

Delta Dental of West Virginia ACCESS PLAN

At Delta Dental of West Virginia (DDWV), we work hard to ensure enrollees have timely access to a network of directly contracted quality dentists to meet their dental needs. In accordance with WV Code 114-100-4, DDWV is providing this Access Plan to demonstrate how our access, availability and network quality standards are continuously met.

DDWV offers two products in West Virginia:

- Delta Dental PPO – PPO Preferred/Basic for Families (On Exchange), Pediatric Basic (Off Exchange), and Group PPO
- Delta Dental Premier – Individual and Families

Building Our Network

DDWV maintains a staff of professional recruiters who are dedicated to building and expanding our network of dental service providers. We have continuously recruited and added to the network over the course of the last year.

Our recruiters will continue to expand our network through outreach efforts by mail to inform the practicing community of our participation on the Exchange, and to provide each provider with recruitment information for our network. Appropriate follow up with individual providers will occur by telephone or through face-to-face visits. DDWV has found that persistence is the key to recruitment in difficult areas, including areas that are new for our brand or rural areas. Our outreach efforts will continue until we are convinced that we have exhausted all recruitment options.

Potential Providers are identified by various reporting tools, including Geo-Access reporting, and field research completed by our professional recruiters. Interested Providers are thoroughly screened for disciplinary actions and/or sanctions prior to joining our network.

Network Adequacy

Delta Dental of West Virginia's geographic access standards are providers within 30 miles for general dentist in urban areas and 60 miles in rural areas.

Specific Provider and Facility types are shown in the Enrollee Access by County table in the attached Geo-Network Report

Members without adequate access are identified in two ways:

1. Internal reporting and analysis: If our internal reporting process identifies a geographic area that does not have access pursuant to our minimum network adequacy standard, DDWV's Network Development team is engaged to recruit providers in the impacted area. If our analysis shows that there is an enrollee without adequate access, DDWV's recruiters will target providers in the enrollee's local area.
2. Grievance or complaint process: If an enrollee contacts DDWV through the grievance and appeals process regarding a lack of access, a dedicated team will triage the enrollee's specific dental access needs. DDWV will work with the enrollee to provide access to a contracted dentist through available means, including but not limited to recruiting in the enrollee's local area or targeted recruitment of a specific requested provider. If access to a provider is not available, DDWV will direct the enrollee to an available non-contracted provider at no additional cost.

In the event that emergency treatment is needed, DDWV will work with the enrollee to provide immediate access to an available dentist.

In addition, enrollment and network numbers are compared monthly to determine any access to care deficits in the 55 counties in the service area. After this review, a meeting is held with the manager and representative of the state to consider what recruitment steps need to be taken. Quarterly meetings are held by the Network Adequacy Committee to review recruitment activity for resolution of access to care disclosures between network and enrollment with the Professional Relations department.

Should a Network prove to be insufficient, Network Development will work closely with Customer Operations to receive access to care concerns voiced by any enrollee. If a member is without access to a contracted dentist, DDWV will find a non-contracted dentist and make sure the member is not charged any more than the applicable copayment/coinsurance under the plan to ensure that there is no balance billing.

Provider Directory

The enterprise is responsible for developing and maintaining accurate provider directories, available both online and in hard copy. These directories may only include providers who are currently active plan providers. These directories must, at a minimum, include all current West Virginia State required fields in addition to the current items listed within the provider directories today. Those include:

- a. Provider name
- b. Provider Type
- c. Type of Practitioner (GP, Specialty, etc.)
- d. Practice(s) address
- e. Contact info
- f. National Provider Identification (NPI)
- g. License number and type of license
- h. Specialty area and board certifications, if any
- i. Group practice name, if practicing in a group practice
- j. Other directly contracted “allied health care professionals”
- k. Non-English languages spoken, if any, by a provider and any qualified medical interpreter on staff
- l. New patient acceptance status for that product specific directory

Choosing and Changing a Provider

You may access information through our website at deltadentalins.com. You may also call our Customer Service Center and one of our representatives will assist you. We can provide you with information regarding a Provider’s network participation, specialty and office location.

Choosing a PPO Provider

A PPO Provider potentially allows the greatest reduction in Enrollees’ out-of-pocket expenses since this select group of Providers will provide dental Benefits at a charge that has been contractually agreed upon. Payment for covered services performed by a PPO Provider is based on the Maximum Contract Allowance.

Choosing a Premier Provider

A Premier Provider is a Delta Dental Provider; however, the Premier Provider has not agreed to the features of the PPO plan. The amount charged may be above that accepted by PPO Providers, and Enrollees will be responsible for balance billed amounts. Payment for covered services performed by a Premier Provider is based on the Maximum Contract Allowance, and the Enrollee may be balance billed up to the Premier Provider’s Contracted Fee.

Choosing a Non-Delta Dental Provider

If a Provider is a Non-Delta Dental Provider, the amount charged to Enrollees may be above that accepted by PPO or Premier Providers, and Enrollees will be responsible for balance billed amounts. Payment for covered services performed by a Non-Delta Dental Provider is based on the Maximum Contract Allowance, and the Enrollee may be balance billed up to the Provider’s Submitted Fee.

Language Assistance/Medically Underserved

If an enrollee is having trouble communicating with a provider, we advise the enrollee to call DDWV so we can arrange for a qualified interpreter to help the enrollee via telephone.

The Delta Dental telephone number for interpretive services is 888-334-8227. Additionally, our Customer Operations department will assist enrollees who need access to our language assistance program. Enrollees may reach Customer Operations by calling 888-282-9501. Delta Dental will also schedule face-to-face interpretive services at a dentist's office for the enrollee. It is recommended that the enrollee call Customer Operations at least 72 hours before the appointment.

Language Assistance Services Include:

- Delta Dental website in Spanish.
- Customer Operations phone assistance in more than 170 languages.
- Professional interpretive services to help enrollees communicate with the provider.
- Written materials in non-English languages and other accessible formats.
- Provider directories that include the self-reported languages of contracted dentists and staff who speak languages other than English.
- Because interpretation through a trained and certified interpreter is preferable to interpretation through friends or family, DDWV can arrange for interpretive services at no cost to enrollees.

The link to our website and how we present this to our enrollees can be found below:
<https://www.deltadentalins.com/dentists/guidance/language-assistance.html>.

Delta Dental also regularly monitors our network of Essential Community Providers (ECPs) for sufficient access standards. Delta Dental strives to ensure we have adequate and timely access for our members which identify as low-income and medically underserved communities.

Emergency Services/Enrollee Access to a Provider Outside of Network

The Enrollee should contact the assigned Contract Dentist for Emergency Services for covered dental procedures whenever possible. If the Enrollee is unable to reach their Contract Dentist for Emergency Services, the Enrollee should call Customer Service at 800-422-4234 for assistance in obtaining urgent care. During non-business hours, or if the Enrollee requires Emergency Services and is 35 miles or more from his or her assigned Contract Dentist, the Enrollee does not need to call for referral and may seek treatment from a Dentist other than their assigned Contract Dentist.

Benefits for emergency treatment received from any Dentist, other than the assigned Contract Dentist, are limited to a maximum of \$100.00 per emergency, per Enrollee. The Enrollee is responsible for the Copayment(s) as well as any charges over the \$100.00 benefit maximum. Emergency dental care shall be limited to palliative treatment for the elimination of dental pain. Further treatment must be obtained from the assigned Contract Dentist.

Claims for covered Emergency Services or preauthorized Specialist Services must be sent within 90 days of the end of treatment. Valid claims received after the 90-day period will be reviewed if the Enrollee can show that it was not reasonably possible to submit the claim within that time. All claims must be received within one year of the treatment date.

Telehealth

DDWV currently offers two virtual dentistry options, Virtual Consult and Toothpic, to further meet network access standards.

For Toothpic (photo based) requests, members can get personalized treatment recommendations from a Delta Dental dentist within 24 hours. The member answers a few questions and submits photos of the problem area and receives an in-depth diagnostic report, including treatment recommendations. This service is available to members covered by PPO plans.

For Virtual Consult (live video) requests, members can consult with a Delta Dental dentist about dental issues over a video visit. Dentists can provide an assessment of the member's issue, treatment instructions, prescribe medication and follow up electronically. This service is available to members covered by Delta Dental PPO and Premier Plans.

Quality Assurance/Provider Monitoring

The DHMO Quality Management Review Committee (QMRC) is responsible for monitoring the operational status of quality policy and processes for participating managed care facilities. It ensures that quality management activities for monitoring, evaluating and improving clinical care are functioning and applicable to all panel providers.

The QMRC monitors the clinical practice activity of the network and is responsible for reviewing facilities identified as having deviated from standard of care parameters based on Provider Facility Audits; Enrollee Grievances; Credentialing; Fraud and Abuse; Enrollee Satisfaction; Access and Appointment Availability; and Utilization Data Management.

DDWV is certified by NCQA and as such, DDWV does monthly ongoing monitoring of providers in our network for license actions, sanctions, etc. If a provider has a licensing

action that falls outside our company guidelines to be contracted and credentialed, we send the provider a letter and the provider is termed from the network.

DDWV routinely audits providers every 3 years for license, DEA and malpractice to make sure everything is current. We send notice via certified letter that we are terming an office if they fail to recredential with us in a timely manner. We notify all enrollees that have received treatment from the office in the past 6 months via mail or requested method of notification of the provider terming.

Grievance and Appeals Enrollee Notification

Enrollees are notified of Grievance and Appeals process by our Evidence of Coverage which is provided to all Enrollees upon joining Delta Dental of West Virginia.

Continuity of Care

Information regarding how to request continuation of care will be provided to enrollees in Delta Dental's Evidence of Coverage, the new member packet given to new enrollees, by written notice when the enrollee's dentist is terminated, and upon request. Enrollees may request continuation of care by calling Delta Dental's Customer Service department during normal business hours, or by sending a written request to Delta Dental. Delta Dental may obtain copies of the enrollee's medical record from the enrollee's provider in order to evaluate the request.

Enrollee Satisfaction

The QMRC is monitors the Enrollee Satisfaction in addition to Access and Appointment Availability, Enrollee Grievances, and Utilization Data Management.