Florida Healthy Kids Program Interviews with Plan Administrators

*Dental Plan Organizational Structure and Processes*

Reporting on Calendar Year 2010

Prepared for the
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Prepared by the
Institute for Child Health Policy
University of Florida

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1. INTRODUCTION

How dental plans organize care for their members may impact enrollees’ receipt of recommended and necessary dental services, the quality of care, and member satisfaction. The Children’s Health Insurance Program Reauthorization Act (CHIPRA) contains a number of provisions designed to strengthen quality of care provided in the Children’s Health Insurance Program (CHIP), including external quality review activities similar to those that are required for Medicaid.1 The Centers for Medicare and Medicaid Services recommends that Medicaid Managed Care external quality reviews include in-depth interviews with managed care organization (MCO) administrators to obtain a thorough understanding of how they provide care and service to their membership and how they monitor the quality of care their members receive.2 The Institute for Child Health Policy (ICHP) last conducted interviews with the administrators of dental plans participating in the Florida Healthy Kids Program (FHKP) in 2009, and this year’s interviews built on those responses.

2. METHODS

A. Administrative Interview Tool

A key initiative during the 2011 administrative interview process was the development and implementation of a web-based interview and data collection tool. The goals of the web-based tool were to facilitate plan responses, ICHP review of submitted information, follow-up processes, and longitudinal tracking. Plan responses are automatically stored in an electronic database. The tool includes a reporting feature that allows for customized queries of the database.

The core aspect of the administrative interview tool is a detailed questionnaire that the ICHP developed for use in interviewing dental plan administrators as part of external quality review activities. The questionnaire includes recommended topic areas in CMS external quality review protocols.3 It also includes questions that relate to dental plan contract requirements and additional topics of interest to the FHKP.

The Administrative Interview questionnaire contains the following sections:

1. Organizational Structure;
2. Member Enrollment and Disenrollment;
3. Children’s Program and Preventive Care;
4. Care Coordination and Case Management Programs for Children with Chronic Conditions or Special Health Care needs;
5. Clinical Guidelines, Performance Measures, and Quality Assessment and Performance Improvement (QAPI);
6. Member Materials, Enrollee Rights, and Member Services;
7. Provider Network;
8. Provider Reimbursement and Incentives;
9. Utilization and Referral Management;
10. Grievance Procedures;
11. Delegation;
12. Health Information Systems; and
13. Data Acquisition.

Collectively, these sections contain more than 300 questions about the plans’ structures and processes as they pertain to providing services to FHKP enrollees. The responses to these questions are supported by supplementary documentation such as plan operating policies and procedures and member materials.

B. Administrative Interview Process

Administrative interviews were conducted with the two dental plans currently serving the FHKP: DentaQuest, Inc. and MCNA Dental Plans. The ICHP contacted the administrators responsible for administering the FHKP benefits via e-mail with a link to the online tool and instructions. Each plan administrator assigned the appropriate personnel within the
plan to complete specific sections of the questionnaire. After reviewing the completed questions, the administrator submitted the questions to the ICHP for review. The ICHP compiled a detailed summary of each plan’s responses. Each plan had the opportunity to review the summary of its responses for accuracy and to note any corrections.

3. RESULTS

A. Organizational Structure

A brief summary of each of the two participating dental plans is provided below:

DentaQuest, Inc. was formerly known in Florida as Atlantic Dental, Inc. (ADI). ADI was established and incorporated in Florida in 1997, specializing in dental benefits administration. ADI was acquired by Doral Dental USA in 2008. The ultimate parent company is Dental Service of Massachusetts, Inc., a non-profit dental service corporation. All business conducted outside of Massachusetts is under the DentaQuest brand. In 2010, ADI changed its name to DentaQuest of Florida, Inc. DentaQuest/ADI has served FHKP enrollees since 2002.

Managed Care of North America Inc., (MCNA) is a Florida-based dental managed care company that administers dental benefits for Medicaid, CHIP, and Medicare programs in 15 states. MCNA has served FHKP enrollees since 2005.

Table 1 summarizes the plans’ FHKP participation and organizational characteristics. MCNA serves almost 96,000 FHKP enrollees, and DentaQuest serves approximately 123,000 FHKP enrollees. The plans serve a similar number of Florida Medicaid enrollees 0-21 years old. Both plans are for-profit, and neither is publically traded.

<table>
<thead>
<tr>
<th>Table 1: Summary of Plan Participation in the Florida Healthy Kids Program and Other Organizational Characteristics</th>
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<tbody>
<tr>
<td><strong>FHKP Characteristics</strong></td>
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<tr>
<td>Year Started Serving FHKP Enrollees</td>
</tr>
<tr>
<td>FHKP Plan Model Type</td>
</tr>
<tr>
<td>FHKP Enrollment as of 12/31/10</td>
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<tr>
<td><strong>Other Florida Populations Served</strong></td>
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<tr>
<td>FL Medicaid Children Enrollment (0-21 years)</td>
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<tr>
<td>FL Medicaid Adults Enrollment (&gt;21 years)</td>
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<tr>
<td>FL Commercial Enrollment</td>
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<tr>
<td><strong>Other Plan Characteristics</strong></td>
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<tr>
<td>For-Profit</td>
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<tr>
<td>National Medicaid Members</td>
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<tr>
<td>National CHIP Members</td>
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<tr>
<td>National Commercial Members</td>
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</table>
B. Preventive Care & Children’s Programs

**Preventive Care.** Both plans use the American Academy of Pediatric Dentistry (AAPD) and American Dental Association preventive care guidelines. Both plans reported that their clinical guidelines were adopted in consultation with professionals who have relevant clinical expertise and experience. Guidelines are reviewed and updated annually by both plans and off-cycle as needed. Clinical guidelines are disseminated to providers through newsletters, the provider manual, and provider site visits. Neither plan disseminates practice guidelines to FHKP enrollees. Both plans have adopted the AAPD definition of a dental home, but neither plan contractually requires dentists to serve as dental homes for their pediatric enrollees.

To encourage parents to bring their children to their primary care dentist for recommended preventive visits, DentaQuest mails out new member welcome packets that include the benefits and new member handbook. DentaQuest’s member handbook and renewal postcards for existing members encourage members to seek care from their primary dental care provider. MCNA’s new member materials include educational information about preventive care. In addition, MCNA’s FHKP website encourages members to see the dentist and contains a “children’s education” page that has videos about good oral health practices.

Both plans include oral prophylaxis, oral self-care instruction, sealants for fissured surfaces, and topical application of fluoride in their preventive care programs for children. Neither plan conducts dental record reviews to monitor preventive care and ensure all required components are included. Instead they monitor receipt of preventive dental care by calculating the HEDIS® Annual Dentist Visit measure, conducting claims data analyses, and monitoring member complaints. Both plans listed inaccurate member phone numbers or addresses in the enrollment files as being a challenge they have encountered in their efforts to increase children’s access to preventive care. MCNA also listed a high percentage of members missing scheduled appointments as a challenge.
**Children’s Programs.** Table 2 summarizes the children’s programs offered by each plan. MCNA’s case management department assists members to promote coordination with FHKP members’ health plan and between the primary care dentist and their medical primary care provider (PCP). Neither plan has special programs focused on tobacco or alcohol use or on screening mechanisms for oral cancer among children and adolescents. DentaQuest participates in public and private outreach programs in Florida to promote access to preventive oral health care. DentaQuest participates in 3-5 health fairs each month (typically in Miami-Dade County) at which it distributes educational oral health information and provides oral health giveaways, such as toothbrushes, toothpaste, and dental floss.

**C. Care Coordination and Case Management Programs for Children with Chronic Conditions or Special Health Care Needs**

**Children with Special Health Care Needs.** Both plans have definitions for children with special healthcare needs (CSHCN). MCNA defines CSHCN as “any child who requires special care due to a medical or psychological illness or condition, developmental delay, or catastrophic dental condition.” DentaQuest follows the definition in the Florida Agency for Health Care Administration Medicaid Prepaid Dental Health Plan Contract. Both plans use the following strategies to identify CSHCN: pre-authorization processes, calls and assistance requests by enrollees, and referrals (including self-referrals and those by providers). DentaQuest also identifies CSHCN through claims data analysis and dental record reviews. MCNA uses a dental health assessment form as another method to identify CSHCN.

Both plans waive specialty referral procedures for children with chronic conditions or special health care needs, and MCNA also waives prior authorization procedures. The provider lists for both plans identify providers that can accommodate CSHCN.

<table>
<thead>
<tr>
<th>Children’s Programs</th>
<th>DentaQuest</th>
<th>MCNA</th>
</tr>
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<tbody>
<tr>
<td>Special programs to promote coordination with FHKP enrollees’ health plan</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Special programs to promote coordination between primary care dentist and medical primary care provider</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Special programs focused on smoking/tobacco or alcohol use for FHKP enrollees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening mechanism for oral cancer among children/adolescents</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Involved in outreach programs within the state of Florida to promote access to preventive oral health care</td>
<td></td>
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</table>

**Care Coordination.** Both dental plans offer care coordination for CSHCN, developmentally disabled children, and children with behavioral problems; MCNA also offers care coordination for children with catastrophic dental conditions. Both plans use pre-authorization processes, health risk assessments, and referrals from dentists, health plans and medical providers to identify children eligible for care coordination. Both plans reported coordinating with community-based resources as part of their care coordination programs. Neither plan measures cost savings resulting from care coordination and case management. Only MCNA measures member participation rates in its care coordination programs.

Both plans require written treatment plans as part of their care coordination programs for children. Both DentaQuest and MCNA include the member, the member’s family, primary care dentist, specialty providers, and a dental plan case manager in the development of the written treatment plan. MCNA also includes the medical PCP and the health plan’s case manager. Written plans are reviewed by dental plan staff, and MCNA requires that it approve the treatment plan prior to implementation.
D. Quality Assessment and Performance Improvement (QAPI)

HEDIS® measures are commonly used to measure health plan quality of care in state Medicaid and CHIP programs. However, there is only one HEDIS® measure for dental care (Annual Dental Visit). Other commonly reported dental measures are those collected by the Centers for Medicare and Medicaid Services (CMS) from state Medicaid programs related to Early and Periodic Screening and Diagnostic Treatment (EPSDT) services. These data are reported using CMS Form-416 and include dental utilization measures, two of which are included in the CHIPRA set of initial, voluntary core quality measures. Both plans calculate the HEDIS® Annual Dental Visit as part of their overall approach for evaluating the quality of care provided to their FHKP members. DentaQuest also calculates the CMS Form-416 measures. Neither plan calculates performance measures that specifically address care provided to FHKP members enrolled in their care coordination programs or that specifically address the care provided to members with chronic dental conditions or special needs. MCNA conducts a member satisfaction survey of its FHKP members (or their caretakers) using a non-random sample. Both plans conduct provider surveys targeting all of their participating FHKP providers.

Both plans incorporate the following areas as part of their QAPI programs: access to and quality of preventive care, clinical practice guideline adoption, timeliness of access to care standards, detection and monitoring of over- and under-utilization, and grievances and appeals. MCNA additionally incorporates national quality of care performance measures, performance measures related to FHKP contract requirements, and quality and appropriateness of care provided to CSHCN. Both plans conduct annual evaluations of their QAPI programs and rated their QAPI programs as “very effective” (all or almost all performance goals were met).

E. Enrollment and Member Materials

Enrollment and Retention. The plans have different definitions for new enrollees. DentaQuest defines new enrollees as individuals not previously enrolled with the plan as well as those who had a break in coverage of 90 days or more. MCNA defines new enrollees only as those with no prior plan enrollment. To monitor for new enrollees, both plans perform reconciliation between the enrollee list provided by the FHKP enrollment vendor and the plans’ internal enrollment databases.

Both DentaQuest and MCNA reported participating in community outreach and community events to maintain or improve new member enrollment in the FHKP. MCNA reported that it also partners with health care organizations, businesses, and local county health departments. To promote retention of existing members, DentaQuest sends reminder postcards to members and MCNA has member services representatives who are specially trained to handle renewal questions. DentaQuest did not track the effectiveness of its retention efforts in CY 2010. MCNA has a management information system in place that allows it to track member renewals and which members were informed by member services representatives about their renewal dates. The plans were asked to report on any significant barriers encountered in promoting new enrollment and retention. DentaQuest indicated that it encounters difficulty in identifying events and activities to attend that will allow it to promote enrollment and retention. DentaQuest also noted that as a Florida Medicaid provider, it has to be careful not to be viewed as marketing. MCNA reported no significant barriers.

Primary Care Dentist Assignment. DentaQuest’s approach to primary care dentist assignment varies based on the enrollee’s county of residence. New enrollees in Miami-Dade and Broward counties are automatically assigned to a primary care dentist with
assignment based on geographic proximity. However, the member can request reassignment to another primary care dentist at any time. FHKP enrollees outside of Miami-Dade and Broward County are not automatically assigned to a dentist. MCNA does not assign enrollees to a primary care dentist, and there is no time limit for them to select one. Neither plan receives information on the dental histories of new enrollees who transfer from other plans. Both plans use materials in their new member enrollment packages to encourage parents of new enrollees to schedule an appointment with their primary care dentist.

**Member Materials.** New member materials are sent to new enrollees within 4-5 business days of when the plans receive the enrollment files from the FHKP enrollment vendor. The new member materials include a welcome letter, a membership card, member handbook and a provider directory. Both plans indicated that the member handbook is available on their websites.

Both plans have both English and Spanish versions of their member handbooks, and DentaQuest also provides member materials in Creole. MCNA indicated that its member website is available in both English and Spanish. Both plans indicate in their provider directories whether the provider speaks any non-English languages. Both plans reported methods to assess whether adjustments need to be made to meet the language needs of their FHKP enrollees and whether those needs have changed, including monitoring member language assistance requests, complaints, and grievances. In addition, MCNA also monitors services accessed through interpreters and conducts analyses of state-supplied data for CHIP/Medicaid populations.

The Flesch-Kincaid Index (a standard readability assessment tool) is used by both plans to ensure that FHKP member materials are written at a level of not greater than a 4th grade reading level. Both plans also make their member materials available in large print to assist members who are visually impaired. MCNA additionally provides member materials in Braille, and DentaQuest provides audio recordings.

**F. Enrollee Rights and Member Services**

**Enrollee Rights.** The plans reported several means by which they ensure that providers and plan employees are informed of enrollee rights. Both plan require employees to complete HIPAA privacy training and to renew this training on an annual basis. Both plans also conduct employee orientations and have ongoing training curricula for existing employees. Neither plan requires HITECH training.
Both plans inform their network providers about enrollee rights through their provider manuals, and MCNA also conducts new provider orientations. Both plans use several strategies to ensure network providers observe the plan’s and FHKP’s policies regarding privacy and confidentiality of enrollee information, including dental record review, site visits to provider offices, and review of materials in provider’s offices for enrollees (e.g., notification of privacy rights and practices). To monitor provider compliance with federal/state laws and FHKP policies that pertain to enrollee rights, both plans monitor member complaints about providers and conduct both routine and complaint-driven site visits to provider offices. To monitor health plan staff compliance with federal/state laws and FHKP policies that pertain to enrollee rights, both plans monitor member complaints; MCNA also conducts random monitoring of plan staff phone calls with members.

Plans reported different mechanisms for ensuring that their members receive information about available treatment options appropriate to their condition and ability to understand. DentaQuest educates providers to provide a copy of the treatment plan to members and request a signature to assure that members have read and understand the treatment options. MCNA’s member handbook notifies members of their right to be provided with information about their diagnosis, planned care, possible alternative care, any risks, and expected outcomes. When a member contacts MCNA about covered and non-covered services, the member services department informs the member about possible available treatment options and alternatives that may be appropriate for his/her condition. Both plans conduct dental record reviews to monitor whether providers are providing information on available treatment options and alternatives.

**Member Services.** Both plans have customer service operations located in Florida. The customer service operations are available Monday through Friday from 8:00 a.m. until 5:30 p.m. (DentaQuest) or 6:00 p.m. (MCNA). The after-hour needs of enrollees are handled by both plans by using an automated phone system that allows enrollees to leave voicemail messages. Neither plan has a dedicated customer service line only for FHKP enrollees. Both plans reported that they have customer service representatives who speak English, Spanish, and Creole. DentaQuest uses Worldwide interpreter services and MCNA uses Language Line to provide interpreter services for languages not spoken by customer service representatives.

**G. Provider Network**

Both DentaQuest and MCNA require that general and specialist dentists undergo a credentialing process. The four problems highlighted by both plans in recruiting primary care dentists and specialists were provider issues with the amount of reimbursement, provider offices that do not participate in managed care networks, provider offices that do not accept insurance in general, and difficulty recruiting in rural areas. MCNA identified difficulty recruiting in rural areas as being the “most significant” problem. Both plans reported “moderate difficulty” in recruiting endodontists and oral/maxillofacial surgeons. Both plans reported no difficulty in recruiting pediatric dentists. Factors that both plans considered contributed to primary care dentist and specialist turnover rates included provider relocation, provider retirement or death, providers not meeting the requirements of the recredentialing process, and providers leaving the contracted group. Provider relocation was cited as the “most significant’ factor by both plans for specialist turnover and by MCNA for primary care dentist turnover. Low reimbursement was cited as the “most significant’ factor by DentaQuest for primary care dentist turnover.

Both plans indicated that they include county health departments (CHDs), federally qualified health centers (FQHCs), and rural health centers (RHCs) in their FHKP provider
networks. CHDs, FQHCs, and RHCs were identified as being “very important” in providing primary care services to FHKP members and as “very important” or “somewhat important” in providing specialty dental services. Both plans provider networks also include providers in university colleges of dentistry.

In order to determine the numbers and types of providers needed to furnish contracted services, both plans indicated that they regularly conduct access and availability studies, monitor member and provider complaint data, analyze referral and utilization patterns, conduct claims data analyses, and review GeoAccess reports. Both plans use GeoAccess to evaluate whether they are meeting FHKP standards for geographic access to primary care dentists and specialists. To monitor whether their provider network meets the FHKP timeliness of appointment standards, both plans review member complaints, grievances, and appeals and conduct on-site audits at provider offices. In addition, DentaQuest monitors utilization data and MCNA conducts “secret shopper” phone calls to provider offices and reviews member survey responses.

H. Provider Reimbursement and Incentives

Plans were asked which mechanisms they use to reimburse the primary care dentists and specialists who participate in their FHKP networks. Both plans use negotiated fee-for-service to reimburse primary care dentists and specialists. DentaQuest also uses capitation to reimburse 15% of its primary care dentists. In developing its capitation rate, DentaQuest takes into account the provider’s panel size, geographic location, historic trends, projected costs, the FHKP benefit package, enrollee age distribution, and the Medicaid fee schedule.

To form their FHKP provider networks, both plans reported contracting with individual dentists, single specialty and multiple specialty groups, academic health centers, CHDs, FQHCs, or RHCs. For single specialty groups, multiple specialty groups, academic health centers, CHDs, FQHCs, or RHCs, both plans made payments to the groups rather than individual dentists. Neither plan was aware of how that payment was dispersed to the individual dentists in the group.

Provider Network and Reimbursement At A Glance

- Both plans require that general and specialist dentists undergo a credentialing process.
- The four problems highlighted by both plans in recruiting primary care dentists and specialists were provider issues with the amount of reimbursement, provider offices that do not participate in managed care networks, provider offices that do not accept insurance in general, and difficulty recruiting in rural areas.
- Both plans include county health departments, federally qualified health centers, and rural health centers in their provider network, citing these as being “very important” in providing primary care services to FHKP members.
- Both plans use GeoAccess to evaluate whether they are meeting FHKP standards for geographic access to primary care dentists and specialists.
- To monitor whether their provider networks meet the FHKP timeliness of appointment standards, both plans review member complaints and conduct on-site audits at provider offices.
- Both plans used negotiated fee-for-service to reimburse primary care dentists and specialists. DentaQuest also uses capitation to reimburse 15% of its primary care dentists.
I. Utilization and Referral Management

Table 3 summarizes the approaches used by the plans to manage utilization. Requiring preauthorization for specialty referrals was rated as being “very effective” by both plans. All other approaches used by one or both of the plans were rated as “very effective” or “moderately effective.”

Table 3: Summary of Plans’ Approaches for Managing Utilization

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<thead>
<tr>
<th>Approach</th>
<th>DentaQuest</th>
<th>MCNA</th>
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<tbody>
<tr>
<td>Require preauthorization for specialty referrals</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Require preauthorization for tests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Require preauthorization for hospitalizations</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Profile dentist utilization patterns for preventive care services</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Profile dentist utilization patterns for treatment services (e.g., restorations)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Profile dentist utilization patterns for specialty referrals</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Profile dentist utilization patterns for hospitalizations</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Require adherence to clinical practice guidelines</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Both plans require a primary care dentist referral to see a participating specialist. Referrals with incomplete clinical information were cited by both plans as being a problem encountered from primary care dentists during the referral process. DentaQuest reported no problems encountered from specialists during the referral process, whereas MCNA reported incomplete clinical information and requests for procedures that are not covered as problems encountered from specialists during the referral process.

J. Grievance Procedures

DentaQuest and MCNA reported a variety reasons for grievances among their FHKP enrollees for calendar year 2010, with both indicating requests for denied payments as a common reason for grievances. DentaQuest indicated that balance billing by providers was the “most significant” source of member grievances, and MCNA indicated that pre-service denials were the “most significant” source of grievances. Both plans reported that each grievance and appeal is tracked through to resolution.

Both DentaQuest and MCNA indicated that their member handbooks contain information about the grievance process in general, and MCNA also has this information on its website. Both plans provide assistance to members in completing forms and other procedural steps in the grievance and appeal process. In order to ensure that FHKP enrollees who are denied services are notified of their right to appeal, both plans send letters. In addition DentaQuest provides this information in its explanation of benefits documents, and MCNA enrollees have access to member advocates. Only MCNA indicated that dentists may request expedited appeals on behalf of enrollees. Both plans indicated that expedited appeals must be resolved within 72 hours.

K. Delegation

Neither plan delegates any health service functions. Both plans delegate administrative functions related to providing information to enrollees. DentaQuest also delegates administrative functions related to claims processing and the provision of payment information to providers. MCNA conducts a pre-delegation assessment, which may include on-site audits, to determine that an entity is capable of performing delegated functions. Both plans evaluate delegated entities annually or more frequently.
L. Health Information Systems and Data Acquisition

In the past two years, DentaQuest has undergone a formal IS capability assessment and MCNA has not. Both plans use relational database management systems to store FHKP claims and encounter data. The average programmer experience is 6 years for DentaQuest and 10 years for MCNA. MCNA reported that 55% of providers have implemented electronic health records; DentaQuest does not track this information. Under the federal Health Insurance Portability and Accountability Act, all MCOs must use National Provider Identifiers (NPIs) to refer to their providers in administrative and financial transactions. Both plans require providers to submit their NPI number in order to be reimbursed, and both have processes in place to validate the submitted NPI numbers.

Both plans indicated that they have controls in place to assure that all FHKP fee-for-service (FFS) claims data are complete and accurate. DentaQuest and MCNA both monitor accuracy and consistency between their FHKP FFS claims and their financial reporting via audits. However, only MCNA conducts reconciliation between its FHKP FFS claims and financial reporting. Only DentaQuest uses capitation for its providers, and it regularly reviews the completeness of its capitated encounter data and discusses the results with its participating providers.

Both plans reported that overall their FHKP claims and encounter data are at least 90% complete at 3 months and at least 98% complete at 6 months. DentaQuest reported the same level of completeness for FFS and capitated data. Both plans audit their FFS claims data regularly with DentaQuest doing so on a weekly basis and MCNA doing so on a monthly basis. Both plans’ auditing processes for their FFS claims data involve the selection of a random sample and validation against dental records. Both plans work directly with providers to improve the quality of the data submitted by telephoning providers with data quality submission issues. MCNA also conducts office visits with providers who have data quality submission issues. Both plans communicate general information about data submission processes through mailings and fax blasts.

Both plans have in place formal policies and procedures for protecting against FHKP claims and encounter data loss and corruption and for ensuring the privacy and confidentiality of FHKP claims and encounter data.

4. SUMMARY AND RECOMMENDATIONS

Conducting interviews with dental plan administrators and keeping these interviews updated on a regular basis promotes meeting external quality review requirements under CHIPRA. The administrative interviews collect data on a comprehensive set of plan structures and processes. The administrative interview tool is most effectively used when it complements other evaluation activities, such as evaluating whether plans are meeting program performance standards and conducting special focus studies. As part of ongoing quality improvement initiatives, the ICHP recommend that the FHKP prospectively identify a core set of program performance standards and special topic areas to be evaluated in greater depth through the administrative interview process for each evaluation period. In summary, the dental plan administrative interview data is a rich source of information about dental plan organizational characteristics and the structures and processes that dental plans use to deliver care.
End Notes


