



PATIENT-CENTERED DENTAL HOME

TENNCARE & COVERKIDS PROVIDER OPERATING MANUAL 2021

Version 1.0 Released January 1, 2021

This operating manual outlines the PCDH program guidelines and policies effective January 1, 2021.

DentaQuest[®] 

TABLE OF CONTENTS

What is a Dental Home?	2
Why do we have a Dental Home?	4
Who is included in a Dental Home?	8
How are members included in a Dental Home?	9
Dental Home tools	11
How do we measure Dental Home performance?	16
PCDH Resources	26
Glossary	26

WHAT IS A DENTAL HOME?

The intent of the PCDH program is to capture all TennCare members under age 21 and all CoverKids members under age 19 and link them to a Dental Home with a participating provider in their community.

The American Academy of Pediatric Dentistry (AAPD) originally defined a dental home as “the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family- centered way. Establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate.”

TennCare defines a Dental Home as “A dental practice that maintains an ongoing relationship between the dentist and the patient inclusive of all aspects of oral health care delivered in a comprehensive, medically necessary, continuously accessible and coordinated way.”

Phase I of the Person-Centered Dental Home (PCDH) program charged the Dental Benefits Manager (DBM) with ensuring dental home capacity with all Primary Dental Providers (PDPs) for PCDH assignments of eligible members participating in the TennCare and CoverKids dental benefits programs in Tennessee.

Tennessee has built upon and expanded the existing PCDH provider and payer efforts in the State to create a robust PCDH Phase II program that focuses on the provision of high performance and delivery of preventive services, cost effective care to its members by:

- Assigning and reassigning members to high performance and accessible PDPs who establish relationships of trust with the members and their families
- Promoting the provision of preventive care, including dental sealants, silver diamine fluoride (SDF) and fluoride treatments, through member and provider education, oral disease prevention strategies, and collaboration with community stakeholders
- Reference published guidelines regarding PCDH by the American Academy of Pediatric Dentistry
- Monitoring effectiveness through a variety of performance, preventive service delivery and outcome measures, including access, preventive care measures, and cost
- Engaging providers and promoting performance improvement using Provider Performance Reports and other metrics
- Remediation of providers through Provider Engagement/Dental Director(s):
 - Education–Provider Tool Kit (Panel Roster, Preventistry resources)
- Encouraging utilization of innovative minimally invasive treatments like Silver Diamine Fluoride (SDF) to arrest oral disease

Provider Networks

Growth and contracting of provider networks will be monitored by reviewing the following data points:

- Unique Providers
- Unique Locations
- Access Points

To maintain an adequate network of providers, review of the network criteria for size and scope will occur at regular intervals to ensure that network size and availability of providers is adequate to serve the population of members covered. Review will include, but not be limited to, the following items:

- Member Access
- Contract Requirements
- Cost of Care

Exceptions to network criteria in an area with network adequacy (documentation required):

- 1 to 1 replacement
 - Replacement of a provider leaving a practice
 - Transition of a practice to a new owner
 - Participation is not transferrable between businesses or locations
 - Net change to the network must have a result of 0 access point additions
- Addition of providers who are in areas with a documented need for additional network providers

WHY DO WE HAVE A DENTAL HOME?

As demonstrated in the graphic below oral health issues affect our members and their families putting them by category into high risk. By linking members with your offices as their PCDH and working with you to increase their utilization of preventive services we can work towards offsetting these oral health trends and potential subsequent health issues.

Oral Health Issues are prevalent in our members:

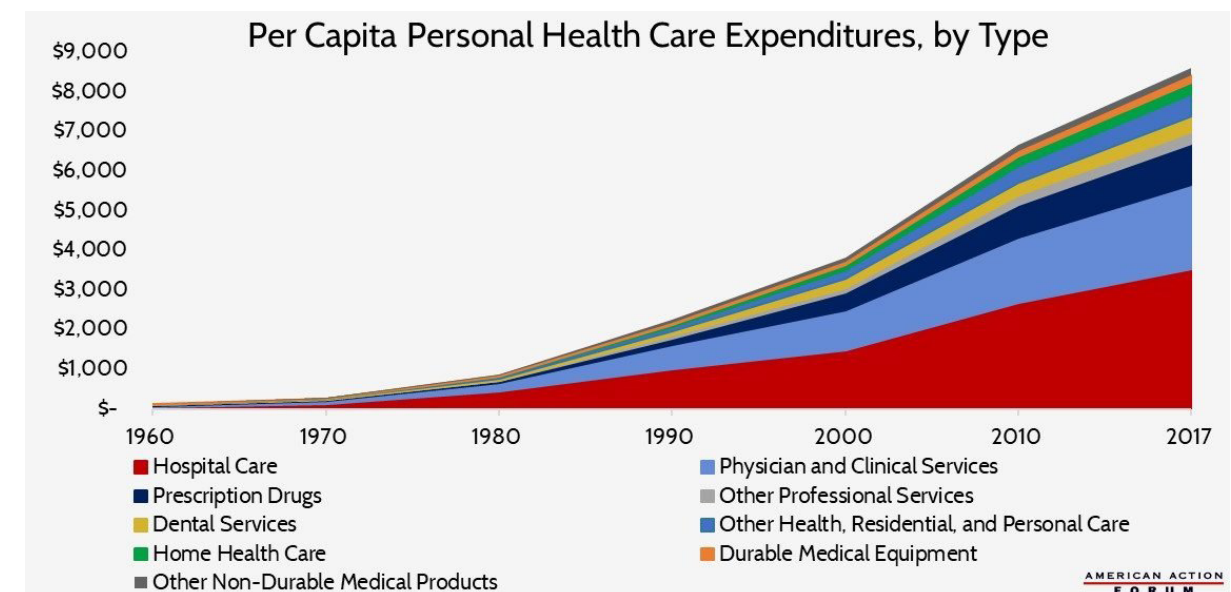
- Employees lose more than 164 million hours of work a year due to dental issues¹
- More than 51 million school hours are lost each year to dental illness
- Tooth decay affects 20% of 4-year-olds, more than 50% of 8-year-olds and more than 75% of 17-year-olds²
- Links have been found between oral bacteria and systemic diseases

¹ U.S. Dept. of Health and Human Services, Oral Health in America: A Report of the Surgeon General, National Institutes of Health, 2000.

² Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Oral Health: Preventing Cavities, Gum Disease and Mouth and Throat Cancer, 2003.

The comparative cost of dental treatment to other conditions (Table below) such as cancer and diabetes is relatively high at close to 80 billion dollars. By increasing dental care at an early age in the PCDH environment, you can see from the Chapel Hill study (next page) that the average cost of care over a five-year period decreased significantly. The study indicates that the earlier a patient starts dental care, the lower their cost of care is over time with regular check-ups at their PCDH and maintaining good oral hygiene at home.

Comparative Cost of Dental Treatment

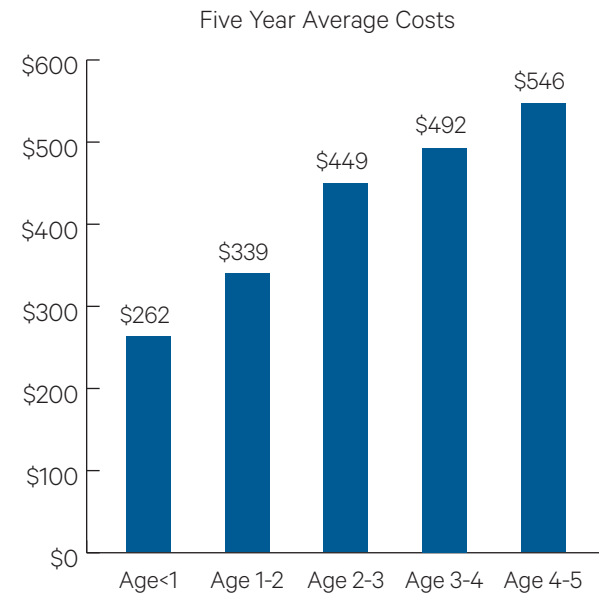


Evidence of Dental Home Benefits

Key Findings from North Carolina study:

The study looked at the age Medicaid children had their first preventive dental visit. The earlier age the child had a visit the lower their overall average costs were and they were more likely to have subsequent preventive dental services.

70% of the children in the study who were treated in a hospital setting had not had a previous preventive dental visit.



Source: Early Preventive Dental Visits: Effects on Subsequent Utilizations and Costs, Savage MF, et al. Pediatrics October, 2004

Dental Home Assignments

The American Academy of Pediatric Dentistry (AAPD) advocates for the Dental Home concept, conducting research and various studies. The graph below outlines the benefits as published by AAPD.

"The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way."

-American Academy of Pediatric Dentistry (AAPD)

Benefits of having a Dental Home

- Consistent place to receive care
- Comprehensive oral health care, including:
 - Individualized preventive dental health plan
 - Assessment for oral disease
 - Plan for acute dental trauma
 - Dietary counseling
 - Referrals to dental specialists
- Supports continuity of care

Members will be assigned by location to general dentists And Pediatric Dentists **Only**



The Division of TennCare reviewed utilization and dental treatment provided since the launch of the PCDH program in Tennessee for TennCare and CoverKids. TennCare measures member utilization by a metric called PEAR, which stands for Partial Enrollment Adjusted Ratio. The data below indicates an initial increase in PEAR, or member utilization through year four but is now showing a decline from year five to date. This presents an opportunity for greater collaboration between DentaQuest, the providers and members to increase preventive services.



Annually in the Fall, DentaQuest completes a TennCare and CoverKids member satisfaction survey with a random significant sample size of members. The survey asks a variety of questions about their PCDH experience and how they feel about their oral health. The graph below indicates the 2019 survey results of the main categories. DentaQuest publishes the results of both the member and provider satisfaction surveys in the DQ Digest Q4 of each year in the Summer editions of the newsletter. The newsletter can be found on the provider portal under related documents. Current versions and an archive of past newsletters can be found on the DentaQuest website at:

<https://www.dentaquest.com/state-plans/regions/tennessee/dentist-page/provider-resources/>

2019 PROVIDER SATISFACTION SURVEY RESULTS

The annual provider satisfaction survey was completed during 2016. DentaQuest received high ratings from most providers.

- 89% of providers are very or somewhat satisfied with DentaQuest.
- 98% indicated that they definitely or probably will continue to be a provider for DentaQuest.
- 80% agree that DentaQuest is an innovator and leader in improving the oral health of its members.
- 39% indicated that DentaQuest is better than most Medicaid dental benefit programs.
- 24% indicated that they have experienced a problem with DentaQuest and, of those,
- 41% indicated that DentaQuest was able to resolve all or some of the problems in a satisfactory manner.

WHO IS INCLUDED IN A DENTAL HOME?

All participating Primary Dental Providers (PDPs) serving TennCare and CoverKids members will serve as PCDH PDPs. TennCare PCDH PDPs shall maintain a valid individual, and if required, group Medicaid ID from the State of Tennessee. One PCDH may have multiple physical locations or sites but members will be linked to a specific location and can see any current participating PDP at that location.

Provider additions to existing practices must meet the criteria of acceptable network movements to be considered for addition. Non-participating providers at contracted locations are not eligible for claims payment and their services may not be billed under another provider for claims payment, as this activity is considered and will be treated as fraud and abuse. The DBM will monitor office billing patterns to ensure that this policy is followed.

Prior to any additions to a network, the DBM will review the request against network policies and provide approval.

PDPs shall provide and maintain a valid office email address for ongoing communications from the DBM including but not limited to:

- DBM Digest Quarterly Newsletter
- Notices/Updates
- Webinar and Information Sessions

Providers shall attend a minimum of one virtual or live informational session provided annually by the DBM during the calendar year. An attestation of attendance will be required.

All rules, processes, and requirements detailed herein apply only to the DBM TennCare/CoverKids PCDH program. To be eligible for the program:

1. The entity must be a participating TennCare or CoverKids practice with one or more dentists designated as general practitioners including general dentists and pediatric dentists;
2. The entity attests upon signing a provider agreement to commit to focusing on improving preventive service delivery and performance outcomes identified in quarterly Provider Performance Reports

A participating practice remains enrolled in the PCDH program until any of the following occurs:

1. The practice or provider becomes ineligible, is suspended or removed from the TennCare or CoverKids program or the PCDH program. Members are assigned by location so if an individual provider becomes ineligible or suspended then that individual provider would no longer be able to see or render treatment for TennCare or CoverKids members.

2. Or the Division of TennCare terminates the PCDH program, which would require an amendment to the DBM contract with the State of Tennessee.

The overarching goals of the PCDH programs for TennCare and CoverKids are:

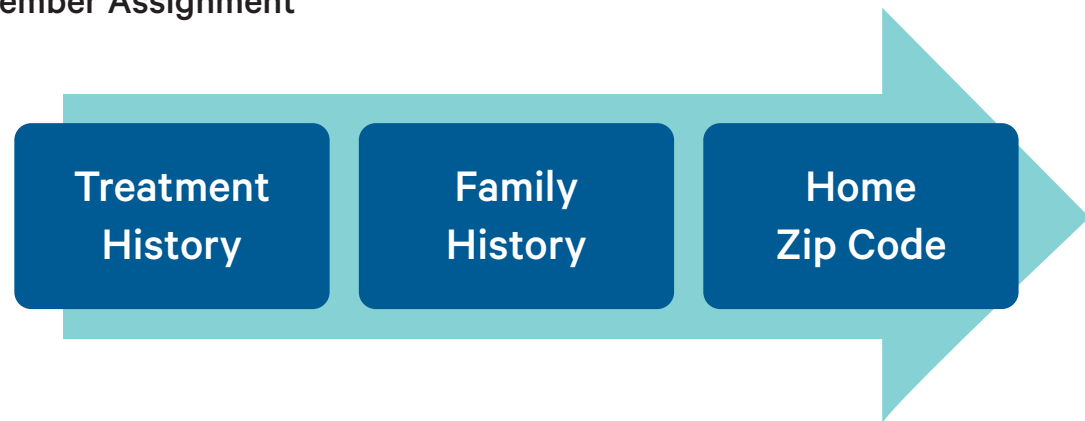
1. Form a lasting relationship between you and your patients.
2. Increase access to care with a focus on prevention.
3. Improve oral health outcomes for the children of Tennessee.
4. Improve the relationship between DentaQuest and you, our network providers.

HOW ARE MEMBERS INCLUDED IN A DENTAL HOME?

Member Inclusion and Assignment

The intent of the PCDH program is to capture all TennCare members under age 21 and all CoverKids members under age 19 and link them to a Dental Home with a participating provider in their community.

Member Assignment



Members are linked to a dental home using claims history by:

- History of treatment (last 12 months)
- History of treatment of family member/sibling
- Zip code

Member notification is completed when the member is enrolled in TennCare or CoverKids

- New members will receive their dental home information in their welcome packet within the welcome letter.
- New members will also receive a current Member Handbook that contains all the dental home information.

Assignment/Participating Providers

- Members are assigned to a participating dental location
- Members can see any participating provider at that location
- Members have choice and can go to any participating provider they choose
- If an eligible member comes to your office that is not on your panel roster you can see that member
- Assignment will not affect claims payment
- Members can request a new dental home by contacting DentaQuest member services
- Assignment changes are visible on the portal 1-2 business days after request is made

Member Attribution

Attribution uses the existing member to dental provider assignment conducted by the DBM today. Members are attributed each month to the PCDH associated with the member's active dental provider. If a provider wishes to remove a member from their attributed panel, this program will follow the same guidelines/existing rules that the DBM already has in place for member change requests submitted by dental providers. The panel roster of attributed members is the basis for your provider performance report (PPR) calculations by category.

Capacity

How we define capacity – member to provider ratio at the county level

We monitor capacity monthly by reviewing the number of members in each county and the number of dental home locations in each county to ensure we have enough access points for the members that live in the county based on their home zip code.

Full Time Dentist – A provider is considered full time at a location if they are treating members a minimum of 32 hours per week

Standard Ratio – one provider to every 1,500 members

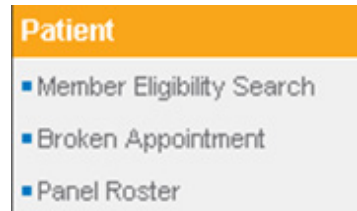
How a provider can increase capacity – You can request an increase in your capacity for consideration in writing. It will be reviewed and discussed with you by your DentaQuest provider partner and will be approved dependent on Dentist Ratios and meeting defined standards for performance.

DENTAL HOME TOOLS

How do I know if a member is assigned to my office?

- Panel Roster on Provider Web Portal
- Eligibility Search on Provider Web Portal

Log into the DentaQuest Provider Portal at <https://govservices.dentaquest.com/> and use the left-hand side of the tool bar:



Panel Roster:

- Choose a Service Office from the Locations drop-down list
- The member list will populate for the Service Office that was chosen in the drop-down list
- You can download a copy of your roster

How to Use your Panel Roster:

- Each month pull a panel roster – it will contain your existing and new patients
- Recall existing patients per the recommended periodicity schedule
- Welcome new members with a text, email, call or card to assist them in scheduling an appointment

- Focus on preventive services – use patient history to determine which services may be due in 30, 60 or 90 days or if they should have already had services based on periodicity and are now past due:
 - Cleaning
 - Fluoride
 - SDF
 - Sealants

In the upcoming months DentaQuest will be enhancing your panel roster to include additional information for each member. This information can be downloaded in excel or pdf formats so you can use it for new patient welcomes and patient recalls.

The additional information will include flags to let you know the following:

- They are a new member so you can contact them to welcome them to your practice and schedule an appointment
- It is time for their first visit to your office as their PCDH
- They are an existing patient and they have a check-up due within 90 days
- They are an existing patient and they have a check-up due within 30 days
- They are an existing patient and are past due for their check-up

Patient Menu - Member Eligibility Search

Home > Member Eligibility Search

Member Eligibility Search

This functionality will allow you to perform member eligibility checks. To check eligibility, you need information about the member and the provider and anticipated service date. If you feel a member is eligible for service but a check indicates the member is non-eligible or it is a non-participating provider, please contact a service representative. Due to the changing nature of eligibility, the eligibility status does not guarantee payment and is subject to change without notice.

Select a Location and Provider:

Search

Service Date	DOB	Member Number	Member Last Name	Member First Name	Add Member
10/23/2009	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete
10/23/2009	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete
10/23/2009	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete
10/23/2009	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete
10/23/2009	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Delete

*Required Fields

- Select the provider from the Select a Location and Provider drop-down list
- Type in the Service Date
- Type in the DOB (date of birth) in mm/dd/yyyy format or select it from the pop-up calendar in the DOB field. This is a required field.
- You must include a DOB and Member Number OR a DOB and Last Name and partial First Name
- To add rows, click Add Member (able to search up to 30 members at one time)
- To delete a member from the search, click the Delete link at the end of the row
- Click Search - the Member Eligibility List page will appear

The members dental home assignment will show under the Dentist Office Name section on the Member Eligibility List screen.

Home > Member Eligibility Search

Member Eligibility List

This page displays the Members meeting the search criteria. You can conduct another search by clicking search again, view Member detail by clicking a Member name link, and print the results by using the Printer Friendly Format button.
Please note this information does not guarantee or imply payment and is contingent upon other factors, including but not limited to eligibility changes, covered services and benefit limitations.

Active

Order Entered	Service Date	Member Number	DOB	Member Name	Plan	Client Number	Network Name	Dentist Office Name	Dentist Effective Date
1	05/27/2010	0000000000000000	01/01/1980	SMITH, JOHN	New Mexico Medicaid Adults	7000000000			

Ineligible

Order Entered	Service Date	Member Number	DOB	Member Name
No Results Found				

Not Found

Order Entered	Member Number	DOB	Member Last Name	Member First Name	Error Message
2		05/12/1986	williams	k	Unable to identify member. You can search again with additional information or contact the health plan.

Note: If you wish to search again, the information you originally entered for these members will be retained allowing you to correct any information you previously entered.

Importance of Checking Eligibility and Benefits

- Members with government-sponsored programs can change coverage on a monthly basis.
- Benefit programs are based on income guidelines.
- It is critical to be sure that the member is eligible in order to receive payment for services rendered.
- A member may be terminated retroactively due to ineligibility at the start of a previous month. To obtain the most accurate status, eligibility should be confirmed on the member's DOS and printed out to keep in the member's chart.
- Member History is available on the provider portal. Providers should verify procedures in medical history prior to treating the member to confirm benefit availability.

There are valuable resources available to assist you in verification:

Interactive Voice Response (IVR)

- The eligibility information received will be the same information you would receive by calling DentaQuest's Provider Service department.
- Information is available 24 hours a day, 7 days a week without having to speak to a Provider Service Representative.
- To access the IVR, simply call DentaQuest's Provider Service department at 855-418-1623 and press 1 for eligibility

Website (Provider Web Portal)

- Available 24 hours a day, 7 days a week.
- Please register online <http://www.dentaquest.com/dentists/self-registration-page/>
- Link to utilize daily: <https://govservices.dentaquest.com>. This is a secure site.
- Your Provider Partner can provide training resources on the provider portals.

Website (Provider Web Portal continued)

- Check Eligibility
- Claim status
- Review member history
- Submit claims and authorizations with attachments
- Review explanation of benefits
- Download Patient Rosters for plans with Dental Homes
- Submit appeals and peer to peer requests
- Submit requests for authorization extensions and claim voids
- Review benefits in ORM
- Edit online user-information, including personal information, password,
- Email and security questions
- Find participating dentists
- And much more . . .



Things to Remember

You can provide services to members even if you are not their assigned Dental Home Provider.

Patients can call DentaQuest Member Services to update their dental home at any time.

This does not have to be completed prior to services being rendered, if you are a current TennCare or CoverKids participating provider with DentaQuest.

HOW DO WE MEASURE DENTAL HOME PERFORMANCE?

Provider Expectations as a Dental Home

The list below encompasses the primary components to a successful partnership between DentaQuest, our participating providers and the members they serve. By using the tools and resources provided for your PCDH members, the expectations below can be successfully achieved.

- Decrease members taken to the operating room for care
- Ensure that assigned members are receiving “comprehensive” dental care
- Increase use of
 - Sealants
 - Fluoride
 - SDF
- Regularly welcome newly assigned member to your practice and schedule their first PCDH visit; regularly recall members for preventive service appointments.

- Prevention – improve performance and delivery of preventive services, lower cost of care
- Minimally invasive treatment – evidence-based technology that prevent or arrest disease
- Member engagement – educate on sealants, fluoride, SDF, keep regular appts and have personal involvement in oral health
- Meet or exceed network benchmarks on PPR
- Attend a minimum of one PCDH webinar annually

Performance and Preventive Services Delivery Metrics

- To identify high-performance, high preventive service delivery dental providers, DentaQuest will leverage its propriety model to measure provider performance across performance index, preventive service delivery, utilization and outcome dimensions. The model also compares providers to their peer groups and prioritizes opportunities to look for performance and preventive service delivery optimization. DentaQuest is sharing this information with providers to ensure the goals are clear and transparent to the network.
- DentaQuest will rank providers according to their overall performance and place them into one of four quadrants:

Quadrant 1 Performance Index: Good Preventive Services Delivery: Good	Quadrant 2 Performance Index: Poor Preventive Services Delivery: Good
Quadrant 3 Performance Index: Good Preventive Services Delivery: Poor	Quadrant 4 Performance Index: Poor Preventive Services Delivery: Poor

Providers ranked in quadrant 1 exhibit the highest level of performance, and DentaQuest will assign members who have not selected their own dental home to these high-performance providers. Those ranked in quadrant 4, the lowest score, warrant greater scrutiny. DentaQuest will offer targeted support as outlined in the remediation section for these providers to improve their performance and ensure all members have access to high-performance, high preventive service delivery dental providers.

Irrespective of where providers fall in the model detailed above, DentaQuest communicates their performance to them quarterly through Provider Performance Reports.

Re-assignments

DentaQuest reserves the right to move members away from their currently assigned dental home to a dental home providing higher-performance, higher preventive service delivery, lower-cost care if their current dental home has a history of performing lower-performance, higher cost care.

Provider Performance Report (PPR)/Provider Scorecard

DentaQuest provides a variety of data for providers to use in tracking their performance outcomes. Each quarter all participating providers receive a Provider Performance Report (PPR) showing their outcomes for that quarter in the categories listed below. This report reviews the provider against their peers showing their score, the network score and a goal in each category. This report indicates both success and opportunities for improvement if providers are not meeting or exceeding the network mean.

DentaQuest encourages all providers to regularly review the quarterly PPR report to ensure they are meeting PCDH expectations and within the standards of the index/peer to peer comparison. Providers will have regular meetings with their regional DentaQuest provider partner to review the PPR and discuss the data. The review will allow each provider individually and collectively for their clinic location to identify opportunities for improvement in service delivery to increase outcomes. This increase in outcomes can provide greater opportunity for potential bonus/incentives as outlined later in this manual.

Dental Home Rosters

- Dental Home – Recalls and Welcome
- Preventistry
 - Checkup – Recalls
 - Sealants
 - Fluoride

Panel Roster

This page enables you to view a list of members currently assigned to a dentist as primary care physician (PCP).

Select a Provider

Locations

Member Last Name ?

Member First Name

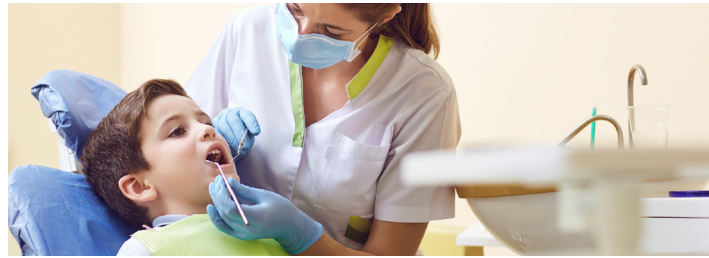
DOB ? (mm/dd/yyyy)

Member(s) as of 09/19/2011 01:18:20 PM [Download File](#) [Printer Friendly Format](#)

Member Name	Member Number	DOB	Plan	Address	Home Phone
No Results Found					

Provider Performance Report (PPR)/Scorecard

- Provider Scorecard – see sample below:
 - SDF
 - Sealants
 - Fluoride
 - Oral Evaluations
 - Access
 - Performance Index



PROVIDER SCORECARD

Reporting Period 01/01/2021 – 12/31/2021

Dear <Location_Name>,

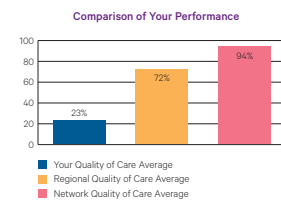
DentaQuest appreciates your continued efforts to serve the needs of children in Texas. As part of our commitment to improving the oral health of all, you are receiving a location scorecard. This scorecard will be delivered four times per year, and provides you with transparent information about your location's use of services. The scorecard is used to calculate your location's Performance Index Score, based on the following key measures:

- Member Access
- Preventive Services
- Quality
- Cost

Additional information regarding this scorecard can be found on the DentaQuest Provider Portal. Please use this scorecard as a reference to help provide the highest quality of care possible to each of your DentaQuest patients.

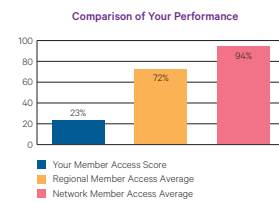
QUALITY OF CARE

Patients who received restorative dental care within 12 months after you applied a sealant.



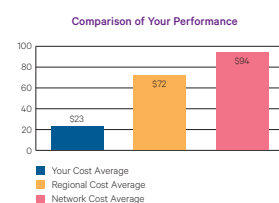
MEMBER ACCESS

Patients seen versus patients assigned.



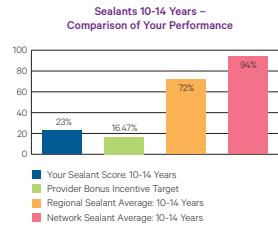
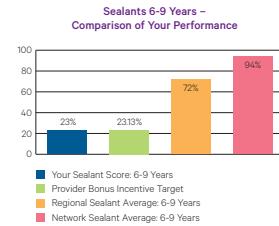
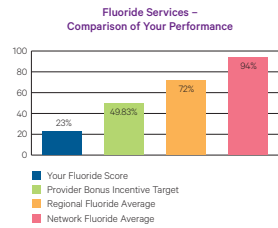
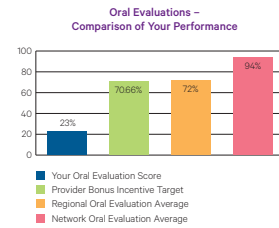
COST

Average cost per member



PREVENTIVE SERVICES

Preventive services metrics are guided by the Dental Quality Alliance measures for oral exams, fluoride, and sealants. The preventive measures are included in the provider bonus incentive.



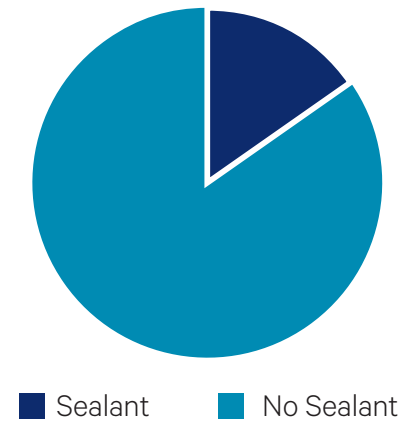
Current Network Improvement Opportunities:

DentaQuest completed an analysis using the unduplicated number of TennCare children receiving dental sealants and the result was that only 15.1% of the children received sealants during the timeframe listed below. So, using this data to provide an example if there are 400,000 TennCare children between the ages of 6-15 only 15% of them received a sealant with missing opportunity for 85% that could be sealed.

Sealant Trends for Members:

- As of October 2020, only 15.28% of TennCare children 6-15 years of age received a dental sealant on a permanent molar tooth that was eligible to receive a sealant because the tooth was not already sealed, missing or restored.

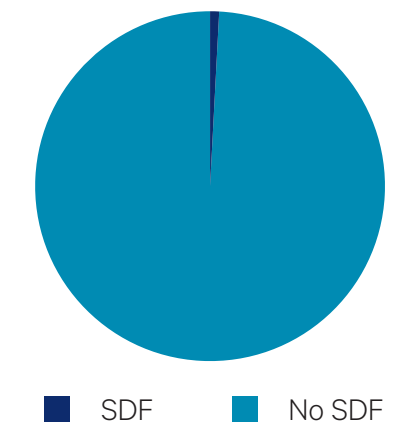
Percent of Eligible Children Receiving a Sealant



Silver Diamine Fluoride Trends for Members:

- As of October 2020, only 0.64% of TennCare children 6-15 years of age received a Silver Diamine Fluoride treatment.

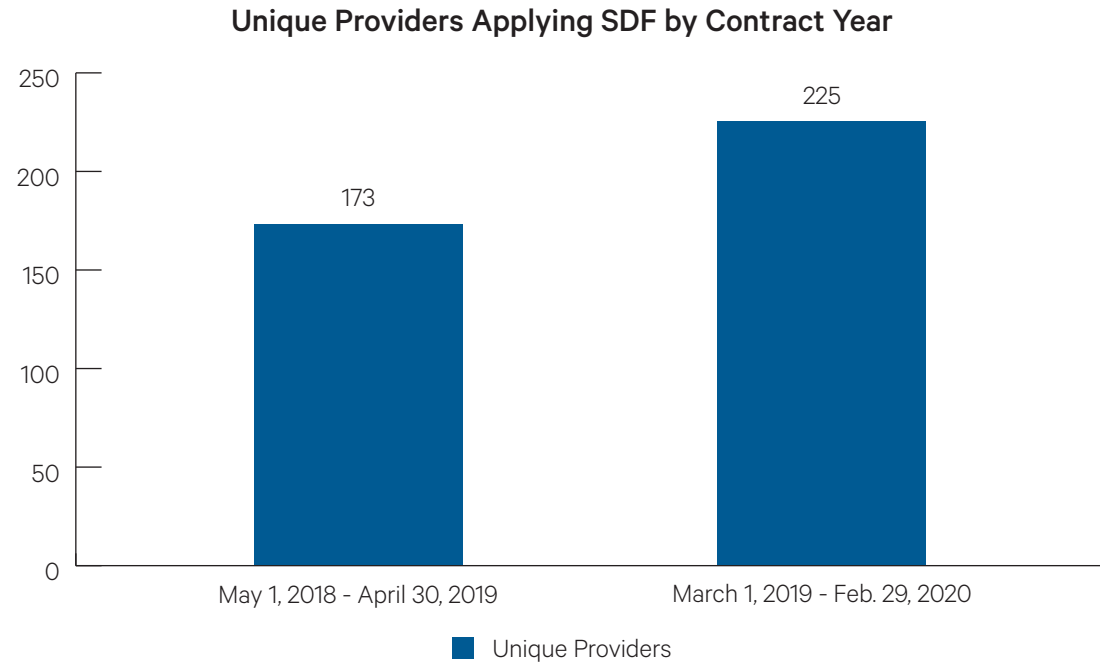
Percent of Eligible Children Receiving SDF



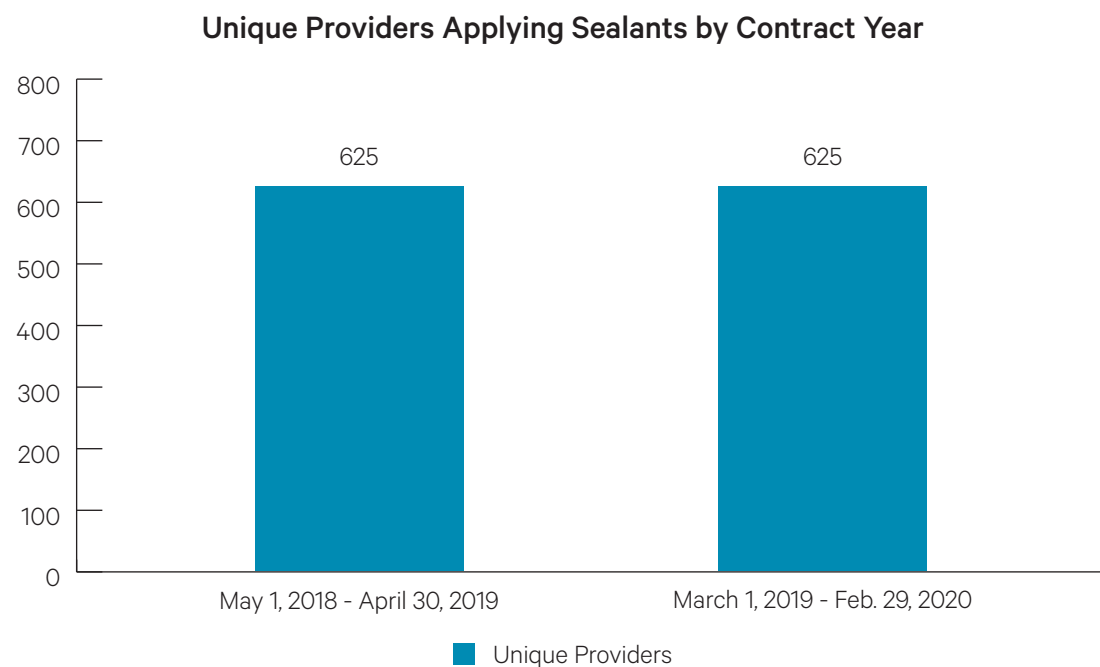
SDF and Sealant Trends for Providers

The graphs below indicate trending data for participating providers for the use of Silver Diamine Fluoride (SDF) and Sealants and Fluoride. The usage of SDF has steadily increased, however the placement of sealants has only slightly increased with the number of unique providers placing sealants remains the same.

SDF Trend by approximately 900-1,000 Participating TennCare Providers on average:



Sealant Trend by Participating TennCare Providers:



The trending data for SDF and Sealants indicate the following opportunities for improvement, including the need for significant increases in provision of preventive services.

Opportunities for Provider Improvement:

1. Increase preventive services
 - Cleanings
 - Sealants
 - Fluoride
 - SDF
2. Decrease care provided in the hospital
3. Increase minimally invasive treatment as outlined in the full office reference manual
4. Increase member engagement at provider office which will show on subsequent PPR reports with increases in access measures

Bonus (Incentive) Payment

The State defined goals are outlined in the contract between DentaQuest and the Division of TennCare. These incremental goals showing increases in Screening and Participation Ratios must be met annually for DentaQuest to be able to provide an incentive payment to providers. By increasing preventive services in your practice, those services work towards increasing both ratios. In DentaQuest’s contract with TennCare, TennCare sets a minimum benchmark for participation ratio, or what percentage of members have a dental visit each year. TennCare also sets an average cost per member. Any TennCare savings will only be shared with DentaQuest if the benchmarks are met. In turn, DentaQuest can share their portion of the savings with providers.

Any future incentives available to providers will be based on achievement of thresholds for preventive services delivered and member engagement. If provider goals are achieved then incentives will be calculated and distributed based on providers’ PPR and PCDH performance, with an emphasis on the use of preventative care and access rates of patient panel roster as outlined below.

Performance and preventive service delivery metrics are tracked to ensure that PCDHs are meeting specified performance levels and are provided in the PPR. These tools will provide information for each provider/location to use to improve performance and the preventive services care they provide.

Performance and preventive service delivery metrics and PPR thresholds that will be used to determine PCDH performance and any potential incentive payments are outlined below:

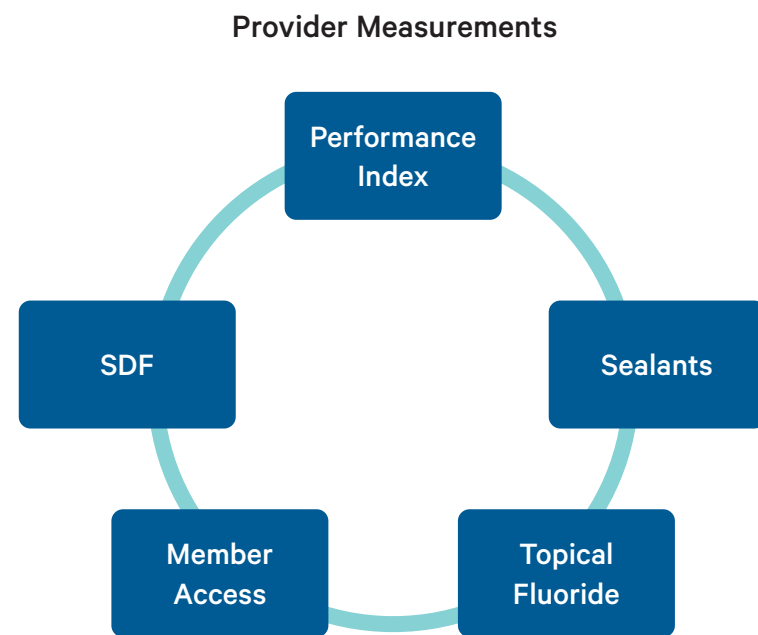
Dental Home	Preventistry – Member History	Provider Performance Report (PPR)
<ul style="list-style-type: none"> Welcome Recalls 	<ul style="list-style-type: none"> Checkup/Recalls Sealants Fluoride SDF Comprehensive Care 	<ul style="list-style-type: none"> Sealants Fluoride SDF

Remediation

Identified Underperforming Provider

PCDH Remediation Process

As outlined in the regulatory compliance sections of the DentaQuest TennCare and CoverKids provider agreements, the remediation process will be initiated when a PCDH provider is identified through PPR analytical data to fall 2 standard deviations below the overall network performance index for two consecutive quarterly PPR measurement periods.



The provider measurements on the PPR include performance index, sealants, topical fluoride, member access and SDF. The network mean for performance minimum threshold is 149-155. The network range is calculated from the past three years of the network mean. The thresholds for performance index will be set at: Min 149, Max 155, Range 6, Median 152, Variance 4 with a standard deviation of 2.



PROVIDER SCORECARD

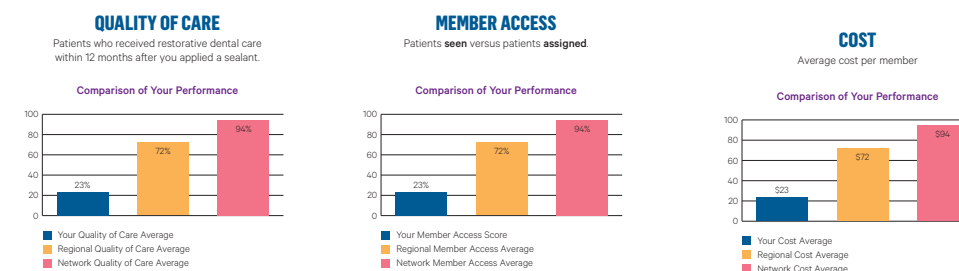
Reporting Period 01/01/2021 – 12/31/2021

Dear <Location_Name>:

DentaQuest appreciates your continued efforts to serve the needs of children in Texas. As part of our commitment to improving the oral health of all, you are receiving a location scorecard. This scorecard will be delivered four times per year, and provides you with transparent information about your location's use of services. The scorecard is used to calculate your location's Performance Index Score, based on the following key measures:

- Member Access
- Preventive Services
- Quality
- Cost

Additional information regarding this scorecard can be found on the DentaQuest Provider Portal. Please use this scorecard as a reference to help provide the highest quality of care possible to each of your DentaQuest patients.



PREVENTIVE SERVICES

Preventive services metrics are guided by the Dental Quality Alliance measures for oral exams, fluoride, and sealants. The preventive measures are included in the provider bonus incentive.



If identified as an underperforming/not meeting the program requirements of PCDH, that identification may trigger additional education, remediation, CAPs, probation and/or potential removal from the network at the discretion of DentaQuest. The following steps may be taken:

Educational Sessions

Education 1 will be an initial remediation educational session scheduled with the practice and their provider partner if identified as below the 2 standard deviation thresholds per that quarter's PPR.

- If the practice has met their goal for improvement after education 1, they will move out of remediation. However, if the practice has not met expectations based on consecutive PPR data, then a second remedial educational session will be scheduled with the practice.

Education 2 will be scheduled six months after the initial session, the practice will be reviewed again using PPR and other identified data

Follow-Ups

- If the practice has met their goal for improvement after education 2, they will move out of remediation. However, if the practice has not met measurement expectations as outlined in this manual, per consecutive quarterly PPR and as outlined then, they will move into the next phase of remediation – follow-up 1.

Follow-Up 1 will be scheduled at 12 months after the initial session if improvement based on PPR data is not shown as outlined and on PPR. Follow-Up 1 will include a formal Corrective Action Plan (CAP) notice. The CAP notice will outline the PCDH expectations and a timeframe for achieving them. The practice should respond within 30 calendar days with their remediation plan. In addition, the practice will be referred to the Dental Director for additional clinical action steps.

- If the practice has met their goal for improvement after follow-up 1, they will move out of remediation. However, if the practice has not met metric goal as outlined based on consecutive PPR data, they will move into the next phase of remediation – follow-up 2.

Follow-Up 2 will be scheduled at 18 months after the initial session if significant improvement based on PPR data is not shown as outlined and on PPR, including a formal CAP notice, which may include removing the practice from receiving new assignments and additional movement of existing patients to another PCDH. The CAP notice will outline the PCDH expectations and a timeframe for achieving them. The practice should respond within 30 calendar days regarding their remediation plan. In addition, the practice will be referred to the Dental Director for additional clinical action steps.

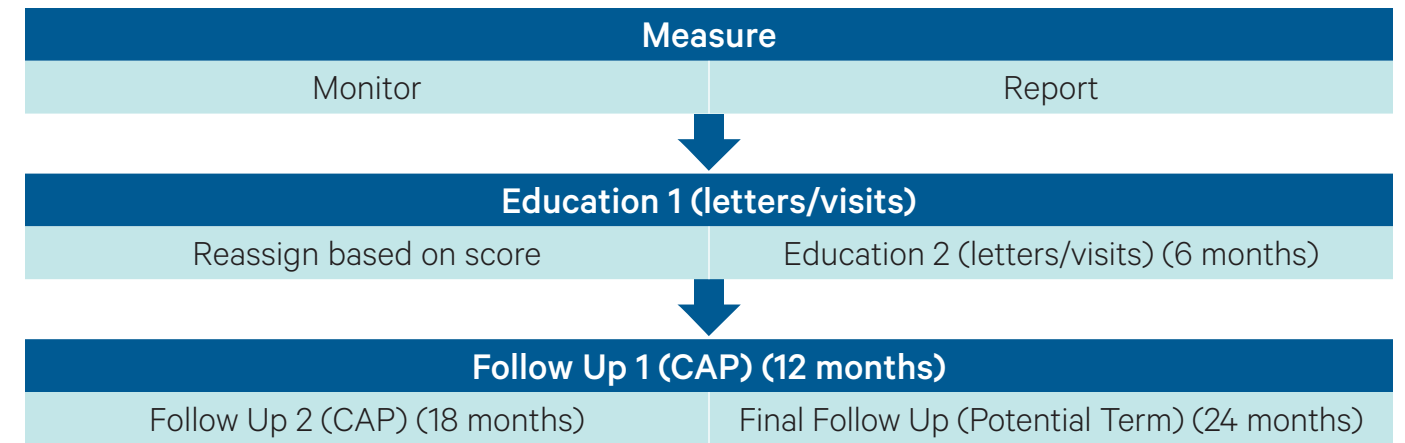
Next Steps

At the discretion of DentaQuest during any of the remediation steps as outlined above, if upon review of the CAP shows that the practice has failed to follow their CAP, or has not improved per PPR data, probation and/or potential removal from the network will be considered.

DentaQuest may move a PCDH practice from remediation to probation under a revised corrective action plan at their discretion, or they may move a PCDH practice from any remediation phase (Education 1, Education 2, Follow-Up 1 or Follow-Up 2) as outlined above to removal from the program.

The corrective action plan developed in the remediation phases, as outlined above and as illustrated below, will include a timeframe for the desired change. That timeframe will be considered when evaluating if a practice should be removed from the program. In compliance with the provider Agreement, DentaQuest may terminate a provider from the networks as follows:

- By DentaQuest upon thirty (30) day prior written notice without cause.
- By provider upon sixty (60) days prior written notice without cause.
- By either party, in the event of a material breach of the Agreement by the other party, upon sixty (60) days prior written notice to the other party.



PCDH RESOURCES

Related Documents on the secure provider portal: <https://govservices.dentaquest.com/>

Providers Resources on website:

<https://www.dentaquest.com/state-plans/regions/tennessee/dentist-page/>

Provider Services:

TennCare – 855-418-1623

CoverKids – 888-291-3766

Provider Partners and Network Manager:

- Darlene Parnell-Turner, Provider Partner, 901-237-8442, West Tennessee, darlene.parnellturner@greatdentalplans.com
- Cavondus Cross, Provider Partner, 629-999-5005, Middle Tennessee, cavondus.cross@greatdentalplans.com
- Julie Martin Loveday, Provider Partner, 865-248-9840, East Tennessee, julie.martinloveday@greatdentalplans.com
- Stephanie Tate, Managing Provider Partner, 901-304-8258, Tennessee, stephanie.tate@dentaquest.com

GLOSSARY

- Provider Partner – DentaQuest employee provider partner – assigned by region
- Capacity – Member to provider ratio at the county level
- Full Time Dentist – A provider is considered full time at a location if they are treating members a minimum of 32 hours per week at that location
- Standard Ratio – one provider to every 1,500 members

DentaQuest 
WELCOME TO PREVENTISTRY [®]