clients and/or their FI's, Enrollment Brokers or other authorized Trading Partners to import claims files into the Enterprise System databases and to create outbound data extracts. We support Secure FTP–SFTP over the internet or via a Virtual Private Network (VPN), if needed. SSIS protects our file exchanges with access control, authentication, and secure configuration features for total data integrity protection during transmission. From an internal data networking perspective, our network is highly redundant providing multiple paths to and from each point, allowing maximum network availability to our clients and, for example, enabling us to meet DHH transmission schedules.

When electronic data files are imported into the Enterprise System in an 837 transaction set format, the response or acknowledgement that is generated differs, depending on the file format version.

Version 5010

For 837 files that comply with version 5010 of the HIPAA electronic data import standards, the system automatically generates a Claim Acknowledgement (277CA transaction) and an accompanying Implementation Acknowledgement (999 transaction) when each file is imported. If a file import failure is detected in the Interchange Level, Functional Level, or Transaction Level, a 999 transaction is generated without a 277CA transaction.

Version 4010

For 837 files that comply with version 4010 of the HIPAA electronic data import standard, the system automatically creates a 997 Acknowledgement file. Claim status request/response transactions (276/277 transactions) can be set up and processed through the Electronic Transaction Module (ETM) or through Web Services.

Dental claims/authorizations

When an 837D file is imported and processed in the Electronic Transaction Module (ETM), the system evaluates the file and automatically separates dental authorizations from the dental claims. Information about processed files is logged in the Application Log.

Data Entry Field Level Edits. All of the Enterprise System Modules - enforce an appropriate degree of field level edits - ranging from simple alphanumeric formats (e.g. HIPAA standard lengths for name fields), to more sophisticated edits (NPI check digit validation), to (wherever possible) the use of drop down lists to prompt valid field data choices, to situational field logical checks (e.g. if user enters a value in one field, this drives the mandatory entry of data in another field).

Data Warehouse. As mentioned above, the Enterprise System platform uses Microsoft SQL Server. One important benefit of SQL Server is that it ensures consistent and reliable data at all times. For example, we leverage SQL Server Relational Database Management System (RDBMS) referential integrity controls to ensure that data indices (also known as primary and foreign keys) remain accurate and that foreign keys always point to correct primary keyed data and that no data is "orphaned". This means, for example, that our address data always and accurately cross-references to at least one active provider record – a rule systematically enforced through referential integrity.

Encounter Submissions

A History of Success in Delivering Results – Our Experience in Other States. In the table below, we provide examples of our clients for whom we submit encounters. We submit encounters for most of our clients with similar acceptance results shown.

Table Q.2 Timeliness of Enrollment and Encounter Processing

State	HIPAA 834 Enrollment Processing	HIPAA 837 Encounter Submissions
Pennsylvania	Enrollment – daily change file, full file monthly	Encounter data submitted - one monthly file 30,000 claims on average 98-99% acceptance rate.
New Jersey	Enrollment – daily change file, full file monthly	Encounter data submitted - one monthly file 80,000 claims on average 98-99 % acceptance rate on average
Ohio	Enrollment – daily change file, full file monthly	Encounter data submitted- one monthly file 80,000 claims on average 98-99 % acceptance rate on average

Encounter-Based Controls and Edits. We leverage the same data quality controls and techniques described above from provider claim submission through encounter record acceptance by our clients.

There are, of course, pertinent distinctions and details that we would like to review below.

Controls to Validate Claims Data. Critical for Successful Encounter Processing. We organize our systems, processes, and staff around an end-to-end view of encounter data production: from the provider's claim submission on the "front end" of the process to our submission of corresponding encounter record data to our clients, with continuous "feedback" informed by operational information to adjust and improve any stage in this end-to-end process.

Ensuring Quality in EDI Submissions. We validate all electronically submitted claims data using the Enterprise System's Electronic Transactions Module (ETM). . When ANSI 834 and ANSI 270 files are imported into the Enterprise System, they are validated using a series of Strategic National

Implementation Process (SNIP) tests. Files that violate any of the SNIP tests are immediately rejected for non-compliance, and the data file import does not continue.

This ensures all data is in compliance with our HIPAA Companion Guides (we will review DHWL's HIPAA Companion Guides with DHH and/or DHH's FI during implementation activities). These upfront edits not only ensure that transactions are compliant with Federal mandates and DHH rules, but also allow us to recognize and immediately communicate to providers and Trading Partners (e.g. clearinghouses) any problematic claim submissions in the earliest stage of the process.

SNIP tests

The *SNIP* tests currently performed include:

- Check if there is more than one ISA/IEA segment.
- Check if there is more than on GS/GE segment.
- Check that the number of ST segments equals the number of SE segments.
- Check that the number of segments within the SE segment is correct.
- Check that the size of each segment is less than 200 bytes.
- Check that segment tag (NM, REF, etc.) is valid.
- Check if all NM1*IL segments (Member Name) have corresponding REF*0F (Subscriber Identification) and INS segments.
- Check that all NM1*IL segments have at least one corresponding HD (Health Coverage) segment.
- Check if all HD segments have at least one corresponding DTP segment.
- Check if all Provider segments have at least one corresponding NM1 segment.
- Check all DTP Segments for Valid Dates.
- Check that the number of LS segments equals the number of LE segments.

A HIPAA-compliant Implementation Acknowledgment is generated in response to ANSI 834 and ANSI 270 files, which indicates the overall status of the file (Rejected, Accepted with Errors, Accepted) and includes information related to all Fatal and Non-Fatal errors.

A 999 file is generated for ANSI 834 v. 5010 files.

A 997 file is generated for ANSI 834 v. 4010 files and for ANSI 270 files.

The 999 or 997 files that are generated take the place of the feed file submitted for processing. The file naming convention is **[Original File Name].999/997**.

Claim Validation. We use the Claim Validation Module (CVM) of our EM to evaluate claims and authorizations for validity and completeness before the records are transported and processed in the Enterprise System. The Claim Validation Module (CVM) validates claims submitted by providers through the Provider Web Portal (PWP) and claims and/or authorizations imported as electronic files through the Electronic Transaction Module (ETM).

Ensuring Data Quality From Paper Claims. We encourage, train, and support our providers to move to electronic claims submission; or to use standard paper claim forms with typed or clearly written data if a provider must use paper. Paper claims are entered into our Claim Capture Module and then go through adjudication like all claims data we receive.

Adjudication. Claims data that passes all HIPAA compliance, codeset edits, and data validation is then systematically loaded into the Enterprise System Claim Transportation Module (CTM) which transports HIPAA validated claims data to a production database where they can be processed by the Claim Adjudication Module (CAM). Our CAM will be configured for DHH Dental Health Plan Benefit rules (covered services); and specific edits including: verification of member eligibility for the dates of service on the claim, matching (if applicable) of claim to service authorizations, application of appropriate fee schedule based on the provider information on the claim, edit checks for third party liability, and several other automated edits and processes, until the claim is finalized to a paid or denied status. Payment reports include Remittance Reports for providers and Explanation of Benefits (EOB) and Explanation of Payment (EOP) for members. We will also set up the specific processing groups and work queue rules to route claims for special handling, when required.

Encounter Record Preparation. DHWL supported by Scion Dental staff, have extensive experience generating encounter files that meet HIPAA transaction compliance, client and state specifications to ensure simple extraction of data at the destination. As part of the implementation process, we will work with DHH's HIPAA 837 Companion Guide to define requirements, develop, and test file layouts for encounter files. DHWL will submit all encounter data electronically in the standard HIPAA transaction formats, specifically the ANSI X12N 837 provider-to-payer-to-payer COB Transaction formats (D – Dental, P - Professional, and I - Institutional), file size, submission frequency, and submission method as required by DHH. Our encounters capture the same line item detail regardless of the claim type, disposition (e.g., paid or denied), or third party liability indicators. We include all rendered services, original and adjusted claims, application of retroactive fee or member changes, etc. We also adhere to NCQA, ADA coding, UB-04 editor, and DHH standards regarding the definition and treatment of certain data elements captured on claims, use of standard codes (including CDT, HCPCS Level II and ICD-9-CM, ICD-10-CM), counting methods, units, etc.

We will always maintain compliance with all applicable HIPAA, federal and state mandates, both current and future, often times meeting requirements prior to mandated deadlines for implementation.

Data Validation, Compliance & Quality Control. All encounter files that DHWL generates will undergo a series of edits to ensure complete, accurate data before they are transmitted. We also use HIPAA compliance software to ensure that electronic file data complies with HIPAA standards. DHWL will transmit outbound encounter files using encrypted secure FTP (SFTP) protocol for all data exchanges. The following workflow illustrates our process for generating Medicaid encounter files.

Figure Q.2.A Encounter Record Preparation and Claim Balancing

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Ensuring Quality and Compliance of Data. Our data analysts will manage data reconciliation processes with unique requirements, proprietary file formats, and customized reporting layouts and schedules. For example, we will provide a weekly, monthly or quarterly claim extract. Our team reconciles file extracts against claims lag reports and balances both sets of data against check registers. We also reconcile individual claims/services within HIPAA-compliant 837 encounter files to verify the data matches the HIPAA 837 Companion Guide requirements.

Data Adjustments & Remittance Advice File Reconciliation. Our data analysts will analyze rejected records, and either correct the issue (if appropriate) or itemize rejection reasons back to DHH. As part of the initial implementation stage our encounter staff will work with DHH or DHH's FI to define requirements and to develop and test layouts for proprietary file formats. The following workflow illustrates our proposed process for reconciling client response files. *Figure Q.2.B Response File Reconciliation* below illustrates our process for reconciling proprietary client response files.

Process Improvements

Over the 28 years Centene has submitted encounter data on behalf of our affiliate health plans, and 20 years that Scion Dental has faced the same challenges in the dental sphere, changes in submission formats, methods, and protocols have been driven by many different sources, including federal and state regulations, state-specific requirements, and improving business processes. Centene has consistently managed these processes and improved upon them based on lessons learned across our health plans. DHWL looks to these lessons learned to provide the best experience for DHH and our members. Examples of lessons learned in current operations or previous implementations include:

- DHWL's partner, Scion Dental, processes and submits encounter data for over 5 million members in 25 states. We have customized edits (business rules) in place based on our New Jersey encounter file requirements. We have accomplished this by checking the data against the edit rule before generating the encounter file. Further, based on the response file returned, we will update or add edits. This ensures that any encounter issues are resolved before submission and we are able to meet the client's requirement. We submit encounter data monthly with 99% acceptance of all data. We look forward to working with DHH and applying the same diligence to ensure encounter data accuracy.

- DHWL's partner, Scion Dental, has been processing and submitting encounters for our client with markets in Pennsylvania and West Virginia for over 4 years and 3 years respectively. We reconcile financial and encounter data monthly, including all of the regions in the two states. We compare claim details to our financial lag report. If any of the totals dollars paid do not match, our Data Analyst will investigate and identify where the discrepancy exists. For example, was a new product or region inadvertently missed in the report which may have caused the discrepancy? As a result of this process, we are able to capture and fix any errors before submitting the encounter file to the client. We will leverage this process in Louisiana toward a goal of 100% accuracy, on time and complete encounter reporting and reconciliation.

New Implementation Testing. Having performed a number of new dental plan implementations, we have learned the value of integrating encounter submission and data exchange testing as part of an overall suite of end-to-end testing with our new state clients and providers. To be more specific, we do

eligibility testing then move into claims processing testing, using the same data from both, we begin our encounter testing, validating our encounter processes early. We continue testing with our state partners once we begin to receive production claims, as we have learned that regional claim submission patterns can impact early results of encounter submissions. We encourage and support direct partner testing between each of our health plans and our state partners as part of the new implementation, and with any changes made to the encounter process or format.

Reconciliation of gross and net amounts and handing of payment adjustments, denials and pend processes.

Each month, DHWL will balance paid claims and encounters to ensure submitted encounter batches are complete. We will compare total claims payment amounts to the total payment amounts processed within the Enterprise System on a monthly basis.

These totals are then compared to the total paid amounts contained in that month's encounter submission. Using this process, we account for every paid dollar and we verify that all finalized claims have been processed as encounters and is inclusive of all payment adjustments, settlements, pends and denials.

Similarly, we ensure the reconciliation of other key claim statistics including claim count, service line count, total gross charges, as well as procedure and diagnosis codes. To compare encounter data to our financial lag, we utilize monthly lag data and compare "claim-to-encounter" and "claim dollar - to - encounter dollar" amounts: including billed charges ("gross"), allowed amounts and paid amounts; all possible because these dollar amounts are present on both the processed claims data - and encounter records - in the Enterprise System. If any gap or difference is identified, Data Analysts conduct a focused analysis to identify the root cause and resolve the discrepancy. For additional detail on our encounter data management process, please see Q.5.

Audits. DHWL will fully support audits conducted by DHH or any entity named by DHH, to evaluate the accuracy and completeness of our data (including encounter data). We take pride in successfully meeting all State expectations regarding the exchange and maintenance of our data and will be committed to meeting all DHH data integrity requirements. Given appropriate notice, we will accommodate all DHH-initiated data integrity and validity audits by providing any necessary materials or documentation as requested, or providing DHH with on-site access to systems and resources necessary to conduct the audit. We look forward to working with DHH on establishing audit requirements and protocols.

Figure Q.2.B Response File Reconciliation

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Q.3 AVAILABILITY OF SYSTEMS

Describe in detail how your organization will ensure that the availability of its systems will, at a minimum, be equal to the standards set forth in the RFP. At a minimum your description should encompass: information and telecommunications systems architecture; business continuity/disaster recovery strategies; availability and/or recovery time objectives by major system; monitoring tools and resources; continuous testing of all applicable system functions, and periodic and ad-hoc testing of your business continuity/disaster recovery plan. Identify the timing of implementation of the mix of technologies and management strategies (policies and procedures) described in your response to previous paragraph, or indicate whether these technologies and management strategies are already in place. Elaborate, if applicable, on how you have successfully implemented the aforementioned mix of technologies and management strategies with other clients.

Scion Dental will provide the Management Information Systems that will be used by Dental Health & Wellness of Louisiana (DHWL). Scion Dental engineers the hardware, software, communications, and processes in our MIS to ensure that our applications are available for our internal staff, providers, members, and state partners, such as DHH, with the least possible disruption. We maintain and continually enhance the availability of our MIS related capabilities through the design of redundancy we factor into the hardware, software, and networking components of our MIS architecture. All of the MIS infrastructure technologies, MIS service management strategies, Incident Management, Business Continuity and Disaster Recovery policies, procedures, and processes supporting **our MIS offering to DHH are *in place today,*** serving over 5 million members across the United States.

Recently, we have successfully implemented and operate these solutions for West Virginia and Kentucky, and these are the same solutions that support all our operations across the United States. For 180,000 members in West Virginia and 20,000 members in Kentucky, we implemented all administrative services including claims processing, utilization management, network development, member and provider servicing, reporting, eligibility maintenance, encounter file generation, etc.

System Infrastructure Designed for High Availability

Scion Dental owns and operates two data centers in the greater Milwaukee area. A dedicated 1Gbps network circuit connects the two facilities. The two facilities are configured to operate independently for disaster recovery and business continuance purposes.

The data centers include multiple and/or highly redundant equipment, connected to at least two separate power circuits, multiple network switches, multiple Storage Area Network (SAN) fiber switches, and virtual servers, each configured with automatic failover to other physical servers in the cluster.

The Storage Area Network system includes dual redundant controllers with automatic failover. Core network routers and switches are highly redundant with multiple fabric modules, multiple I/O modules, and multiple power supplies. In the event of a utility power failure, an emergency generator automatically starts and powers the data center until utility power is restored.

Telecommunications. DHWL's telecommunications hardware is the Avaya IP Telephony platform with Dual S8730 Media Servers in an enterprise data center. These servers are capable of failing over to a redundant pair of Avaya S8730 Enterprise Survivable Servers (ESS). ESS servers are active, redundant systems, installed at our Secondary Datacenter for back up and disaster recovery. One or more Avaya G450 Media Gateways provide local connectivity at remote offices for analog, digital, and IP endpoints. The G450 Media Gateway also provides ISDN-PRI trunk modules for local access to the Public Switched Telephone Network (PSTN) and has a Local Survivable Processor (LSP), which can process calls in the event that connectivity is lost to the Enterprise network. Avaya Communication Manager (CM) delivers world-class call routing and feature rich applications. Automatic call distribution (ACD) and advanced

vectoring technology will support DHWL. Avaya CM provides the ability to support remote IP agents, allowing maximum flexibility for distributing call agent workload as well as supporting disaster contingencies. Our managed private IP Multiprotocol Layer Switching (MPLS) backbone is deployed in a fully meshed topology with vendor diversity, connecting our field offices and specialty company telephone systems using Voice Over IP (VOIP) technology, and providing multiple routing paths for high volume and emergency conditions. The voice network consists of dedicated local Primary Rate Interfaces (PRIs) and analog lines provided by the Local Exchange Carriers (LECs) and long distance PRIs that carry outbound toll and incoming toll free calls provided by Verizon Business. Call center prompts on the toll-free numbers for member, provider, and medical management services will be designed using the Avaya Voice Portal IVR platform.

Availability and/or Recovery Time Objectives for the Enterprise System

Scion Dental typically guarantees system availability of greater than 99% uptime during normal business hours and 97% uptime overall. Downtime excludes scheduled maintenance and/or a Force Majeure Event. Scion Dental uses a variety of monitoring and reporting tools to ensure compliance with all performance guarantees. For example, to gather compliance data we monitor CPU usage, Storage Area Network (SAN) utilization and I/O performance, memory utilization, and Internet circuit utilization.

A Secure and Monitored Infrastructure to Reduce Vulnerabilities

Security Audits. Scion Dental has an agreement with a third-party vendor to provide Vulnerability Scanning and Penetration Testing audits at least once per year. During the most recent test, the vendor was not able to identify any critical or high-risk vulnerabilities in Scion Dental's Internet-facing systems, nor was the vendor able to gain unauthorized access to systems or data. Scion Dental also participates in multiple client-led security audits each year and uses multiple layers of security to protect against Internet threats.

Data Center Physical Security. Physical access to facilities, offices, and rooms at Scion Dental headquarters and technology centers are controlled through electronic key fobs or manual door locks. Employee access into the buildings, as well as into secured areas within each building, is controlled by access cards (key fobs). All access attempts are recorded in the security system logs, which are reviewed periodically by the Director of Information Technology.

Physical entry into the data centers is further restricted to only authorized personnel for the purpose of performing essential tasks and requires an authorized electronic key. Every data center entry is logged electronically. To keep physical entry into the data center to a minimum, nearly all administrative and support tasks are performed remotely through secured connections.

Data center environments are fully monitored with active alerts in the event of power or temperature anomalies. In the event of a power outage, a natural gas generator powers the data center as well as the building's network and IP telephone system to limit disruptions to hosted environments. Redundant air conditioners maintain consistent, safe temperatures for servers and other hardware, and the floor is grounded to prevent electrical damage to equipment.

Data Backups and Recovery. Scion Dental uses several processes to ensure that client-defined Recovery Time Objective (RTO) (typically 24 hours or less) and Recovery Point Objective (RPO) (typically 2 hours or less) business requirements are met. Details about database backups are available upon request.

Network Controls and Security. Network infrastructure within the data centers is secured via RADIUS authentication, and access to all network infrastructure is restricted to members of the Network

Administration team. The external Internet routers are secured with a local account name and encrypted password. Administrative access to external Internet routers is restricted to local IP addresses within our internal network. Access to the data center network and to each Enterprise System deployment environment must be approved by management and is restricted to only those resources required for each user's job function.

Firewall logs are shipped to a dedicated analyzer appliance that automatically alerts the Network Administration team to unusual traffic or activity. Additionally, the firewall log analyzer appliance generates periodic reports that are reviewed by a member of the Network Administration team. Antivirus software is installed and kept updated on all servers and workstations. As previously mentioned, vulnerability scans and penetration testing is performed regularly by an independent security auditor. Details about network controls and security are available upon request.

Figure Q.3.A Virtual Machine and data replication

Figure Q.3.B Redundant Communications

Disaster Recovery and Business Continuity

Scion Dental maintains a comprehensive Business Continuity and Disaster Recovery Plan. We will review this with DHH on contract award. Our Recovery Time and Recovery Point Objectives will comply with DHH requirements.

Plan Overview. The cycle from the occurrence of a disaster to the full restoration of normal processing has four phases:

- Initial response
- Preparation for temporary backup site operations
- Backup site fully operational
- Restoration and return to permanent facility

Business Continuance Planning and Procedures. For purposes of defining a comprehensive disaster recovery protocol, Scion Dental groups disasters into two categories: systems disasters and facility disasters.

- Systems Disaster—Type 1. Disasters involving failure of mass storage devices, failure of physical host server, and failure of communications equipment.
- Highly Localized Facilities Disasters—Type 2. Disasters encompassing the offices where primary processing occurs.
- Geographically Dispersed Facilities Disasters—Type 3. Disasters encompassing the entire metropolitan area where processing offices exist.

Situations that may create either type of facilities disaster scenario include such things as fires, floods, and tornadoes. Scion Dental has the capability to continue operations and recover from both system and facilities disasters.

Scion Dental maintains the disaster recovery/business continuation sites in the greater Milwaukee area, from which Scion Dental data processing can occur if necessary. All required hardware, software, and communications equipment are operational at each of these sites, at all times. Scion Dental utilizes Modular VoIP phone system with multiple phone circuits connecting to each data center. In the event of a circuit or phone switch failure, inbound and outbound calls will automatically route around the failed circuit. In the event that all circuits go down at the primary site, inbound calls can be redirected to the remote (backup) site at either the IVR system or toll-free number level.

Regardless of the type of disaster involved, the recovery process involves, in priority order:

1. Reestablishing voice telecommunications capability, if lost.
2. Reestablishing the processing environment.
3. Reestablishing data communications capability, if lost.

All backup sites have appropriate hardware, software, and communications capabilities. All backup sites have functionally equivalent environments, including remote dial-in and Internet access.

Disaster Recovery Testing and Validation

Disaster recovery tests are performed at least annually to demonstrate that the Disaster Recovery solution functions as expected and meets client requirements defined in Service Level Agreements (SLA). Scion Dental uses VMware Site Recovery Manager (SRM) to perform Disaster Recovery testing and validation while the live (production) Enterprise System environment continues to operate normally in the primary data center.

During a Test Disaster Recovery, the protected environment continues to run without service interruption. Appropriate storage volume mappings are performed on the Storage Area Network (SAN) system at the remote data center to present the latest synchronized data to a cluster of VMware host (physical) servers located in the remote data center. The recovered virtual servers are then added to the VMware virtual environment in the remote data center, configured to use the isolated test network, and powered on. After the initial power-on sequence, the IP addresses of the recovered virtual servers are replaced with remote data center IP addresses (the same IP addresses used in the event of a true Disaster Recovery event), and the servers are rebooted. This entire process is scripted and automated using VMware SRM.

To validate that recovered Enterprise System servers meet Recovery Point Objective (RPO) requirements, Scion Dental intentionally attempts to log in to the Enterprise System environment (prior to performing the Disaster Recovery test) with an incorrect username/password combination. This creates an entry in the Enterprise System Application Log for the failed login attempt that will serve to validate that SQL data recovery is successful. The latest file date/time stamps in the Document Management System (DMS) file store are reviewed to validate that file data recovery is successful. To further validate that Disaster Recovery testing meets RPO requirements, no final data sync is performed at the beginning of the test.

A copy of a recent Scion Dental Disaster Recovery Test Report is available upon request. For more information on DHWL's Business Continuity Plan, please refer to Section L.1.

Daily System Monitoring

Monitoring is provided by a combination of internal and external monitoring that is performed 24/7/365 using the following methods.

1. IP Sentry – Performs internal network equipment , server and systems checks including ping checks, Windows Services and available disk space
2. Syslog with alerting – provides immediate notification infrastructure events (for example, a failed power supply in a network switch)
3. Firewall and UTM (Intrusion Protection/Antivirus) log analysis appliance – provides automated alerting and automated periodic reporting with the ability to run ad-hoc reports as necessary. Examples include alerts for vulnerability scans, blocked viruses, port scans, DDoS.
4. VMware – monitors and reports on virtual machine resource utilization and provides alerts for consistently high CPU utilization.
5. SAN – Monitors and alerts on SAN health, utilization, available capacity and replication status.
6. Uptrends – external (cloud based) monitoring of the Enterprise System availability and uptime from multiple cities across North America, including web services.
7. DDoS monitoring and mitigation at the ISP level. We are partnered with our ISP to continuously monitor Internet activity and recognize/report on potential DDoS activity with rapid response after receiving approval to mitigate from us.

Q.4 KEY PRODUCTION SYSTEMS

Describe in detail:
• How your key production systems are designed to interoperate. In your response address all of the following:
o How identical or closely related data elements in different systems are named, formatted and maintained:
- Are the data elements named consistently;
- Are the data elements formatted similarly (# of characters, type-text, numeric, etc.);
- Are the data elements updated/refreshed with the same frequency or in similar cycles; and
- Are the data elements updated/refreshed in the same manner (manual input, data exchange, automated function, etc.).
o All exchanges of data between key production systems.
- How each data exchange is triggered: a manually initiated process, an automated process, etc.
- The frequency/periodicity of each data exchange: "real-time" (through a live point to-point interface or an interface "engine"), daily/nightly as triggered by a system processing job, biweekly, monthly, etc.
• As part of your response, provide diagrams that illustrate:
o point-to-point interfaces,
o information flows,
o internal controls and
o the networking arrangement (AKA "network diagram") associated with the information systems profiled. These diagrams should provide insight into how your Systems will be organized and interact with DHH systems for the purposes of exchanging Information and automating and/or facilitating specific functions associated with the Louisiana

Dental Health & Wellness of Louisiana (DHWL) will offer full interoperability through the use of a relational, integrated benefit administration database platform called the Enterprise System, supported by our partner, Scion Dental.

The Enterprise System

The Enterprise System is comprised of a single set of proprietary databases, with over 35 distinct, yet integrated modules (core sets of functionality), each designed to handle a subset of benefit administration. This allows us to eliminate errors because source data is entered only once in the appropriate module, and is then used consistently across all of the modules in the Enterprise System.

The Enterprise System offers fully integrated claims/authorization processing, case management, provider data maintenance, analytical reporting, and customer service tools, among many other features. Information is stored just once, and then referenced throughout the system wherever it is needed. This efficient architecture delivers faster data recall, flexible reporting services, and enhanced data integrity and security.

Figure Q.4-A: Enterprise System Diagram below illustrates the modules within the Enterprise System. The Enterprise System platform uses Microsoft SQL Server. One important benefit of SQL Server is that it ensures consistent and reliable data at all times. For example, we leverage SQL Server Relational Database Management System (RDBMS) referential integrity controls to ensure that data indices (also known as primary and foreign keys) remain accurate and that foreign keys always point to correct primary keyed data and that no data is "orphaned." This means, for example, that our address data always, and accurately, cross-references to at least one active provider record – a rule systematically enforced through referential integrity.

Data Quality. From a data quality perspective, all of the Enterprise System Modules - enforce an appropriate degree of field level edits - ranging from simple alphanumeric formats (e.g. HIPAA standard lengths for name fields), to more sophisticated edits (NPI check digit validation), to (wherever possible)

the use of drop down lists to prompt valid field data choices, to situational field logical checks (e.g. if the user enters a value in one field, this drives the mandatory entry of data in another field).

Figure Q.4-A: Enterprise System Diagram

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Data Exchanges and Integration with Other Services and Vendors. Integrating with external systems and services is a core competency. Our technical team utilizes Web Services and/or data extracts to support system integration requirements. When a client, such as DHH or DHH's FI, requests integration with external systems, we gather and analyze business requirements and technical specifications, and then recommend an appropriate Extract, Transform and Load (ETL) approach and/or a Web Services approach for accomplishing the integrations.

Inbound Formatted Data Supported With HIPAA Compliance. For our EDI Trading Partners, including our providers through established clearinghouses and DHH, or DHH's Fiscal Intermediary (FI), we use automated, scheduled file exchanges (receipt and transmission) processes based on SSIS (SQL Server Integration Services) to import claims files into the Data Entry and Import Module. We support Secure FTP–SFTP over the internet or via a Virtual Private Network (VPN), if needed. SSIS protects our file exchanges with access control, authentication, and secure configuration features for total data integrity protection during transmission. In addition, we use EDIFECS HIPAA Compliance Software to ensure transactions are HIPAA compliant based on the file type. Our EDIFECS software supports a wide range of file transmission acknowledgement protocols, including proprietary formats as well as ANSI standard

999, TA1, 831, and 824 formats. We encourage the use of acknowledgements for both file transmission and receipts - as a further control for assured delivery, data integrity, and record balancing.

- **Automated Data Reconciliation.** We will configure our system for the specific processing rules of DHH. Data updates can be automatically loaded into the system based on business rules. For example, rules defined for various functional sets of data control how matching records and unmatched (new) records are handled: they can be merged, completely replaced, or ignored. Likewise, rules can be defined down to the individual field level to control update actions for each field.

Web Services. Within the Enterprise System we maintain a library of Web Services that can be customized to meet DHWL requirements. In addition, any data entity or database object that is maintained in the Enterprise System database can be exposed via a published Web Service interface. All Web Services are based on Microsoft WCF (Windows Communication Foundation). We can also create Web Services to support SOAP 1.1 and 1.2 over HTTPS as well as RESTful Web Services.

- ***Figure Q.4-B: Architecture Diagram*** below illustrates the Enterprise System three-tier architecture and communication flow between the Enterprise System and client constituents and systems.

Figure Q.4-B: Architecture Diagram

Enterprise System – Interoperability. Because the Enterprise System's user interface, business logic, and underlying database structure are all tightly integrated, key Enterprise System functionality and all system data are also fully integrated.

A few examples include:

- Authorizations and claims are tightly integrated and automatically cross-referenced.
- Authorization details are available for immediate online review.
- Individual providers can log on to a secure web portal and check the real-time status of claims and authorizations.
- Providers who are not web-enabled can access real-time data through a toll-free IVR (Interactive Voice Response) call system.
- The Enterprise System offers hundreds of flexible, customizable features designed to lower both administrative costs and plan benefit costs, including:
  - Comprehensive, built-in data monitoring and analysis tools, including real-time dashboards and customizable online reporting that allows provider profiling and metric-based decision making.
  - Time-saving, cost-saving web portals designed to streamline provider network development, provider and member access to real-time data, and ongoing management.
  - Focused utilization management capabilities, including customizable dental edits, business rules, and clinical algorithms that can be applied down to the individual provider level based on provider profiling results. Focused utilization reviews can be customized down to a specific benefit plan, individual provider or clinic location, and specific tooth or procedure code.
  - Ability to monitor dental reviewers and analyze results through multiple parameters, including turnaround times, approvals by code, denial rates, and dollars saved.
  - Automatically cross-referenced claim and authorization data that is fully integrated with member enrollment information benefit plans, providers and locations, and reimbursement rules. Data is shared and available throughout the system for online access.
  - Fully online, paperless authorization review capabilities, with all documents scanned and available for immediate online access. A built-in image viewer allows dental reviewers to rotate, flip, and magnify x-rays, and choose brightness and contrast settings.
  - Proprietary, dental-specific edits that evaluate and validate authorizations and claims. Edits can be customized with client-specific business rules to automatically determine authorizations, deny claims, and flag authorizations and claims with descriptive exception messages for further review.
  - Fully integrated customer service features include online access to member and provider documents and data, claim and authorization details, benefit plan and service history details, follow-up capabilities, and a full set of monitoring reports.
  - Flexible provider reimbursement methods, including service fees based on patient ages, tooth/quad/arch, and place of service. Other reimbursement methods include global budgeting to help manage risk, as well as capitation and encounter fees (rate per date of service), with the ability to vary the reimbursement method by provider, location, benefit plan, and procedure code.

Customizable Business Rules. The concept of customizable "business rules" is one of the Enterprise System's key strengths. This flexibility gives DHWL the ability to react quickly to changing government mandates and client requirements by implementing feature changes on the fly, directly through the user interface, without requiring programming changes to the system.

To allow maximum flexibility, the system supports:

Table-driven Rules. With these types of rules, key elements are combined with user-defined values and stored in database tables for use throughout the system. These types of rules allow users to make choices from drop-down lists of pre-programmed options.

User-defined rules, such as special coverage rules. The Enterprise System user interface allows users to choose from pre-programmed filter options (such as *equals, less than or greater than, in, not in*) and relevant values to create their own valid rules without programming.

Custom edits and formulas. This functionality allows us to configure the specific processing rules of DHWL and DHH such as processing edits and adjudication formulas, and incorporating them into the appropriate claim processing workflow step. Custom edits define rules that determine whether a particular procedure should be paid, while custom adjudication formulas define how much should be paid. This "shortcut" functionality allows us to respond to new requirements quickly, without having to wait for a scheduled software development cycle.

- **Paperless Workflows.** To keep costs as low as possible, one of our goals is to operate with automated, paperless workflows.
- **Online Access to Claims and Authorizations.** All authorizations, claims, and related documents, including treatment notes and radiographs, can either be received electronically or scanned upon receipt. Electronic documents can be easily retrieved from the Enterprise System for instant online review. For example, dental reviewers can examine an entire claim or authorization, even if only part of the claim or only a few of the service lines require authorization or review.

Figure Q.*4-C Screen print Enterprise System Documentation Module*

Q.5 ENCOUNTER DATA

Describe your ability to provide and store encounter data in accordance with the requirements in this RFP. In your response:
• Explain whether and how your systems meet (or exceed) each of these requirements.
• Cite at least three currently-live instances where you are successfully providing encounter data in accordance with DHH coding, data exchange format and transmission standards and specifications or similar standards and specifications, with at least two of these instances involving the provision of encounter information from providers with whom you have capitation arrangements. In elaborating on these instances, address all of the requirements in the Technical Requirements section. Also, explain how that experience will apply to the Louisiana Medicaid DBP Program.
• If you are not able at present to meet a particular requirement contained in the aforementioned section, identify the applicable requirement and discuss the effort and time you will need to meet said requirement. (4) Identify challenges and "lessons learned" from your implementation and operations experience in other states and describe how you will apply these lessons to this contract.

Preparing and Processing Encounter Data

DHWL's partner, Scion Dental, has a talented team who handles encounter data. Our IT department consists of highly qualified technical staff members with extensive experience handling EDI files for numerous trading partners in a variety of HIPAA-compliant and complex data formats.

We currently produce dental encounter files for 25 states with over 5 million members and can easily handle any state's encounter data requirements.

Encounter Data Acceptance, Maintenance & Processing

As part of the initial implementation stage, our IT staff works with the state's HIPAA 837 Companion Guide to define requirements, develop, and test file layouts for encounter files. Our IT staff has extensive experience generating encounter files that meet state specifications to ensure simple extraction of data at the destination. For fast and flexible data integration options, our IT staff uses processes based on SSIS to import EDI files into Enterprise System databases and to create outbound data extracts. The system generates an automated email notification when a file is posted successfully.

Data Validation, Compliance & Quality Control

All encounter files generated undergo a series of edits to ensure complete, accurate data before they are transmitted. We also use HIPAA compliance software to ensure that electronic file data complies with HIPAA standards. DHWL will transmit outbound encounter files using encrypted secure FTP (SFTP) protocol for all data exchanges. The following workflow, ***Figure Q.5.*****A** illustrates our process for generating Medicaid encounter files.

Figure Q.5.A Encounter Data Workflow

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Ensuring Quality and Compliance of Data used for Encounter Reporting

DHWL's partner, Scion Dental, currently manages data reconciliation processes for over 40 dental and medical clients. Each client has unique requirements, proprietary file formats, and customized reporting layouts and schedules. For example, some clients require a weekly claim extract while others prefer monthly or quarterly extracts. Depending on the encounter file requirements, the team reconciles file extracts against claims lag reports and balances both sets of data against check registers. We also reconcile individual claims/services within HIPAA-compliant 837 encounter files to verify the data matches the HIPAA 837 Companion Guide requirements.

Data Adjustments & Remittance Advice File Reconciliation. The IT team routinely receives reconciliation files from clients, balances against claims lag reports and check registers, analyzes rejected records, and either corrects them (if appropriate) or itemizes rejection reasons back to the client. As part of the initial implementation stage for any new client, IT staff works with the client to define requirements and to develop and test layouts for proprietary file formats. The following workflow illustrates DHWL's process for reconciling client response.

Figure Q.5.B Data Reconciliation Process Flows: Client Response File Reconciliation

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Table Q.5-A Experience and Ability to Meet Encounter Technical Requirements

		Currently Requirements Met in the Following States (note: providers are fee-for-service)			
Encounter Requirement	**Will meet in Louisiana**	**Ohio**	**PA**	**New Jersey**	**Comments**
Encounter Data.	X	X	X	X	
Ability to transmit to and receive encounter data from the DHH FI's system.	X	X	X	X	
Readiness to submit encounter data to the FI in a provider-to payer-to-payer COB format within sixty (60) days of operation.	X	X	X	X	
Provision of complete and accurate encounter data.	X	X	X	X	
Ability to update CPT/HCPCS, ICD-9-CM, and other codes based on HIPAA standards.	X	X	X	X	ICD-10 readiness is part of Scion Dental's 2013-2014 design and software development efforts. We intend to support both ICD-9 and ICD-10 Diagnosis and Procedure codes for some period of time prior to (as well as after) the October 2014 mandated effective date. Our overall target for ICD-10 compliance is June 22, 2014 (roughly three months prior to the mandated compliance date of October 1, 2014), but the actual implementation date for individual clients will depend on the ICD-10 readiness of our business/trading partners.

Mandatory utilization of ICD-9- CM and other national coding standards and HCPCS Level II and Category II CPT codes.	X	X	X	X	
Capability to convert all claims from hard copy paper claims to electronic encounter data for submission to DHH.	X	X	X	X	
Utilization of a DHH-approved version of the claims processing system to identify valid and invalid encounter records.	X	X	X	X	
Determining appropriate encounter edits, setting encounter edits to "pay" or "deny". Determining “repairable” or “non-repairable” encounter denial codes.	X	X	X	X	
Denial reasons of particular interest: Denied for Medical Necessity, Member has other insurance, Prior authorization not on file, Claim submitted after filing deadline, Service not covered.	X	X	X	X	
Knowledge and utilization of the DHH provider billing manuals and claims data elements. Retention of all required data elements in claims history.	X	X	X	X	
Addressing ninety percent (90%) of reported repairable errors within thirty (30) calendar days and ninety-nine percent (99%) within sixty (60) calendar days or within a negotiated timeframe approved by DHH.	X	X	X	X	

Submitting ninety-five (95%) of encounter data at least monthly due no later than the twenty-fifth (25th) calendar day of the month in which they were processed and approved/paid.	X	X	X	X	
Incorporating all encounter data from a contractor in a single file - multiple files allowed in a week.	X	X	X	X	
Ensuring that files contain settled claims and claim adjustments or voids.	X	X	X	X	
Ensuring that the levels of detail are equivalent for encounters from providers with capitation arrangement and for fee-for service claims.	X	X	X	X	
Adherence to federal and/or department payment rules in the definition and treatment of certain data elements (e.g. units of service that are a standard field in the encounter data submissions).	X	X	X	X	
Submission of encounter records such that payment for discrete services submitted in a single claim can be ascertained in accordance with the DHHs applicable reimbursement methodology.	X	X	X	X	
Compliance with the required format provided by DHH	X	X	X	X	
Providing notice of changes to subcontractors (upon the 150 days' written notice of DHH Encounter Data Transaction requirements)	X	X	X	X	

Weekly encounter submission file	X	See Comment	See comment	See comment	Initially weekly encounters were submitted in Ohio. Currently, all encounter submissions are monthly. All submissions are monthly for Pennsylvania and New Jersey

Lessons Learned

Over the 28 years Centene has submitted encounter data on behalf of our affiliate health plans, and 20 years that Scion Dental has faced the same challenges in the dental sphere, changes in submission formats, methods, and protocols have been driven by many different sources, including federal and state regulations, state-specific requirements, and improving business processes. Centene has consistently managed these processes and improved upon them based on lessons learned across our health plans. DHWL looks to these lessons learned to provide the best experience for DHH and our members. Examples of lessons learned in current operations or previous implementations include:

DHWL's partner, Scion Dental, processes and submits encounter data for over 5 million members in 25 states. We have customized edits (business rules) in place based on our New Jersey encounter file requirements. We have accomplished this by checking the data against the edit rule before generating the encounter file. Further, based on the response file returned, we will update or add edits. This ensures that any encounter issues are resolved before submission and we are able to meet the client's requirement. We submit encounter data monthly with 100% acceptance of all data. We look forward to working with DHH and applying the same diligence to ensure encounter data accuracy.

DHWL's partner, Scion Dental, has been processing and submitting encounters for our client with markets in Pennsylvania and West Virginia for over 4 years and 3 years respectively. We reconcile financial and encounter data monthly, including all of the regions in the two states. We compare claim details to our financial lag report. If any of the totals dollars paid do not match, our Data Analyst will investigate and identify where the discrepancy exists. For example, was a new product or region inadvertently missed in the report which may have caused the discrepancy? As a result of this process, we are able to capture and fix any errors before submitting the encounter file to the client. We will leverage this process in Louisiana toward a goal of 100% accuracy, on time and complete encounter reporting and reconciliation.

New Implementation Testing. Having performed a number of new dental plan implementations, we have learned the value of integrating encounter submission and data exchange testing as part of an overall suite of end-to-end testing with our new state clients and providers. To be more specific, we do eligibility testing then move into claims processing testing, using the same data from both, we begin our encounter testing, validating our encounter processes early. We continue testing with our state partners once we begin to receive production claims, as we have learned that regional claim submission patterns can impact early results of encounter submissions. We encourage and support direct partner testing

between each of our health plans and our state partners as part of the new implementation, and with any changes made to the encounter process or format.

Policies and Procedures Supporting State Encounter Data. DHWL will maintain a comprehensive set of policies and procedures (P&Ps) to manage the encounter submission process. All P&Ps will be updated to reflect additional programs requirements as necessary. Due to the length of the documents, all P&Ps will be made available to DHH upon request in electronic format or via onsite visits, as may be appropriate. P&Ps are easily accessible to all responsible parties involved with encounter processing. Additional P&Ps will also be in place for claims-oriented activities that may impact encounter submissions. Our claims and encounter operation staff are required to follow established protocols to ensure a consistent process. All P&Ps will be updated regularly as necessary to accommodate changes in the plan, DHH, or federal guidelines.

Q.6 ELIGIBILITY AND ENROLLMENT

Describe your ability to receive, process, and update eligibility/enrollment, provider data, and encounter data to and from the Department and its agents. In your response:
• Explain whether and how your systems meet (or exceed) each of these requirements.
• Cite at least three currently-live instances where you are successfully receiving, processing and updating eligibility/enrollment data in accordance with DHH coding, data exchange format and transmission standards and specifications or similar standards and specifications. In elaborating on these instances, address all of the requirements in the Technical Requirements section. Also, explain how that experience will apply to the Louisiana Medicaid DBP Program.
• If you are not able at present to meet a particular requirement contained in the aforementioned sections, identify the applicable requirement and discuss the effort and time you will need to meet said requirement.
• Identify challenges and "lessons learned" from implementation in other states and describe how you will apply these lessons to this contract.

Dental Health & Wellness of Louisiana (DHWL) partner, Scion Dental, has 20 years of experience processing two-way exchanges (data to/from our) of eligibility, enrollment, provider and encounter data. We support all HIPAA transaction formats, including those pertaining to eligibility/enrollment and encounter data exchanges with our state clients or their intermediaries. We will operate and manage the data exchange and processing requirements through their Enterprise System for DHH.

• Explain whether and how your systems meet (or exceed) each of these requirements.

Electronic Data Exchange Management

Highly qualified technical staff members at Scion Dental have ***over 20 years of experience developing and handling Medicaid/Medicare EDI (Electronic Data Interchange) files***, encompassing:

- Custom encounter report development based on ANSI X12 guide and market requirements.
- Extensive, multi-faceted provider data management using multiple EDI file formats.
- Importing, processing, and managing Medicaid/Medicare eligibility EDI files.
- Understanding and applying different electronic file formats required by each state.
- Leveraging electronic file functionality to streamline internal operations, as well as, maximize provider and member service.

For fast and flexible data integration options, we will use the Enterprise System databases to create outbound data extracts. The system generates an automated email notification when a file is posted successfully.

Eligibility Data Management

DHWL is able to import both ANSI 834 and custom proprietary eligibility files. Data load process can be designed based on DHH requirements.

- Eligibility File Formatting
    - Standard ANSI 834 Eligibility File
        - A standard 834 file is typically used to transmit eligibility data, with supplemental fields being used based on the needs of the market.
        - COB/TPL data can be loaded and updated. Additionally, supplemental fields can be used transmit and import enhanced enrollee data.

            - Enhancement – If a member's total out-of-pocket amount was needed for claims processing; it could be transmitted in supplemental field and used to update the member's dental accumulator.
    - Proprietary Eligibility File
        - Custom file formats can be converted into the Enterprise System format and imported just like an 834 file.
    - Post-load Data Modification
        - In the event DHH needed a data element to be modified before loading into the system; DHWL could produce a custom technical procedure to make this change.
- Eligibility Data Import
    - Eligibility files are imported using the Enterprise System Enrollment Import Module.
        - An EDI analyst loads the file into the module using its specified eligibility feed.
            - An eligibility feed defines the plan's product mapping and any other specific technical import processes.
        - The data is reviewed, necessary corrections are made, and rejections are relayed to DHH.
        - Once the data has been imported and confirmed as valid, the system will load or update these records.
        - Upon completion, any additional response reporting is generated and transmitted to the appropriate party.
- Eligibility Data Management
    - The Enrollment Module is used to review member data and apply manual updates.
    - DHWL/Enterprise System hosts a suite of eligibility reporting, which allows for consistent auditing of both the load process and the eligibility data itself.
    - Custom reports can be developed if necessary.

Figure Q.6.A Eligibility File Import Workflow, below illustrates the process of our Eligibility file workflow.

Figure Q.6.A Eligibility File Import Workflow

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Provider Data Management

Effective management of provider data is essential to maintaining a positive relationship with both member and provider communities. The accuracy of provider data can influence claim processing, as well as, member access and utilization.

DHWL utilizes a host of technical and operational efficiencies to receive, manage, and update provider data.

- Provider Data Load and Management
  - Individual Provider Data
    - A provider can be individually loaded into the system using the Provider Contracting Module.
      - Using the provider's completed contract and credentialing record, a Provider Services specialist will create the record.
  - On-going Provider Data Management
    - DHWL can update any element of a provider's record in real time using the Provider Contracting Module.
    - Requests made by the provider are recorded under the provider's record.
      - For example, providers can request updates demographic information or request a claim resubmission.
      - Electronic documentation can be attached to a specific request/call or the provider's record as a whole.

- Provider Data via Electronic Claims(EDI files)
  - Provider Data is also received by the system via EDI claim files. This data is matched to the provider's system record during the electronic claim import process.
    - Claim Import - An EDI analyst loads the 837 EDI claim file into the Electronic Import Module, which stages the claim data, including the provider/location/payee/member data.
      - During import, matching logic determines if the provider and location are present in the system. It also checks if the provider is linked to that location.
    - Claim Validation – The validation process determines whether the necessary provider/location and member records are present. Claims with complete data are marked complete. Those with missing/incorrect data are marked incomplete.
      - If the member is not found in the system, a letter is sent to the provider informing them that the claim was rejected.
  - Managing Incorrect Provider Data
    - Manual Matching
      - When a claim fails validation, it is marked incomplete. At this point, a processor will manually review the data and attempt to complete the match.
      - Using the Claims Capture Module, the processor is able to view the raw EDI data and compare against provider database.
    - Provider/Location Not Found – 2 options
      - The provider can be added to the system as non-par. This would allow the claim to be processed and denied for non-contracted status.

        - Enhancement – A customized edit can be applied to claim processing that will generate an authorization based on the claim. This is used where non-par status is often overridden due to medical necessity.
    - A rejection letter can be sent to the provider stating that the claim has been rejected because the provider is not contracted.
        - Enhancement – The rejection letter can be customized with instructions depending on the rejection scenario. In this case, advising the provider on how to contract with the plan would be used. Customized response is assigned depending on the cause for rejection.

Encounter data processes

DHWL's IT staff generates encounter files that meet DHH specifications to ensure simple extraction of data at the destination.

- Outbound 837D Formatting
    - DHWL follows the standard ANSI 837 transaction implementation guide for encounter logic development.
        - DHWL can customize to meet DHH-specific guidelines or enhancements to logic.
    - Enhancement – CAQH CORE 360 Compliant
        - In additional to the standard Claim Adjustment Reason Codes, DHWL delivers the enhanced Remittance Adjustment Reason Codes for denials on its 837 encounter files and 835 electronic remittance files.
- Data Accuracy and Auditing
    - ANSI X12 Rules
        - All encounter files that DHWL generates undergo a series of edits to ensure complete, accurate data before they are transmitted.
    - Compliance Checking
        - We also use HIPAA compliance software to ensure that electronic file data complies with HIPAA standards.
    - Data Security and Delivery
        - DHWL transmits outbound encounter files using encrypted secure FTP (SFTP) protocol for all data exchanges.

Below, ***Figure Q.6.B Medicaid Encounter Files Process*** illustrates DHWL's process for generating Medicaid/Medicare encounter files.

Figure Q.6.B Medicaid Encounter Files Process

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• Cite at least three currently-live instances where you are successfully receiving, processing and updating eligibility/enrollment data in accordance with DHH coding, data exchange format and transmission standards and specifications or similar standards and specifications. In elaborating on these instances, address all of the requirements in the Technical Requirements section. Also, explain how that experience will apply to the Louisiana Medicaid DBP Program.

DHWL's partner, Scion Dental, currently works with 44 state clients successfully utilizing the processes outlined above. Three currently live instances include plans in New Jersey, Pennsylvania and Ohio. DHWL will follow the standards as outlined below in compliance with DHH's Technical Requirements.

Data file formats

Whenever possible, DHWL prefers to work with EDI files in HIPAA-compliant transaction set formats for both inbound and outbound data files. If a client cannot support HIPAA-compliant transaction set formats, or if there is no HIPAA-compliant transaction set format available for the data object(s), then we encourage clients to use the Scion Dental file formats. The Enterprise System online help includes Companion Guides for each supported HIPAA-compliant transaction set as well as for each WB Proprietary file format.

The Enterprise System fully supports the following HIPAA-compliant ANSI X12 Version 5010 Transaction Sets (and also continues to support Version 4010 Transaction Sets for trading partners that have not yet implemented Version 5010):

- EDI Health Plan Enrollment, Disenrollment and Maintenance Transaction Set (834).
- Eligibility Status Request (270), Eligibility Status Response (271).
- EDI Health Care Claims or equivalent Encounter Information Transaction Sets (837D, 837I, 837P).
- EDI Health Care Claim Payment/Remittance Advice Transaction Set (835).
- Health Care Claim Status Request (276), Health Care Claim Status Response (277) Transaction Sets.
- Claim Acknowledgement (277CA) Transaction Set.
- EDI Functional Acknowledgement (997).
- Implementation Acknowledgement (999).

Managing data file imports

DHWL takes advantage of built-in efficiencies in the Enterprise System software platform to import, process, and manage data file imports.

The Enterprise System includes data file import, transform, and load capabilities for files submitted in HIPAA-compliant or Scion Dental Proprietary formats. These data file import features are available through various Enterprise System user interfaces.

The Enterprise System uses a pre-defined folder structure for receiving, importing, and processing data files. Each *feed* has its own *watched* folder where files to be imported and processed are deposited. Subfolders beneath each feed folder are used for processing, logging, and archiving data files. A *feed* holds pre-defined import and processing parameters and rules that are applied to incoming data files.

The preferred method for receiving files is for the vendor/client to transfer feed files through an SFTP connection into the correct feed folders, as shown in the following image. All other methods of receiving feed files require an internal user or process to copy files from the media on which they are received into the appropriate feed folder.

Figure Q.6.C Managing Data File Imports

Once a file is deposited into a feed folder, it can be processed. File processing can begin automatically based on a scheduled processing task, or it can be started manually through the Enterprise System user interface.

• If you are not able at present to meet a particular requirement contained in the aforementioned sections, identify the applicable requirement and discuss the effort and time you will need to meet said requirement.

DHWL is able to meet all requirements contained in the aforementioned sections.

• Identify challenges and "lessons learned" from implementation in other states and describe how you will apply these lessons to this contract.

Communication with Previous Vendors

In DHWL and Scion Dental's experience, the most efficient transitions require open communication and commitment from all parties involved. One foreseeable obstacle or constraint would be limited or lack of assistance from the outgoing vendor. In this instance, the technical team can still achieve the data imports, but the process will likely require more time.

Clean Data Input

We have experienced issues linking claims to the correct member when there are discrepancies in enrollment data. Examples that have caused issues are when there are two member records with the same name but different member IDs or a member with incorrect or no social security number.

- Two member records with the same but different member IDs. This causes issues when trying to match a claim to the correct member. The IT team has recognized this issue and elected to match the claim to the most recently uploaded enrollment record.

- If a member's enrollment record has no valid social security number, which is not a mandatory field, the solution is to follow a consistent process to indicate "null" or no data. The critical factor is to always populate that field with the same pattern of numbers e.g. 000-000-000 or 111-111-111, etc. Also, it is important that the member's ID number (which can be the same number of characters) is not entered in the social security number field.

Q.7 ABILITY TO MEET ALL TECHNICAL REQUIREMENTS

Describe the ability within your systems to meet (or exceed) each of the requirements in the Technical Requirements section. Address each requirement. If you are not able at present to meet a particular requirement contained in the aforementioned section, identify the applicable requirement and discuss the effort and time you will need to meet said requirement.

Dental Health & Wellness of Louisiana (DHWL) and Scion Dental are ideal partners for DHH's dental benefits program in the state of Louisiana. Nationally, we support the goals of responsive, accountable and coordinated dental care for over 5 million lives in 19 states. Our expertise is reflected in all aspects of both our system tools and TPA services for areas such as patient eligibility verification, prior authorization, patient access reporting, as well as implementation of non-traditional reimbursement methods, encounter reporting to government agencies, and much more.

We accomplish this through a relational, integrated database platform called the Enterprise System. This database platform is the hub that drives Reporting & Analysis, Claim Processing and Adjudication, Data Entry & Import, Provider and Member Services, Security & Configuration, Client, Provider and Member Portals as well as Setup functionalities.

The platform was built to be scaled up and out to meet changing federal and quality mandates as well as the needs of our clients. There are four major software releases each year as we are dedicated to continual development. And our team of technical and operational experts is second to none in the industry. To the state of Louisiana, we bring more than 20 years of experience administering and managing dental benefit solutions.

We have reviewed all requirements in Section E, Technical Requirements of the RFP as well as the Companion Guide. We will meet or exceed all of these requirements as we do in fact already support these requirements for our clients in other states.

E.1. General Requirements

E.1.A. System Compliance

Our hardware and software are fully compliant with HIPAA mandates, rules and standards per HIPAA Security and Privacy, and HIPAA Transaction and Code Set (TCS) regulations; and applicable privacy and security regulations originating from the American Recovery and Reinvestment Act and Health Information Technology for Economic and Clinical Health (HITECH).

We will configure and securely operate our integrated database platform called the Enterprise System for all applicable DHH processes and requirements, including enrollment, eligibility, clinical dental care management and authorization, claims, encounter processing, telephony, secure web and health information exchange support, predictive modeling, informatics and reporting functionality and DHH access.

5. Data in transit is secured utilizing 256-bit encryption and SSL certified. Data Backups are written to Data Domain appliances. Data Domain disk-based storage appliances de-duplicate and encrypt data stored within them.

6. Contractor owned resources must be compliant with industry standard physical and procedural safeguards for confidential information (NIST 800-53A, ISO 17788, etc.). 7. Any contractor use of flash drives or external hard drives for storage of DHH data must first receive written approval from the Department and upon such approval shall adhere to FIPS 140-2 hardware level encryption standards.

8. All contractor utilized computers and devices will be protected by WebRoot's Antivirus solution.

b) All contractor computers will have all security patches installed which are relevant to the applicable operating system and any other system software.

E.1.B. Automated Management Information System

The Enterprise System maintains an automated Management Information System (MIS) which accepts and processes provider claims, verifies eligibility, collects and reports encounter data and validates prior authorization in compliance with DHH and federal reporting requirements. The Enterprise System meets the requirements of the Contract, state issued Guides and all applicable state and federal laws, rules and regulations, including Medicaid confidentiality and HIPAA and American Recovery and Reinvestment Act (ARRA) privacy and security requirements.

E.1.C. Relational Databases

Our application systems foundation employ the relational data model in its database architecture, entailing the utilization of the Microsoft SQL Server® for our relational database management system (DBPMS). Our application system supports query access using Structured Query Language (SQL). Other standard connector technologies, such as Open Database Connectivity (ODBC) and/or Object Linking and Embedding (OLE), are desirable.

E.1.D. Interoperability and Standards

Because we own and operate the Enterprise System, all applications, operating software, and networking hardware and software are fully interoperable to comply to applicable standards and specifications set by DHH. We have seamlessly and successfully integrated with hundreds of external systems.

E.1.E. The Enterprise System has the capacity sufficient to handle the workload projected for the begin date of operations and is scalable and flexible to be adapted as needed, within negotiated timeframes, in response to changes in the contract requirements. We currently support dental benefits management for over 5 million members in 19 states. We can efficiently scale up to meet the needs of DHH's members.

We employ clustering, load-balancing and virtualization technologies, combined with disciplined systems engineering, to support for horizontal and vertical scalability. Vertical scaling is accomplished with additional CPU, memory, and/or disk resources to individual server nodes in a cluster. Horizontal scaling is accomplished with the addition new server nodes to an existing cluster. With the ability to scale up and out, the Enterprise System can accommodate rapid growth without any loss of performance and in most cases, improved performance for the end user.

From a database layer perspective, we employ a Storage Area Network (SAN) installed in both data centers (located in Mequon, Wisconsin WI and Menomonee Falls, Wisconsin) and optimized for transactional data applications and a Teradata enterprise data warehouse solutions that has been recognized across the industry as the leader in data access performance and scalability. The ability to

perform analytics across large, rapidly expanding data sets has enabled us to develop new knowledge–mining tools. Hence, we are positioned for rapid growth to help our clients provide better healthcare outcomes at lower costs.

E.2. HIPAA Standards and Code Sets

E.2.A. The HIPAA EDI infrastructure component of our MIS includes an integrated combination of our secure file exchange management systems and EDIFECS EDI processing engine with HIPAA 4010A and 5010 compliance transaction checking, validation, and translation. We process inbound and outbound HIPAA transaction via File Transfer Protocol (SFTP) over a secure connection or through a secure online Internet (HTTPS) connection. We will use elements and file format requirements included in the Companion Guide.

E.2.B. Today we use the EDIFECS suite of HIPAA transaction products integrated with our communications, workflow and transaction processing systems to support HIPAA inbound and outbound exchanges. All HIPAA-conforming exchanges of data between DHH and DHWL will maintain the highest level of compliance. We acknowledge that the HIPAA Business Associate Agreement (Attachment IV) will become a part of the Contract.

E.2.C. The System shall conform to the following HIPAA-compliant standards for information exchange. Batch transaction types include, but are not limited to, the following:

1. ASC X12N 835 Claims Payment Remittance Advice Transaction;
2. ASC X12N 837I Institutional Claim/Encounter Transaction;
3. ASC X12N 837D Dental Claim/Encounter;
4. ASC X12N 837P Professional Claim/Encounter Transaction;
5. ASC X12N 270/271 Eligibility/Benefit Inquiry/Response;
6. ASC X12N 276 Claims Status Inquiry;
7. ASC X12N 277 Claims Status Response;
8. ASC X12N 278 Utilization Review Inquiry/Response; and
9. ASC X12N 820 Payroll Deducted and Other Group Premium Payment for Insurance Products.

The Enterprise System supports, but is not limited to, the following HIPAA-compliant ANSI X12 Version 5010 Transaction Sets:

- EDI Health Plan Enrollment, Disenrollment and Maintenance Transaction Set (834).
- Eligibility Status Request (270), Eligibility Status Response (271).
- EDI Health Care Claims or equivalent Encounter Information Transaction Sets (837D, 837I, 837P).
- EDI Health Care Claim Payment/Remittance Advice Transaction Set (835).
- Health Care Claim Status Request (276), Health Care Claim Status Response (277) Transaction Sets.
- Claim Acknowledgement (277CA) Transaction Set.
- EDI Functional Acknowledgement (997).
- Implementation Acknowledgement (999).

E.2.D. We will not revise or modify the standardized forms or formats unless mandated for compliance with federal regulations or DHH standards.

E.2.E. We fully acknowledges that transaction types are subject to change. DHWL will fully comply with applicable federal and HIPAA standards and regulations as they occur, and often times comply prior to deadlines. Please see Q.15 for more information on our ongoing monitoring and compliance with federal and HIPAA mandates.

E.2.F. We will adhere to national standards and standardized instructions and definitions that are consistent with industry norms that are developed jointly with DHH. These shall include, but not be limited to, HIPAA based standards, federal safeguard requirements including signature requirements described in the CMS State Medicaid Manual.

E.3. **Connectivity**

E.3.A. DHH shall require that the DBPM interface with DHH, the Medicaid Fiscal Intermediary (FI), and its trading partners. The DBPM must have capacity for real time connectivity to all DHH approved systems. The DBPM must have the capability to allow approved DHH personnel to access internal applications to permit inquiry of eligibility, claims, encounters, reference, provider and other data. The access method should be real-time and may be coordinated with DHH via remote network connections.

We have the capability to establish any industry standard real time, online access method, batch file exchange, HIPAA transaction, or HL7 interface with (at DHH's direction) DHH, DHH's FI, DHH's Enrollment Broker (EB) and/or other DHH, FI, or EB Trading Partners. We support Virtual Private Network (VPN) connectivity, and/or secure FTP exchanges over the internet. We support Public Key Infrastructure (PKI), security methods such as PGP encryption, secure FTP– SFTP (SSH), or FTPS (TLS/SSL) for HIPAA compliant security, encryption, and sender authentication. For interactive access needs, we support web browser interfaces, and/or Secure Web Services for real time system to system communications. We also support secure email communications (e.g. for any communication containing Protected Health Information (PHI)) between systems, sites, and/or domains through Transport Layer Security (TLS), an industry standard protocol for securing electronic communication.

E.3.B. The Enterprise System conforms and adheres to the data and document management standards of DHH and its FI, inclusive of standard transaction code sets.

All claims and attachments received in a paper form are stamped and scanned with the date of receipt. When a paper claim is scanned, third-party inventory control software assigns it a unique Encounter ID. We can track the inventory of claims that have been entered into the system at each stage of the claims workflow using the real-time Claims dashboard. Each Encounter ID is accounted for as an entered claim, a claim rejected for incomplete information, or a claim in the work queue waiting to be processed.

Claims are entered in priority of date scanned. The imaging software's workflow management utility ensures that all claims and attachments are accounted for. Attachments, including x-rays, are

automatically associated with the claim record via the assignment of unique barcode labels. The unique barcode label allows the system to electronically "marry" claims with their related attachments.

After paper claims are scanned, staff enters the claim data into the system from the scanned images. Electronic claim data is never purged. Older data is archived but always accessible.

E.3.C. DHWL will utilize mailing address standards in accordance with the United States Postal Service.

E.3.D. DHWL will participate and cooperate with DHH to implement, within a reasonable timeframe, a secure, web-accessible health record for members, such as Personal Health Record (PHR) or Electronic Health Records (EHR). We do currently support making all the dental health history information that we have available to providers on a secure Provider Web Portal, when this type of data accessibility is requested and approved by our clients, in this case DHH.

E.3.E. DHWL will participate in statewide efforts to incorporate all provider information into a statewide health information exchange.

E.3.F. DHWL will meet, as requested by DHH, with work groups or committees to coordinate activities and develop system strategies that actively reinforce the healthcare reform initiative.

E.3.G. DHWL acknowledges that information, whether data or documentation and reports that contain or references to that information involving or arising out of the Contract is owned by DHH. We further agree that we will not share or publish DHH's information and reports without the prior written consent of DHH. We acknowledge that in the event of a dispute regarding the sharing or publishing of information and reports, DHH's decision on this matter shall be final.

E.3.H. DHWL acknowledges that the Medicaid Management Information System (MMIS) is responsible for the processing and payment of Fee-for-service and Bayou Health Shared Savings Plans claims to providers and the timely and accurate reporting to state and federal personnel and private sector partners for covered Medicaid services.

E.3.I. DWHL will be responsible for all initial and recurring costs required for access to DHH system(s), as well as DHH access to DHWL's system. We agree that these costs include, but are not limited to, hardware, software, licensing, and authority/permission to utilize any patents, annual maintenance, support, and connectivity with DHH and the Fiscal Intermediary (FI).

E.3.J. If required by DHH/BHSF, the DHWL will complete an Information Systems Capabilities Assessment (ISCA), which will be provided by DHH. The ISCA will be completed and returned to DHH no later than thirty (30) days from the date the DBPM signs the Contract with DHH.

E.4. Network and Back-up Capabilities

E.4.A. DHWL will have a local area network already in place to connect all appropriate workstation personal desktop computers (PCs);

E.4B. We have already-established hardware firewalls, routers, and other security measures so that our computer network is not able to be breached by an external entity;

E.4.C. We have established back-up processes that ensure the back-up, archival, and ready retrieval of network server data and desktop workstation data;

E.4D. DHWL's network hardware will be protected from electrical surges, power fluctuations, and power outages through uninterruptible power system (UPS) and surge protection devices; and

E.4.E. DHWL has independent generator back-up power in place that is capable of supplying necessary power for a minimum of four (4) days.

E.5. Resource Availability and Systems Changes

E.5.A. Resource Availability

DHH and its FI staff that have direct, real-time access to the data in Scion Dental's Enterprise System and will have access to our Service Desk. Our Service Desk allows us to continuously monitor the availability and responsiveness of our MIS. DHWL will support local DHH staff in Louisiana and authorized system users, including DHH's enrollment broker and fiscal intermediary, with a fully staffed technical Service Desk located at Scion Dental's headquarters in the greater Milwaukee WI area. The Service Desk will be staffed by a minimum of 2 agents from 7:00 AM to 7:00 PM CST, Monday through Friday, Upon request by DHH, the DBPM shall be required to staff the Systems Help Desk on a state holiday, Saturday, or Sunday;

Our Service Desk team has the ability to answer questions regarding the Enterprise System functions and capabilities; will report recurring programmatic and operation problems to appropriate staff for follow-up; will redirect problems or queries that are not supported by the Systems Help Desk, as appropriate, via a telephone transfer or methodology agreed upon; and will redirect problems or queries specific to data access authorization to the appropriate DHH staff;

We offer after hour callers the ability to leave a message. We will respond to messages left between the hours of 7p.m. and 7a.m. by 12p.m Central Time the next business day;

We will ensure that recurring problems not specific to the unavailability of the Enterprise System, that are identified by the Help Desk, shall be documented in Scion Dental's IS service management system which provides an automated method to record, track and report all questions and/or problems reported to the Systems Help Desk, and will be reported to management within one (1) business day of recognition so that deficiencies are promptly corrected

E.6. Information Systems Documentation Requirements

E.6.A. Technical experts and end user documentation for the Enterprise System are available. We regularly update documentation when new or existing applications or processes are implemented or changed. We offer a robust, comprehensive "Online Help" for those functionalities available to DHH. The Online Help is also printable.

E.6.B. We will develop, prepare, maintain and produce Enterprise System design and management manuals, user manuals and quick reference Guides, and any updates. All materials will be distributed and print-ready on the Client Web Portal.

E.6.C. We will prepare and maintain Enterprise System user manuals that contain information about, and instruction for, using applicable Systems functions and accessing applicable system data. Manuals will be distributed electronically and printer-ready on the Client Web Portal.

E6.D. DHWL will ensure that when an Enterprise System change affects DHH and prior written approval is needed, DHWL will submit revisions to the appropriate manuals before implementing the changes.

E.6.E. We will make all aforementioned manuals and reference Guides are available in printed form (as PDFs online) and viewable on-line; and

E.6.F. The DBPM shall update the electronic version of these manuals immediately. The printer-ready PDF version will be updated simultaneously.

E.6.G. DHWL will provide to DHH documentation describing our Systems Quality Assurance Plan.

E.7. Systems Changes

Dental Health & Wellness of Louisiana (DHWL) will use the change management processes of our partner, Scion Dental. DHWL will utilize an Enterprise System, which will be configured for the specific needs of DHWL and DHH, which provides compliant, comprehensive dental benefit management functionality. For changes to the Enterprise System, we will also utilize a standard process which establishes the roles and responsibilities necessary to ***identify***, ***document and communicate***, and ***develop and deploy*** changes in a controlled manner. We will keep all parties informed of project progress and adjust activities in light of any new circumstances that surface during a change or modification project. DHWL will also notify DHH of major changes, upgrades, modifications, or updates to core applications or operating software at least 90 calendar days prior to the projected change date. For any necessary system changes, DHWL will incorporate revisions into our documentation and manuals as appropriate and provide a copy to DHH for review, and approval, 30 days prior to the implementation of the change. All documentation and subsequent revisions will be maintained in an electronic format and be made easily available to DHH. Any such revisions in printed documentation will be completed within ten days of the actual revision made.

Identification of Changes

Software changes always originate from a "Key Business Stakeholder" (KBS) who identifies a change or software modification for one of three reasons:

- To implement new contractual requirements from state agencies, such as DHH, or other regulatory agencies
- To enhance or reengineer an existing process to improve overall efficiency and service
- To infuse new capabilities that enhance services to members and providers in an innovative fashion

E.7.A. The Enterprise System shall conform to future federal and/or DHH specific standards for encounter data exchange within ninety (90) calendar days prior to the standard's effective date or earlier, as directed by CMS or DHH.

E.7.B. DHWL will incorporate revisions stemming from system changes into our documentation and manuals as appropriate and DHWL will provide a copy of our documentation and manuals to DHH. All documentation and subsequent revisions will also be maintained in electronic format easily available and provided to DHH. All online documentation is provided online immediately as printer-ready documentation. We maintain IT related Policies and Operational Procedures documentation (e.g. change management, tape backup rotation procedures, monitoring system availability) presented in a consistent format, and updated as needed with full management controls.

E.7.C. DHWL shall submit written notice as an alert to DHH within ten (10) calendar days of identification of a required system update, change or 'fix'. This written notice shall include an overview of the system problem and its potential impact to providers, with the DBPM's estimated timeframe for implementation of a correction. The DBPM shall notify DHH of changes to its System within its span of control, ninety (90) calendar days prior to the projected date of the change, or within a timeframe specified and approved by DHH.

Our IT operations staff uses integrated, automated support systems to monitor and control our production operations, and are fully aware when changes are being initiated through the IT Management Team release calendar. As a matter of operational policy, DHWL's IT Team will not schedule system downtime or unavailability to conduct any upgrades or maintenance during a time which would adversely impact critical business operations. When system changes require testing with DHH, DHWL will serve as the primary contact for DHH, or DHH's designated agent to create and conduct test cases, validate success and make adjustments where necessary to ensure successful test transactions. We will provide test results, and/or provide a live demonstration of the system change so that we can assure DHH of our readiness. We can provide live demonstrations onsite or (at DHH's option) securely via the web, via webinar.

E.7.D. DHWL and our IT team will work closely together to ensure that our system is accurately configured for DHWL and DHH requirements at implementation and throughout our partnership with DHH. Additionally, each functional area (e.g. claims, utilization management, quality management,

encounters, and compliance) continuously reviews work processes for opportunities to improve. When those improvements require a change to our systems, or when we identify enhancements needed to address new business imperatives, or opportunities, we will follow our change management processes and notification and communication requirements of DHH, as appropriate for the change.

E.7.E. DHWL and its partner, Scion Dental, will be responsive to notification of system problems from DHH in quick fashion, and will comply with the notification and correction requirements as specified in these requirements.

E.8. Systems Refresh Plan

E.8.A. DHWL's partner, Scion Dental, operates the Enterprise System. The Enterprise System is a continually evolving and improving benefit solutions platform. DHWL will provide to DHH an annual Systems Refresh Plan. This annual plan will assess the need to modify or upgrade application software, operating hardware and software, telecommunications capabilities, information management policies and procedures, and/or systems management policies and procedures in response to changes in business requirements, technology obsolescence, staff turnover and other relevant factors.

E.8.B. DHWL's partner, Scion Dental, holds and manages support agreements with all third party hardware and software vendors, for all system components that are not directly owned and supported by Scion Dental. We fully support and manage all releases and change control processes.

E.9. Other Electronic Data Exchange

The Enterprise System includes a built-in Document Management framework that supports electronic document attachment and management. As part of the data conversion process from another vendor's system, supporting documentation can be automatically linked to entity records through metadata descriptions and standardized file naming conventions.

The Document Management framework within the Enterprise System can be configured to monitor a file server folder and automatically import electronic documents saved to the file folder location based on file naming conventions. Metadata describing the content of the image/document file is stored in the Enterprise System database and is used to associate the image/document with the appropriate database entity or entities.

For example, all x-rays, narratives, treatment charts, and all other documents attached to claims and authorizations are cross-referenced, linked to the appropriate claims/authorizations, and immediately available for viewing from the appropriate member records through online links. Selected documents can also optionally be available to providers and/or member through secure web portals. Clicking an online image link displays the x-ray in a built-in image viewer that includes magnification, brightness, and contrast controls. For those claims submitted with image reference numbers, such as references to NEA images, the Enterprise System accepts and stores the reference identifiers with the claim information.

Security permissions to attach, view, and delete electronic documents can be granted or denied down to the document type level.

- All authorizations, claims, and related documents, including treatment notes and radiographs, can either be received electronically or scanned upon receipt. Electronic documents can be easily retrieved from the Enterprise System for online review. For example, dental reviewers can examine an entire claim or authorization, even if only part of the claim or only a few of the service lines require authorization or review.
- Electronic health records and complete dental history can be managed and maintained online. Services by tooth for each member, authorization history, and complete claims history are all available in the Enterprise System for immediate online access.
- System-generated documents, such as premium invoices, Provider remittances, Explanation of Benefits (EOBs), Explanation of Payment (EOPs), and 1099-MISC forms, are instantly available for online review and can be made available to authorized providers and member through web portals.

E.10. Electronic Messaging

E.10. A. DHWL will provide a continuously available electronic mail communication link (email system) to facilitate communication with DHH. This email system shall be capable of attaching and sending documents created using software compatible with DHH's installed version of Microsoft Office (currently 2010) and any subsequent upgrades as adopted.

E.10. B. As needed, the DHWL shall be able to communicate with DHH over a secure Virtual Private Network (VPN).

E.10. C. DHWL will comply with national standards for submitting public health information (PHI) electronically and will set up a secure emailing system that is password protected for both sending and receiving any personal health information.

E.11 Member Enrollment

DHWL and its partner, Scion Dental, will process HIPAA 834 files from the FI through our HIPAA 5010 compliance checks. We will then load this data into the Enrollment Import Module (EIM) of the Enterprise System through Add, Delete, and Modify transactions with accurate begin and end dates - all within 24 hours of receiving the HIPAA 834 file.

We have the ability to transmit member demographic changes, such as changes in address or telephone number, coordination of benefit information, etc. to DHH as requested.

We support HIPAA 834 formats; and could also accommodate a proprietary format as may be specified by DHH or DHH’s FI. To capture member "self-reported" changes, we capture member demographic changes in the Customer Service module of the Enterprise System in fields that do not overwrite the information we have received from DHH, or the FI, so that we can maintain data integrity - keeping data issued to us by the state separate from self-reported information from the member.

We maintain a unique identifier across the entire Enterprise System for each member that never changes and is never duplicated.

During the initial data load process-we identify duplicate eligibility and enrollment records in a particular HIPAA 834 load file. These duplicate records are output on a load report and are worked by our Enrollment Specialists. If we confirm that the records are duplicates, we will report this fact in the manner prescribed by DHH.

E.12. Provider Enrollment

E.12. A. DHWL and its partner, Scion Dental, will utilize information published via www.lamedicaid.com or any other DHH-specified resource to utilize Louisiana Medicaid data including, but not limited to: provider types, specialty codes and sub-specialty codes. We will develop appropriate processes to coordinate provider enrollment using the same code sets as DHH and the FI.

As part of the provider contracting process, DHWL will enter provider demographics, service name, billing name, service address, billing address, alternate practice site address(s), licensing/credentialing information including effective date, W-9's containing the legal entity name and tax identification number (TIN), Medicaid identification (ID) number, payment information, National Provider Identifier (NPI) as well as relevant provider ownership information as prescribed by DHH, federal or state laws.

Prior to provider enrollment, DHWL will also conduct federal and state mandated background checks on each provider and we will require our providers to do the same for all their employees on at least an annual basis.

E.12.B. DHWL's enterprise Provider Contracting Module and Provider Credentialing Module will house all provider data from prospecting through credentialing, maintenance and renewals. We support a very wide variety of credentialing information in the Provider Credentialing Module, including support for all credentials obtained through primary source. System capabilities include maintaining multiple identifiers as well as specialty and sub-specialty codes for individual providers. Our Provider Contracting Module and Provider Credentialing Module support required elements such as full audit trail and history tracking, retention of NPI requirements, linkage of individual providers to groups, credentialing information, provider office hours, any practice restrictions and provider languages spoken, automated alerts when provider licenses are nearing expiration and letters generated from the system to providers when their licenses are nearing expiration. In addition, the Provider Contracting Module and Provider Credentialing Module support multiple provider locations and location contacts, and multiple individual level provider service locations. Both modules take full advantage of database transaction audit capabilities in the system's supporting database. Use of the Provider Contracting Module as the repository system of up-to-date records for distribution of provider data to the state means that it is the "source of truth" and one touch access point for provider data. The data is entered only once into The Enterprise System and then is available to other modules as needed. The Provider Contracting Module and Provider Credentialing Module contain built in controls that promote data integrity throughout the system and help decrease the chances of certain data entry errors. For instance, format length for certain numeric value fields is specified and alpha vs. numeric requirements are set for certain fields (for example, so that alpha entry cannot occur in an NPI field that requires numbers).

E.12.B. 2. DHWL will have automated interfaces with all licensing and dental boards;

E.12.C. DHWL's partner, Scion Dental, will submit provider enrollment information weekly to DHH and the FI as a "registry" in the layout, format, and schedule as explained in the Systems Companion Guide. DHWL will correct the errors within twenty (20) business days, and if not, agrees to face potential monetary sanctions.

E.13. Information Systems Availability

E.13.A. Span of Control. DHWL and its partner, Scion Dental, will be responsible for the availability and performance of systems and IT infrastructure technologies in our span of control. This includes the hardware, software and communication lines in our two data centers in the greater Milwaukee area as well as DHWL and Scion Dental offices. Neither DHWL nor Scion Dental will be responsible for the availability and performance of systems and IT infrastructure technologies outside of their span of control.

E.13.B. DHH Access. DHWL and its partner, Scion Dental, will allow CMS, DHH personnel, agents of the Louisiana Attorney General's Office or individuals authorized by DHH or the Louisiana Attorney General's Office and upon request by CMS direct access to its data for the purpose of data mining and review. We will provision secure accounts for these authorized personnel, and implement our two factor authentication controls for these users.

E.13.C. Critical System Availability. Today, our member and provider Internet-based secure web portals and telephone-based IVR functions are available 24/7/365, except during periods of scheduled System unavailability agreed upon with DHH.

E.13.D. Other System Availability. Besides our IVR, internet websites and email system, our other MIS functions are scheduled for online use from 7AM to 7PM Central Time, Monday through Friday.

E.13.E. FI and EB Data Exchange Availability. The Enterprise System is monitored 24/7/365 for service availability, systems performance and capacity utilization.

E.13.F. Core Eligibility/Enrollment and Claims Systems. DHWL's Partner, Scion Dental has a complete, annually refreshed Business Continuity Plan and Disaster Recovery Plan that covers all aspects of our production applications, including our core eligibility, enrollment and claims system. In the event of a declared major failure or disaster, we will target to have our core eligibility/enrollment and claims processing system back on line within seventy-two (72) hours of the failure's or disaster's occurrence,

E.13.G. Problem Notification. DHWL will notify DHH staff via phone and/or electronic mail within sixty (60) minutes upon discovery of a problem within or outside our span of control that may jeopardize or is jeopardizing availability and performance of critical systems functions and the availability of critical information as defined in this Section, including any problems impacting scheduled exchanges of data

between the DHWL and DHH or DHH's FI. In the notification, we will include details about the impact to critical path processes such as enrollment management and encounter submission processes.

E.13.H. Problem Notification for DHH Users and Reports. DHWL will notify DHH staff via phone and/or electronic mail within fifteen (15) minutes upon discovery of a problem that results in delays in report distribution or problems in on-line access to critical systems functions and information during a business day, in order for the applicable work activities to be rescheduled or handled based on System unavailability protocol.

E.13.I. System Unavailability Event Information. DHWL will provide information on System unavailability events, as well as status updates on problem resolution, to appropriate DHH staff. At a minimum these updates will provided on an hourly basis via phone and/or electronic mail.

E.13.J. System Restoration. DHWL will resolve and implement system restoration within sixty (60) minutes of official declaration of unscheduled System unavailability of critical functions caused by the failure of system and telecommunications technologies within our span of control. Unscheduled System unavailability to all other System functions caused by system and telecommunications technologies within our span of control shall be resolved, and the restoration of services implemented, within eight (8) hours of the official declaration of System unavailability. Cumulative Systems unavailability caused by systems and/or IS infrastructure technologies within our span of control shall not exceed twelve (12) hours during any continuous twenty (20) business day period.

E.13.K. Corrective Action Plan. Within five (5) business days of the occurrence of a problem with system availability, DHWL will provide DHH with full written documentation that includes a corrective action plan describing our plan to prevent the problem from reoccurring.

E.14. Contingency Plan

E.14.A. and E.14.B. Contingency Plan, DRP and BCP. DHWL will be responsible for contingency plans to protect the availability, integrity, and security of data during unexpected failures or disasters, (either natural or man-made) and allow the continuance of essential application or system functions during or immediately following failures or disasters.

DWHL, through Scion Dental has a BCP and DRP, formulated and tested in coordination with the Director of Information Technology. From a data protection perspective, data availability, integrity, confidentiality, and security is protected and enforced by administered IT fault tolerant architecture, safeguards, controls, policies, as well as ongoing testing, employee training and certification. Depending on the situation, the contingency plans may be invoked by the Chief Information Officer or Director of Information Technology.

Our information technology plan employs server visualization, RAID 5 storage, multiple path communications networking, hardware fault tolerance, automated system monitoring tools and other technologies and controls to ensure data availability and security. Please see section Q.3 for more information on the availability and reliability of our systems. We use automated controls and safeguards to ensure data security, and validation edits error correction routines and industry standard database

communication protocols to protect and assure data integrity. See Section Q.4. for information on our data integrity architecture and Q.16 for more information on our security controls.

E.14.C. Contingency Plan Due Date. DHWL will submit a Contingency Plan to DHH for approval no later than thirty (30) calendar days from the date the Contract is signed, but no later than thirty (30) calendar days prior to the Readiness Review.

E.14.D. Contingency Plan Scenarios. At a minimum, the Contingency Plan shall address the following scenarios: DHWL's and its partner, Scion Dental's, Business Continuance Plan addresses each of the following:

E.14.D. 1. The central computer installation and resident software are destroyed or damaged;

E.14.D. 2. The system interruption or failure resulting from network, operating hardware, software, or operations errors that compromise the integrity of transaction that is active in a live system at the time of the outage;

E.14.D. 3. System interruption or failure resulting from network, operating hardware, software or operations errors that compromise the integrity of data maintained in a live or archival system;

E.14.D. 4. System interruption or failure resulting from network, operating hardware, software or operational errors that does not compromise the integrity of transactions or data maintained in a live or archival system, but does prevent access to the System, such as it causes unscheduled System unavailability; and

E.14.D. 5. The Plan shall specify projected recovery times and data loss for mission-critical Systems in the event of a declared disaster.

E.14.E. Contingency Plan Testing. Senior management and their department participate in an annual formal review of our BCP program. We will annually test this plan through simulated disasters and lower level failures in order to demonstrate to DHH that we can restore Systems functions.

Our DR/BC Plan testing includes the testing of VMware Site Recovery Manager (SRM) scripts and automated processes while not affecting protected virtual machines running in production. Protected virtual machines are recovered into an isolated network at the remote data center while the original protected virtual machines continue to run normally in the primary data center. To validate that the test recovery completes successfully, a clone of an Active Directory server and a test system used to simulate an end user system are included in the isolated network. A router/DNS forwarder virtual machine is also included in the isolated network because the Active Directory server's IP address and network configuration will be different than the virtual machines being tested. The router/DNS forwarder machine allows the recovered virtual machines to communicate with Active Directory and DNS.

Figure Q.7.A Contingency Plan Testing

E.14.F.Contingency Plan Corrective Action Plan. DHWL and its partner, Scion Dental, will use annual contingency plan reviews, refreshes, updates, tests and training as an opportunity to improve and enhance our ability to ensure continuous operations. If our testing fails to demonstrate that we can restore IT system functionality, we will submit a corrective action plan to DHH describing how the failure will be resolved within ten business days of the conclusion of the BCP and DRP testing.

E.15. Offsite Storage and Remote Backup

E.15. A. Information to Back Up. DHWL shall provide operating instructions, procedures, reference files, system documentation, and operational files in relation to off-site storage and remote back-up.

E.15. B. Data Back-up Policy and Procedures. Our back-up policy and procedures will be reviewed annual by our Chief Information Officer. These policy and procedures will document back-up procedures, frequency, controls for back-ups, the location for data that has been backed up, the

identification and description of what is being backed up as part of our backup plan and any changes in procedures that will enhance the process or addition of new backup services or facilities.

E.16. Records Retention

E.16. A. Document Retention Periods and Retrieval Requirements. DHWL's partner, Scion Dental exceeds the requirement for document retention as we will provide retrieval and access to documents and files indefinitely. We never purge files whether they are received electronically via the Provider Web Portal or EDI processes. In addition, we do not purge files that we receive as paper copies which are scanned and archived electronically for audit and reporting purposes, ten (10) years in archival systems. Online access to claims processing data shall be by the Medicaid recipient ID, provider ID and/or ICN (internal control number) to include pertinent claims data and claims status. We will provide forty-eight (48) hour turnaround or better on requests for access to information that is six (6) years old, and seventy-two (72) hour turnaround or better on requests for access to information in machine readable form, that is between six (6) to ten (10) years old.

E.16. B. Encounter Data Retention. Historical encounter data files will not be purged. We archive all data for future retrieval and in doing so; exceed the requirements of this Request for Proposal.

E.16. C. Audit Trail Retention. We can and do retain audit trails for all of our production systems. Audit trails are housed with the electronic data and are never purged. Audit trails can be available within 48 hours up request.

E.17. Information Security and Access Management

E.17. A. Access Management. We will enforce strict control over global application and systems access via a series of interconnected technical and administrative controls. In particular, we implement Role Based Access Controls (RBACs) throughout the Enterprise System so data can only be accessed, created, or changed by those who have the authority to do so, and in compliance with HIPAA Minimum necessary rules. Our RBAC provides auditing support and serves as a strong basis for separation of duties while simplifying security administration by assigning privileges to a role (as opposed to a user) and then assigning role(s) to users. In addition, RBAC addresses security risks by defining employee access rights based on the employee's job functions or responsibilities and eliminates problems inherent with assigning access rights on an individual basis. On the **technical side**, we have implemented RBAC such that the individuals responsible for provisioning application access, for example to enrollment, eligibility, and claims processing application, for example, are not themselves members of roles that have rights to perform transactions within those applications. Furthermore, our monitoring regimen mitigates the risk of security personnel modifying their own roles, or provisioning new roles for themselves, by logging all changes to access, issuing privileged access reports for periodic review by application owners, and by notifying oversight personnel when there are any changes to highly privileged administrative roles. On the **administrative** side, we enforce separation of duties such that the individuals that provision frontend access to the network and core applications do not have rights to provision access to crucial back-end components such as Security and Configuration and Setup modules; and the reverse is also true. Likewise, individuals provisioning access to our network do not have rights to provision physical access to the areas where systems are housed (e.g. to physical servers). In addition, we document and

enforce access control policy that explicitly defines role limitations and access review requirements for applications in our environment.

We administer RBAC by tasking department managers to define the functions and access rights (roles) their employees need to accomplish their jobs. We then map each job function or position to a set of responsibilities associated with that job function and to a collection of work roles and security RBAC profiles. Our IT Security Department conducts Role Based Access Control (RBAC) tests and audits to ensure application access has been appropriately provisioned. Our MIS security staff may, depending upon an employee's job responsibilities, expand, limit, or eliminate that employee's access to Protected Health Information (PHI) or other information at any time. With respect to user logins, password length, complexity, and lifetime are systematically controlled to ensure they cannot be easily compromised, and users are forced to change passwords every six months. Inactive PC workstations are automatically locked and after three failed login attempts, users are locked out and these attempts are logged. Our IT system administrators maintain an incident reporting and follow-up file providing the date, time, and comments regarding any unauthorized attempts.

E.17.B. System Information Access by DHH. We will enable access for duly authorized representatives of DHH and other state and federal agencies to evaluate, through inspections or other means, the quality, appropriateness, and timeliness of services DHWL performs, which we can accommodate through site visits to any of our Scion Dental data centers or DHWLs offices in New Orleans, LA; secure WebEx; or secure remote access to authorized DHH personnel, depending on the need.

E.17.C. Integrity Controls. The Enterprise System incorporates several types of controls to maintain information integrity, depending on the data processing, transmission, receipt, or storage application. Our controls are tested both via ongoing processes (such as edit enforcement routines for data load processes), via our own internal spot audits, and via several external audits, including our annual SSAE #16 SOC I - Type II and Sarbanes-Oxley Section 404 Management Controls audits.

For data exchanges with external entities (e.g. our state clients, their FIs or EBs), we use Public Key Infrastructure (PKI) based protocols with public/private key exchanges to ensure data is not altered "in flight" and that sender and receiver are assured of each other's respective identity. All of our online, transactional, and batch data interfaces and load processes have appropriate data validation logic to enforce data integrity properties such as:

- Codeset compliance with HIPAA, HL7, US Postal Service, and other standard code sets, for example.
- We also use check digit algorithms, such as with the National Provider Identifier's tenth digit, where available.
- Data validation through the comparison of key indices of inbound data with values we have stored, such as member and provider identifiers.
- Information completeness, which includes the enforcement of required, situational, and conditional fields on inbound or outbound data transmissions

All of our core and critical business systems are based on relational database management system (RDBMS) technology from Oracle, Microsoft (SQL/Server) and Teradata - and in all cases we enforce referential integrity, field types, and missing data edits.

Using Symantec's Control Compliance Suite (CCS), we monitor access to secured LAN folders and subfolders containing critical data, identify changes made to documents stored in these folders, and enforce privacy and security policies on documents containing PHI.

E.17.D. Audit Trails. DHWL will ensure that audit trails are incorporated into all Systems to allow information on source data files and documents to be traced through the processing stages to the point where the information is finally recorded. We agree to the following requirements in E.17.D.1 through E.17.D.5.

E.17.D. 1. Contain a unique log-on or terminal ID, the date, and time of any create/modify/delete action and, if applicable, the ID of the system job that effected the action;

E.17.D. 2. Have the date and identification “stamp” displayed on any on-line inquiry;

.17.D. 3. Have the ability to trace data from the final place of recording back to its source data file and/or document;

E.17.D. 4. Be supported by listings, transaction reports, update reports, transaction logs, or error logs; and

E.17.D. 5. Facilitate auditing of individual records as well as batch audits.

E.17.E. Prevent Alteration of Finalized Records and E.17.F. PerimeterAccess Controls.

None of our core business applications allow the alteration of finalized records. For example, the Enterprise System does not allow chronological clinical notes to be edited once those notes are written to the database. A user can add to historical notes (and these additions are time stamped and ID stamped) – but no user can "go back" and edit previously entered notes. Similarly, no user can alter finalized claims data. Adjustments and voids against finalized claims are possible, but no alteration is possible on the original, finalized claim record itself.

E.17.G. Physical Security Features and E.17.H. Fire Safeguards. The two datacenters in the greater Milwaukee WI area host core data and voice communications systems securely connected via our internal WAN to our information technology assets located throughout local field offices. We physically protect all core business application and telecommunications systems in our datacenters with limited and strictly controlled access. We secure our datacenter and all facilities, through the use of key fobs, security hardware devices with built-in authentication used to control and secure access by authorized personnel, on all external doors.

The local DHWL server and network room will have a similar control. Additional physical security controls at our datacenter include digital security cameras. We will provide DHH with access to our data facilities upon request. We require that every visitor to the Datacenter and other offices sign into the log book indicating the time, employee escort, and purpose of their visit.

E.17.I. Network Access Controls. DHWL will put procedures, measures and technical security in place to prohibit unauthorized access to the regions of the data communications network inside of our span of control. This includes, but is not limited to, any provider or member service applications that are directly accessible over the Internet, while will be appropriately isolated to ensure appropriate access;
Please see Q.16 for more information.

E.17.J. Two Factor Authentication. ***Secure Remote Access.*** As a part of our commitment to the comprehensive implementation of information security best-practices, DHWL will utilize secure multifactor authentication for DHH designated users that require remote access to DHWL information systems.

E.17.K. Security Risk Assessment. DHWL will comply with recognized industry standards governing security of state and federal automated data processing systems and information processing. As a minimum, we will conduct a security risk assessment and communicate the results in an information security plan provided no later than fifteen (15) calendar days after the Contract award. The risk assessment shall also be made available to appropriate federal agencies.

E.18. Systems Audit Requirements

E.18. A. State Auditor Access

E.18. A. 1. We are able to support state auditor written requests for files covering a specified accounting period during our Contract with DHH, in a wide variety of formats and media, including magnetic tapes, CD, or other media compatible with DHH and/or state auditor facilities, including secure email or secure FTP. Our DHWL Compliance Officer will ensure that DHH and/or the state auditor is supplied with the information they need.

E.18. A. 2. Should the state audit result uncover material discrepancies or errors, we will provide a written corrective action plan to DHH within ten business days of our receipt of the audit report.

E.18. A. 3. We will integrate any findings from a state audit into our EDP manual, documenting the date of these inclusions in the revision history of our EDP manual.

E.18.B. Independent Auditor.

E.18.B. 1. We can, and currently do, support independent audits of the Enterprise System and will be happy to review our existing audit plan with DHH. Consistent and compliant monitoring has enabled our partner Scion Dental to achieve three consecutive Full Approval visits from URAC since 2010.

We also engage external auditors for our annual Sarbanes Oxley Section 404 management control and SSAE #16 SOC I - Type II audits.

Our Director of IT works with our Quality Compliance Officer to ensure that our auditors have full access to our operations, documentation, and systems for these audits.

E.18.B.2. The independent firm will perform a comprehensive audit on a calendar year basis, for controls placed in operation and operation effectiveness, to determine DHWL's compliance with the obligations specified in the Contract and the Systems Companion Guide.

E.18.B. 3. The auditing firm shall deliver to DHWL and to DHH a report of findings and recommendations by March 31st of each year. The report shall be prepared in accordance with generally accepted auditing standards for EDP application reviews.

E.18.B. 4. DHH shall use the findings and recommendations of each report as part of its monitoring process.

E.18.B. 5. DHWL will deliver to DHH a corrective action plan to address deficiencies identified during the audit within ten (10) business days of receipt of the audit report. At the conclusion of the audit, an exit interview will be conducted and a yearly written report of all findings and recommendations will be provided by the independent auditing firm. These findings will be reviewed by DHH and shall become a part of DWHL's EDP manual.

E.18.B. 6. Audits will include the scope necessary to fully comply with the Statement on Standards for Attestation Engagements no. 16 (SSAE 16) issued by the Auditing Standards Board of the American Institute of Certified Public Accounts.

E.19. Claims Management

E.19. A. Electronic Claims Management (ECM) Functionality

E.19. A. 1. The DBPM shall annually comply with DHH's electronic data interchange (EDI) policies for certification of electronically submitted claims.

DHWL and its partner, Scion Dental, will annually comply with DHH's EDI policies for certification of electronically submitted claims.

E.19. A. 2. To the extent that the DHWL compensates providers on a fee-for-service or other basis requiring the submission of claims as a condition of payment, we will process the provider's claims for covered services provided to members, consistent with our policies and procedures and the terms of the Contract and the Systems Companion Guide, in compliance with timely filing and all applicable state and federal laws, rules and regulations.

E.19. A. 3. In addition to the acceptance and processing of paper claims, Scion Dental Claim information can enter the Enterprise System in these two ways as well:

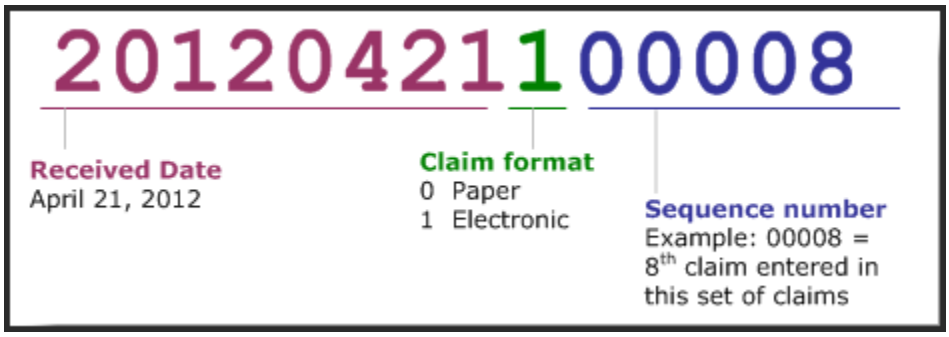
- Imported in an EDI file in HIPAA-compliant 837 transaction set format.
- Submitted electronically through the Provider Web Portal.

Regardless of the manner in which the claim enters the Enterprise System, the information provided on the claim meets the criteria outlined in the requirements of this Request for Proposal:

- a unique match is required for the attending and billing provider NPI of each service;
- the date the claim and encounter information was received is time-stamped in the system (the date the DBPM receives the claim and encounter information);
- real-time accurate history with dates of adjudication results of each claim such as paid, denied, pended, appealed, etc. which is stored in the Claim Adjudication Module (CAM) and follow up information on appeals;
- Identify the date of payment, the date & number of the check or other form of payment such as electronic funds transfer (EFT);

- all unique data elements as required by DHH for electronic encounter data submission as stipulated in this Section of the RFP and the Systems Companion Guide; and
- Regardless of how claim data enters the system, it is automatically assigned an internal control number called an Encounter ID. This number (see example below) becomes part of the claim record in the Enterprise System database.

Figure Q.7.B Sample Internal Control Number



E.19. A. 3. F While we encourage electronic claim submissions, DHWL will accept paper claims. When we receive paper claims, we manually entered them through the Enterprise System user interface from a paper form or scanned image.

All claims and attachments that DHWL receives in a paper form are scanned with the date of receipt. When a paper claim is scanned, third-party inventory control software assigns it a unique Encounter ID. DHWL can track the inventory of claims that have been entered into the system at each stage of the claims workflow using the real-time Claims dashboard. Each Encounter ID is accounted for as an entered claim, a claim rejected for incomplete information, or a claim in the work queue waiting to be processed.

Claims are entered in priority of date scanned. The imaging software's workflow management utility ensures that all claims and attachments are accounted for. Attachments, including x-rays, are automatically associated with the claim record via the assignment of unique barcode labels. The unique barcode label allows the system to electronically "marry" claims with their related attachments.

After paper claims are scanned, staff enters the claim data into the system from the scanned images. To speed data entry, the Enterprise System claim entry functionality supports data entry shortcuts, including:

- "Sticky" fields that allow field values to remain the same from one claim to the next.
- Encounter IDs that automatically increment for subsequent claims.
- Quick keyboard navigation across fields.
- Shortcut entry for dates, providers, locations, and procedure codes.
- Keyboard shortcut keys for opening search windows and performing repetitive functions.

After a batch of claims has been entered into the Enterprise System, a report is generated that accounts for any missing Encounter IDs or indicates that every Encounter ID has been accounted for. Auditors review batches for accuracy and completeness.

The workflow below illustrates the intake process for paper claims. **Figure Q.7.C Paper Claims Intake Process**

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E.19.A.4. The DBPM shall ensure that an electronic claims management (ECM) capability that accepts and processes claims submitted electronically is in place.

DHWL's state of the art HIPAA and DHH compliant electronic claims management capabilities, from provider claim submission to provider payment, and integrated claims processing system are outlined below.

Figure Q.7.D Electronic Claims Management

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For more information on our HIPAA and DHH compliant claims and encounter processing and submission systems and methods, please see our responses to Q.2 ("ensuring data integrity and auditing"), Q.5, ("ability to provide and store encounter data"), and Q.6 ("ability to receive, process, and update eligibility/enrollment, provider data, and encounter data to and from DHH and its agents"). We will configure our systems for the specific DHH rules and will modify our configuration as required to ensure we remain consistent with DHH and federal requirements.

E.19.A.5. The DBPM shall ensure the ECM system shall function in accordance with information exchange and data management requirements as specified in this Section of the RFP and the Systems Companion Guide.

E.19.A.6. The DBPM shall ensure that as part of the ECM function it can provide on-line and phone-based capabilities to obtain processing status information.

DHWL will offer a highly efficient, professional Call Center services for providers. The fully integrated Customer Service functionality in the Enterprise System allows Customer Service Representatives to respond to and track calls and other correspondence from providers. The Customer Service system was designed to give Customer Service Representatives all of the information they need—all in one place—so they can quickly and efficiently answer each caller's inquiry at the initial point of contact.

The Customer Service system gives CSRs immediate access to centralized, real-time information, including:

- Member eligibility and service history.
- Claim and authorization details.
- Covered services and benefits.
- Provider remittances and member Explanation of Benefits (EOBs).

Figure Q.7.E Example: Real-time Claim Details

Real-time details about claims and corresponding authorizations, including consumption status, are also available to providers through the Provider Web Portal. For example, as soon as a claim is processed and

paid, the online Authorization History report shows that the matching authorization has been consumed.

Figure Q.7.F Example: Real-time Authorization History

The corresponding Claim History report, available through the Provider Web Portal, includes the linked Authorization Number for easy reference.

Figure Q.7.G Claim History Report

The claim processing Payment Cycle generates payments for providers and also generates payment reports, including Remittance Advices for providers. After the Payment Cycle is confirmed, the system automatically posts payment reports to the Portal where the appropriate documents can be accessed.

E.19.A.7.

DWHL offers providers the option to register to receive EFT payments. The Finance Department sends EFT files to the appropriate banks. Scion Dental can process and pay provider claims on any schedule that meets DHH's needs. Encouraging the use of online technologies is an important element of our Provider education and training programs. For example, during training we encourage providers to sign up for and receive EFT payments and electronic remittance advices.

E.19.A.8. DHWL agrees that we will not derive financial gain from a provider's use of electronic claims filing functionality and/or services we offer or those provided by a third party. We understand that this provision is not to be construed to imply that providers are not responsible for payment of applicable transaction fees and/or charges.

E.19.A.9. DHWL requires providers to comply at all times with the American Dental Association (ADA) National coding standards (ADA form), and standardized billing forms and formats, and all future updates for Dental and Professional claims (CMS 1500).

E.19.A.10. DHWL agrees to comply with requirements of Section 6507 of the Patient Protection and Affordable Care Act of 2010, regarding "Mandatory State Use of National Correct Coding Initiatives," including all applicable rules, regulations, and methodologies implemented as a result of this initiative.

E.19.A.11. DHWL agrees that at such time that DHH presents recommendations concerning claims billing and processing that are consistent with industry norms, we will comply with said recommendations within ninety (90) calendar days from notice by DHH.

E.19.A.12. DHWL will develop a provider manual that will be available in both written and web form describing the acceptance of claim submissions. The development of this manual takes place during the implementation phase. During this phase, DHWL will work through program details with DHH, identifying all business rules and information relevant to the dental program. Prior to "go-live," a draft is submitted to DHH for final approval and to verify that all requirements have been met.

An electronic version of the manual is uploaded to the Provider Web Portal. Once uploaded, we will send a fax and email blast to each of the Providers in the network, notifying them that the manual is available online. The notification will include instructions on how to access the document on the Provider Web Portal. We will also print and mail a copy of the manual to any providers who request it. The manual will include the process for documenting the date of actual receipt of non-electronic claims and date and time of electronic claims; the process for reviewing claims for accuracy and acceptability; the process for prevention of loss of such claims, and the process for reviewing claims for determination as to whether claims are accepted as clean claims.

E.19.A.13. When a claim does not meet DHH's pre-defined business requirements, such as missing member information, the claim is recorded in the inventory control system and letters to providers are generated. These letters, customizable by DHH, inform the provider of key details about what information was incomplete or inaccurate, and why the claim was not able to be accepted and processed. The report will be uploaded to the Provider Web Portal which is also printer-ready. The

report will include: the Date the batch was received by DHWL; the date of rejection report; name or identification number of DHWL issuing batch rejection report; the batch submitters name or identification number; and the reason the batch was rejected.

E.19.A.14. DHWL agrees to assume all costs associated with claim processing, including the cost of reprocessing/resubmission, due to processing errors caused by us or to the design of systems within the our span of control.

E.19.A.15. DHWL will not employ off-system or gross adjustments when processing correction to payment error, unless we request and receive prior written authorization from DHH.

E.19.A.16. For purposes of network management, DHWL will notify all contracted providers to file claims associated with covered services directly with DHWL on behalf of Louisiana Medicaid members.

E.19.A.17. At a minimum, DHWL agrees to run one (1) provider payment cycle per week, on the same day each week, as determined by us and approved by DHH.

E.19.B. Claims Processing Methodology Requirements

E.19.B.1. DHWL will perform system edits, including, but not limited to applicable edits as established by DHH policy. As soon as an eligibility file is loaded into the system or an enrollee record is created or modified through the Enterprise System user interface, updated information is available online immediately. As claims are paid in the Enterprise System, member benefit data (including accumulators and service history) updates instantly and is immediately available for online access.

E.19.B.2. DHWL will review each submitted claim in its entirety within five (5) working days of receipt of an electronic claim. If we determine that the claim is not a clean claim because of missing member information for example, the claim is recorded in the inventory control system and an exception report will be created. These reports are fully customizable with DHH's requirements such as information about why the claim was incomplete or inaccurate, and why the claim was not able to be accepted and processed. The exception report shall also contain the following information: Member name; Provider claim number, patient account number, or unique member identification number; Date of service; Total billed charges; DHWL's name, date the report was generated, Medical necessity; if prior approval is required and if so, whether DHWL granted such approval; if the claim is a duplicate claim (the Enterprise System will automatically flag a claim as being exactly the same as a previously submitted claim or a possible duplicate and either deny or pend the claim as needed; whether the service is a "covered service" (the Enterprise System will ensure that the system can verify that a service is a covered service and is eligible for payment; provider **v**alidation (the Enterprise System will ensure that the system shall approve for payment only those claims received from providers eligible to render service for which the claim was submitted; Quantity of Service (the Enterprise System will ensure that claims are evaluated for the services provided to members in order to ensure that any applicable benefit limits are applied; and perform system edits for valid dates of service, assuming that dates of services are valid dates such as not in the future or outside of a member's Medicaid eligibility span.

E.19.C. DHWL will provide individual notices of Explanation of Benefits (EOBs) within forty-five (45) calendar days of payment of claims, to all members who received services. The required notice will include:

- The service furnished;
- The name of the provider furnishing the service;
- The date on which the service was furnished; and
- The amount of the payment made for the service.

DHWL will track any complaints received from members and resolve the complaints according to its established policies and procedures. The resolution may be member education, provider education, or a referral to DHH. We shall use the feedback received to modify or enhance the EOB sampling methodology. Please see section M.1. for more details about our complaints process.

E.19.D. Remittance Advices

In conjunction with its payment cycles, each remittance advice generated by the DBPM to a provider shall, if known at that time, clearly identify for each claim, the following information:

- The name of the member;
- Unique member identification number;
- Patient claim number or patient account number;
- Date of service;
- Total provider charges;
- Member liability, specifying any co-insurance, deductible, copayment, or non-covered amount;
- Amount paid by the DBPM;
- Amount denied and the reason for denial; and

In accordance with 42 CFR 455.18 and 455.19, the following statement shall be included on each remittance advice sent to providers: “I understand that payment and satisfaction of this claim will be from federal and state funds, and that any false claims, statements, documents, or concealment of a material fact, may be prosecuted under applicable federal and/or state laws.”

E.19.E. Adherence to Key Claims Management Standards

E.19.E. 1. Prompt Payment to Providers

DHWL will comply with the requirement that ninety percent (90%) of all clean claims for payment of services delivered to a member will be paid to the provider within fifteen (15) business days of the receipt of such claims.

DHWL will process and, if appropriate, pay within thirty (30) calendar days, ninety-nine percent (99%) of all clean claims to providers for covered services delivered to a member.

When a clean claim is denied on the basis the provider did not submit required information or documentation with the claim, then the remittance advice shall specifically identify all such information and documentation. Resubmission of a claim with further information and/or documentation shall not constitute a new claim for purposes of establishing the timeframe for timely filing.

To the extent that the provider contract requires compensation of a provider on a capitation basis or on any other basis that does not require the submission of a claim as a condition to payment, such payment shall be made to the provider by no later than the time period specified in the provider contract between the provider and DHWL, or if a time period is not specified in the contract, the tenth (10th) day of the calendar month if the payment is to be made by a contractor, or DHWL is required to compensate the provider directly, within five (5) calendar days after receipt of the capitated payment and supporting member roster information from DHH.

DHWL will not deny provider claims on the basis of untimely filing in situations regarding coordination of services or subrogation, in which case the provider is pursuing payment from a third party. In situations of third party benefits, the timeframes for filing a claim shall begin on the date that the third party completes resolution of the claim.

DHWL will not pay any claim submitted by a provider who is excluded from participation in Medicare, Medicaid, or CHIP program pursuant to Section 1128 or 1156 of the Social Security Act or is otherwise not in good standing with DHH.

E.19.E.2. Claims Dispute Management

DWHL has an internal claims dispute process for those claims or group of claims that have been denied or for which the payment has been reduced. The process will be submitted to DHH for approval within thirty (30) days of the date the Contract is signed, but no later than prior to the Readiness Review.

DHWL will comply with DHH's specific timeframes in which all requests for claim reconsideration or adjustment must be received; our claims dispute management process will include guidelines for submitting a paper claim for review or reconsideration; and our claims dispute management process will include a list of required information for submission of requests for claim reconsideration or adjustment in either electronic or paper format.

DHWL will systematically capture the status and resolution of all claim disputes as well, as all associated documentation.

E.19.E.3. Claims Payment Accuracy Report

On a monthly basis, DHWL will submit a claims payment accuracy percentage report to DHH according to the format and instructions is provided in the Systems Companion Guide. The report shall be based on an audit conducted by the DHWL. The audit will be conducted by the DHWL Finance team as specified in this Section of the RFP, and will utilize a randomly selected sample of all processed and paid claims upon initial submission in each month. A minimum sample consisting of two hundred (200) to

two hundred-fifty (250) claims per year, based on financial stratification, will be selected from the entire population of electronic and paper claims processed or paid upon initial submission.

- The minimum attributes to be tested for each claim selected will include:
- Claim data correctly entered into the claims processing system;
- Claim is associated with the correct provider;
- Proper authorization was obtained for the service;
- Member eligibility at processing date correctly applied;
- Allowed payment amount agrees with contracted rate;
- Duplicate payment of the same claim has not occurred;
- Denial reason applied appropriately;
- Copayment application considered and applied, if applicable;
- Effect of modifier codes correctly applied; and
- Proper coding.

The results of testing at a minimum will be documented to include:

- Results for each attribute tested for each claim selected;
- -Amount of overpayment or underpayment for each claim processed or paid in error;
- Explanation of the erroneous processing for each claim processed or paid in error;
- Determination if the error is the result of a keying error or the result of error in the configuration or table maintenance of the claims processing system; and
- Claims processed or paid in error have been corrected.
- If the DBPM contracted for the provision of any covered services, and the DBPM's contractor is responsible for processing claims, then the DBPM shall submit a claims payment accuracy percentage report for the claims processed by the contractor.

The workflow below illustrates monthly claim activities performed by the Finance department.

Figure Q.7.H Finance Department Monthly Claim Activities

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E.19.E.3.e) Encounter Data
The Enterprise System will be able to transmit to and receive electronic encounter data from the DHH FI's system as required for the appropriate submission of encounter data.

Within sixty (60) days of operation, DHWL will be ready to submit encounter data to the FI in a provider-to-payer-to-payer COB format. DHWL will incur all costs associated with certifying HIPAA transactions readiness through a third-party, EDIFECS, prior to submitting encounter data to the FI. All encounters will be submitted electronically in the standard HIPAA transaction formats, specifically the ANSI X12N 837 provider-to-payer-to-payer COB Transaction formats (D – Dental, P - Professional, and I - Institutional). Compliance with all applicable HIPAA, federal and state mandates, both current and future is required.

DHWL will provide the FI with complete and accurate encounter data for all levels of healthcare services provided.

DHWL has the ability to update CDT, CPT/HCPCS, ICD-9-CM, ICD-10-CM and other codes based on HIPAA standards and move to future versions as required, and often does so ahead of mandated deadlines. DHWL will not submit paper encounters to DHH's FI.

DHWL has the capability to convert all information that enters the Enterprise System claims modules via hard copy paper claims to electronic encounter data, to be submitted in the appropriate HIPAA compliant formats to DHH's FI.

The FI encounter process will utilize a DHH-approved version of the claims processing system (edits and adjudication) to identify valid and invalid encounter records from an electronic batch submission by the DHWL. We understand that any submission which contains fatal errors that prevent processing, or that does not satisfy defined threshold error rates, will be rejected and returned to DHWL for immediate correction. We aim to work diligently with DHH and the FI to ensure an efficient process.

DHWL understands that DHH and its FI will determine which claims processing edits are appropriate for encounters and shall set encounter edits to "pay" or "deny." Encounter denial codes shall be deemed "repairable" or "non-repairable." DHWL will be familiar with the FI exception codes and dispositions for the purpose of repairing denied encounters.

DHWL recognizes, as specified in the DBP Systems Companion Guide, denials for the following reasons will be of particular interest to DHH:

- Denied for Medical Necessity including lack of documentation to support necessity;
- Member has other insurance that must be billed first
- Prior authorization not on file
- Claim
- Member has other insurance that must be billed first;
- Prior authorization not on file;
- Claim submitted after filing deadline; and
- Service not covered by DHWL

DHWL will utilize DHH provider billing manuals and will be familiar with the claims data elements that

must be included in encounters. DHWL will retain all required data elements in claims history for the purpose of creating encounters that are compatible with DHH and its FI's billing requirements.

Due to the need for timely data and to maintain integrity of processing sequence, DHWL will address any issues that prevent processing of an encounter; acceptable standards shall be ninety percent (90%) of reported repairable errors are addressed within thirty (30) calendar days and ninety-nine percent (99%) of reported repairable errors within sixty (60) calendar days or within a negotiated timeframe approved by DHH. Failure to promptly research and address reported errors, including submission of and compliance with an acceptable corrective action plan may result in monetary penalties.

For encounter data submissions, DHWL will submit ninety-five (9five percent) of its encounter data at least monthly due no later than the twenty-fifth (25th) calendar day of the month following the month in which they were processed and approved/paid, including encounters reflecting a zero dollar amount ($0.00) and encounters in which DHWL has a capitation arrangement with a provider. The DHWL CEO or CFO shall attest to the truthfulness, accuracy, and completeness of all encounter data submitted.

DHWL will ensure that all encounter data from Scion Dental is incorporated into a single file. DHWL will not submit separate encounter files from contractors.

DHWL will ensure that files contain settled claims and claim adjustments or voids, including but not limited to, adjustments necessitated by payment errors, processed during that payment cycle, as well as encounters processed during that payment cycle from providers with whom DHWL has a capitation arrangement.

DHWL will ensure that the level of detail associated with encounters from providers with whom we have a capitation arrangements will be equivalent to the level of detail associated with encounters for which DHWL received and settled an FFS claim.

DHWL will adhere to federal and/or department payment rules in the definition and treatment of certain data elements, such as units of service that are a standard field in the encounter data submissions and will be treated similarly by DHH across all DBPMs.

Encounter records will be submitted so that payment for discrete services which may have been submitted in a single claim can be ascertained in accordance with the DHWL's applicable reimbursement methodology for that service.

Q.8 INFORMATION SYSTEMS CHANGE MANAGEMENT

Describe your information systems change management and version control processes. In your description address your production control operations.

Dental Health & Wellness of Louisiana (DHWL) will use the change management processes of our partner, Scion Dental. DHWL will utilize the Enterprise System, which will be configured for the specific needs of DHWL and DHH that provides compliant, comprehensive dental benefit management functionality. For changes to the Enterprise System, we will also utilize a standard process which establishes the roles and responsibilities necessary to ***identify***, ***document and communicate***, and ***develop and deploy*** changes in a controlled manner. DHWL will notify DHH of major changes, upgrades, modifications, or updates to core applications or operating software at least 90 calendar days prior to the projected change date. For any necessary system changes, DHWL will incorporate revisions into our documentation and manuals as appropriate and provide a copy to DHH for review, and approval, 30 days prior to the implementation of the change. All documentation and subsequent revisions will be maintained in an electronic format and be made easily available to DHH. Any such revisions in printed documentation will be completed within ten days of the actual revision made.

Identification of Changes

Software changes many times originate from a "Key Business Stakeholder" (KBS) who identifies a change or software modification for one of three reasons:

- To implement new contractual requirements from state agencies, such as DHH, or other regulatory agencies
- To enhance or reengineer an existing process to improve overall efficiency and service
- To infuse new capabilities that enhance services to members and providers in an innovative fashion

Federal and State Specific Changes. Scion Dental has over 20 years of experience in managing Dental Benefit programs for our business partners. Through this experience, we have continuously refined our processes for the systematic and early identification of federal and state mandates germane to dental benefits management. To ensure the coordinated, phased transitioning of mandates to meet compliance effective dates, we expeditiously assess the impact of mandates on our IT infrastructure and operations, develop and implement remediation plans resulting from those assessments, and formulate and execute internal and external testing plans, working collaboratively with business partners, including our provider network. DHWL will conform to future federal and DHH standards required for encounter data exchanges within 90 calendar days prior to the effective date as required by DHH and/or CMS. We will also be *responsive* to notification of system problems from DHH in **quick fashion**, and will comply with the notification and correction requirements as specified in the request for proposal, specifically Section E.7.C.

Process Improvement and New Capabilities. DHWL and our IT team will work closely together to ensure that our system is accurately configured for DHWL and DHH requirements at implementation and throughout our partnership with DHH. Additionally, each functional area (e.g. claims, eligibility processing, service authorization and utilization management, quality management, encounters, and compliance) continuously reviews work processes for opportunities to improve. When those improvements require a change to our systems, or when we identify enhancements needed to address new business imperatives, or opportunities, we will follow our change management and notification processes, as well as the communication requirements of DHH, as appropriate.

At the Center of Change Initiation: IT Management Team. Coordinating the timing of all changes via our software release strategy and impact on Enterprise System performance is critical, keeping in mind the overall imperative of excellent service to DHH, our members, and providers. Our IT Management Team serves as the "gateway" of a system change, whether for quality assurance or new development, to ensure a controlled release schedule for the Enterprise System. The IT management team includes a multi-disciplinary blend of IT operational professionals and managers from application, hardware and subsystem, security and data communications areas.

Communicating and Documenting Changes

Coordinated Approach to Change Notifications. For any system changes affecting DHH, our enrollees or providers, we will work through the DHWL Compliance Officer to ensure that we have a communications plan appropriate for the change.

System Change Notification to External Constituents. Through our Compliance Officer, DHWL will send formal notice of the change to DHH within 90 calendar days. If changes impacts file transfer processes, the appropriate business team (e.g. enrollment processing, encounter processing, provider data exchanges, etc.) will work closely with DHH and DHH's Fiscal Intermediary or designated entity to ensure changes are communicated and thoroughly tested. Our Compliance Officer will also oversee our notification process for providers, as applicable, regarding changes to systems and policies that affect business operations. When a change affects our providers, and depending on the change, we notify providers via direct mail, fax, outbound automated call campaigns, Interactive Voice Response (IVR) messaging, call scripting for inbound calls, Explanation of Payment (EOP) notices, and notices on our public website.

Developing and Deploying System Changes

Change control is achieved through internal processes, the use of an online incident tracking tool and a source code version control tool and repository. System enhancement requests are logged into an incident tracking system and are assigned an enhancement number. These enhancements are considered for inclusion in upcoming Enterprise System versions. System incident reports are investigated and logged (if appropriate) in an incident tracking system and are assigned a defect number. Turnaround time varies depending on the nature of the issue and the complexity of the resolution.

Documentation. Functional and/or Business requirements are thoroughly documented for every new feature, enhancement and/or defect resolution to be addressed in a given software development cycle. Once the Functional/Business requirements are finalized and approved, the Software Specifications are documented, detailing the design and technical specifications related to supporting the Functional/Business requirements. After the Software Specifications are finalized and approved, software development (including initial UI prototyping where applicable) begins.

Development. Development source code is maintained in a separate branch/folder within a source code control repository. Once all of the defined changes are completed, the changes are branched (moved) to a "Build" folder within the source code control repository, and the entire code base is labeled with the appropriate unique version number. That version is built and then deployed in a development test environment where the Software Development team performs high-level unit and regression testing in preparation for delivery to the Quality Assurance (QA) team.

Quality Assurance Testing. QA performs all the necessary and appropriate feature set, unit and system regression testing. If the "Build" is deemed to be a Release Candidate (meaning there are no major defects and there are no new defects), it is made available to DHWL's User Acceptance environment.

User Acceptance Testing (UAT). The UAT serves as a final checkpoint for user acceptance prior to promoting the change to production. We perform both testing of the specific changes that have been incorporated in the release, as well as, core feature testing, and we also perform thorough regression testing in UAT to assess the impact of any changes in one system upon another.

Testing With DHH and DHH's Fiscal Intermediary. When system changes require testing with DHH, DHWL will serve as the primary contact for DHH, or DHH's designated agent to create and conduct test cases, validate success and make adjustments where necessary to ensure successful test transactions. We will provide test results, and/or provide a live demonstration of the system change so that we can assure DHH of our readiness. We can provide live demonstrations onsite or (at DHH's option) securely via a webinar.

Approvals. In a "release" approach to system changes, the "release" contains all changes that have been tested through UAT and incorporated in that particular release. All system releases must be submitted and approved prior to moving the release into production.

Scheduling Change. Our IT Team will monitor all production systems and offices on a 24/7 basis for service availability, system performance, and capacity utilization. The IT operations staff use integrated, automated support systems to monitor and control our production operations, and are fully aware when changes are being initiated through the IT Management Team release calendar. As a matter of operational policy, Our IT Team will not schedule system downtime or unavailability to conduct any upgrades or maintenance during a time which would adversely impact critical business operations.

Systems Refresh Plan

Every year, we review and compare all hardware and software components in our Management Information System portfolio with the latest product versions from our vendors, and overlay the projected needs of our business for the following year. The output of this effort is our Systems Refresh Plan, which serves as our annual roadmap for planned introduction of new software versions. DHWL will provide DHH a copy of our Refresh Plan in accordance with the requirements specified in the RFP.

System Release Strategy Sets the Stage for Accurate Testing. In our system release approach, an identified and approved set of changes, logically grouped for purposes of efficient deployment, are tested as a cohesive release "package." A rigid, documented and workflow enabled promotion and auditable process from iterative development, unit test, integration test, through User Acceptance Test (UAT) is used to assure changes are accurate and fully tested. Our IT Management Team communicates a controlled release calendar yearly.

Production System Version Control. Although the majority of our system upgrades are routine and pose minimal risk to operational processing, all upgrades and conversions are thoroughly tested and approved prior to deployment. In those instances during which a major system upgrade or conversion is necessary to leverage highly-desirable system capabilities, or meet external requirements, there will be additional management oversight, extended stakeholder communication, and comprehensive planning which includes extensive testing and contingency planning.

Our ability to achieve successful system conversion implementations is a recognized strength, with accomplishments demonstrated throughout our service contracts. DHWL will follow appropriate DHH notification guidelines and submit a proposed project plan for review, including a timeline, milestones, and adequate testing before implementation. Since conversions can impact the provider community, we will take a proactive approach by mailing notices informing providers of the conversion and asking providers to be aware and to notify us with any issues. During major system conversions, DHWL's objective is to make the right decision, at the right time and to maintain an open, honest communication protocol with all stakeholders.

Q.9 INFORMATION SYSTEMS READINESS

Describe your approach to demonstrating the readiness of your information systems to DHH prior to the start date of operations. At a minimum your description must address:
- ***provider contract loads and associated business rules;***
- ***eligibility/enrollment data loads and associated business rules;***
- ***claims processing and adjudication logic; and***
- ***encounter generation and validation prior to submission to DHH.***

Approach to Readiness

Both DHWL and Scion Dental will be accountable to DHH for the readiness of our operations at contract implementation, as well as for each change we implement into the Enterprise System through the duration of the contract. In fact, we begin the readiness review process well before contract implementation with our well-defined Enterprise System processes, procedures, and documentation when we design and build our systems. The process continues as we analyze, in detail, and document the specific contract implementation requirements, then configure, thoroughly test, and implement those requirements into our systems.

We will prepare for readiness reviews by first compiling documentation for a desk review that illustrates the Enterprise System, including system and enterprise architecture documents, technical reference documents, IT policies and procedures, user manuals, etc. We provide this information both electronically and in hard copy via binders in a well-organized manner, by each functional area of system operations. These documents allow for an upfront and detailed understanding of the Enterprise System. Ideally, we will meet with DHH to review these documents and answer any questions about the database platform or terminology.

Following this presentation, and closer to the operational start date of the program, we typically provide more targeted and customized information at an onsite review, related specifically to the needs of DHH and the program we are implementing. This onsite review with DHH would be our opportunity to demonstrate our systems with a live “walk through” or presentation of key functionality.

Readiness Testing

We prepare with early communication and performance testing between DHH and our data experts regarding the readiness of our IT systems. Readiness is achieved only after iterative tests have satisfied all business rules and client needs and the client has granted approval to move processes to the live production environment. For this reason, DHWL and Scion Dental emphasize early communication with the client to detail all business rules and needs so that all custom development and technical set up can be addressed and prepared for deployment to production on go-live.

The following depicts our general processes; however, we will always work with the client to make sure they are receiving any custom needs they require.

Testing Provider and Eligibility/Enrollment File Loads

Utilizing the provider file layout guide and the eligibility file layout guide (either provided from the client or one that we provide), our data experts analyze the file layouts and map them to the Enterprise System. Once mapping has been confirmed, we will request a test provider file and a test eligibility file which we will load to test our mapping.

If rejections occurred during the initial load, we would analyze the errors and identify the root of the problem. If the problem occurred on our side, the error would be fixed through working with the IT

team. If the error occurred on the client side, we would clearly indicate the error and identify the fix that is needed. In both cases, once the errors have been addressed, a new test file would be sent and loaded for testing. This cycle would continue until all possible errors have been resolved and the test file has loaded successfully.

Once the file has successfully loaded, we would provide the client with a reconciliation response file to ensure no data was altered during the transfer. If data was altered, we would collaborate with the client to determine the root cause and follow the above iterative process until a test file successfully loads and no data has been altered.

Once this process is complete and the client has approved our test load and response file, we are granted approval from the client to move our process to the production environment in preparation for go-live. The entire span of this testing process can take anywhere from several days to one or two weeks, but generally does not exceed that timeline, assuming the appropriate level of support is provided by the client

Testing Claims Processing and Adjudication Logic

To prove readiness for claims processing and adjudication logic, several steps would take place. First, we will provide a benefit extract that details all covered codes, frequency limitations, limitations by age and limitations by codesets. Once received, the client will analyze the extract for accuracy and provide feedback if changes need to be made or provide approval if no changes are required. With the client sign-off, the benefit plan is moved to the production environment, ready for go-live.

Second, we will run a series of test scenarios through our Claim Adjudication Module (CAM) which edits, adjudicates and pays claims. We can recommend the test scenarios or the client can indicate specific scenarios they would like tested. The efforts here are to ensure that all client business rules have been applied appropriately and are functioning as expected. After testing these scenarios, we will provide test remits and test explanation of benefits to the client for their approval. Once all scenarios have been tested and the client has signed off, we will push the logic to production, ready for go-live.

Testing Encounter Generation and Validation

Testing and validating encounter files to ensure readiness for go-live follows a very similar process to the testing of provider and eligibility files—the only difference is that this file will be a client-inbound, DHWL -outbound file, whereas before the file exchange roles were the reverse.

DHWL will generate and deliver a test layout file to the client. As the client, your technical team will review the layout provided and map the layout to your system to ensure that it will be able accept the encounter test data. We will host a meeting with the client to review any questions regarding the mapping if necessary until all items have been addressed and confirmed to the client's satisfaction.

Once mapping has been confirmed, we will send a test encounter file to load to your system. If rejections or errors occur, we will work with you to investigate the issues. If the issue is found to be internal to the client, we will offer our suggestions to mitigate the issues. If the issue is found to be on our side, we will work with our data analysts to troubleshoot and resolve the issue. This testing will continue until all test data loads with no errors.

Once the client is able to load with no errors, we would receive a reconciliation response file from the client to ensure no data was altered during the transfer. If data was altered, both we would collaborate with the client to determine the root cause and follow the same iterative process of issue identification and resolution, until a test file successfully loads and no data has been altered.

Once this process is complete, the client can sign off and grant approval to push the process to the production environment in preparation for go-live. The entire span of this testing process can take anywhere from several days to one or two weeks, but generally does not exceed that timeline, assuming the appropriate level of support is provided by the client

Q.10 REPORTING AND DATA ANALYTIC CAPABILITIES

Describe your reporting and data analytic capabilities including:
• generation and provision to the State of the management reports prescribed in the RFP;
• generation and provision to the State of reports on request;
• the ability in a secure, inquiry-only environment for authorized DHH staff to create and/or generate reports out of your systems on an ad-hoc basis; and
• Reporting back to providers within the network.

Business Intelligence, Analytics, and Reporting Capabilities.

Dental Health & Wellness of Louisiana's (DHWL) has reviewed the reporting requirements of the Louisiana Request for Proposal (RFP) for a Dental Benefit Management Program (DBMP) administrator, and DHWL will comply with all federal, state and contractual reporting requirements. Specifically, we will submit reports using established and communicated formats, instructions, and timeframes as specified by DHH and/or DHH's Fiscal Intermediary. The Enterprise System stores and processes data in all areas necessary to support DHH operations, including, but not limited to, claims/encounters, utilization, authorization, grievances, appeals, and eligibility. All data will be available for reporting and analysis using our comprehensive reporting tools described below. DHWL's CEO or CFO, or DHH approved delegated authority will provide attestation to the truthfulness, accuracy, and completeness of data submitted to DHH, in accordance with Federal and DHH guidelines.

DHWL's Compliance Department will maintain overall responsibility for reporting, with support by all functional areas (e.g., Network, Operations) to meet all reporting requirements specified in the RFP. DHWL and our partner Scion Dental have the applicable experience and demonstrated capabilities to fulfill reporting and performance requirements, and we will leverage Scion Dental's experience for the benefit of the DBMP.

DHWL will provide reporting to DHH through three primary means:

- Regularly ***scheduled reports***, including all management reports prescribed in the RFP, will be generated and submitted to DHH with executive attestation.
- DHWL will provide select, authorized DHH staff with ***online, secure, inquiry-only access*** to our Client Web Portal. DHWL will coordinate the training on the tools, system documentation, secure two-factor authentication, and best practices for these select DHH individuals, so that DHH can make effective ad-hoc use of our online reporting and decision support environment.
- DHH will be able to request ***"ad hoc" reports*** from the DHWL Compliance officer, who will work with our team of report analysts to generate the report, and deliver the requested report back to DHH

Provider Portal - For our network providers, we will deliver administrative and clinically oriented reports and information-based interactive tools via our Provider Portal.

Availability of DHH Specified Reports and Encounters. Any data stored in the Enterprise System databases can be easily extracted and repackaged into scheduled reports to meet DHH requirements for data, layout, and file format without a programming change to the system. Our technical staff has extensive experience working with our business partners to design, develop, and deliver customized reports to meet specific needs; we will review the reporting requirements, file layouts and specifications with DHH or DHH's Fiscal Intermediary to ensure we understand all requirements. We will then leverage existing reports or create new reports for

DHH's DBMP program and we will submit those reports to DHH for approval within 45 days following the date the Contract is signed, and no later than prior to the readiness review. These reports will be generated, reviewed, attested and securely delivered, automatically, to DHH in the file format, schedule specified by DHH.

Ad hoc Reporting vs. Standard Scheduled Reporting. After go-live, we will continue to be responsive to meet changing business needs, and will collaborate with DHH to modify, design, develop, and deliver DHH-defined reports on an ad hoc basis. Because DHH will have access to online dashboards and other analytical tools, as described below, we anticipate that dependence on customized reports will be minimized. Ad hoc reports can be generated on demand, any time, through the Enterprise System Client Web Portal user interface using built-in tools such eBIS, dashboards, and other reporting templates and analytical tools.

DHH Access to Client Web Portal. The words—**real-time**, **online**, **anytime**—sum up our innovative approach for putting the analytical power of the Enterprise System into the hands of our clients, such as DHH. DHH will be able to log on to our Client Web Portal and generate up-to-the minute reports. Some examples of reports that will be made available to DHH include:

- Cost trends for orthodontic services.
- Utilization trends within a geographical area.
- Encounter history for members with high-cost services.
- Per-member per-month (PMPM) cost of dental services provided by selected specialist.
- First quarter comparison of this year's utilization with last year's first quarter.

Built-in filtering options allow DHH to customize their own reports when they generate them on demand in eBIS – providing flexible, focused analysis without programming. All data exposed through the Client Web Portal is real-time data, drawn directly from the Enterprise System data warehouse. On-demand reports generated with these analysis tools can be exported in a variety of file formats, including PDF, CSV, XML, and Excel. We will review the security access requirements with DHH following contract award and are prepared to implement two-factor authentication.

Below, **Figures Q.10.A, and B** Illustrate screen shots from our Client Web Portal:

Figure Q.10A Client Web Portal

Figure Q.10B Client Web Portal

Reporting back to providers. In addition to online access for DHH, DHWL will give authorized Providers access to our Provider Portal where they can generate their own profiling reports. Providers have immediate access to real-time reports including claim status/history, authorization status/history, member eligibility/service history, and fee schedules. We will also post educational materials and other documents on the web portal for providers to access, such as our Provider Manual, and processes for the electronic submission of claims.

Provider Reports. DHWL's secure Provider Web Portal will display real-time data drawn from the integrated Enterprise System database. Through the portal, Providers will have real-time access to patient eligibility and treatment history, fee schedule details, claim and authorization status updates, reports and electronic remittances and more. Providers will be able to securely access the DHWL web portal from our public facing web site. The portal is designed so that information is easy to access, and we will provide comprehensive online help and how-to videos describing portal functionality.

Q.11 KEY INFORMATION SYSTEMS PROFILES

Provide a detailed profile of the key information systems within your span of control.

Dental Health & Wellness of Louisiana (DHWL's) partner, Scion Dental, will manage the Enterprise System benefits administration software platform, which is the key information system, fully within our span of control.

The entire Enterprise System and our benefit management solutions were built from the ground up specifically for use in Medicaid benefit administration. You will see our Medicaid expertise reflected in all aspects of both our system tools and TPA services for areas such as patient eligibility verification, prior authorization, patient access reporting, encounter reporting, and much more.

Scion Dental's leadership vision from its formation more than 20 years ago remains the same: To fully exploit emerging technology to generate the lowest possible administrative cost and concurrently deliver 24/7 access to critical, filterable information essential to effectively manage healthcare benefit costs. Our simple and straightforward technology vision includes the following goals:

- Reduce incoming mail by promoting the electronic receipt of claim and authorization data.
- Edit all incoming data at the point of capture to ensure that it is both complete and valid.
- Scan, electronically store, and destroy any paper received; convert paper submitters to electronic submitters.
- Deploy robust provider, client, and member web portals to continuously reduce call volumes and lower call center expenses.
- Automate 100% of all claim edits, pricing, and benefit determination computations.
- Allow authorized users to access electronic documents online, 24/7.
- Promote operational transparency by providing filterable online access to dashboards with important plan operating performance metrics.

We release multiple major Enterprise System software updates each calendar year. Most updates include a technology component in addition to new functionality and numerous new features that benefit all users. As a true software services and development company (different from a software vendor), we are continuously upgrading our product to satisfy new client business requirements. In addition, the Enterprise System software platform is purposely engineered to allow users to design customized workflows that best meet their needs. Users are empowered to configure the system and establish processing rules without needing support from their IT group. One important attribute is our prowess in system integrations. Many of our clients seek to develop complex interfaces with their own legacy systems. Our experience in successful system integration is another differentiating factor that sets us apart from software vendors.

Scion Dental is regarded by industry experts as the "safe choice" when it comes to compliance with new regulatory and/or client business requirements that require innovation. Our track record shows that we have consistently completed new regulatory requirements well in advance of their effective dates.

System Summary

Scion Dental develops and hosts the Enterprise System software platform to provide software and services to benefit administrators.

The Enterprise System is comprised of over 35 distinct, yet integrated modules; each module is designed to handle a subset of benefit management. The Enterprise System offers fully integrated claims processing, authorization processing, case management, analytical reporting, and customer service tools, among many other features. With its integrated database, information is stored just once, and then referenced throughout the system, wherever it is needed. The Enterprise System is entirely web-based, with users needing only a supported web browser to securely access system features.

We follow an agile software development methodology that allows us to define, develop, test, and deploy enhancements to the Enterprise System quickly and efficiently. We release multiple Enterprise System software upgrades every year to stay current with the ever-changing dynamics of healthcare standards. Software releases typically incorporate new functionality requested by our clients as well as enhancements to meet new or updated state and federal regulations. Each software release includes both functional and technical enhancements.

Today Scion Dental has 280 operational and technical resources to support DHH. We propose the following infrastructure and applications described below in service of the DHH.

Description of Systems & Technology

To support all of its business processing outsourcing services, Scion Dental utilizes the **Enterprise System** software platform.

The Enterprise System offers fully integrated claims/authorization processing, case management, provider data maintenance, analytical reporting, and customer service tools, among many other features. Information is stored just once, and then referenced throughout the system wherever it is needed. This efficient architecture delivers faster data recall, flexible reporting services, and enhanced data integrity and security.

Integration with Other Services and Vendors

Integrating with external systems and services is a core competency for Scion Dental. Our technical team utilizes Web Services and/or data extracts to support client-defined system integration requirements. When a client requests integration with external systems, we gather and analyze business requirements and technical specifications, and then recommend an appropriate Extract, Transform and Load (ETL) approach and/or a Web Services approach for accomplishing the integrations. Please see the diagram below, ***Figure Q.11.A Service and Vendor Integration***

Figure Q.11.A Service and Vendor Integration

Data Extracts (ETL). We develop and implement integrations to meet client business needs using one or a combination of inbound/outbound Electronic Data Interchange (EDI) files in: HIPAA-compliant transaction set format (preferred, when applicable), Proprietary data file format, and/or client-defined proprietary file format. The Enterprise System user interface includes built-in SSIS-based data file import, transform, and load capabilities for files submitted in HIPAA-compliant or Proprietary formats. Scion Dental also uses processes based on SQL Server Integration Services (SSIS) to generate outbound data extract files on demand. Scion Dental ETL processes are designed to use reusable data-driven methods, minimizing the need for customized ETL coding.

Web Services. Scion Dental maintains a library of Web Services that can be customized to meet client requirements. In addition, any data entity or database object that is maintained in Enterprise System databases can be exposed via a published Web Service interface. All Web Services are based on Microsoft WCF (Windows Communication Foundation). Scion Dental can create Web Services to support SOAP 1.1 and 1.2 over HTTPS as well as RESTful Web Services.

Architecture diagram

The following diagram illustrates the Enterprise System three-tier architecture and communication flow between the Enterprise System and client constituents and systems.

Figure Q.11.B Enterprise System Communication Flow

Third Party Support Services

Scion Dental does not currently intend to require or utilize any third-party support services as part of our proposed Service & System Solution.

Future System Functionality Development

The Enterprise System software platform has been continuously updated and enhanced, with multiple upgrades each year, since its inception 20 years ago. We are committed to continuously improving the experience of members, providers, and clients by updating the Enterprise System software with the latest technology enhancements and feature requests. For example, as ICD-10 support is planned as part of a software release in June 2014. Several other significant system enhancements planned for 2014 are.

Open Source Software

Scion Dental does not use any open source software in its Enterprise System software platform.

System Customization for Specific Client Needs

Many critical components of the system have been architected to allow customization for specific client needs without requiring a programming change to the Enterprise System. Examples include, but are not

limited to: custom claim edits, custom adjudication formulas, custom reports, automated email message templates, and scheduled data extracts. Our technical team will work closely with DHH to define and implement these types of customizations.

For customized business rule changes and other daily operational support needs, most features within the Enterprise System are data (or "table") driven. This allows business rules to be customized and managed independently for each client without requiring any software code changes and without affecting the Enterprise System environments for any other clients. Client-specific changes are not made to the Enterprise System base source code. All client-specific code is managed and maintained separately and completely segregated for each client.

Rapid System Configuration to Meet Government Mandates, Client Needs

Scion Dental uses the Enterprise System as its benefits management software platform. **Because we own our software**, we can react immediately to address new government mandates and help our clients meet new business challenges.

In addition, Scion Dental features multiple major releases of the Enterprise System per year as a means of addressing critical path features for clients and meeting government mandates. Client priorities are a driving factor behind the features we add to the Enterprise System and when we develop and release those features. Every Enterprise System software release includes new features and enhancements that are direct results of client requests. For example, we designed, developed and deployed a feature we call "Rollover Benefits" in less than 120 days from the time it was first requested by our client. The timing was driven by the client's business need to incorporate the new feature into its benefit plan offerings.

Software Upgrade Process

Each Enterprise System upgrade release is a full replacement of the web application and, in most cases, an in-place (differential) upgrade of the database schema and the business logic tiers. Scion Dental assigns an Implementation Project Manager to every client. The Quality Assurance team provides Project Management and our Client Support Services (CSS) team members with a list of new features and enhancements to existing system functionality for each Enterprise System "Release Candidate" build. The Project Management team informs clients of relevant information related to the upcoming software releases. This information is also included in the associated portions of the Enterprise System Online Help system and in "What's New" publications. Before any production deployment, Scion Dental requires that clients engage in user acceptance testing.

Mass Updates for Claims, Members, Providers

Scion Dental has extensive experience accepting mass updates to claims, members, and providers through electronic data loads. The Enterprise System user interface also includes built-in tools for importing, scheduling, and processing EDI files and performing mass updates on claims, member benefit plan enrollment/disenrollment, and provider attributes.

Capabilities and Approach

EDI File Handling Overview - Scion Dental's technical staff has over 20 years of experience handling Medicaid/Medicare EDI files (encompassing: generating and transmitting encounter reporting;

importing, processing, and managing claim/authorization EDI files and Medicaid/Medicare eligibility EDI files; and understanding and applying different electronic file formats required by each state.

Our Client Support Services (CSS) staff takes advantage of built-in efficiencies in the Enterprise System software platform to import, process, and manage data loads. The system includes customizable data file import, transform, and load capabilities for files submitted in HIPAA-compliant or Proprietary formats. File processing can begin automatically based on a schedule, or it can be started through the Enterprise System user interface.

Member Enrollment, Disenrollment, Reinstatements, Maintenance, Reconciliation - Member enrollment, disenrollment, reinstatements, maintenance, and reconciliation can be handled through file loads or manually through the Enterprise System user interface. During eligibility loads, automated business rules compare incoming data against enrollment data already loaded in the Enterprise System database. The system identifies discrepancies and can automatically apply and reconcile data updates.

Automated Primary Care Dentist (PCD) Assignments - Enrollee data and provider data are stored in an integrated system, and all addresses are geo-coded. Using this data, providers that are eligible as Primary Care Dentists can be assigned to members automatically, with assignments based on business rules for geographical distance from member homes to office locations, languages spoken, accommodations for special needs, and other characteristics.

Member Material Development and Fulfillment - Scion Dental has experience developing member materials, including handbooks and ID cards, for its clients. The Scion Dental Office Services team is also adept at managing the fulfillment and distribution of handbooks and other member materials.

Fulfillment Types and Reason options are fully customizable through the Enterprise System user interface and are used for managing, monitoring, and reporting on fulfillment requests and turnaround times. While speaking with a member, a Customer Service Representative can seamlessly access the member's enrollment record and submit a request for materials right from the Customer Service Module, which is integrated with the Enrollment Module.

Eligibility Data Maintenance, Reconciliation, Verification - Scion Dental uses the Enterprise System software platform to maintain, reconcile, and verify member eligibility throughout the system. Key features include:

- When claims and authorizations are processed, the system runs a series of edits that verify member eligibility for services received.
- Mass updates can be performed for group terminations, reinstatements, and benefit plan changes. Changes to any other values for a group automatically affect all members of that group without the need to maintain separate rules for each member.
- The system supports both retroactive and future enrollments at the group and individual member levels. The system does not impose any constraints other than business rules defined by the client.
- PHI privileges and associated expiration dates can be designated for each enrollee. In addition, electronic HIPAA Notice documents, as well as any number of other electronic documents, can be attached and stored with each member's enrollment record.
- The system supports multiple eligibility spans for each enrollee to delineate enrollment and disenrollment. The system does not enforce any limits on the number of eligibility spans for a single member.

Multiple Member ID Data Elements

Scion Dental uses the Enterprise System software platform to manage member eligibility. The system maintains all history for each member with a unique, unchanging system-assigned enrollee ID. This unchanging enrollee ID is automatically linked to each external ID assignment, including Social Security Number, Medicaid ID, and any number of other identifiers. This ensures that all of a member's history can be retrieved by any of the member's ID assignments, even if external identifiers change.

Claims Processing

Real-time Adjudication, Exception Processing, Claim Adjustment Processing

The Enterprise System is capable of automated, real-time adjudication of individual claims. This capability offers providers real-time online pricing through the Provider Web Portal.

While the system is capable of real-time adjudication, Scion Dental uses more efficient batch processing in its daily operations. As batches of claims enter the system from electronic file imports, the system can adjudicate the batch of claims faster than processing each claim in real-time. Batch processing allows us to process and pay "cross over" claims for dual eligible members as primary and secondary in the same check run. In addition, the system can perform cross-claim comparisons (such as running edits to check for appropriateness of care) more efficiently. Our goal is to identify inappropriate claims and services *before they are paid*, avoiding a costly "pay and pursue" approach.

The Enterprise System takes a unique, rules-based approach to claims processing. Our philosophy is to take traditional data challenges out of play with integrated system architecture and by building customized packages of business rules that automatically pay claims accurately and on time. To ensure accurate adjudication and payment, claims data is automatically cross-referenced and fully integrated with member enrollment/eligibility data, benefit plans, providers and locations, and reimbursement rules. Data is shared and available throughout the integrated system for real-time online access.

Automating every aspect of claims processing (other than tasks that require human judgment, such as decisions about medical necessity) has several significant benefits:

- An automated, rules-based system pays claims faster and more accurately than manual processes.
- With fully customizable business rules, system processes are completely flexible and can be adjusted on the fly, any time, without a programming change to the system.
- Accurate, automated processes free up management time, allowing managers to focus their attention on analyzing costs, identifying outliers, and developing strategies to more effectively manage benefit costs.

The Enterprise System supports highly flexible claim processing workflows. A fully automated process eliminates all manual intervention between claim import, adjudication, and claims payment. Configurable business rules automatically route claims that require special handling to work queues, where they are reviewed and resolved.

Customizable Edits/Exception Processing. The Enterprise System includes a set of predefined edits and related exception messages that are applied during claim editing. Any edit can be turned on or off, corresponding exception messages can be customized, and client-defined edits and exception messages can be incorporated into processing steps through the user interface, without requiring a programming

change to the system. A key objective of the claim editing/exceptions process is to validate that a service is clinically appropriate and to identify illogical or inappropriate billing across any health care setting.

The system can automatically deny claims and services with these types of exceptions, based on guidelines defined by the client. Exceptions that are upheld (denied) are reflected on the payee's Remittance Advice. Complete exception details are stored with the claim record and are available for online review. The system's customizable edits/exception processing capabilities can automatically identify inappropriate services before claims are paid—which allows Scion Dental to significantly lower dental benefit administration costs.

Customizable Adjudication Formulas. With the Custom Adjudication Formula feature, clients can design and implement their own formulas that can run during any step during claim adjudication. Like customized edits, adjudication formulas can be incorporated into processing steps through the user interface, without requiring a programming change to the system.

Claim Adjustment Processing. The Enterprise System supports a variety of flexible options for processing claim adjustments, including bulk adjustments against a defined set of claims; payee adjustments that are automatically applied against a next disbursement amount; automated salary, bonus, or other payee adjustments; and the ability to either enable or disable automated recoupment. Regardless of the type of adjustment, the processing is fully automated. For example, when claims are resubmitted with adjustments, the system displays an impact notice, backs out all previous results, and automatically recalculates all claim adjudication and payment details. The system automatically applies all business logic, with no manual intervention or calculations required.

Batch Processing Capabilities, Accuracy and Consistency

The Enterprise System processes claims quickly and accurately based on integrated data and customizable business rules. While the system is capable of processing individual claims in real-time, Scion Dental processes large numbers of claims with similar characteristics in "processing groups," which greatly increases processing efficiency and allows us to maintain a high production standard. The system can be configured to automatically import, validate, and transport claims for processing. Batch processing cycles can begin automatically, based on configured rules, and claims can advance through processing cycles automatically without manual review. Specific claims, down to an individual procedure code or submitting provider, can be routed to work queues for manual review, based on automated business rules. Business rules can also automatically advance all claims from import through payment without any manual review.

Provider Payments and Remittance Advices. Scion Dental can generate and distribute provider payments and Remittance Advices as electronic HIPAA-compliant 835 files, Electronic Funds Transfers (EFTs), and/or PDF documents with paper checks. PDF documents can be automatically posted to the Provider Web Portal, and automatic email messages can notify payees when new Remittance Advices are posted on the website. For those providers who require it, Remittance Advices can be printed and mailed along with paper checks.

Internal System Controls to Monitor Accuracy and Timeliness

Scion Dental has processed millions of claims and uses a number of processes, tools, and reports to ensure accurate claim pricing and to monitor the timeliness of claims processing. We utilize unbundling software, as well as hundreds of business rules and claim processing edits integrated into the Enterprise

System software platform, to accurately process claims, including those with modifiers that may impact payment. Scion Dental maintains historic fee schedules to properly price claims based upon the pricing structure in effect as of the date of service. This also allows for adjustments to claims for circumstances such as retroactive fee schedule changes.

Data Integrity and Accuracy. The Enterprise System automatically validates all claim form fields (e.g. valid procedure codes, billed charges) for accuracy when a claim enters the system, regardless of whether the entry is manual or electronic. Data entry accuracy is audited using the following tools:

- A warning message is displayed to the examiner during data entry (e.g. invalid diagnosis code).
- Random data entry audits are performed prior to payment.
- A nightly audit report (customizable by client) checks for validity and potential entry errors. Potential errors are reviewed and corrected (if necessary) by the auditors.
- During claim editing, invalid data is identified with an exception code for review, and if appropriate, ultimate denial.
- During automated claim editing and adjudication, business rules automatically validate the accuracy of claim payments.
- Post payment audits are performed to monitor claim payment accuracy and timeliness.

Claim-Specific Audit Trail*s*. Every action taken with a claim is tracked from the time the claim enters the system until it is paid. Pricing rules applied during processing, all edit/exception activities, as well as any manual changes, approvals, or denials are logged. Records are kept in an audit log during each processing stage, allowing a complete audit trail. The change history and audit log are viewable from various modules in the Enterprise System for users with appropriate security permissions.

Monitoring Methods & Reports. Once a claim enters the system, its processing status is monitored using a number of methods. An online Claims Dashboard provides real-time statistics on the number of outstanding claims and their current states. Online work queues display visual alerts when claims exceed defined thresholds for timeliness—allowing Dental Reimbursement Analysts and management staff to focus immediate attention on claims requiring manual intervention. Accessing the Executive Dashboard from a web browser, client staff can monitor the volume and timeliness of claim payments and performance metrics. In addition, Scion Dental generates monthly management reports to monitor claims turnaround, claim payment results, and customer care telephone statistics for its clients. Other management reports include but are not limited to claim financial and procedural accuracy audits for pre-payment (generated daily) and post-payment (generated as scheduled by each client).

The Enterprise System's integrated security is modeled after a domain-based security system. Individual system users are assigned to one or more Groups, and they inherit the rights (or policies) of the Group(s) that they belong to. The Group/User security access rights are configurable down to the individual features within each of the Enterprise System modules (or components).

The Enterprise System's security system is built on top of ASP.NET Authentication and implements a derivation of ASP.NET Membership Services, using the Enterprise System database as the data source. User credentials are stored in the Enterprise System's proprietary database, with passwords stored as encrypted values and usernames as clear text.

System Security. Scion Dental regularly participates in independent, third-party security audits, including Web Application Security scans of the Enterprise System and Vulnerability Security Scans against our data center. In addition, Scion Dental participates in annual SOC 1 Type II Audits.

Scion Dental utilizes HTTPS protocol for all Internet-based transactions and recommends that our customers utilize VeriSign SSL Certifications with 256-bit encryption at a minimum. We also recommend that our clients implement TLS encryption for SMTP protocol to secure automated email messages initiated from the Enterprise System, as well as encryption for all secure FTP (FTPS) protocol data file exchanges.

Uninterrupted System Access. Scion Dental typically guarantees system availability at 98% uptime during normal business hours and 95% uptime overall. Downtime excludes scheduled maintenance and/or a Force Majeure Event. We use a variety of monitoring and reporting tools to ensure compliance with all performance guarantees. For example, to gather compliance data we monitor CPU usage, Storage Area Network (SAN) utilization and I/O performance, memory utilization, and Internet circuit utilization.

Extranet Capabilities. The Enterprise System has several external facing Web Portals that give specific classes of external system users access to a predefined set of features. First-time external users such as Providers, Service Location Representatives, Payees, Group Administrators, and Members must register via a predefined web-based registration process. Once a user registers, user credentials are maintained with the same security infrastructure as internal users.

Industry standard certifications. Scion Dental is a voting member of the Accredited Standards Committee (ASC) x12. We support Strategic National Implementation Process (SNIP) tests for data validations. Members of our technology team hold multiple certifications, including Microsoft Certified Technology Specialist – SQL Server and the extremely rigorous Microsoft Certified Master of SQL Server. In addition, as stated previously, Scion Dental participates in annual SOC 1 Type II Audits and third-party security audits.

Data Warehousing, Security, and Capabilities

The Enterprise System includes a paid claims data warehouse and an integrated document management system. The **Enterprise Business Intelligence System (eBIS),** designed for executives and managers, allows users to apply filters to any historical claims data held in the data warehouse, including claims paid, patients who received services, and providers who performed services. The system includes numerous report templates and filtering capabilities and provides users with various levels of detail and columns to select from. The Enterprise System also includes a configurable **Document Management System** that has the ability to move older documents to alternative storage. This approach stores the most relevant and most frequently used documents on the most efficient storage media, while still allowing end users quick access to older documents through the Enterprise System online user interface. These tools are part of the Enterprise System software platform and are governed by the same security architecture.

Q.12 PROPOSED INFORMATION SYSTEMS ORGANIZATION

Provide a profile of your current and proposed Information Systems (IS) organization.

Scion Dental, will manage the Information Systems (IS) and claims operations for Dental Health & Wellness Louisiana (DHWL) and will support our local operations, and managerial staff with over 90 experienced Information Technology (IT) professionals. Today, Scion Dental's MIS organization supports dental benefit administration for clients who provide subcontracted benefit services for Medicaid, Medicare and private benefit plans, in 25 states.

An IT Organization to Support Business Operations

IT staff supporting DHWL's MIS are located primarily in Scion Dental's corporate facilities in Menomonee Falls and Mequon, Wisconsin. DHWL's members, providers, and DHH will benefit from best practices in information technology and data reporting based on our experiencing serving our clients. DHWL will have *business owners in all key functional areas in Louisiana* who will work closely with the corresponding Scion Dental MIS staff. Scion Dental's Information Officer will oversee all IS functions, serving DHWL and the Dental Benefit Program in Louisiana, including our network providers. Business Continuity and Disaster Recovery will be a coordinated effort between Centene's Director of Business Continuity will work closely with DHWL for business recovery options, and Scion Dental IS Organization for Disaster Recovery. Scion Dental IS functions supporting DHWL are divided into three major areas, described in the narrative below and included charts.

For the following discussion, please reference **Figure Q.12.A DHWL Information Technology – Org Chart**

Reporting to the Chief Information Officer. Under the Chief Information Officer (CIO) is the core of our IS team, comprising Software Design, Technical Communication, Network and Service Desk Teams, Database Administration and Software Development and Quality Assurance. Each of these teams has experienced technicians, architects, administrators and analysts who manage the day to day operations of our comprehensive Enterprise System.

MIS Titles and Functions

The MIS titles and functions within the IT organization are:

Chief Information Officer (CIO). Our CIO is responsible for the strategic direction of Scion Dental's Information Technology organization. The CIO defines IT priorities based on business need and direction, provides adequate resources and training to implement quality IT solutions, and ensures continuous improvement of IS management and business processes.

Directors – Ensure quality deliverables are completed on time and within budget, employees are aware of their priorities and are developed professionally, and a healthy team environment is maintained. Reporting to Directors are:

Administrators – In their respective areas (Network and Database), they are responsible for the day to day operations of the systems within their area, running unscheduled jobs, reviewing results of scheduled jobs monitoring, and system documentation.

Developers – They develop IT solutions and enhancements to the Enterprise System based on client needs. Developers are responsible for the quality of code used for programming and ensuring development is in line with designs and requirements.

Software Architects – are responsible for the overall design of the Enterprise System modules and ancillary support systems and how they relate together. As new development occurs, software architects review the overall business requirements and ensure that the solution is consistent or compatible with the current structure, as well as design for future system goals.

Software Consultants – They are responsible for the analysis, design and development of the technology solution being delivered to the business cross-domain and cross-functionally to ensure that what is delivered will meet the requirements of the business within the framework of the IT environment.

Software Engineers – Drive the design of and build the Enterprise System and supporting infrastructure that creates, maintains, interfaces, or transforms data to support a complete business need for their application module, and understanding of how the application fits into a larger business context.

Technicians – Have a sound technical understanding of the IT environment in which they work. Their function is to support their team in practical and tactical areas as opposed to strategic. We employ technicians both in on our Help Desk and Quality Assurance teams.

Reporting to the Chief Advancement Officer. The Chief Advancement Officer (CAO) is responsible for new business implementations and the on-going client support services relating to system interfaces with DHH and DHH's fiscal intermediary, inbound and outbound, including all HIPAA compliant and proprietary transactions between these entities.

MIS Titles and Functions

Analysts – They interpret and link business needs and objectives analyzing user requirements, procedures, and problems to automate processing or to improve existing systems. For example, our EDI and data analyst will analyze DHH Companion Guides and will works with teams (both internal and DHH and DHH's FI) to provide technology solutions.

Client Service Representatives - Specialists – Interface between business end users and the IT organization addressing and resolving basic issues related to their service area. They are responsible for escalating to their technical specialists' issues that they cannot resolve. We also have end-user training specialists on this team who will provide training to DHWL staff.

Project Managers and Coordinators – Provide project management support for new business implementations, including creating timelines for implementation, communication plans, facilitating client meetings and escalating issues for resolution as appropriate.

For the following discussion, please reference Figure Q.12.B DHWL Information Security – Org Chart
Chief Information Officer. Holds ultimate responsibility for all security and compliance for IS Security.

Security Officer - Responsible for strategic planning, implementation, and day-to-day management of IS system related information security tasks.

Network Administrators – Set up and manage computing environments to support Enterprise System software design, development, quality assurance testing. Secure access to computing systems, analyzing and implementing hardware/software solutions to support business operations, implementing systems to maximize business continuance and minimize business impact in the event of a disaster.

Database Administrators – Are responsible for database security. This team configures security and ensures that access to sensitive data is restricted to only authorized end users.

Privacy Officer - Responsible for compliance, training, and day-to-day management of all IS employee-related information security tasks.

Director of Software Development - Responsible for Web Application Source Code administration

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REDACTED

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Figure Q.12 Information Systems Organizational Chart

REDACTED

Q.13 ELECTRONIC CLAIMS SUBMISSION

Describe what you will do to promote and advance electronic claims submissions and assist providers to accept electronic funds transfers.

Dental Health & Wellness of Louisiana (DHWL) knows from our claims processing reporting and analytics that an electronically filed claim results in a faster, more accurate process; allowing us to utilize the information sooner resulting in better care of our members; and is better for our environment. Our experiential data shows that when providers prepare claims electronically, the time from service to submission is abbreviated by more than half the time compared to claims submitted on paper. This means that we obtain the data earlier, can process the claim faster, and can utilize the information sooner in the care of our members, and we can display the information sooner to our providers. Our technology allows us to validate much of the data submitted at the earliest possible stage in the process, which results in more accurate and complete data received.

For these reasons, we will aggressively educate and support our providers on the benefits and methods of Electronic Data Interchange (EDI) claim submission. Our partner, Scion Dental has had great success with converting providers to EDI. In 2013 83.6% of their claims were submitted electronically. DHWL follow their successful methodology and will use resources who work with providers (i.e.: Provider Relations Managers, Provider Service Representatives, etc.), to encourage EDI claim submission.

We do recognize that provider capabilities related to submitting electronic claims vary based on a provider's technological support and expertise. We also recognize smaller providers face unique challenges. We support claim payment with paper checks or through Electronic Funds Transfer (EFT) so each provider can select the best approach for their practice.

We make every effort to encourage electronic claim submissions. Our Provider Services Representatives encourage providers who contact the Provider Services Line to register and use the Provider Web Portal and to submit claims and authorizations online.

Enlisting, Training, and Supporting Providers

DHWL realizes that technology only partially addresses the effort to encourage EDI submission of claims and will therefore supplement our technology options with active and aggressive provider education, one-on-one assistance, and other training methods to motivate a wide audience. DHWL and our partner, Scion Dental, strive to operate in a paperless environment and prefer to pay Providers with electronic funds transfers, rather than with paper checks. We have an ongoing education program in place to educate Providers about the advantages of electronic payments.

Below we list some of the methods that have helped us to achieve high rates of EDI claim submission and will utilize in Louisiana to encourage our providers to move to EDI.

- Our DHWL Claims Manager will be well trained in our electronic submission offerings and will work with the provider community directly to facilitate enrollment; walk them through the Portal submission options, in training sessions or through web-ex type sessions; and generally be available to support providers with any issues or barriers they have regarding EDI and EFT.

- We will organize outbound Provider Services campaigns when appropriate to communicate with providers, such as to recruit providers, to exchange EDI with us and to make them aware of our EFT capabilities. We can also conduct outbound phone campaigns and complete provider phone surveys.
- Through our Provider Portal, DHWL providers will have the ability to view and refer to DWHL Claims Adjudication logic in detail. This tool allows the provider to access DWHL claim auditing rules and clinical rationale, which results in cleaner claim submissions and less chance of misunderstanding between provider and DHWL.
- Provider Newsletters sent to specialist and PCD office locations geared toward billing and coding staff within a practice or facility and emphasizing EDI and EFT.
- When appropriate, we will deliver training to providers through web seminars or webinars. We have found that provider participants, especially those in the rural areas, appreciate the interactivity webinars offer.
- Our locally based Provider relations staff will routinely evaluate the need to host workshops to assist provider staff in understanding the benefits of EDI and EFT, to discuss new policies and procedures regarding claims submission.

Q.14 IT ORGANIZATION YEARS OF EXPERIENCE

Indicate how many years your IT organization or software vendor has supported the current or proposed information system software version you are currently operating. If your software is vendor supported, include vendor name(s), address, contact person and version(s) being used.

Dental Health & Wellness of Louisiana (DHWL) subcontracts many of our technology and administration functions to our partner, Scion Dental. Scion Dental has utilized its benefits administration services through the Enterprise System software platform since its founding in 2009. The Enterprise System was created by Scion Dental's sister company, Wonderbox Technologies. The Enterprise System has been continuously updated and enhanced to keep pace with new technologies and government mandates, since its creation in 1992.

Software Vendor Information	
Software Vendor Name:	Wonderbox Technologies
Software Vendor Address:	10201 N. Port Washington Road, Mequon, WI 53092
Software Vendor Contact:	Darren Haehle, Chief Information Officer Phone: 262.834.4122
Software Version:	Version 5.4

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Q.15 ABILITY TO SUPPORT NETWORK PROVIDERS / EHR

Describe your plans and ability to support network providers' "meaningful use" of Electronic Health Records (EHR) and current and future IT Federal mandates. Describe your plans to utilizing ICD-10 and 5010.

A History of Supporting Clinical Information and EHR Use by Providers

In Centene's 30 years of experience across the 18 states in which we serve Medicaid programs, we have found that a critical success factor in effective care coordination is the appropriate and timely sharing of relevant clinical and health records information between and among our plans and network providers. We have continuously sought new ways for the efficient, accurate, secure, and timely exchange of pertinent health information with our providers for meaningful, impactful purposes: to facilitate care coordination, to supply vital information when needed by providers at the point of care, and to foster collaboration between our staff and network providers.

When it comes to EHR and other health information technology (HIT), providers possess varying capabilities and have different workflow and logistical needs. Our network providers are at different stages in their move to full implementation of HER and Electronic Medical Record (EMR) systems. Our approach to enabling the use of EHR by our providers allows us to leverage all of our network provider's existing capabilities and help the provider move along the path to expanded meaningful use of online clinical information and EHRs.

We offer access to our secure, web-based Provider Portal and help the provider move along the path to expanded meaningful use of online clinical information and EHRs.

A Solid Base for EHR Use - the Provider Portal. For our network providers that have internet access (which is virtually our entire provider network), we offer access to our secure, web-based Provider Portal. Our secure Provider Portal allows network providers to perform several self-service, administrative transaction services online via the internet. Our Provider Portal allows providers to check eligibility, submit authorization requests, submit batch HIPAA claims and/or supporting attachments and documentation, enter claims online, view explanations of payment (EOP), register for electronic payment (EFT), and a variety of other functions. From a clinical perspective, our Provider Portal notifies users of important member medical considerations. Providers can be notified of the potential need for necessary preventive services. Services by tooth for each members, authorization history, and complete claims history are all available in the Enterprise System for immediate online access.

Experience in Supporting Federal Mandates

Through 30 years of successful experience in Medicaid, CHIP, Medicare, and other public sector healthcare programs, and as a publicly held entity subject to Federal Sarbanes-Oxley (SOX) regulations, Centene has continuously refined our processes for the systematic and early identification of federal mandates germane to health plan operations. Our partner, Scion Dental, fully supports federal IT mandates, and often times, implements system compliance ahead of deadlines and supports meaningful use for providers. To ensure the coordinated, phased implementation of mandates to meet compliance effective dates, we will expeditiously assess the impact of mandates on our IT infrastructure and operations; develop and implement remediation plans, if needed, resulting from these assessments; and formulate and execute Level I (internal) and Level II (external) testing plans, working collaboratively with our state clients and providers.

Complying with Current Federal Mandates. Centene and DHWL use an integrated combination of safeguards, policies, monitoring tools, and automated business processes to ensure systematic, ongoing, and auditable adherence to HIPAA and SOX mandates, including the rules and standards per HIPAA Security and Privacy (45 CFR 160 and 164); HIPAA Transaction and Code Set (TCS) regulations (45 CFR 162); applicable privacy and security regulations originating from the American Recovery and Reinvestment Act (ARRA) and Health Information Technology for Economic and Clinical Health Act (HITECH), as well as SOX Section 404 Management Controls rules. We support all HIPAA Electronic Data Interchange (EDI) formats and protocols, as well as the National Provider Identifier (NPI). *We have successfully achieved compliance with all applicable federal mandates on or before the respective effective dates of each HIPAA, ARRA, or HITECH rule and SOX mandate*.

Although Centene as a managed care company is usually not directly impacted by federal stipulations on certification rules, standards, and implementation specifications regarding these technologies, we welcome EHR, EMR, and HIE mandates as guidelines to help us continue to build interfaces, controls, and support for ever expanding connectivity options for our providers. EHR, EMR, and HIE technologies all lead to improved levels of care coordination, quality, and cost effectiveness.

HIPAA Security and Privacy Rule Support, and SOX Compliance. We employ administrative, technical, and physical security safeguards under the guidance of Centene's Compliance Officers, General Counsel, and our Chief Information Security Officer (CISO) to meet or exceed all HIPAA Privacy and Security requirements and to support the requisite internal controls and management oversight mandated under SOX Section 404. Our CISO holds both Certified Information Systems Security Professional (CISSP) and Certified Secure Software Lifecycle Professional (CSSLP) designations from the International Information Systems Security Certification Consortium (ISC^2). Our safeguards ensure that only appropriately authorized personnel are granted access to our systems based on specific job roles and in compliance with HIPAA Minimum Necessary Criteria. In addition, physical access is restricted to sensitive computer facilities and system controls are in place to safeguard data and monitor security events.

HIPAA Certificate of Coverage and Privacy Notice Compliance. Centene complies with all applicable Certificate of Coverage and data specifications reporting requirements pertaining to HIPAA. Please see Section R.7 and R.16 for more information on our controls, policies, and procedures to ensure the confidentiality, integrity, and availability of the Protected Health Information (PHI) we use for our health plan administration.

HIPAA Transactions and Code Set Standard Compliance. Today, our HIPAA EDI infrastructure includes an integrated combination of our CoViant secure file exchange management system; TIBCO middleware and EDI translation software; our EDIFECS EDI processing engine with HIPAA compliance transaction checking, validation, self-testing, and authorization; our MRM master member data system; and AMISYS Advance, our core transaction processing system. Our TIBCO and EDIFECS software system supports ANSI X12 HIPAA compliant translation support for the HIPAA 837P, 837I, 270/271, 278, 276/277, 834, 835, and 820 transactions. We also support several other EDI transactions to help support our SOX financial controls, including the ANSI TA1 (Interchange Acknowledgement), ANSI 997 (Functional Acknowledgement), ANSI 831 (Control Totals), and ANSI 824 (Application Advice). Please see Section R.2 and R.7 for more information on our current support of HIPAA transaction standards.

Complying with SOX Mandates. As a publicly held company, we are audited annually per Section 404 of SOX for our internal management controls by Ernst & Young, LLP. These controls rely heavily on our IT infrastructure for the confidentiality, integrity, and availability of the data we house. We have successfully passed SOX audits since that law's inception.

Continually Monitoring and Anticipating Future Federal Mandates.

DHWL's Compliance Department and Centene's Legal and IT Security Departments will work closely together to monitor relevant announced federal mandates at large (e.g. published in the Federal Register), With our partner, Scion Dental, we will examine all IT mandates related to security, and federal mandates relevant to our contracts with DHH and other Louisiana state agencies. We use our Compliance 360 corporate governance, risk management, and compliance system to organize, manage (among other functions), and document our compliance with specific federal mandates. Our Security Committee, chaired by our Legal Department and comprised of representatives from our Compliance, Internal Audit, Risk Management, Human Resources, IT Security and Physical Security departments, meets monthly and discusses new regulations or rules as they arise.

Describe your plans to utilizing ICD-10 and 5010.

ICD-10 Support

Our ICD-10 readiness is part of our 2013-2014 design and software development efforts. We intend to support both ICD-9 and ICD-10 Diagnosis and Procedure codes for some period of time prior to (as well as after) the October 2014 mandated effective date.

Our overall target for ICD-10 compliance is June 22, 2014 (roughly three months prior to the mandated compliance date of October 1, 2014), but the actual implementation date for individual clients will depend on the ICD-10 readiness of our business/trading partners.

The following is a high level overview of our ICD-10 conversion project:

- Initial Impact Analysis – March 2012 to October 2012 (Completed)
- Remediation Project Planning – November 2012 to December 2012 (Completed)
- System Design and Development – January 2014 to March 2014 (Active)
- System Quality Assurance Testing (internal only) – April 2014
- Business Associate and Trading Partner Testing – May 2014 to June 2014

HIPAA 5010 Transaction Set Formats

The Enterprise System supports the following HIPAA-compliant ANSI X12 Version 5010 Transaction Sets:

- EDI Health Plan Enrollment, Disenrollment and Maintenance Transaction Set (834).
- Eligibility Status Request (270), Eligibility Status Response (271).
- EDI Health Care Claims or equivalent Encounter Information Transaction Sets (837D, 837I, 837P).
- EDI Health Care Claim Payment/Remittance Advice Transaction Set (835).
- Health Care Claim Status Request (276), Health Care Claim Status Response (277) Transaction Sets.
- Claim Acknowledgement (277CA) Transaction Set.
- EDI Functional Acknowledgement (997).
- Implementation Acknowledgement (999).

Q.16 CONFIDIENTIALTY OF DHH RECORDS

Describe the procedures that will be used to protect the confidentiality of records in DHH databases, including records in databases that may be transmitted electronically via e-mail or the Internet.

Dental Health & Wellness of Louisiana (DHWL) and our partner Scion Dental, who will provide the Management Information Systems and Claims Processing functions on behalf of DHWL, will conduct all contract operations under policies, procedures and automated controls supporting the confidentiality, protection, use and authorized disclosure of member health and enrollment information in full compliance with federal and state regulatory requirements, including HIPAA Security (45 CFR 164), HIPAA Privacy (45 CFR 160 and 164), HIPAA Transaction & Code Set (TCS) (45 CFR 164), and applicable privacy and security regulations originating from the American Recovery and Reinvestment Act (ARRA) and Health Information Technology for Economic and Clinical Health Act (HITECH), and related laws such as CFR 42 Part 2, in addition to all Louisiana state laws as required.

DHWL will have a complete program to ensure compliance with the above applicable federal and state laws and regulations regarding Protected Health Information (PHI) and the confidentiality of the information we maintain on behalf of DHH and our members. Scion Dental has created and maintains its own library of policies and procedures to address the regulations surrounding the safeguarding and release of PHI (e.g. protocols for releasing information (ensuring verification of identity and authority), disclosing and requesting only the minimum needed amount of PHI, disclosing PHI for dental health oversight release, etc.) which DHWL will adopt and update to reflect any requirements with the contract in Louisiana. DHWL will update policies and procedures each year in response to changes in regulations. All of these changes will be reflected in DHWL new employee and annual training as needed. We will review all policies and procedures with DHH to ensure they are consistent with Louisiana requirements. Below is a partial list and description of our HIPAA policies (we currently have 42 such policies in support of confidentiality protections). As mentioned above, these will be adapted for DHWL specifically.

HIPAA Compliance
HP-1000 | Uses and Disclosures of PHI - Minimum Disclosure Rule
HP-1010 | Uses and Disclosures of Protected Health Information (PHI) – Member Authorizations
HP-1020 | Uses and Disclosures of Protected Health Information (PHI) – Individual Rights
HP-1030 | Personal Representatives
HP-1040 | Individual Right to Request Confidential Communications
HP-1060 | De-Identifying and Re-Identifying Personal Healthcare Information (PHI)
HP-1070 | Minimum Necessary Requirements
HP-1080 | Limited Data Set
HP-1090 | Verification of Identity of Persons Requesting Protected Health Information (PHI)
HP-1100 | Notice of Privacy Policies
HP-1110 | Individual Rights to Access Personal Health Information (PHI)
HP-1120 | Individual Right to Amend Protected Health Information (PHI)
HP-1130 | Individual Right to an Accounting of Disclosures of Protected Health Information (PHI)
HP-1140 | Training
HP-1150 | Safeguards
HP-1160 | Complaints
HP-1170 | Sanctions
HP-1180 | Mitigation
HP-1190 | Uses and Disclosures of Protected Health Information (PHI) by the Plan Sponsor
HP-1200 | Uses and Disclosures of Protected Health Information (PHI) by the Providers
HP-1300 | Research
HP-1500 | Unsecured PHI Breach
HP-1700 | PHI Communication

DHWL will execute the HIPAA Business Associate Agreement (BAA) included in the RFP in Section VI, Attachment IV, and we will execute downstream BAA's with our subcontractors (per HITECH regulations and the HIPAA Omnibus Rule of 2013) to hold our subcontractors to the same confidentiality compliance levels as dictated in the RFP.

We rigorously employ the most thorough administrative, technical, procedural and physical security safeguards and processes described briefly below

Administrative Safeguards

Our Administrative Safeguards ensure PHI confidentiality is maintained by our internal users and clients through documented policies and systematically enforced procedures.

Access Management - Role Based Access Control. DHWL will use the Role Based Access Control (RBAC) functionality in the Enterprise System for provisioning access to authorized users or group of users with identical job responsibilities, with system privileges in alignment with HIPAA Minimum Necessary rules, and customizable to specific programs such as the Louisiana Dental Benefit Management Program (DBMP). RBAC eliminates the problems inherent with assigning access rights on an individual basis. RBAC addresses security risks by defining employee access rights based on the employee's job functions or responsibilities, including whether that employee has access rights to update information or view information only. Multiple roles are permitted in Enterprise System so long as the roles are approved by management and don't lead to a violation of the control rule of prohibiting a user the access rights to setup a member and provider and process a claim (and issue payment), for example. With Enterprise System's RBAC functionality we are able to enforce rules such as "least privilege", granting or denying permission to various modules, and whether a specific user group (all with identical job responsibilities) can update or only view information in Enterprise System.

Segregation of Duties. DHWL will enforce strict control over global application and systems access via a series of interconnected technical and administrative controls. Global access to the system will be restricted to specified staff jointly agreed upon by DHH and DHWL as specified in the Request for Proposal.

Administratively, we enforce separation of duties such that the individuals that provision front-end access do not have rights to provision access to back-end components such as the data warehouse. The reverse is also true. Likewise, individuals who provision the Enterprise System access do not have rights to provision *physical access* to the areas where the Enterprise System is housed. Our access control policy requires that the system be audited periodically, and at least annually, to ensure that no single role or combination of roles granted to a single user, has rights to setup a member, setup a provider, and process a claim, for example.

Access Changes. DHWL's Human Resources (HR) staff will manage all individual security change requests through a documented security authorization and implementation process. For employment separation situations, HR staff will notify the Service Desk at least two days prior to a planned employment separation, or *immediately* by phone if the employment separation is not planned.

Risk Management and Mitigation. DHWL will initially and every three years thereafter (or more frequently as deemed necessary) perform a comprehensive risk analysis. The Risk Analysis includes

various steps to review how PHI is managed by the organization, covering areas such as identifying threats, vulnerabilities, evaluating security controls, estimating risk and impact, and identifying and mitigating any problem areas. In addition to this we will also conduct periodic, on-demand, assessments necessitated by significant changes in the threat environment, or specific requests by state clients or business partners.

In all cases, should material defects or weaknesses be discovered, they are prioritized based on risk, mitigated, and retested to validate resolution. Testing is performed using both internal resources and reputable third-party providers. Risk mitigation and management is overseen by our Internal Audit/Compliance Team with independent validation from our third-party audit partner. Included among our in-depth risk management and mitigation program are established procedures to detect and mitigate any unnecessary or otherwise inappropriate disclosure of PHI. PHI related incidents will be reported immediately to the Privacy and Compliance Officer for investigation and we will comply with all notification requirements. DHWL requires our subcontractors and business associates to sign a Business Associate Agreement and/or Non-Disclosure Agreement, requiring adherence to all HIPAA mandates, including notification of security incidents.

Physical Safeguards

Secure Data Center: Our Data Center is a highly secure environment that is access and temperature controlled to ensure the servers are kept in good working order. An emergency generator automatically provides power to the data center if utility power is lost.

Our core data and voice communications systems are securely connected via our internal Wide Area Network (WAN) to our information technology assets located throughout our offices. We physically protect all core business application and telecommunications systems in our datacenter with limited and strictly controlled access. We secure our datacenter and all our facilities via proximity card access on all external doors.

Our receptionists require that all visitors sign in and out at the front desk; are issued a temporary badge; and are accompanied by an employee when visiting a Scion Dental or DHWL facility, including our datacenter. The Scion Dental Director of Information Technology must authorize access requests and will grant authorization on an as needed basis *only*. Our IT staff requires that vendors performing services within the data center sign in and be escorted into the facility by authorized personnel only. In addition, we require that every visitor to the network room in our datacenter sign into a log book indicating the time, employee escort, and purpose of their presence in the network room. We also require that visitors sign out when leaving network rooms. We will provide escorted access to our datacenter to authorized DHH or Federal representatives to inspect the quality, appropriateness, and timeliness of services performed by DHWS. Data logs are reviewed and audited annually during SSAE 16 audits.

Device and Media Controls. DHWL and Scion Dental staff will have access to different modules within Enterprise System based on RBAC as described above. Only our Service Desk and Network Administration team are authorized to install authorized software onto any computer. Individual workstations can only be accessed when a team member types in their valid user ID and password. Employees are required to lock their workstations any time they will be away from their workstation. Team members are also required to log off workstations at the conclusion of the workday. To ensure consistent application of our security policy, an automatic system lock feature is activated after 30 minutes of user inactivity.

Each user is assigned a unique name and/or number for identifying and tracking users on the system. In addition, we enforce procedures to independently verify the identity of a person or entity seeking access to PHI.

Passwords are required to be changed every six months and each individual password has to be fourteen characters in length, meeting complexity requirements that incorporate at least 3 of the 4 following characters: (1) Uppercase letter; (2) Lowercase letter; (3) Number; (4) Punctuation.

We track the receipt, storage, deployment, movement, and disposal of all PC workstations, and laptops. Our IT Asset Coordinators will ensure that any movement or re-assignment of hardware is approved by management and is documented and tracked. When we reassign, dispose, or donate any PC, we securely erase all data on the machine by degaussing or physically destroying the drives.

Technical Safeguards

Network Security. DHWL network security utilizes non-routable (private) IP addresses on the internal network and we use Network Address Translation (NAT) to route data through the firewall. Firewalls utilize Universal Thread Management ("UTM") functionality to defend against viruses, Denial of Service (DoS) attacks and Intrusions (IPS). Policies are configured on the firewall to only allow anticipated network traffic.

Database/Application Security: Anti-virus and Anti-spam. We utilize three Antivirus solutions.

- FortiGuard. FortiGuard Universal Threat Management provides antivirus features within the Internet firewalls.
- Sophos. Sophos' Antivirus is installed with the Mail Marshal Anti-Spam solution, scanning all inbound and outbound email messages, including attachments.
- Webroot SecureAnywhere Business - Endpoint Protection ("WSA") Antivirus solution provides virus and malware detection/protection within our network. WSA endpoint clients are automatically updated when new versions become available. Each WSA endpoint client uses a combination of "core threat protection" and cloud-based services to provide rules to a logic based protection engine that watches changes made on each system and quarantine detected threats. In addition to this real-time protection, scheduled scans are performed on each system daily.

Secure Remote Access. As a part of our commitment to the comprehensive implementation of information security best-practices, DHWL will provide secure two-factor ***authentication*** for employees and business partners, including authorized DHH representatives, who require remote access to the Enterprise System. We will review this process and the method of access with DHH for DHH approval within 15 days of contract award.

Encryption of any Transmission of Electronic Communication Containing PHI. We support multiple encryption technologies to protect data and communications in and out of DHWL.

E-Mail. We support several email encryption methods for secure communications, all of which are compliant with HIPAA and Sarbanes Oxley (SOX) rules and regulations. In addition, if DHH requests, we can support Transport Layer Security (TLS) for e-mails between DHH and DHWL.

Laptops. When not connected directly to Scion Dental's internal, secured network, laptops access email, shared LAN drives, Enterprise System applications, and our internal SharePoint via secured, encrypted Internet access.

Workforce Training – Privacy and Security Awareness and Training

All DHWL employees will receive mandatory training, initially at the beginning of employment and annually thereafter, on HIPAA privacy and security policies and procedures and rules regarding PHI security. This training is updated annually based on modifications to the regulations or risk areas identified through our auditing process. The DHWL Compliance Department will conduct periodic HIPAA audits to ensure that PHI is being appropriately safeguarded. The audit results will be reported to DHWL leadership and supplemental training will be provided as circumstances require based on the findings.

Continually Auditing Operations and Monitoring Regulations to Ensure Compliance

DHWL will have periodic audits performed by our compliance committee. However, if any systems changes are made, or if a security issue has been identified, an evaluation is conducted at the time of the event to ensure compliancy with the established HIPAA guidelines.

Additionally, each year, we engage an external, independent auditor goes through a Service organization Control (SOC) audit and part of this audit reviews and HIPAA security protocol.

Sarbanes Oxley Management Report on Internal Controls over Financial Reporting. DHWL management is also responsible for establishing and maintaining adequate internal controls over financial reporting and supporting Information Technology controls, including those related to security and confidentiality.

SECTION R: VETERAN OR HUDSON INITIATIVE

R.1 CERTIFIED VETERAN OR HUDSON INITIATIVE

Certified Veteran or Hudson Initiative small entrepreneurship or who will engage the participation of one or more certified Veteran or Hudson Initiatives small entrepreneurships as subcontractors. (See Attachment I)

REDACTED