



Alabama Medicaid Dental Program A Provider- and Member-Centric Solution

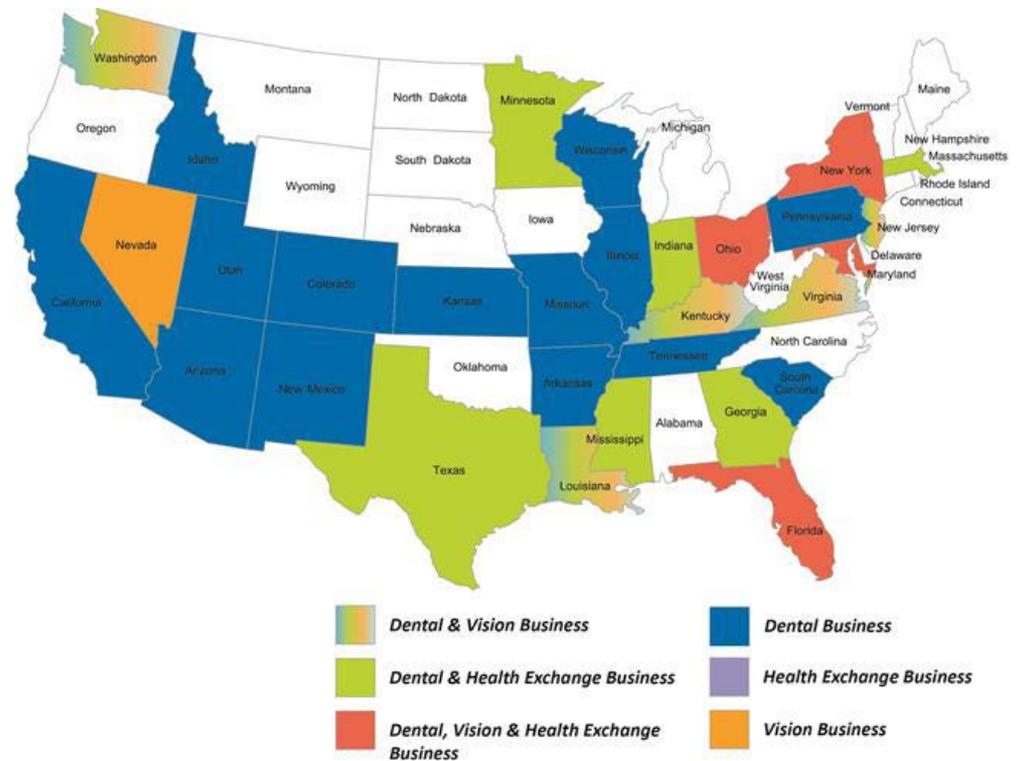
March 11, 2016

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Experience you can count on.

National Footprint

- Serve **24 MILLION** members in **28** states
- Administer carve out dental programs in CO, IL, VA, MA, ID, SC, TX and TN
- Partner with nearly **100** health plans
- Dental and vision benefits management services
- Dedicated Foundation and Institute



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Our Vision for Alabama's Medicaid Program

Improve Health/Function **Reduce Morbidity, Mortality and Risk**

- ① Preventistry
- ② ECC Prevention
- ③ MORE Care

**Better
Health
for the
Population**

Access, Quality & Satisfaction

- ① Increase provider satisfaction
- ② Increase member access
- ③ Add Dentists

**Better
Care
for
Individuals**

Lower Costs

Lower PMPM Cost **Reduce Hospital & ED Use**

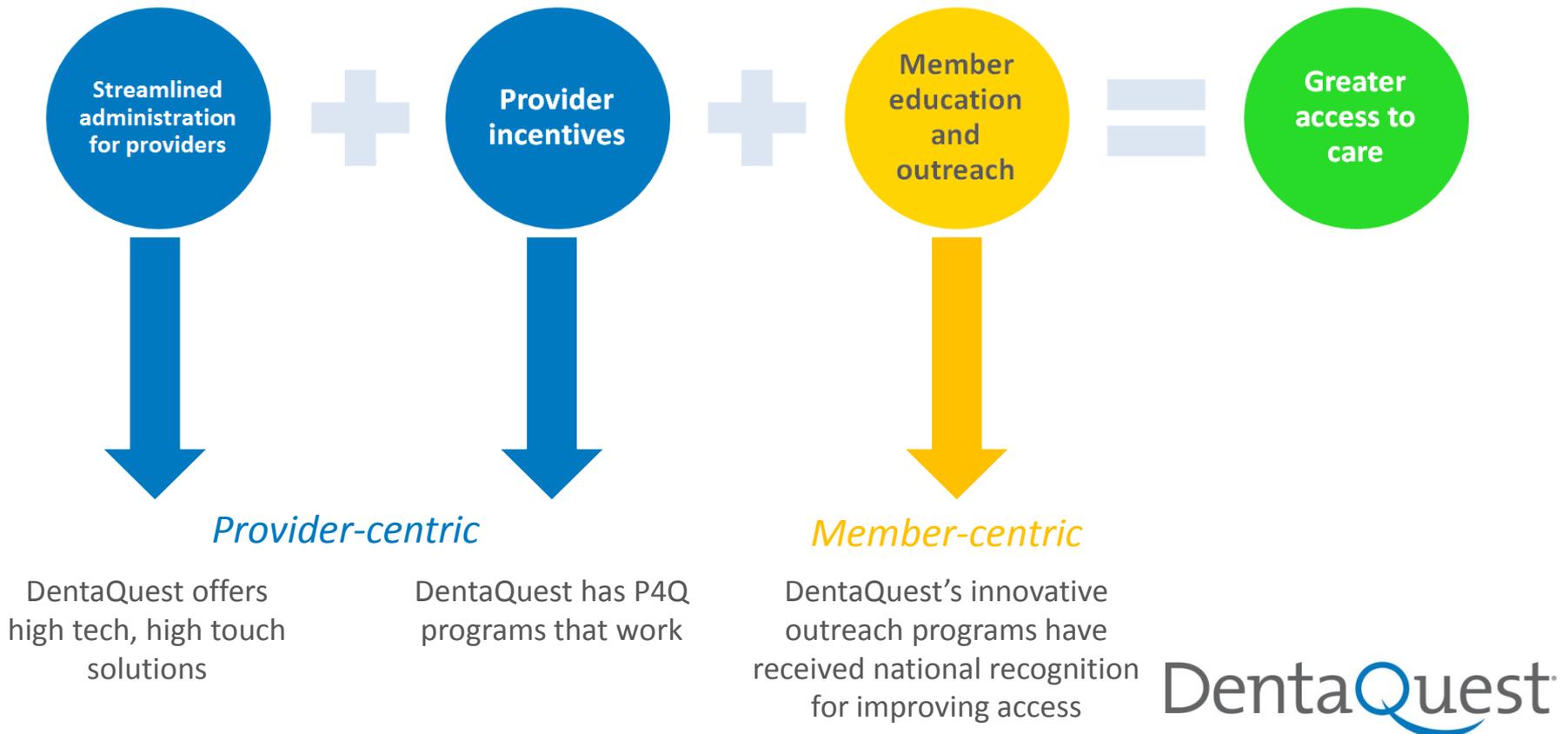
- ① Enhanced administration
- ② Eliminate fraud and abuse
- ③ Right care, right time

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The Right Equation for Improving Access

Contingent on Provider and Member Engagement

An ADA Health Policy Institute Survey notes that simply adding providers to a network will not address access to care issues. Need combination of following:

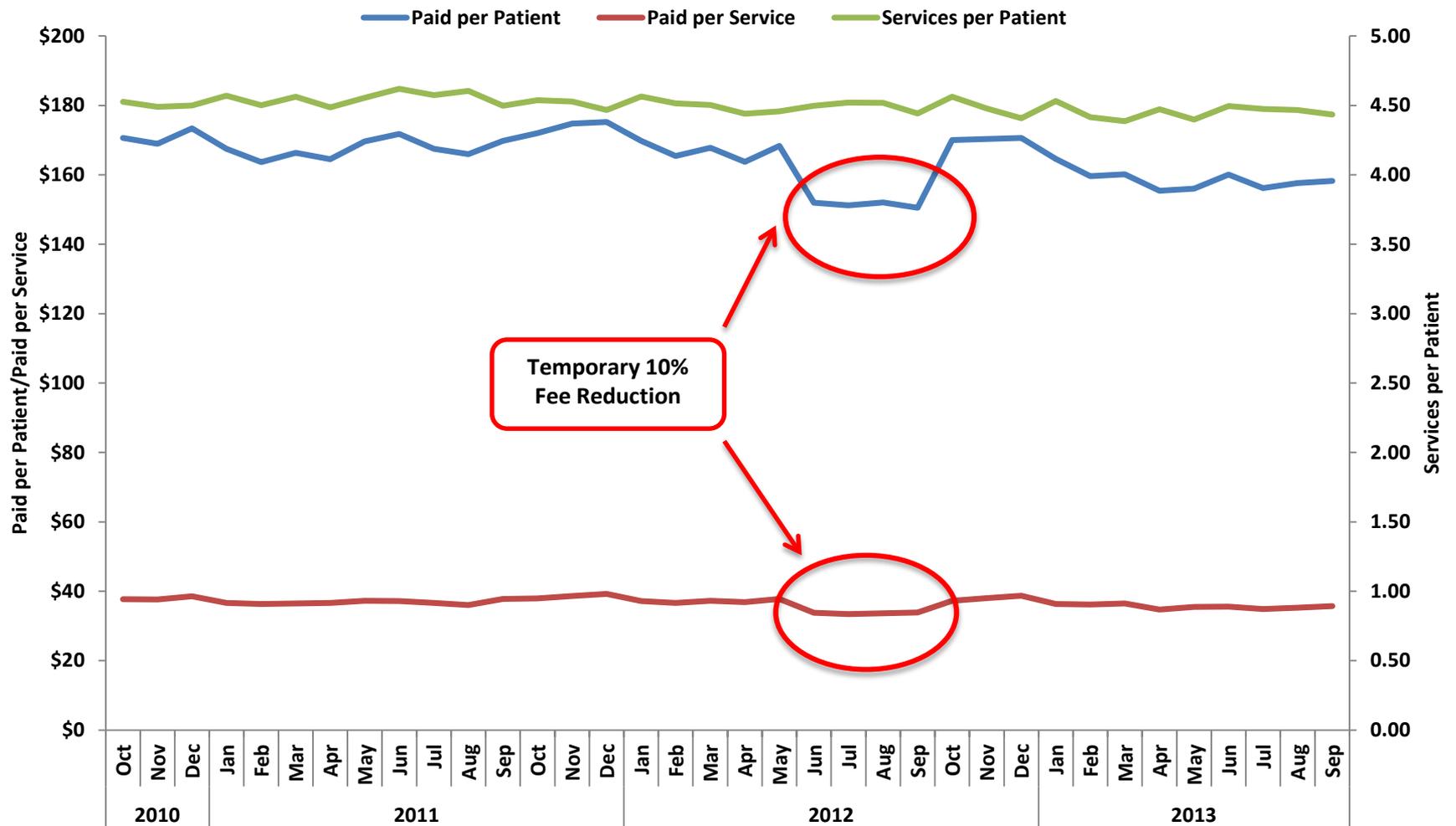


Alabama Data

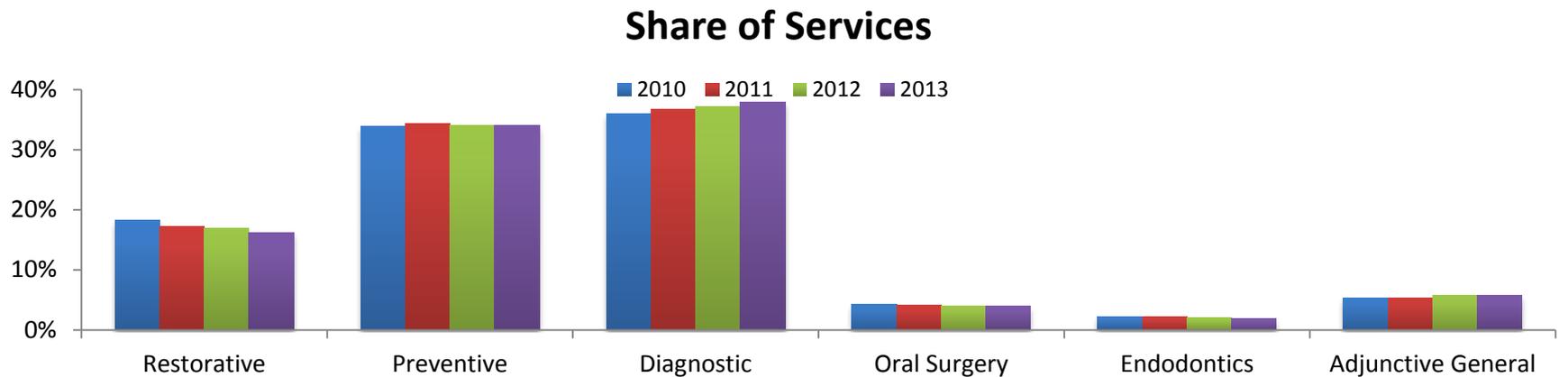
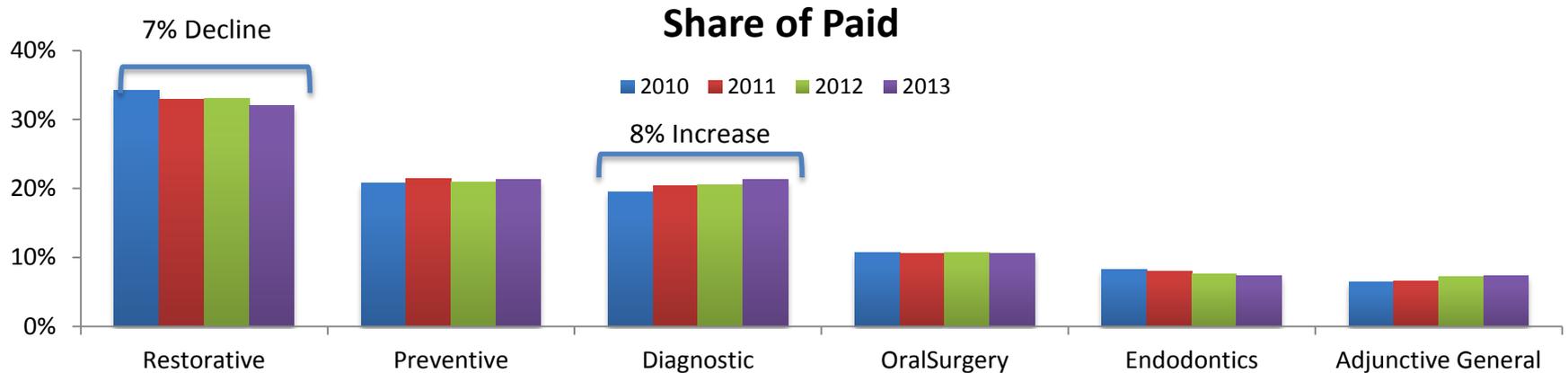
Findings, Opportunities and Approach

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Paid and Service Trends

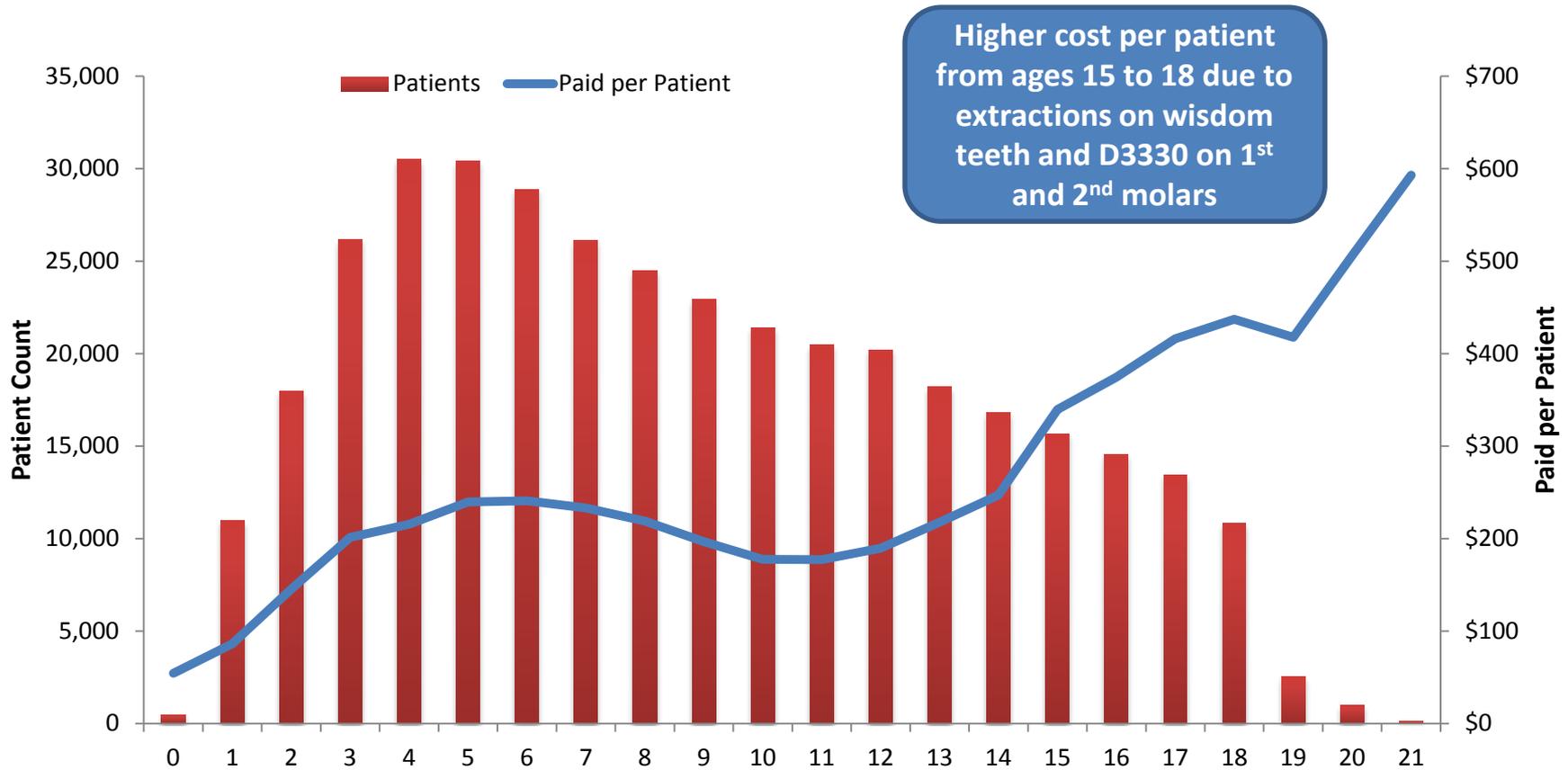


Category Trends

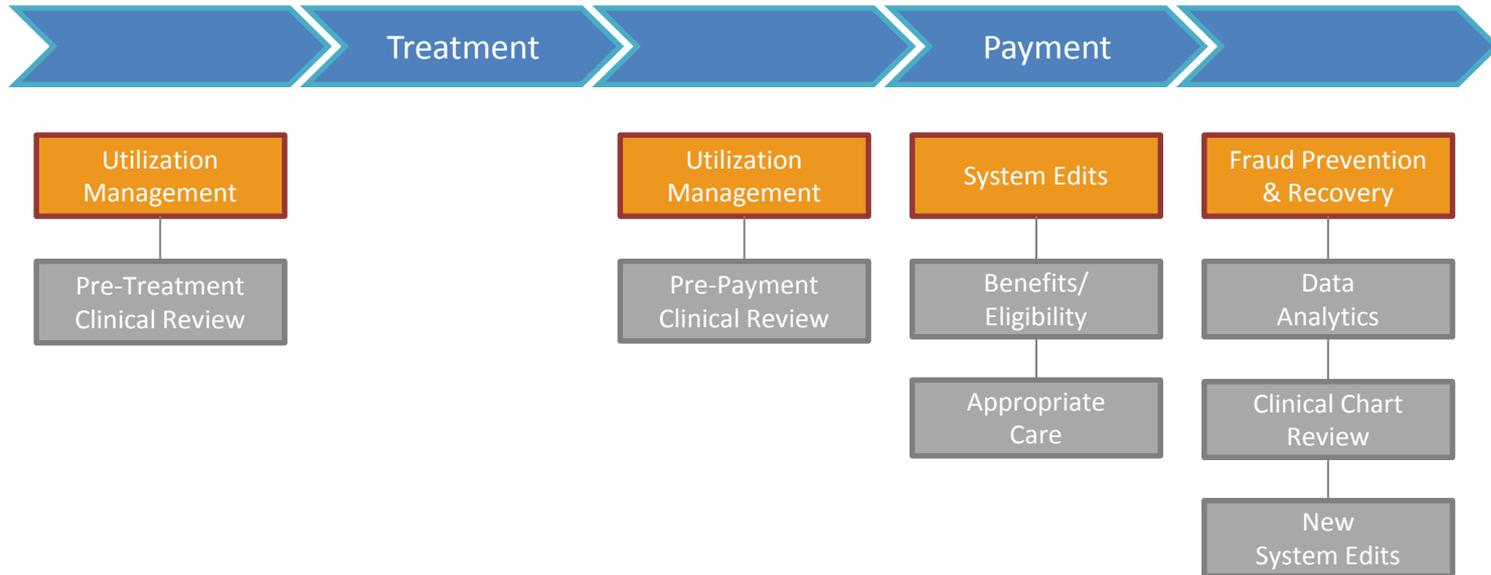


Age Trends

Increased preventive services on children ages 9 to 14 could reduce expensive restorations on ages 15+

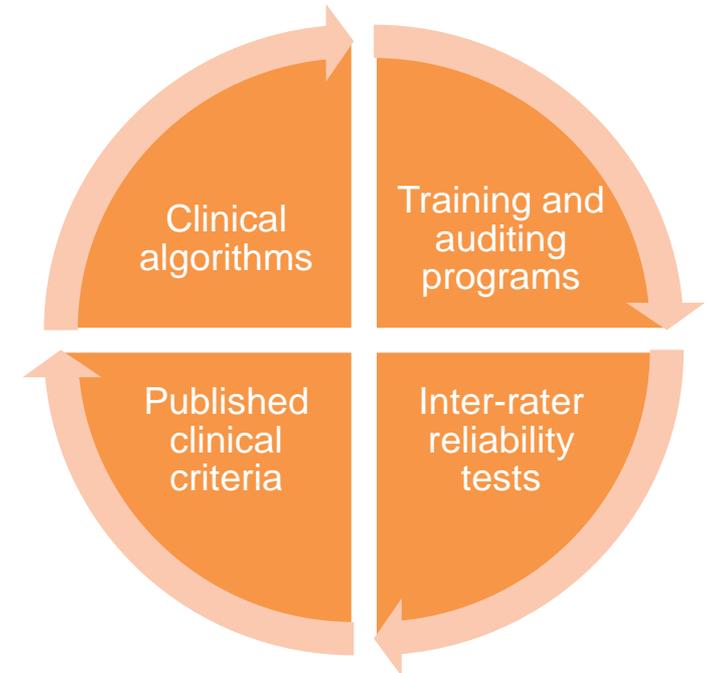


Treatment & Payment Timeline



Local Input on Utilization Management

- **Consistent decisions leads to greater provider satisfaction**
 - Clinical criteria is tailored to state requirements
 - Developed with the guidance of the American Dental Association and professional organizations including:
 - American Academy of Pediatric Dentistry
 - American Association of Orthodontists
 - American Association of Oral and Maxillofacial Surgeons
 - American Academy of Periodontology
- **DentaQuest works closely with the provider community, dental schools and the dental association to identify traditional and regional standards of care.**
- **A local Peer Review Committee, consisting of dentist participating in the Medicaid program, is established to provide clinical oversight to the Utilization Management program.**



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Utilization Management (UM)

Prior Authorization

- Services are requested and medical necessity is determined prior to treatment.

Pre-Payment Review

- Treatment has been rendered and requires the appropriate documentation to be submitted with claim.
- Same clinical criteria and decision making process is used for both Prior Authorizations and Prepayment Review
- True Prior Authorization is only required on new orthodontic requests and requests for outpatient services

Impact of Utilization Management

- The chart below illustrates the impact DentaQuest's UM program had in a similar market, as well as a projection of the impact it could have in Alabama.

Procedure Code(s)	Code Group Description	Services per 100 Patients		Alabama Projected Savings
		Benchmark Program (Before Administration)	Benchmark Program (After Administration)	
D2710 - D2792	CROWNS	6.9	3.4	\$353,395
D3310 - D3330	ROOT CANALS	5.2	3.0	\$553,727
D7210 - D7250	SURGICAL EXTRACTIONS	17.2	10.1	\$1,464,980
D9220 - D9248	ANESTHESIA & SEDATION	41.1	34.6	\$1,033,731
		70.3	51.1	\$3,405,833



System Edits

DentaQuest’s claim processing system includes hundreds of propriety business rules (edits) – which have evolved over 20 years of Medicaid dental administration – that ensure only covered and appropriate services are reimbursed.

The chart below includes redacted results of applying our system edits to the Alabama data. Two examples are provided.

Edit Description	Savings
XXXXXX	\$2,382
XXXXXX	\$469,718
XXXXXX	\$7,843
Extraction Near Exfoliation Edit	\$1,052,789
XXXXXX	\$157,496
XXXXXX	\$50,295
XXXXXX	\$2,577,065
XXXXXX	\$5,974
XXXXXX	\$8,253
Radiograph Bundling Edit	\$892,421
XXXXXX	\$266,243
XXXXXX	\$26,812
XXXXXX	\$52,865
XXXXXX	\$36,002
XXXXXX	\$1,888
XXXXXX	\$13,406
XXXXXX	\$9,372
	\$5,630,824

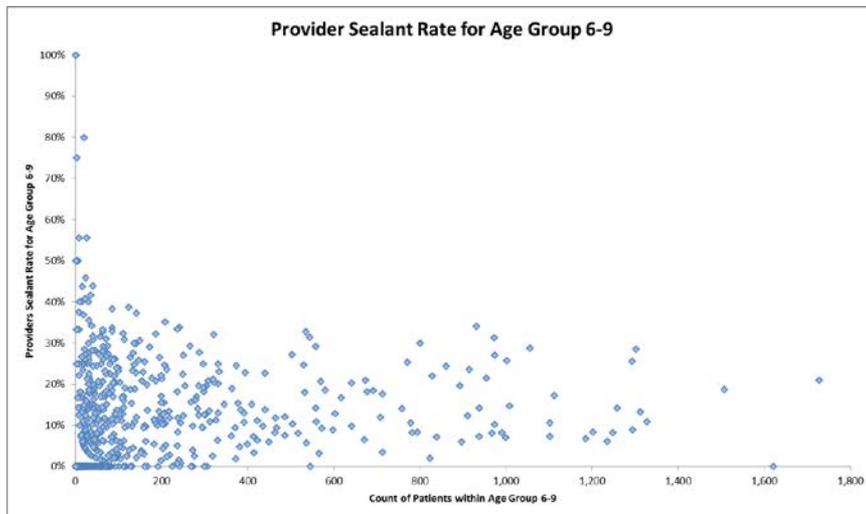
Extraction Near Exfoliation Edit
 This edit looks into extractions performed on primary teeth near exfoliation – cuspids/molars extracted after age 10 and incisors extracted after age 5.

Radiograph Bundling Edit
 This edit looks at instances of total paid for radiographs for a member on the same date for a given provider which exceeds the average cost per service for D0210.

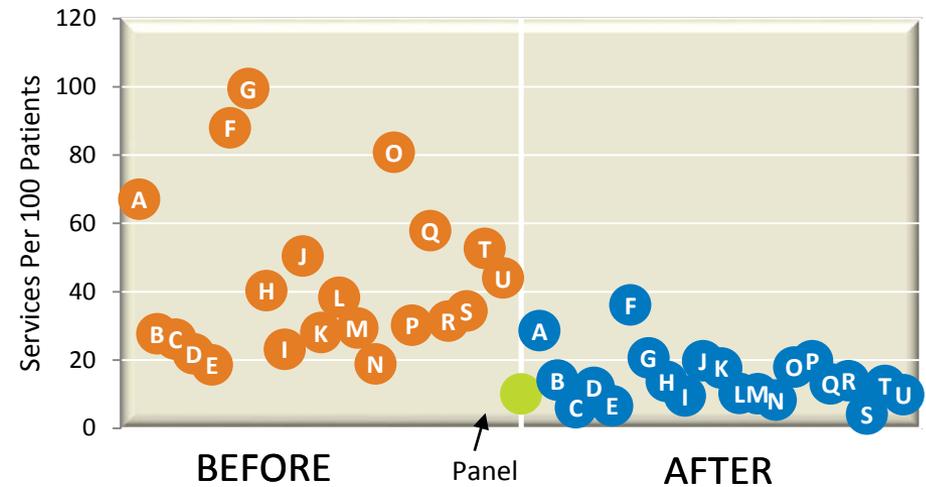


Dental Analytics

- DentaQuest carefully monitors activity in the network through our Dental Analytics program to create **actionable data**.
- Results generated from the Analytics program are then utilized to educate providers, established focus reviews, and promote outreach efforts.



Alabama Specific



Similar Market

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Focus on Preventive Care

Dental caries is the most common chronic childhood disease, five times more common than asthma and almost 100% preventable.

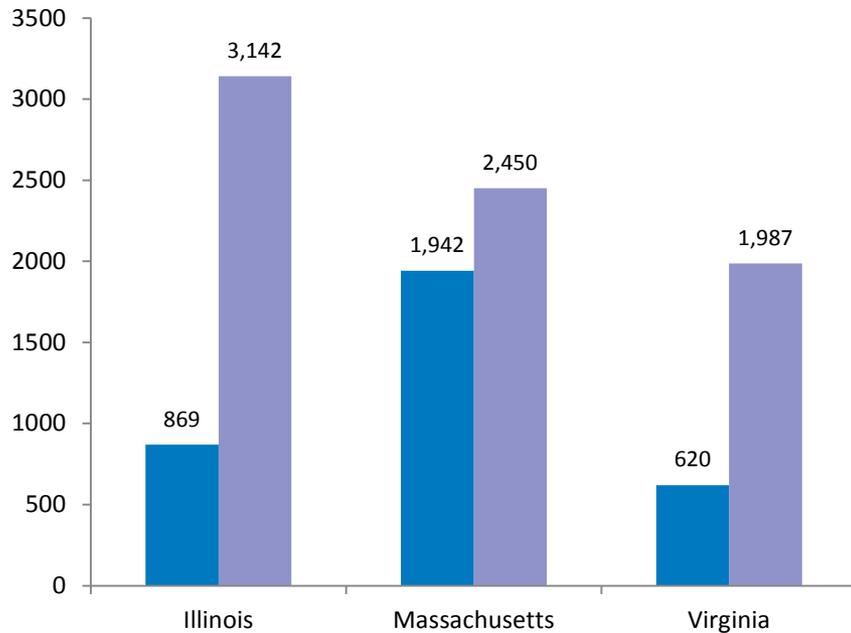
- Dental caries (decay) is a bacterial infection that can spread from tooth to tooth
- Decay most often occurs (about 90%) in the deep grooves on the biting surfaces of molars
- Preventing decay not only improves oral health but also reduces the cost of care
- If caries isn't prevented, there is the cost of dental restoration.
- If dental restoration isn't done in a timely fashion, there are medical and ER costs.

The ADA recommends the use of **sealants** to reduce the occurrence of caries

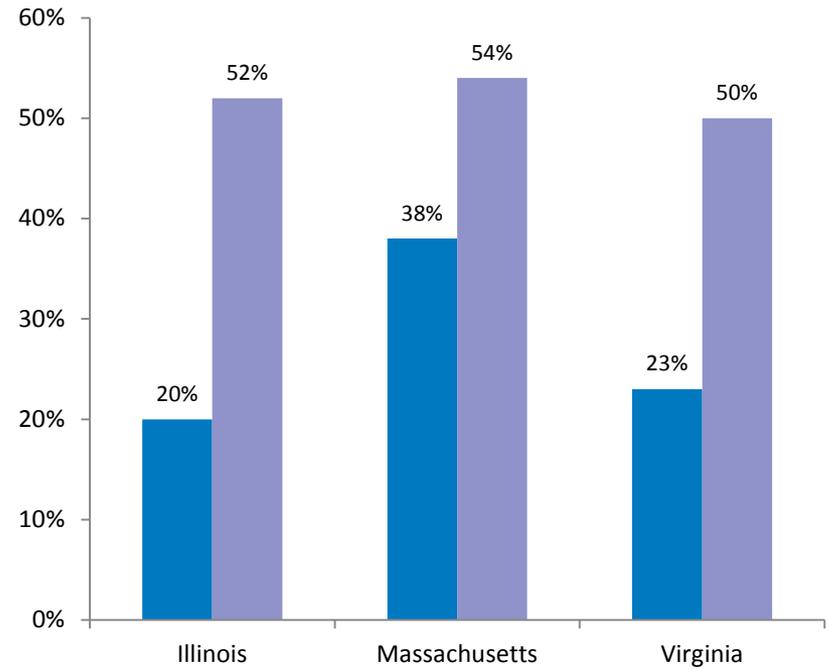
- Sealants are most effective when applied early
- Caries reduction in children with sealants ranges from 86% at one year to 79% at two years
- Private dental insurance and Medicaid databases show the use of sealants on 1st and 2nd molars is associated with *reductions in the subsequent provision of restorative services*

Our Dental Carve Out Experience – It's more than just about the costs.....

Unique provider participation



EPSDT-eligible member utilization



Blue: year before DentaQuest became the program's administrator
Purple: current



Thank you!

Q&A

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