INTRODUCTION

DentaQuest appreciates the opportunity to lend its thinking and experience to some of the challenges faced by the SoonerCare program, particularly as they relate to providing care to aged, blind and disabled (ABD) members.

While the Oklahoma Health Care Authority’s (OHCA) Request for Information (RFI) solicits care coordination models for the entire SoonerCare system as it relates to ABD members, DentaQuest’s submission is specific to dental. Substantial operational efficiencies can be realized by administering dental separately from medical care, and DentaQuest advocates a state-wide dental managed care model run by a single administrator.

The use of this “carve-out” approach for dental administration has steadily gained popularity over the years. As states grapple with rising costs and an increasingly complex health care space, they have seen the value of having a single administrator with experience grounded in best oral health practices manage their dental programs. Today, 14 statewide dental programs operate in this fashion, with DentaQuest managing nine of them. In each carve-out program managed by DentaQuest, the number of in-network dentists and the number of members accessing dental care has increased. And through strategic incentives contained in many of these contracts, health outcomes have improved.

Under the carve-out model, states are also seeing costs controlled through innovative Utilization Management programs and advanced technologies to accommodate stringent claim processing, payment and reporting requirements. The best way to manage program costs is to deliver the right service, by the right provider, and at the right time throughout the various stages of oral health development. DentaQuest acutely understands this and employs these theories rigorously in its approach to care delivery.

Additionally, while we understand and respect the parameters put forth in the OHCA’s RFI, we believe that consideration should be given to administering the entire SoonerCare dental program in this manner. DentaQuest is well versed in initiatives and management approaches that can help control costs in the administration of high-quality care for ABD populations, and many will be described in this document. However, there is also a compelling argument to be made as to why this approach can generate cost savings and result in better health outcomes for all SoonerCare members. We believe that coordinated and accountable dental care across the full spectrum of SoonerCare dental enrollees, in conjunction with a particular focus on ABD populations, can help attain and exceed the objectives of both OHCA and Oklahoma House Bill 1566.

Rising costs are one of the main challenges to the efficacy of our health care system, and in response, DentaQuest has prioritized innovative and industry-leading programs that save public dollars. Within that context, however, and consistent with our central mission of “improving the oral health of all,” DentaQuest employs stringent assurances and quality control measures to ensure this cost control effort doesn’t come at the expense of the quality of care. Our commitment to the needs of our state clients — and to the well-being of the lives they serve — is ironclad.
OUR BACKGROUND

DentaQuest is the second largest dental administrator in the country and the largest in the Medicaid space. Serving more than 20 million lives and having been in business for over 40 years, we are a recognized health leader with a depth and breadth of experience that is unmatched in the provision of dental care across all health segments. This exposure to myriad health programs in a wide variety of settings gives us a unique perspective within the proving ground of health care delivery and a precise understanding of what alternatives work best for a particular state program.

Having this diverse background, we appreciate the sentiment behind OHCA’s RFI approach and applaud their use of the marketplace of ideas to determine the best course of action for SoonerCare administration and membership. We respectfully submit our recommendation for a statewide dental managed care model below, along with other responses to the specific questions contained in the RFI.

RESPONSE TO RFI QUESTIONS

Respondents are asked to propose a Care Coordination model for Oklahoma eligible ABD SoonerCare enrollees according to the outline below:

A. High-level description of the recommended patient-centered service delivery model.
   1) Name and describe respondent’s chosen model including reason for selecting the model.
   DentaQuest recommends that SoonerCare employ a state-wide dental managed care program for its ABD members and consider the implementation of the program for all Medicaid members. Such a program can be crafted in a metric-centered fashion, holding the administrator financially responsible if certain pre-determined benchmarks are not met. These benchmarks can include expectations related to items such as member utilization, robustness of the provider network and average distance a member must travel to receive care. Such benchmarks can also set incentives related to standards of care for ABD populations. Importantly, these provisions incent an administrator to be fast, flexible and entrepreneurial when implementing programs and to look to innovative programs that control costs while improving health outcomes for members.

   2) Describe how the model meets the needs of the ABD patient population.
   As noted, the recommended model can be crafted with incentives that encourage a vendor to innovate. As in all of health care, the dental space is rapidly evolving, and demand coupled with an emphasis on prevention and cost control is leading to the development of some effective initiatives:
   - Teledentistry – Mobility can be one of the biggest barriers to care for ABD populations. Teledentistry, or the use of remote dental teams, is an emerging delivery model with the potential to significantly impact access to services. Using technology to connect dental hygienists and assistants in the field with a supervising dentist, teledentistry places an emphasis on providing care in areas where vulnerable populations live and/or congregate. Teledentistry focuses on cost-effective prevention-based care that emphasizes the long-term health of the individual. Importantly, it also leverages volume and efficiencies that allow practices to thrive under Medicaid reimbursement rates.
- Care Delivery – DentaQuest’s innovative Care Delivery Program has a business model that allows it to maximize the use of revenue by maintain a high rate of dentist chair utilization while containing costs associated with equipment and supplies. With a strong emphasis on prevention, the program aims to reduce the incidence of untreated tooth decay by partnering with local schools and community centers to offer free dental screenings and education. In Kentucky, the initiative has lowered average per-patient costs from $328 to $124 each visit. This success comes with greater member satisfaction. Since its inception, there have been over 600,000 patient visits without a complaint filed with the Dental Board, and it has experienced 42 straight months of patient growth.
- Strategic Outreach – Effective communication is one of the main drivers of utilization. DentaQuest has found that outreach in the form of direct phone calls and mailings plays a major role in ensuring that vulnerable populations initiate and maintain the critical preventive care that is needed to ward off costly and invasive dental procedures. According the American Dental Association, more than 2 million Americans visit emergency rooms every year for dental problems that could have been prevented by early intervention in the dentist office. In addition, dental disease is nearly 100 percent preventable and yet, as a country, we spend $111 billion on oral procedures annually. ABP populations can be targeted with specific and strategic outreach to encourage members to engage in a regular and preventive regimen of oral care.

3) Explain Respondent’s approach for implementation of the model.
DentaQuest has a long history of implementing effective state-wide dental managed care programs. We administer nine of the 14 contracts in states that operate under our recommended model, all of them secured through competitive bid. DentaQuest enjoys this success because it is singularly able to use its extensive experience and knowledge to come up with programs that best fit the specific needs of a given state.
- Following DentaQuest being selected as one of three administrators of the Texas Medicaid and CHIP programs, we helped design new orthodontic clinical criteria that led to an 82 percent decrease in the cost of orthodontic care. Previously, spending was out of control, and Texas was paying out as much for orthodontic services as the other 49 states combined. We also expanded the provider network by eight percent and implemented programs that conducted oral health outreach to Texas’ vulnerable migrant worker population. Similar outreach can be conducted with ABP populations to improve health outcomes.
- In Tennessee, DentaQuest serves as the sole administrator and has reduced claims costs by $22 million, recruited a high quality, cost effective network of nearly 900 providers, and attained a 90 percent trending dental screening rate, surpassing the state requirement of 80 percent.

B. Populations served.
1) Identify proposed eligible populations (All members or target specific populations based on geographic area, aid category, specific health conditions, etc.)
As referenced above, DentaQuest recommends a holistic approach, with all Medicaid-eligible dental populations falling under a state-wide managed care model. That said, we deeply appreciate the spirit behind the issuance of this RFI and would work with state officials to develop and implement a “program within the program” that specifically targets
ABD populations under a carve-out scenario. DentaQuest already has experience developing and participating in programs that address this kind of care delivery. In Illinois, for example, DentaQuest administers dental benefits in the Integrated Care Program (ICP), which serves seniors and persons with disabilities in the Medicaid program in certain target counties. Under the program, each client is assigned a manager to coordinate his or her care and ensure that the needed services and supports are provided while avoiding unnecessary health care procedures. Placing an emphasis on prevention, the program started in May of 2011 with 40,000 individuals and now successfully serves approximately 54,200.

Additionally, as in the Texas migrant worker example described earlier, we have experience in identifying vulnerable populations and better connecting them the kind of preventive care that controls costs. DentaQuest excels at controlling costs while improving patient health outcomes and utterly rejects the outdated theory that you can't spend less and do more. While cost control for our state clients is one of our guiding priorities, we never stray from DentaQuest's stated mission “to improve the oral health of all.”

2) For each of the populations selected, state whether services would be provided statewide, within certain county(s), or will Respondent employ regionalization.
   i) Define which county(s) in which the model will operate.
   ii) Define which county(s) included in each region.
   Please see above.

C. Covered services and benefits.
   1) Describe proposed covered services and benefits for each population.
   The SoonerCare dental benefit presently covers preventive, diagnostic and restorative services for eligible members under the age of 21. Some limited exams, limited x-rays and emergency extractions are covered for eligible recipients over the age of 21. DentaQuest would work under the parameters of the existing covered services, but would couple that work with robust outreach, strategic network development, and prevention programs to maximize efficiency of SoonerCare and ensure better outcomes for ABD members and members overall.

   • In Texas, DentaQuest has promoted great outcomes by measuring each dentist against their peers and offering financial incentives to providers who use sealants and fluoride. Last year alone, we paid out $2 million through this initiative. Through this practice, we have been able to increase sealant usage by 10 percent while decreasing restoration costs by 30 percent between 2012 and 2013.

   • Also key to our success in Texas is our comprehensive outreach program, and we’ve seen utilization increase through our strategic targeting of events and venues. Last year, DentaQuest representatives attended 904 health fairs in Texas and 350 educational events at schools.

   • Through our Smiling Stork wellness and outreach program in Idaho, DentaQuest increased the number of pregnant women receiving dental care by 19 percent and those receiving cleanings by 12 percent.
2) Describe the clinical effectiveness and evidence-base supporting the proposed covered services and benefits.

Data-driven preventive practices are central to everything DentaQuest does. And in the increasingly complex world of health care, DentaQuest is singularly positioned to capitalize on the concrete and detailed metrics that it identifies at the intersection of medical and dental care. DentaQuest’s charitable Foundation delivers millions of dollars in grant funding to hundreds of initiatives across the nation, incubating ideas for best practices in oral health at the grassroots level. Many of the ideas that come out of these grants are then leveraged by DentaQuest’s educational institute, which develops innovative clinical care and practice management solutions that help providers deliver optimal care. Programs and initiatives that prove to be both effective and scalable by the Institute are then utilized in a broader fashion by DentaQuest, fueling a results-driven approach toward oral care that conserves resources while improving member outcomes.

- Emergency Room Re-Routing Program – The average cost of having an oral health issue treated in an emergency room is $400 - $1,500 while the cost of the same treatment by a dentist is $90 - $200. DentaQuest launched a successful pilot program in Missouri and is now using medical billing codes in six states to identify individuals who visited an emergency room for a non-traumatic dental issue. Follow up calls to the member following the ER visit are made, and DentaQuest staff assists them with finding a dentist and setting up an appointment if needed. The results of this program were clear. All six states experienced a reduction in ER visits for a dental issue, with the average reduction being 26 percent after the first six months of the program. One state had a reduction as high as 43 percent.

- Early Childhood Caries Collaborative – In 2008, the DentaQuest Institute teamed up with Children’s Hospital Boston and St. Joseph’s Health Services of Rhode Island to launch this multi-year Collaborative. Over a 24-month period, the initiative enrolled over 450 children in a program that included risk assessments, risk-based preventive and restorative care, and office call-backs depending on need. The Collaborative changed the paradigm of treatment and prevention by using an evidence and risk-based approach to disease management. It was also able to reduce the rate of new decay in children by 69 percent, reduce the number of them using a costly emergency room visit for dental care by 55 percent, and reduce the number of them complaining about pain during their dental visit by 50 percent. There were better health outcomes, and per capita costs were lowered by 38 percent. DentaQuest is in the process of implementing this program on a wider basis and formal use in the market.

- Medical Provider Integration Program – Piloted in Massachusetts, this program hinges on the premise that good oral health contributes to overall health. Education and training exercises were initiated to better verse primary care providers on the health benefits of fluoride varnish treatments. Shortly after this effort, billing codes revealed that such treatments by primary care providers went from 28 percent in 2013 to 74 percent in 2014, a clear victory for the program.

These are the kind of metric-driven solutions that we would look to develop for ABD populations and other members of SoonerCare.
3) Explain reason for any proposed non-covered services and benefits.
Covered services and benefits are determined by the state. That said, DentaQuest would be more than willing to volunteer consultative services to the state to determine a benefit program designed to deliver the best health outcomes in the most cost-effective manner.

D. Provider Network.
1) Describe provider network recruitment and retention, including types of providers (for example primary care, specialty care, dental, HCBS, case/care management, LTC, other, etc.)
DentaQuest believes that the quality of care it provides is only as good as the strength of its networks, and it works fastidiously to recruit and maintain a high-quality and accessible teams of providers. When developing a network in a state or region, we pay close attention to striking a balance in geographic locations and addressing the issue of underserved areas. Our provider relations professionals are well-trained, and very familiar with the territories that they serve. They acutely understand the importance of close communication and coordination with providers and how it relates directly back to retention.

Additionally, the close relationship our staff has with providers has proved helpful in developing educational initiatives and new programs geared toward addressing a specific programmatic goal, such as more effectively and efficiently serving the needs of ABD populations. Our providers go through a rigorous credentialing and re-credentialing process to ensure that they are in full compliance with state standards and requirements. Likewise, DentaQuest has the ability to monitor our providers against their peers for any number of metrics to ensure that priorities are carried out, goals are being met, and care is being rendered effectively. DentaQuest’s many successes in network development include:

- Growing the Illinois Medicaid dental network by 250 percent in response to concerns over network size and access to care. This growth led to a 155 percent increase in the number of eligible members receiving care and the kind of preventive dental services that control costs.
- Growing the Virginia Medicaid dental network by 206 percent. DentaQuest righted the ship after many providers left the network in frustration in response to administrative complexities. There was a resulting 113 percent increase in eligible members receiving care.
- In response to a high-profile and tragic case where a boy died from an untreated tooth infection due to barriers to care, we grew the Maryland Medicaid dental network by 107 percent and increased dental care for members in the program by 52 percent.

E. Provider Payment Structure
1) Explain provider payment methodology, assumptions, and constraints.
   a. Specific to covered benefits and services (as listed in Section 3.3, Item C).
   b. Specific to other benefits and services.
   c. Show estimated amounts of provider payments for evidence-based performance outcomes (for example amounts of withhold, performance payments based on quality metrics, etc.)

A substantial part of DentaQuest’s cost-saving efficiencies are grounded in our claims processing procedures. Our claims management system, Windward, offers distinct operational modules that link claims management with member enrollment and eligibility, payment and billing, customer service, and provider and utilization management. This
system is flexible and fully adaptable to any regulatory situation governed by state and federal requirements. Claims are sent through a multi-step adjudication process that ensures accuracy in billing, services rendered and payment with various screens to ensure efficiencies and that performance outcome goals are achieved. Examples include:

- DentaQuest used the Windward claims system in Texas to promote better outcomes by measuring each dentist against their peers and offering financial incentives to providers who used sealants and fluoride. This initiative, which paid out $2 million last year alone, was able to increase sealant usage by 10 percent while decreasing restoration costs by 30 percent between 2012 and 2013.
- DentaQuest has an extensive waste, fraud and abuse aversion program that is aided by Windward. The system is able to identify over-utilization and unbundling procedures. In addition, it guards against duplicate procedures and claims by cross-referencing historical data and denying any duplicates. Windward enables DentaQuest to achieve its goal of reducing waste, fraud and abuse to ensure as many resources as possible are directed to patient care.
- Third party liability (TPL) information is captured in Windward when loading eligibility files or based on information obtained during intake. In addition to employing TPL attributes, we use standard member eligibility history, such as carrier codes, policy numbers and effective dates for other insurance when determining payment. To ensure that SoonerCare would be the payer of last resort, claims adjudicated by Windward are processed against this information and paid or denied accordingly.

F. State Payment Structure.

1) Explain how payments are made by the state to the party(s) responsible for the objectives of the recommended model (As listed in Section 3.1, Items A-K).

   a. Methodology
   b. Assumptions
   c. Constraints

One of the benefits of being the largest dental administrator in the Medicaid space is experience with the different reimbursement models that exist in the various states. Since the goal of this RFI is controlling costs while maintaining a high level of care for ABD populations, DentaQuest recommends that SoonerCare explore the feasibility of a “full risk” or “risk share” approach for state payment. Both of these payment methods incentivize positive health outcomes by setting specific benchmarks that a vendor must achieve for fulsome reimbursement. DentaQuest has also found that they encourage the use of innovation in the delivery of care and foster the creation of very effective programmatic solutions that are grounded in cost-saving prevention through enhanced utilization. Two case studies – one for Texas and one for Tennessee – are included at the end of this Response to illustrate the real-world benefits of full risk and risk share models.

- The risk share model is today becoming popular among states seeking dental reform with limited health care budgets. Under this model, the state and dental vendor share in the savings and losses associated with the cost of care. The dental vendor assumes some financial risk and is incentivized to monitor the effective and efficient delivery and medical necessity of services.
• The full risk model is the same as risk share in terms of shared responsibility between the state and dental vendor. However, the dental vendor assumes the full financial risk of the program. DentaQuest manages Medicaid programs in Florida, Idaho, Texas and Utah under this model.

2) Explain how proposed payments comply with existing and proposed Federal and State requirements.
DentaQuest’s reputation for quality and client service is contingent on our consistent ability to effectively operate within the parameters of federal and state requirements. We are meticulous in our approach toward program implementation and maintenance, and we are well-versed in the myriad federal regulations governing Medicaid. We are also sensitive to the varying rules, requirements and regulations at the state level. DentaQuest has consistently earned business opportunities and its standing in the health care community by delving into the intricacies of states’ laws and regulations and delivering high-quality care with a strict focus on compliance. With 20 years of Medicaid experience, DentaQuest remains the dental industry leader on multi-state Medicaid expertise and familiarity.

G. Impact of Model
1) Explain estimated implementation costs and anticipated savings, for years 1 through 5.
   a. Methodology
   b. Assumptions
   c. Constraints
Implementation costs would be limited, extending not far beyond those associated with staff time associated with the coordination of a transition. And savings and benefits could be substantial. While it would be challenging to estimate precise year one through five savings without knowing the scope (i.e. – utilization solely for ABD populations or for all of SoonerCare) of the approach, DentaQuest’s management of the Tennessee Medicaid dental contract – or TennCare – provides some illustrative information.

DentaQuest was awarded the contract in 2013 through a competitive procurement process and quickly streamlined and turned around a faltering program that was plagued with out-of-control claims costs. DentaQuest was able to meet or exceed all of the contractually required benchmarks and succeeded in:
• Helping the state save $22 million in claims costs in the first year alone
• Developing a strategically located network of nearly 900 high-quality dentists statewide
• Exceeding all mandated minimum appointment wait times by at least 30 percent, with the average wait time between scheduling and appointment being only 11 days for a routine appointment and 10 hours for an emergency appointment
• Creating a network where TennCare members were 3.7 miles on average from the closest in-network dentist, a statistic that drops to 1.8 miles in urban counties

2) Describe the quality and anticipated effect of the model on population health outcomes as they relate to (materials provided in Respondent’s Library):
   a. CMS recommended benchmarks
   b. State identified areas including preventive screenings, tobacco cessation, obesity, immunizations, diabetes, hypertension, prescription drug use, hospitalizations, readmissions, emergency room use
c. Core measures identified within the Oklahoma Health Plan (OHIP) 2020

d. Respondent suggestions for other benchmarks

e. Considerations for Value-Based performance designs, specifically those that support and align with objectives identified within the Oklahoma State Innovation Model design

While most of the CMS Recommended Core Measures do not directly apply to dental benefits, we would be remiss if we didn’t emphasize the role that good oral health plays in contributing to overall health. Indeed, some of the concerns cited in these Measures, the Oklahoma State Innovation Model, and OHIP 2020 key very much into our goals associated with medical-dental integration and overall wellness. For example, there is a conclusive link between dental disease and diabetes and heart disease, and good oral health is critical to pre-natal health. Additionally, as noted earlier, DentaQuest is taking substantial steps to prevent against emergency room use for more routine dental care. Not only is this a much more costly proposition, but patients can often walk away without the core problem being addressed like it would be in dental setting. Improving health outcomes while ensuring better outcomes for patients is central to everything DentaQuest does.

H. Anticipated Overarching Timelines (including key activities and milestones)

1) Development
2) Transition/Readiness Activities
3) Implementation of member enrollment
4) Implementation of member service delivery

DentaQuest has a long and diverse history of seamlessly on-boarding new state clients who make the transition to carve-out status. We have done so in states such as Illinois, Virginia, Massachusetts and South Carolina, among others. In fact, DentaQuest has more experience with these transitions than any other dental administrator in the country. Reputational excellence is paramount for DentaQuest, and we ensure that all the appropriate resources are dedicated to a new contract during initial implementation.

While DentaQuest has implemented a contract in as little as 90 days, we believe that a five-month implementation period is most appropriate after the award of a competitively bid contract. Over this period, we would work closely and collaboratively with SoonerCare staff to ensure that all aspects of a multi-tiered implementation plan are met. DentaQuest’s transition experience is extensive, and upon gaining more details on the program, we would provide a comprehensive implementation plan to the state with key activities and milestones. Over the five-month implementation process, DentaQuest would coordinate with SoonerCare officials to develop communications with members and information collateral that would familiarize them with the change. During this time, we would also work with state officials to develop and implement cost controls for the delivery of care to ABD populations while maintaining the highest of quality. In order to ensure a seamless technical transition, the following activities would take place in the five months leading up to formal enrollment (occurring in the order below, but overlapping in some instances).

- Initiation and requirements definition
  - Finalization of implementation plan
  - Functional and informational requirements document, data mapping, recommendation for design modifications
- Systems analysis/general design
• General system design document, including an operational analysis, conversion plan and software release plan

• Technical design
  o System interface design overview
  o System plan documents, including unit test plan, back-up and recovery plan, disaster recovery plan, information security plan, and system integration and test plan

• Development
  o Develop interface and conversion programs, system documentation and unit test plans
  o Testing activities for key areas, including claims and external systems

• Implementation/operations
  o Assess operational readiness of all system components
  o Operational documentation for areas such as automated operations, data entry, prior authorization, check and remittance fulfillment and member notifications
  o Develop and report distribution schedules
  o Finalize conversion plan and perform final conversion activities

• Readiness Review
  o Onsite review
  o Sign off that all actions have been completed

I. Market Feasibility — Provide considerations, observations and potential opportunities and/or threats related to:
1) Environmental conditions
2) Conditions unique to the Oklahoma market
3) Conditional not unique to the Oklahoma market
4) Availability and range of community resources
5) Existing and proposed federal regulations
6) Data attainment, cross-walking to Medicaid and Use
7) Coordination of benefits and services between Medicare and Medicaid
8) Alignment of payment structures and goals

Managed care has not been widely used in Oklahoma, and as such, there may be some inertial resistance to its broader application. However, DentaQuest believes that its thoughtful application can be a key component to addressing issues negatively impacting the provision of dental care to ABD populations and beyond. Given DentaQuest’s footprint throughout the country, we have extensive experience setting up managed care models and working closely with state Medicaid programs, members and providers as they are implemented. The results have been predictable costs for states, improved access and care coordination for clients, delivery system innovation, and improved outcomes.

In Florida, for example, DentaQuest was involved in the broader application of managed care under Medicaid. Administering Medicaid dental benefits for a leading health plan in the state, DentaQuest was instrumental in shoring up deficiencies in the program. We were able to help bolster our state-wide network by 470 percent and regularly increase the number of members receiving care through strategic outreach, inclusive of a nearly 24 percent increase in 2013 alone. Today, the state is successfully operating under an effective managed dental care program and enjoying its continued rewards.
As to other operational challenges – both unique and not unique to Oklahoma – a large portion of DentaQuest’s strength is derived from its broad presence across many different states and segments. We’re intimately familiar with the regulatory aspects and impacts of Medicaid, Medicare, commercial plans, marketplace, and dual eligible members. In the complex world of health care, there is little that we haven’t seen or experienced.

J. Approach to Integration with Medicare

1) Considerations, observations and potential opportunities and threats related to:
   a. Existing and proposed federal regulation(s)
   b. Data attainment, cross-walking to Medicaid and use
   c. Coordination of benefits and services between Medicare and Medicaid
   d. Alignment of payment structures and goals

DentaQuest has extensive experience serving the needs of dual eligible members in the various states in which it operates. We are familiar with payment structures at the intersection of Medicare and Medicaid and are compliant with all existing federal regulations in our care administration. We are also confident that we are adaptable in the future to any proposed changes to such regulations.

Our strength is also derived from our flexible Windward operating platform. We are able to configure Windward to meet multiple criteria that may be unique to a state to ensure that the Medicaid program is the payer of last resort. Third-party liability (TPL) is captured in Windward when loading eligibility files or based on information obtained during a claim intake. In addition, we use standard member eligibility history, such as carrier codes, policy numbers and effective dates for other insurance when determining payment. When a claim is adjudicated in Windward, it is processed against available TPL information and paid or denied accordingly.

CONCLUSION

Thank you for the opportunity to lend our thinking and experience to this RFI response. DentaQuest appreciates the dynamics and challenges faced by OHCA in the provision of the most effective care possible to ABD populations, both in terms of cost control and effective health outcomes. And we applaud the thinking behind this RFI as Oklahoma looks to live up to spirit of House Bill 1566 and OHIP 2020.

We believe that the oral health needs of the ABD populations in SoonerCare would be better served by adopting a carved-out dental program in Oklahoma that invokes a degree of risk for the vendor to incentivize positive health outcomes. Further, given the trend increasingly being adopted by more states as they grapple with health care costs and quality demands, we believe that the entire SoonerCare dental program would benefit from such a carve-out model, with a specific “program within the program” to address challenges associated with providing care to the aged, blind and disabled. DentaQuest welcomes the opportunity to discuss this issue further or answer any questions that OHCA may have.

Again, thank you for the opportunity to respond to this RFI.
CASE STUDIES

Texas Medicaid and CHIP Dental Programs
Texas Health and Human Services Commission
Start date of contract: 2012
Membership: 1.8 million
Financial model: Full risk

Texas took a unique path by choosing multiple DBAs to manage its carved-out Medicaid and CHIP dental programs. Prior to issuing the RFP, dental program spending was out of control, with the state paying out as much for orthodontic services as all 49 other states combined. There was poor clinical oversight, as all claims were processed by a fiscal intermediary using the state’s MMIS.

The goals of moving to a multi-DBA carve-out model were: 1) tighten fiscal control over dental spending, 2) increase provider participation, 3) create member choice, 4) close the access gap by 15% each year, and 5) increase the quality of care.

DentaQuest was one of three administrators selected to administer the state’s program. After the first year, one of the administrators was unable to manage the costs of the program and mutually ended its contract with the state.

Three years into the program, DentaQuest has achieved the following:
- In partnership with the other program administrator, designed new orthodontic clinical criteria that led to an 82% decrease in the cost of orthodontic care in the first 10 months of the program.
- Increased the size of the provider network by 8%.
- Implemented a prevention-focused program with provider performance incentives, paying out $2M in incentives last year alone.
- Became the administrator of choice for 1.8 million members, a 56% market share.

DentaQuest’s 11 member advocates canvas all areas of the state, attending outreach events and increasing touch points with the state’s widespread migrant farmworker population. DentaQuest was recognized by Texas for its innovative methods of communicating with this population.

State of Tennessee – TennCare Dental Program
Tennessee Department of Finance and Administration, Division of Health Care Finance and Administration
Start date of contract: 2002-2010, 2013
Membership: 800,000
Financial model: Risk share

DentaQuest has a long history in Tennessee, serving as the DBA of the carve-out program from 2002–2010 under an ASO arrangement. In 2010, through a competitive bidding process, DentaQuest lost the
contract on price to another carrier. The state quickly realized this carrier was not equipped to manage a Medicaid program, and put the contract out to bid as soon as it was permitted under the contract. DentaQuest was re-awarded the business through a competitive bidding process in 2013.

Although our previous contract had been an ASO arrangement, the new contract was a risk-share arrangement designed to incent the DBA to reduce program costs, but without affecting utilization. The state’s goals were: 1) improve the patient experience, 2) improve the oral health of the population, and 3) manage the cost of care to ensure budget predictability.

In just one year, DentaQuest had a significant impact on the program, as demonstrated by the following statistics:

- Reduced claims costs by $22 million.
- Recruited a high-quality, cost-effective network of nearly 900 providers.
- Attained a 90% trending dental screening percentage, surpassing the state requirement of 80%.
- Attended 75 screenings and oral health education events.

DentaQuest received public recognition for its role in increasing utilization and helping the state meet the requirements of the John B. Consent Decree, which was filed in 1998 in response to the state’s failure to provide adequate EPSDT treatment to children. Additionally, the ADA has recognized Tennessee’s dental carve-out program as a model of success.