Making member shine, one smile at a time™

LOUISIANA
DEPARTMENT OF HEALTH

Response to:

Request for Proposal For Dental Benefits Program Management, RFP# 3000013043

Proposal Due Date:

August 6, 2019 4:00pm CT

REDACTED

LIBERTY DENTAL PLAN®

CONFIDENTIAL INFORMATION COVER SHEET

Louisiana Dental Benefits Program Management

2.15.4.1 COVER LETTER

August 6, 2019

Teresa Bravo
Louisiana Department of Health
Bureau of Health Services Financing
628 N 4th Street, 6th Floor
Baton Rouge, LA 70802

Dear Ms. Bravo,

LIBERTY Dental Plan of Nevada, Inc. ("LIBERTY") is pleased to submit this response for the State of Louisiana Department of Health's ("LDH") Request for Proposal for Dental Benefits Program Management (DBPM)- RFP No. 3000013043.

Over the last 15 years, LIBERTY's leadership team, originated and led by a dentist, built our company into one of the nation's largest Medicaid and Children's Health Insurance Plan (CHIP) dental insurers. We currently administer dental benefits to approximately 4.6 million enrollees in public, commercial and government programs, of whom over 3 million are Medicaid and CHIP enrollees in California, Florida, Hawaii, Illinois, Missouri, Nevada, New Jersey, New York, and Texas.

Through this RFP response, we hope to demonstrate that we can and will address LDH's goals of improved coordination of care; better dental health outcomes; increased quality of dental care; improved access to essential specialty dental services; outreach and education to promote dental health; and increased enrollee responsibility and self-management. We are committed to meet and exceed LDH's goals and, to that end, we will open an office in Baton Rouge, Louisiana, upon contract award, to manage this contract and to serve LDH's enrollees. Our record of success in our other state Medicaid and CHIP programs demonstrates our experience and knowledge through; our collaborative approach taken with our state and health plan partners; the accessibility of our staff, including our leadership team; our willingness to promptly and thoroughly address any programmatic or operational issues as they arise including elimination of Fraud, Waste and Abuse; our "live" enrollee service with the goal of "first call resolution;" and our creativity in designing and implementing program improvements through community outreach and quality initiatives.

We are prepared to welcome Louisiana's Medicaid and CHIP enrollees to our plan and have the capacity to do so. Our experienced leadership team, proven and scalable information technology and telecommunications platforms, along with our comprehensive provider recruitment and retention programs, have allowed our organization to grow consistently since our inception in 2002, plan by plan and state by state, into one of our Nation's few Medicaid and CHIP expert dental managed care organizations.

LDH has clearly communicated its expectation to achieve exceptional results from dental contractors through this RFP. We share this expectation and our mission to *"make members shine, one smile at a time"* reflects our desire to reach the best possible outcomes for each of our enrollees. We strive to:

- Contract with and retain appropriate and credentialed providers;
- Assign enrollees to a Main Dentist (**Dental Home**) and ensure enrollees have access to care in a primary dental provider's office as opposed to the emergency department;
- Ensure network providers deliver culturally and linguistically competent care, as well as disability-competent care, that affirms the value and dignity of each enrollee;

- Offer providers the support they need to be successful including ease of administration through electronic interfaces, access to performance data, and clinical and operational resources; and,
- Provide exceptional customer service to our enrollees and providers however they engage us, including through "first call resolution" when they engage us via our Enrollee Help Line.

Following is the required information for this cover letter:

2.15.4.1.1.1   Location of administrative office with full time personnel;

LIBERTY Dental Plan has four offices across the United States with full time personnel:

340 Commerce, Suite 100
Irvine, CA 92602

6385 South Rainbow Blvd., Ste. 200
Las Vegas, NV 89118

7870 Woodland Center Blvd.
Tampa, FL 33614

50 Charles Lindbergh Blvd. Suite 504
Uniondale, NY 11553

2.15.4.1.1.2   Name and address of principal corporate office registered with the Louisiana Secretary of State, email address, website URL, and telephone number;

LIBERTY Dental Plan of Nevada, Inc.
340 Commerce, Suite 100
Irvine, CA 92602

2.15.4.1.1.3   Name and address for purpose of issuing checks and/or drafts;

LIBERTY Dental Plan of Nevada, Inc.
340 Commerce, Suite 100
Irvine, CA 92602

2.15.4.1.1.4   A statement listing name(s) and address(es) of principal owners who hold five percent interest or more in the corporation;

2.15.4.1.1.5   If out-of-state Proposer, name and address of local representative; if none, so state;

2.15.4.1.1.6   Disclosure if DBPM planned personnel is a current Louisiana state employee, or was employed within the past two (2) years

LIBERTY currently does not have any planned personnel who have been employed by the State of Louisiana within the past two (2) years

2.15.4.1.1.7 **Proposer's state and federal tax identification numbers, LaGov vendor number, and Louisiana Department of Revenue number, if available;**

- Federal tax identification number: 26-0424586
- LaGov vendor number: 0310184054
- Louisiana Department of Revenue number: Not available at this time

2.15.4.1.1.8 **A graphical summary of whether Proposer meets mandatory and preferred qualifications to propose;**
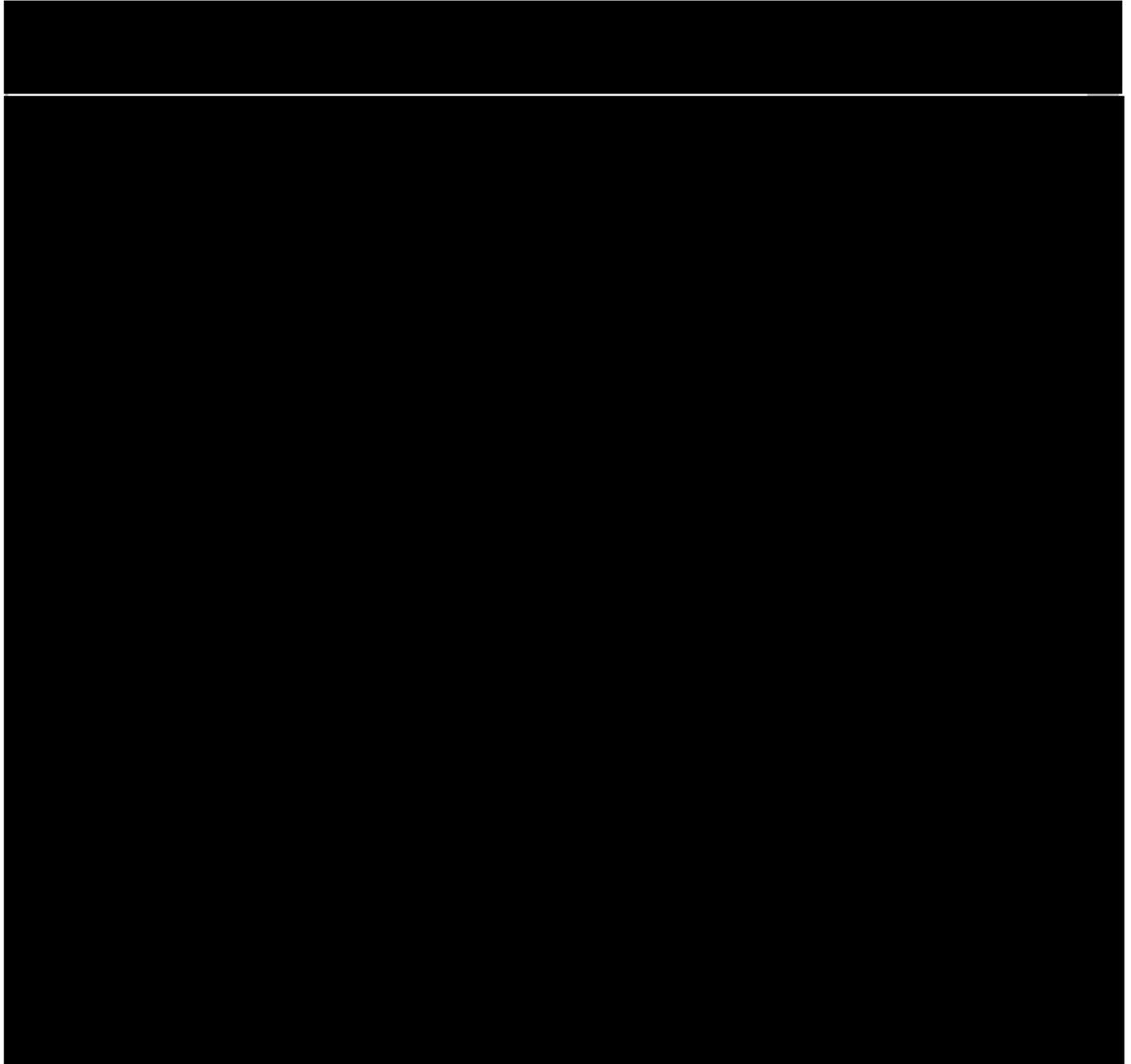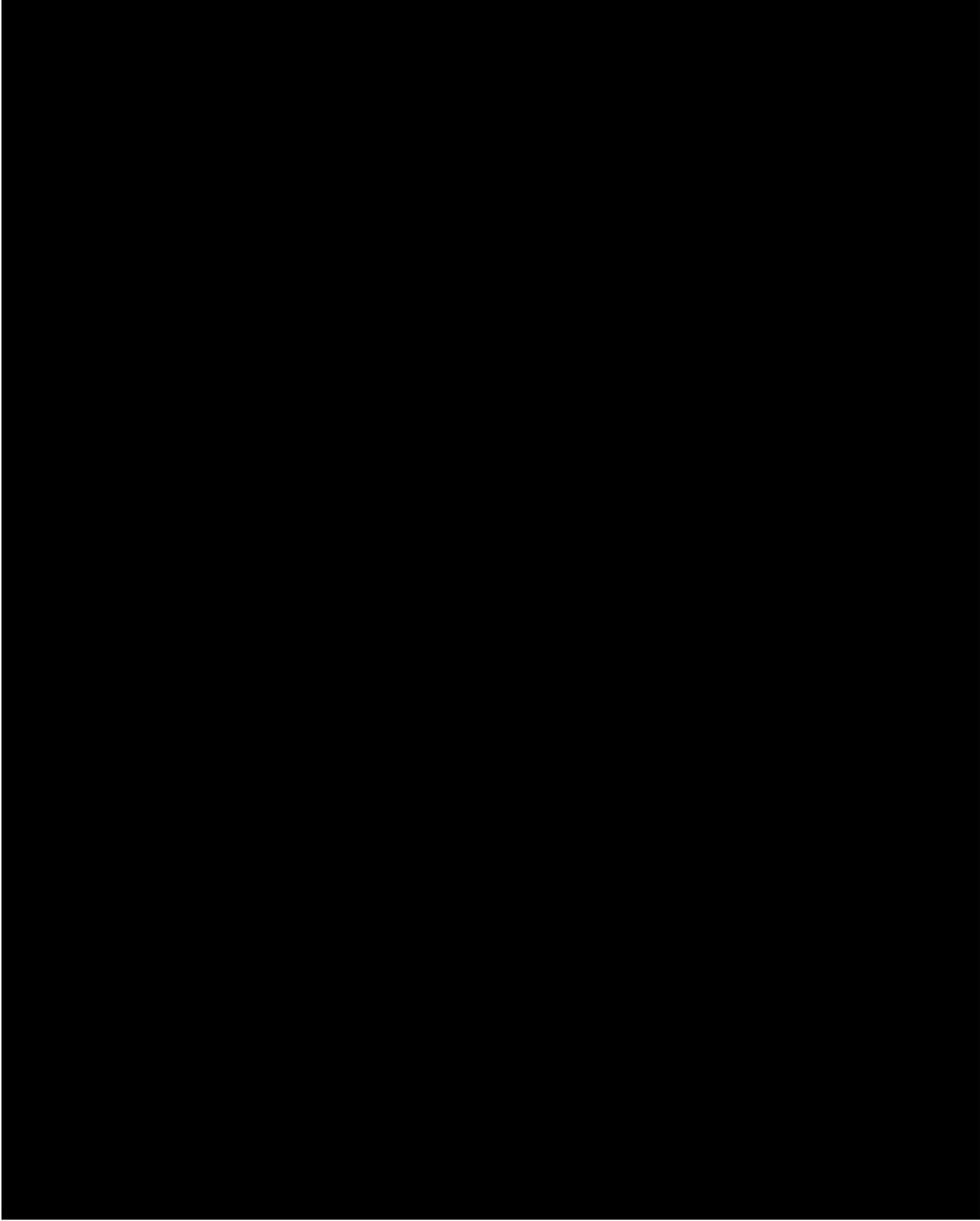
2.15.4.1.1.9 A brief statement of the Proposer's involvement in litigation related to the delivery of Medicaid dental benefits in the last ten (10) years; and

2.15.4.1.1.10 A brief statement of the Proposer's having had a DBPM contract terminated or not renewed for non-performance or poor performance within the last ten (10) years.
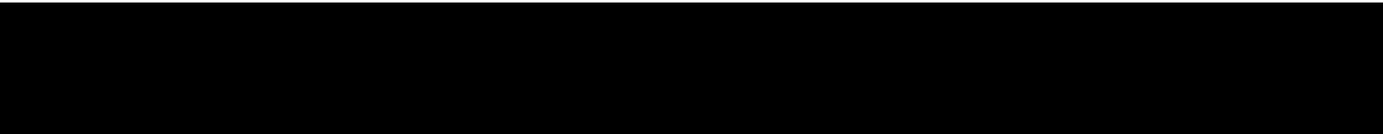
2.15.4.1.1.11 The cover letter should include the stipulation that the proposal is valid for a period of at least ninety (90) calendar days from the date of submission.

LIBERTY'S proposal to the State of Louisiana Department of Health's Request for Proposal for Dental Benefits Program Management is valid for at least ninety (90) calendar days from the date of submission.

2.15.4.1.2 Compliance with the contract terms defined in RFP.

LIBERTY will comply with the contract terms as defined in the RFP. We understand that the RFP and our response to the RFP will become part of the final contract.

LIBERTY will be an accountable, responsive, and active partner to LDH. Through this RFP response, we demonstrate the features we offer which are in alignment with LDH's goals and requirements and that differentiate us from our competitors. Given the opportunity, we will make LDH proud they chose LIBERTY to participate in its Dental Benefit Program Management.

Please feel free to contact me with any questions you may have with this proposal on my direct line (949) 338-6002 or (888) 273-2997 ext. 206.

Sincerely,

Amir Neshat, DDS

Chairman and CEO

DrN@LIBERTYdentalplan.com

2.15.4.2 TABLE OF CONTENTS

2.15.4.3   SECTION 2.15.4.3. – BACKGROUND AND EXPERIENCE

2.15.4.3.1 Company description (history, corporate structure, years in business).
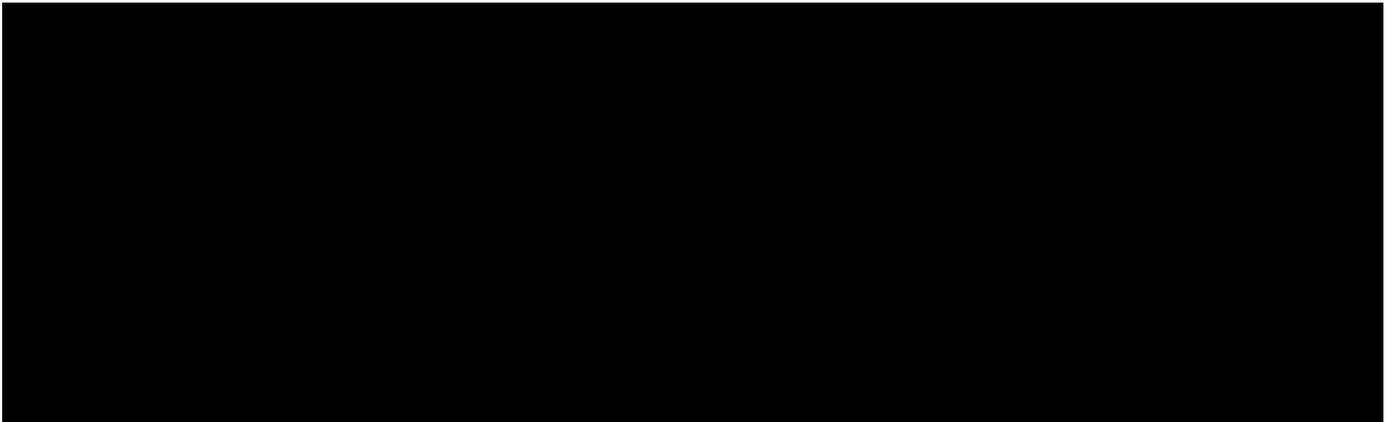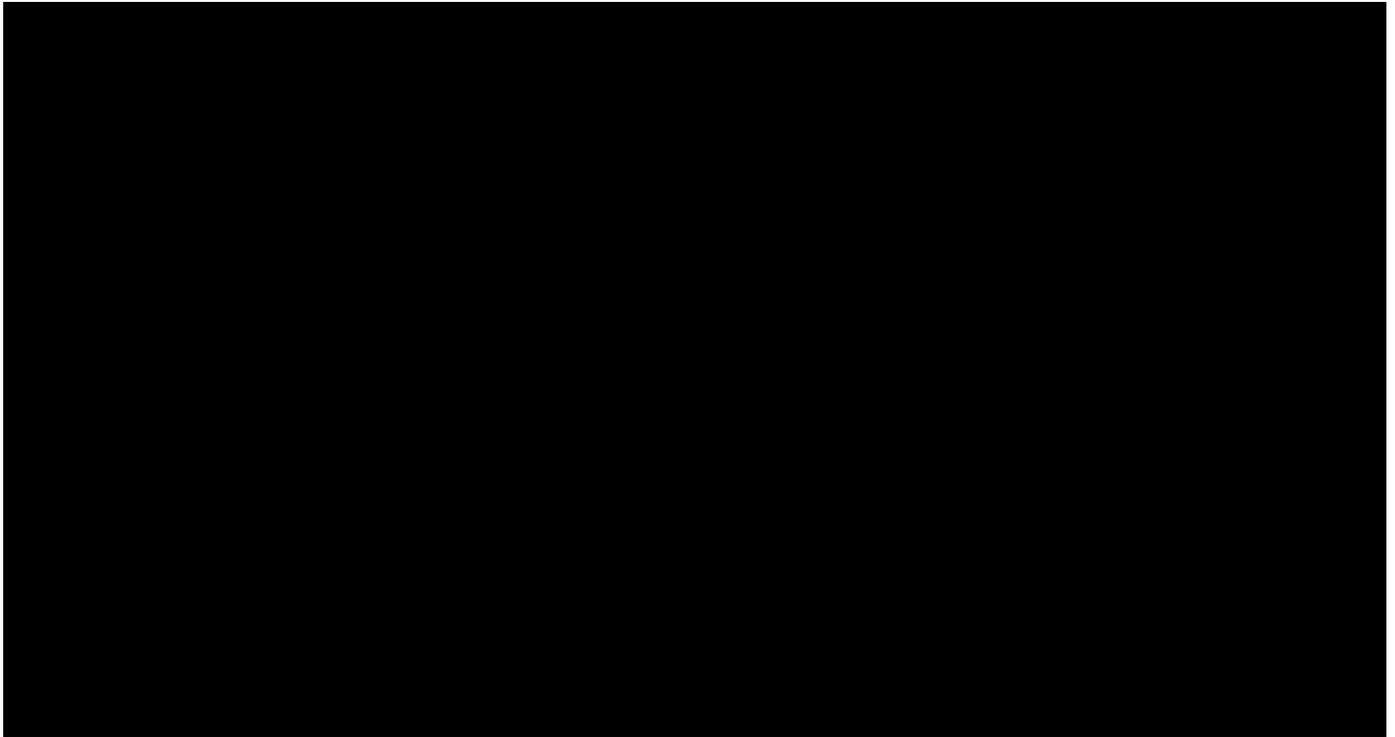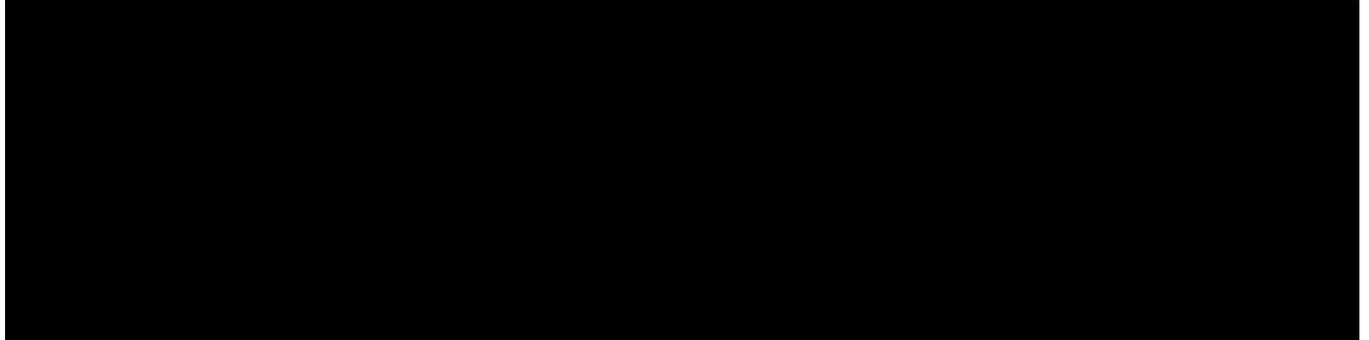
2.15.4.3.2. Statement of accreditation status.

LIBERTY Dental Plan Corporation, parent of our applicant LIBERTY Dental Plan of Nevada, and LIBERTY Dental Plan of California, Inc. recently completed the URAC accreditation process and have been awarded full accreditation through 2022. LIBERTY holds NCQA's Certified HEDIS® Compliance Audit Seal which acknowledges our efforts in achieving Quality Improvement, speaks to the integrity of our HEDIS® data, and distinguishes us from other dental benefit administrators. We contract with an NCQA-accredited vendor for primary source verification through our Credentialing/Re-credentialing Program. In addition, numerous Medicaid and Medicare managed care organization (MCO) partners have validated through their routine audits that our processes are consistent with NCQA and URAC standards.

2.15.4.3.3 Item-by-item response to mandatory and preferred qualifications.
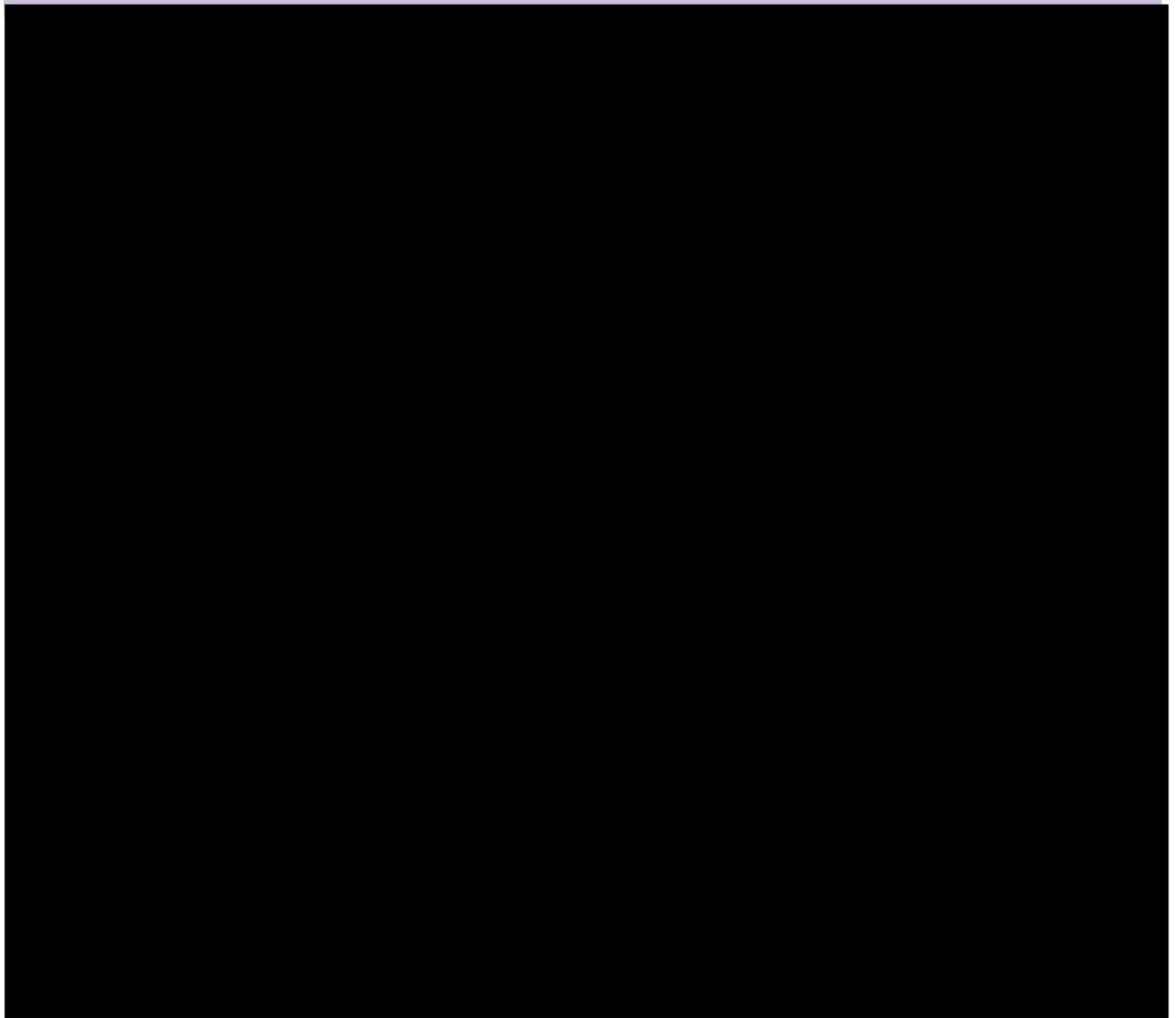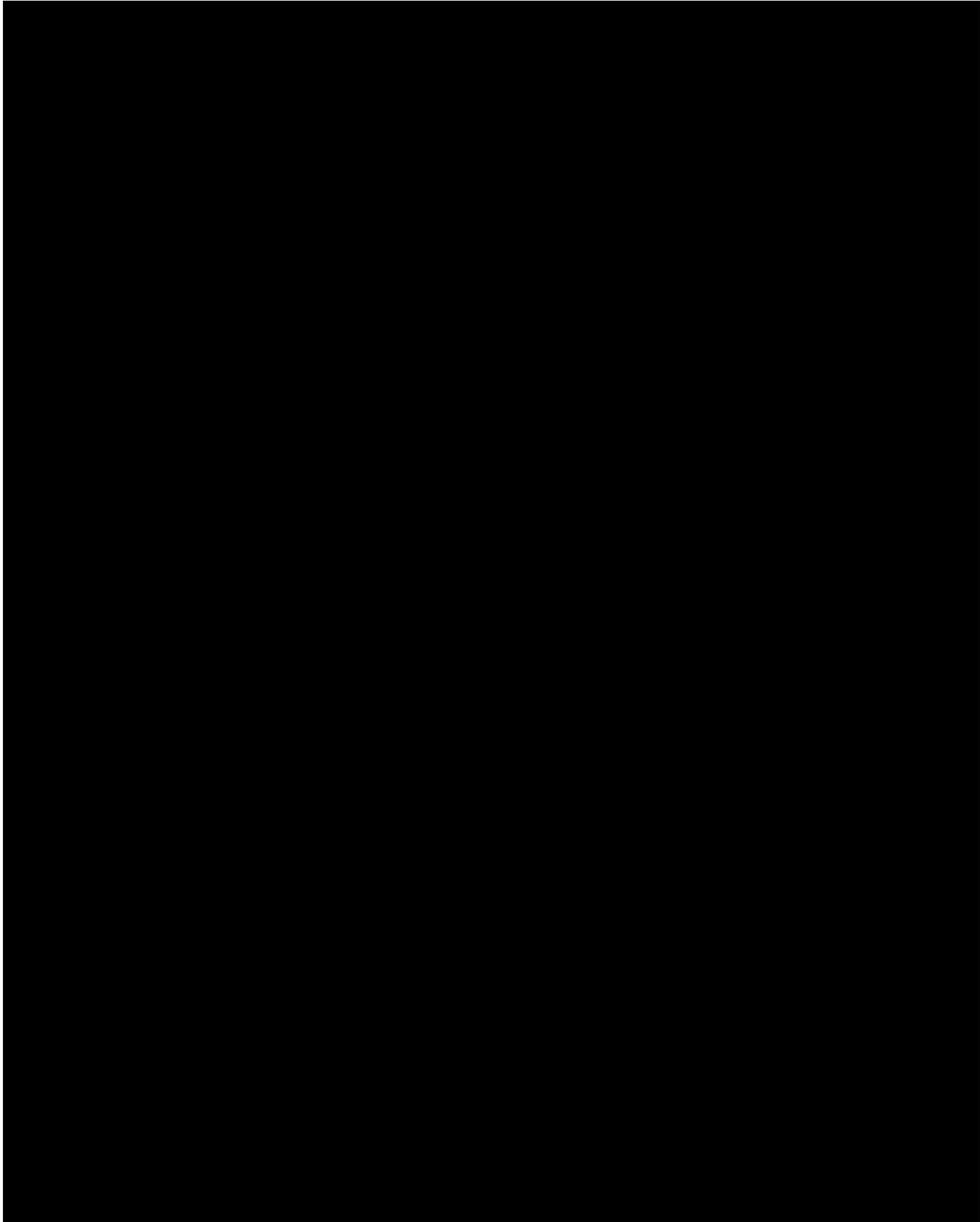
2.15.4.3.4 The Proposer must briefly describe any regulatory action, sanctions, and/or fines related to the delivery of Medicaid dental benefits imposed by any federal or Louisiana regulatory entity or a regulatory entity in another state within the last three (3) years, including a description of any letters of deficiencies, corrective actions, findings of non-compliance, and/or sanctions. Please indicate which of these actions or fines, if any, were related to Medicaid or CHIP programs. LDH may, at its option, contact these clients or regulatory agencies and any other individual or organization whether or not identified by the Proposer. Proposer must identify the representative of the client or regulatory agency who can attest to the regulatory action. Contact information must be provided and include the contact name, email address, and telephone number for the representative.

2.15.4.3.5 A detailed statement of the Proposer's involvement in litigation related to the delivery of Medicaid dental benefits in the last ten (10) years.

[REDACTED]

2.15.4.3.6 Statement of the Proposer's having had a DBPM contract terminated or not renewed for non-performance/poor performance within the last 10 years.

[REDACTED]

2.15.4.3.7 History of ability to make timely and accurate claims payments.

[REDACTED]

2.15.4.3.8   Prior experience in the implementation of and working on Medicaid contracts similar in size, scope, and function.

As one of the very few dental-only plan administrators in the country founded and operated by a dentist, as well as managed by a team of industry experts, LIBERTY has successfully served enrollees, including Medicaid and CHIP, in 9 states through direct state contracts and on behalf of Medicaid MCO's. We provide Early and Periodic Screening, Diagnosis and Treatment (EPSDT) dental benefits to children in multiple states. We have experience administering adult Medicaid dental benefits, including basic coverage, comprehensive coverage, and value-added services. Our experience has taught us the differences among programs and qualifies us to partner with LDH to provide the full suite of medically necessary, EPSDT dental services for Medicaid enrollees under 21 years of age and the denture benefit for adults age 21 and older.

[REDACTED]
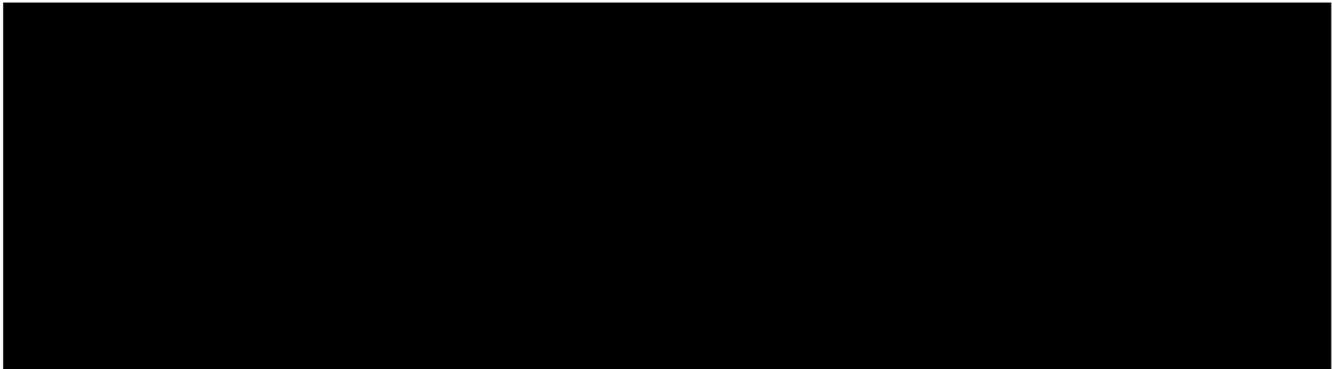
RECORD OF SUCCESSFUL MEDICAID IMPLEMENTATIONS

LIBERTY has implemented each new Medicaid program successfully and on time. We have passed every readiness review exercise and have never had to delay an implementation. We have built this record of success using a proven implementation process that we will bring to Louisiana. This begins with a detailed analysis of all the state's requirements to ensure a customized response to the state's needs.

We have implemented 100% of our Medicaid programs on time and have passed every readiness review.
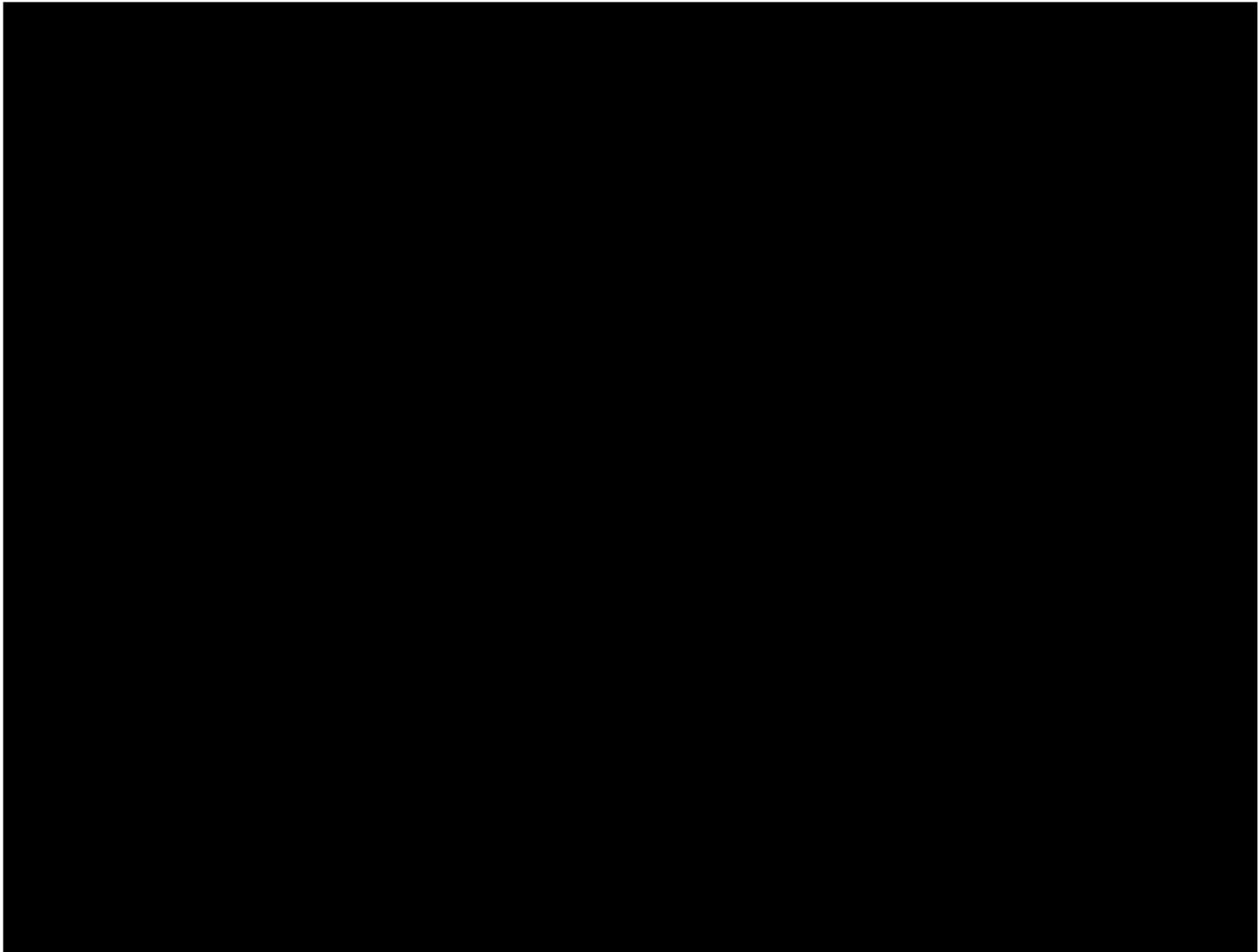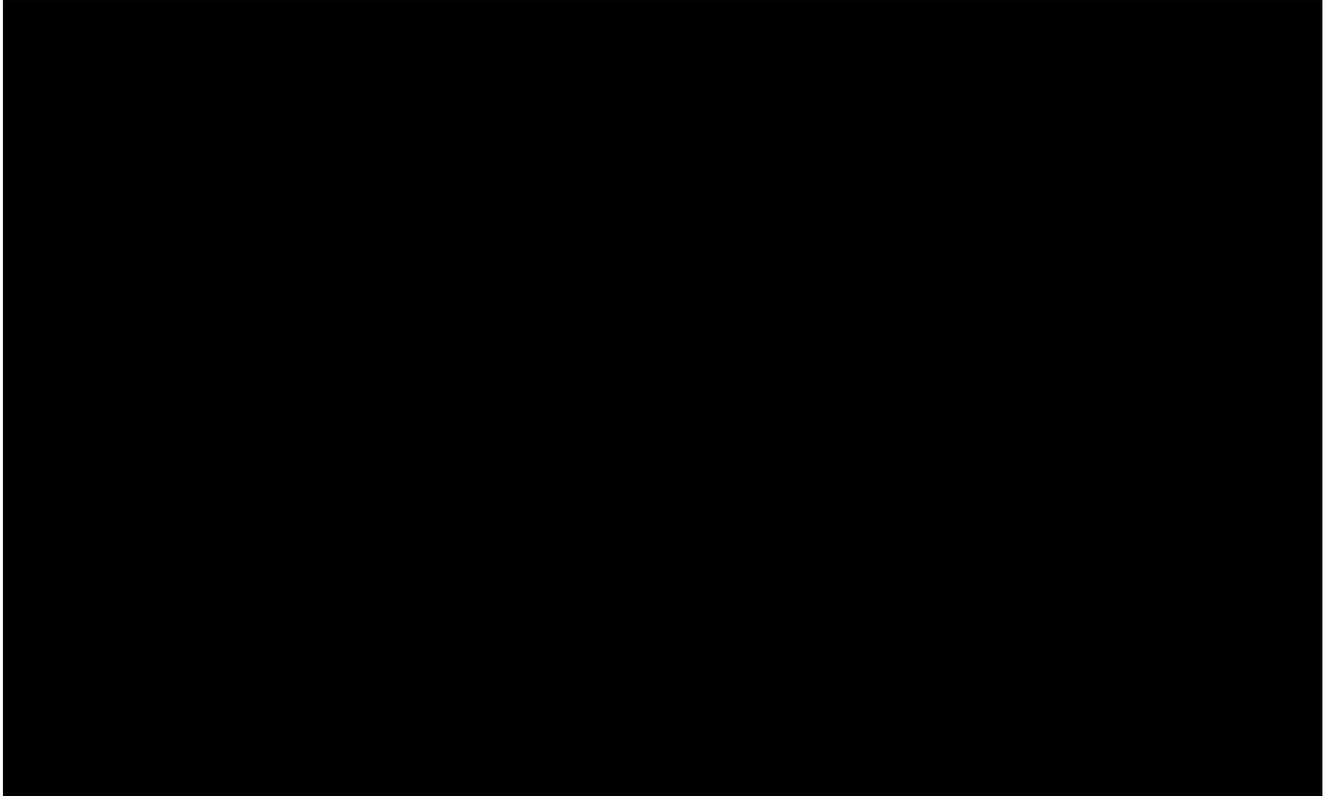
2.15.4.3.9 State representatives who can attest to the performance of Proposer.
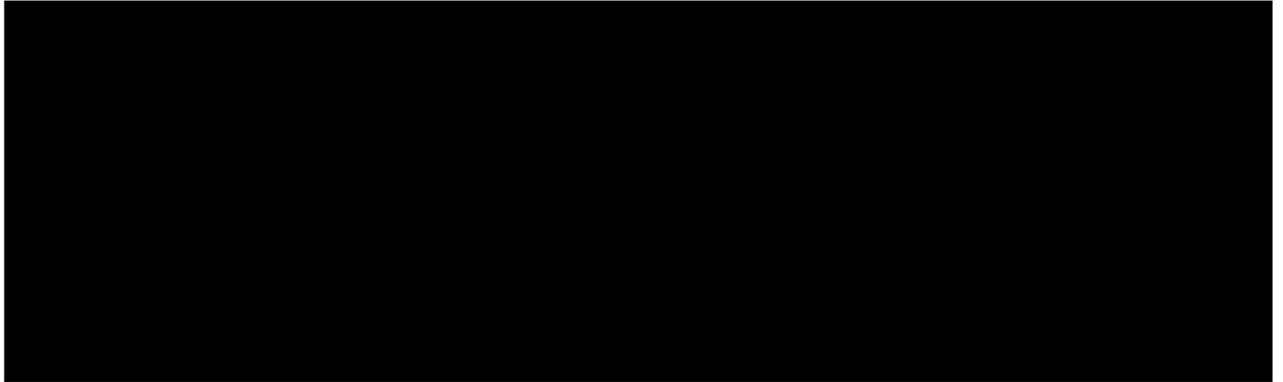
2.15.4.3.10 Describe ability to meet or exceed the qualifications to propose.

LIBERTY MEETS OR EXCEEDS ALL MANDATORY AND PREFERRED QUALIFICIATIONS TO PROPOSE

We will comply with all LDI licensure standards and solvency requirements included in 42 CFR §438.116 and Title 22 of the Louisiana Revised Statutes. We are located within the continental United States at 340 Commerce, Suite 100, Irvine, California 92602. We have not had a contract terminated or not renewed for non-performance or poor performance within the past ten years.

We exceed both the mandatory and preferred qualifications to have five and seven years of experience, respectively, providing dental benefits administration services for a Medicaid program. We have nearly 15 years of experience providing dental benefits administration for the current Medi-Cal (Medicaid) and former Healthy Families (CHIP) Programs in California. Our leadership team has built our company into one of the nation's largest Medicaid dental insurers. We currently administer dental benefits to Medicaid enrollees in 9 states.

We exceed the mandatory requirement to have been engaged in an award or awarded a contract as a Medicaid dental benefits administrator in a state with a Medicaid population equal to or greater than that of Louisiana in the last 36 months, and meet the preferred qualification to have done so within the last 12 months. In October 2018, we signed a contract with the State of Florida to operate as a Statewide Managed Medical Care Dental Plan. Florida's population served is 3 million enrollees, which exceeds the Louisiana Medicaid population (estimated to be 1.5 million enrollees in the RFP), and we serve an estimated 1 million enrollees.

We bring to this engagement a dynamic team of professionals, business processes recently recognized with URAC accreditation, and a secure technology platform that supports our program.

Our Team
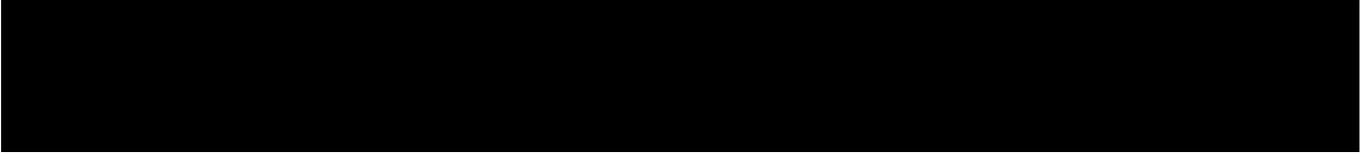
Business Processes

LIBERTY Dental Plan Corporation and LIBERTY Dental Plan of California, Inc. recently completed the URAC accreditation process and have been **awarded full accreditation** through 2022, meaning that the business processes covered under the scope of the accreditation are compliant with best practice standards.

Technology and Security

LIBERTY uses state-of-the-art technology. Our Management Information System (MIS) platform offers highly configurable functions that fully support enrollees, providers, and our state and MCO partners. We use a comprehensive, proprietary third-party core application that stores enrollee, claims, group, provider, vendor, and related data and keeps an audit trail for all transactions. Our MIS complies with all HIPAA EDI requirements and is fully 5010 compliant. We secured HITRUST CSF v8.1 certified status for our single-source core application and supporting systems as of November 20**,** 2017. HITRUST CSF certified status demonstrates that the organization's single source core application and supporting systems have met key regulations and industry-defined requirements and are appropriately managing risk. This achievement places LIBERTY in an elite group of organizations worldwide that have earned this certification. By including federal and state regulations, standards and frameworks, and incorporating a risk-based approach, the HITRUST CSF helps organizations address these challenges through a comprehensive and flexible framework of prescriptive and scalable security controls.

LIBERTY'S ABILITY TO MEET LOUISIANA DEPARTMENT OF HEALTH GOALS AND OBJECTIVES

We understand the goals and objectives LDH has identified in this procurement and offer our experience and suggested innovations in demonstration of our ability to meet them.
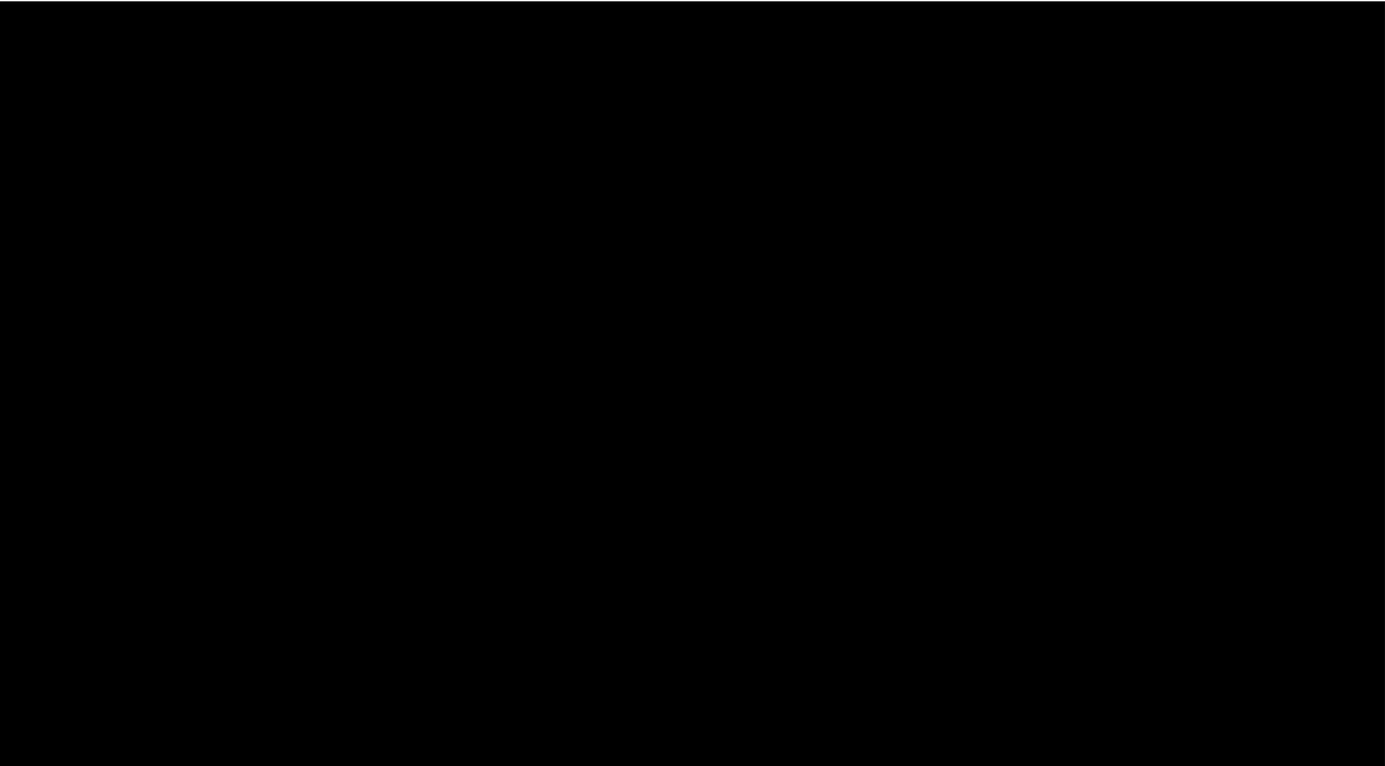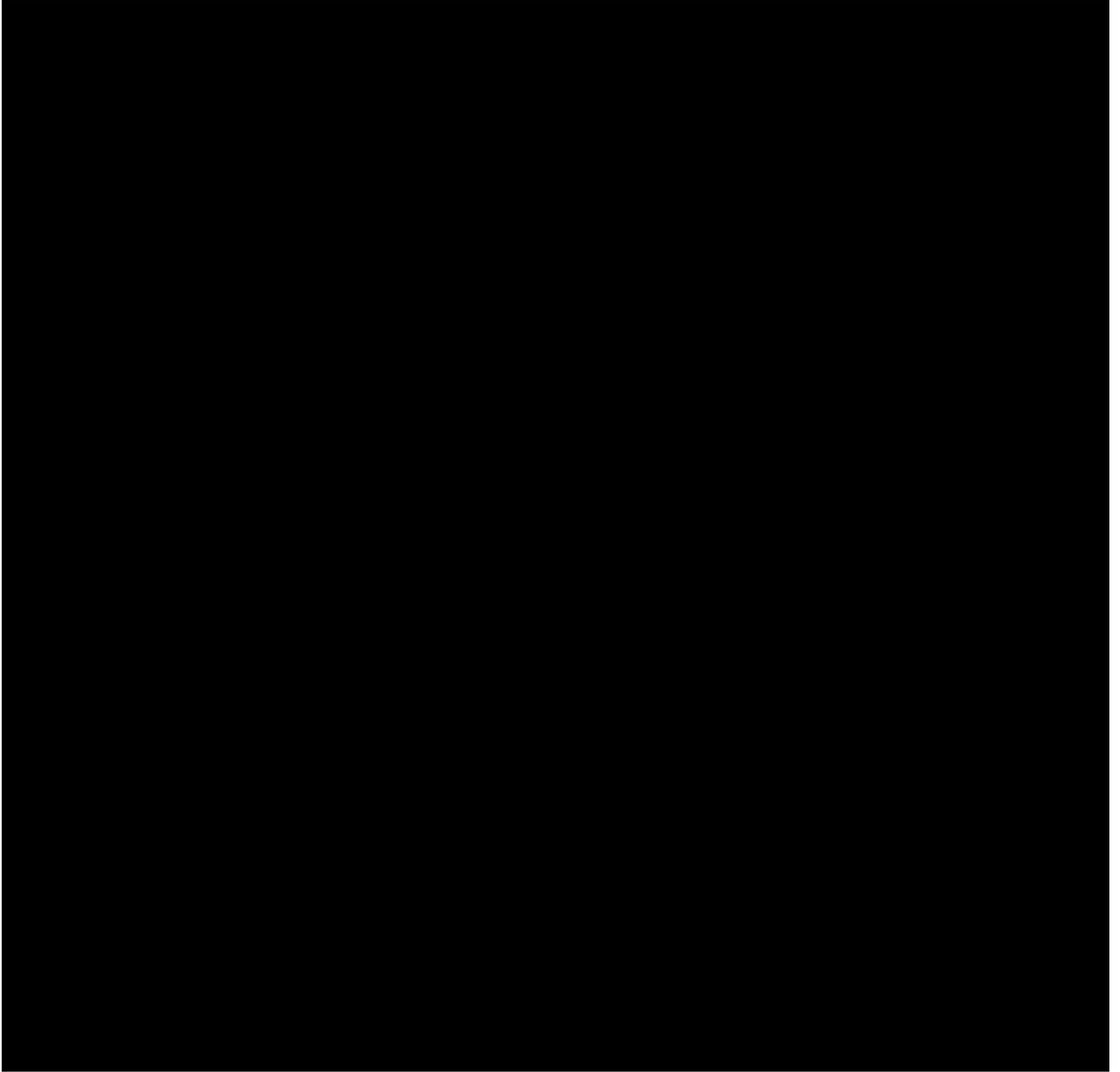
In addition to these priorities, we have identified other areas where we will partner with LDH including:
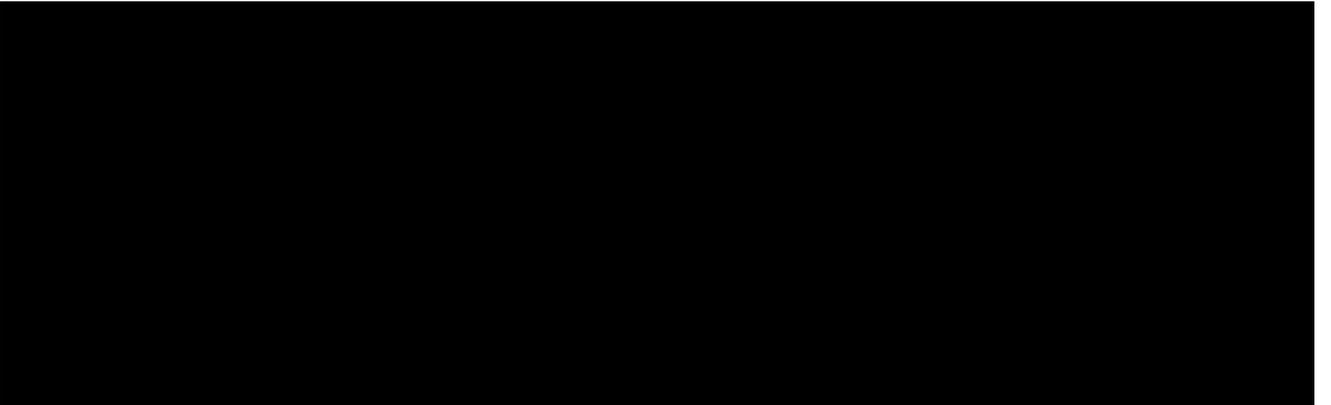
2.15.4.3.11 History of meeting or exceeding provider network adequacy.

As a plan founded and run by a dentist, we understand the unique challenges confronting dentists and have developed effective recruitment and retention approaches to ensure we can offer our enrollees access to comprehensive dental care. We do so by developing and executing a comprehensive network recruitment plan, systematically monitoring the adequacy of our network using established policies and procedures, and addressing gaps in care through creative partnerships with providers. Our experience uniquely positions us to adapt our current Louisiana network into a comprehensive statewide network that can address Louisiana's needs and widespread dental professional shortage areas.
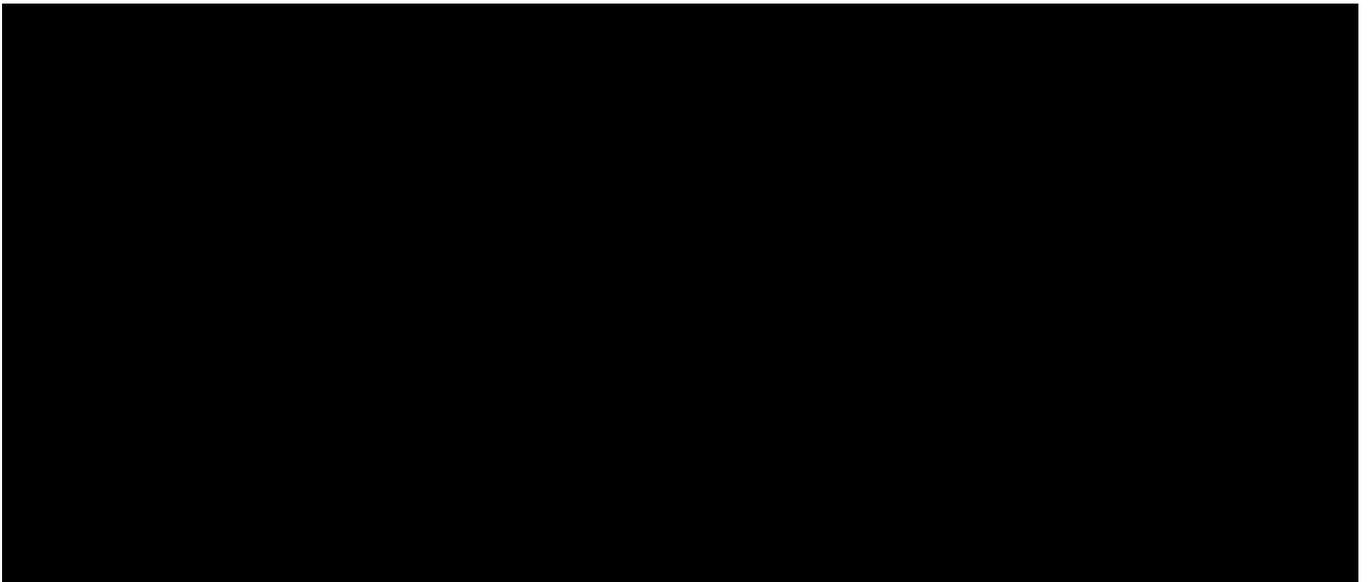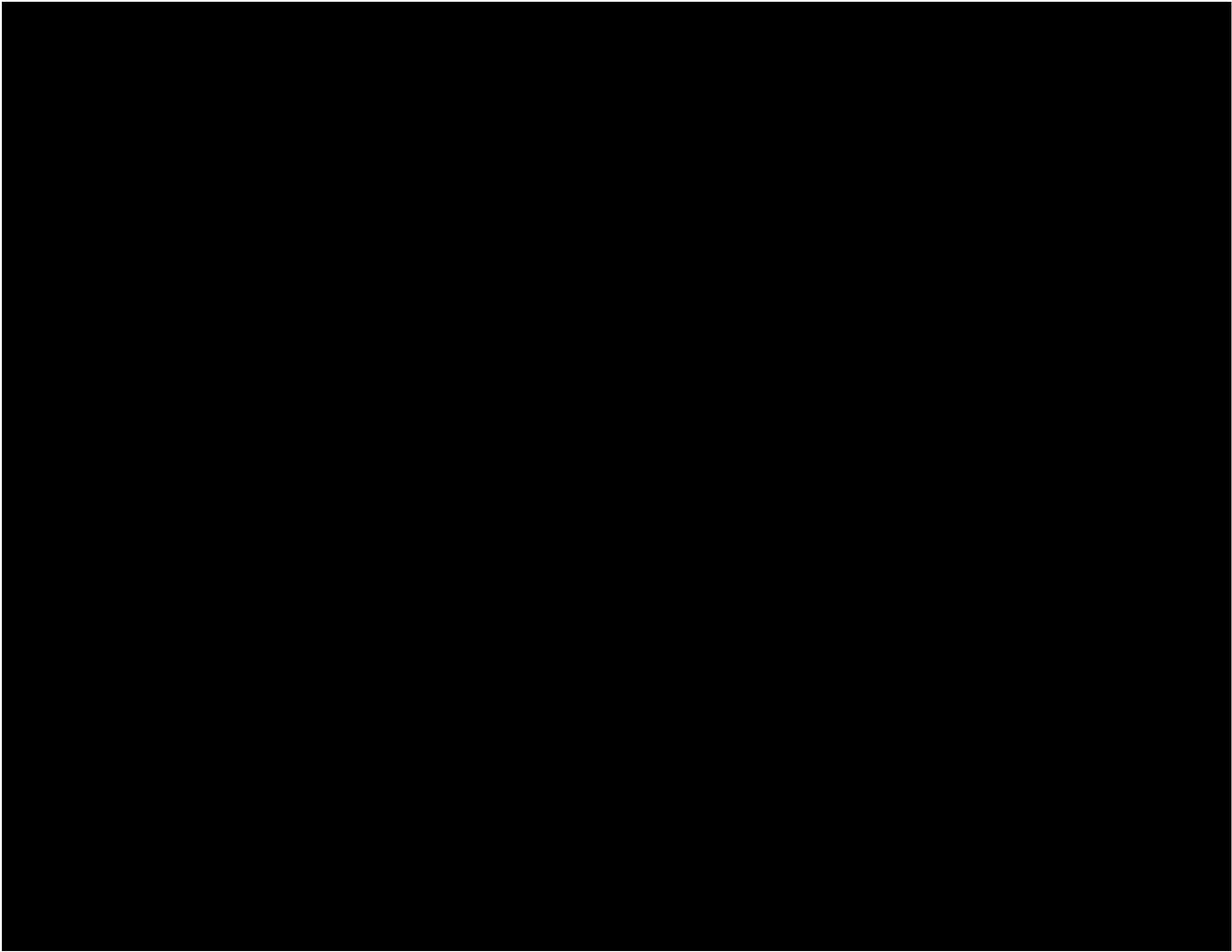
2.15.4.3.12 History of achieving high provider satisfaction.

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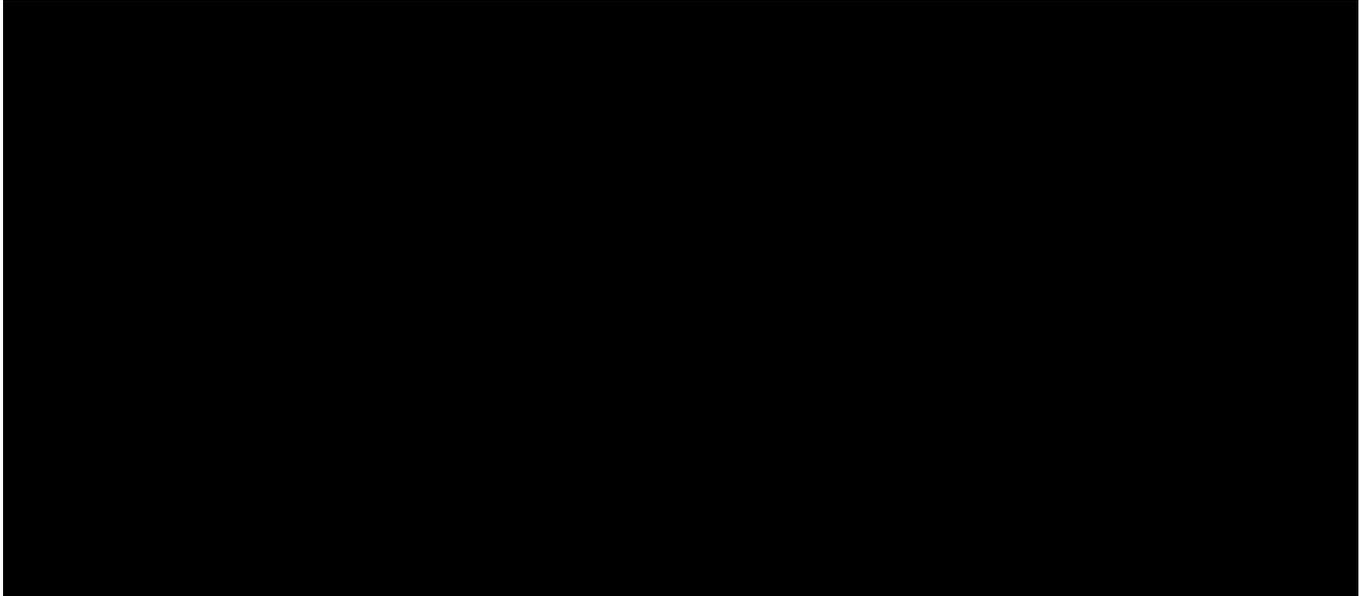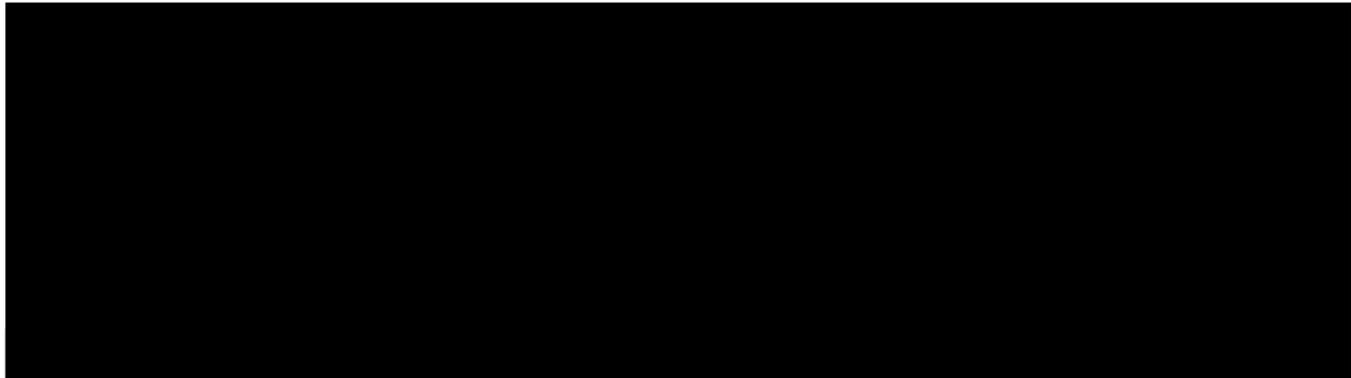
2.15.4.3.13 History of meeting Medicaid dental performance measures.

LIBERTY's Quality Assessment and Performance Improvement (QAPI) program comprehensive requirements differentiates us from our competitors. We consistently achieve or exceed the quality metrics set by our state and MCO partners. This success is due to our strategic and integrated QAPI processes; experienced administrative, clinical, and staff dentists; and data-driven approach to identifying potential quality issues and designing solutions. LIBERTY is experienced in performance measurement and reporting, and in 2018, we received NCQA's Certified HEDIS® Compliance Audit Seal, which acknowledges our efforts in achieving Quality Improvement and speaks to the integrity of our HEDIS® data. In our other Medicaid markets, we regularly report on the following measures:

- HEDIS - Annual Dental Visit
- CMS-416 Measures 12a - 12f (EPSDT measures)
- Dental Quality Alliance (DQA)-specific measures

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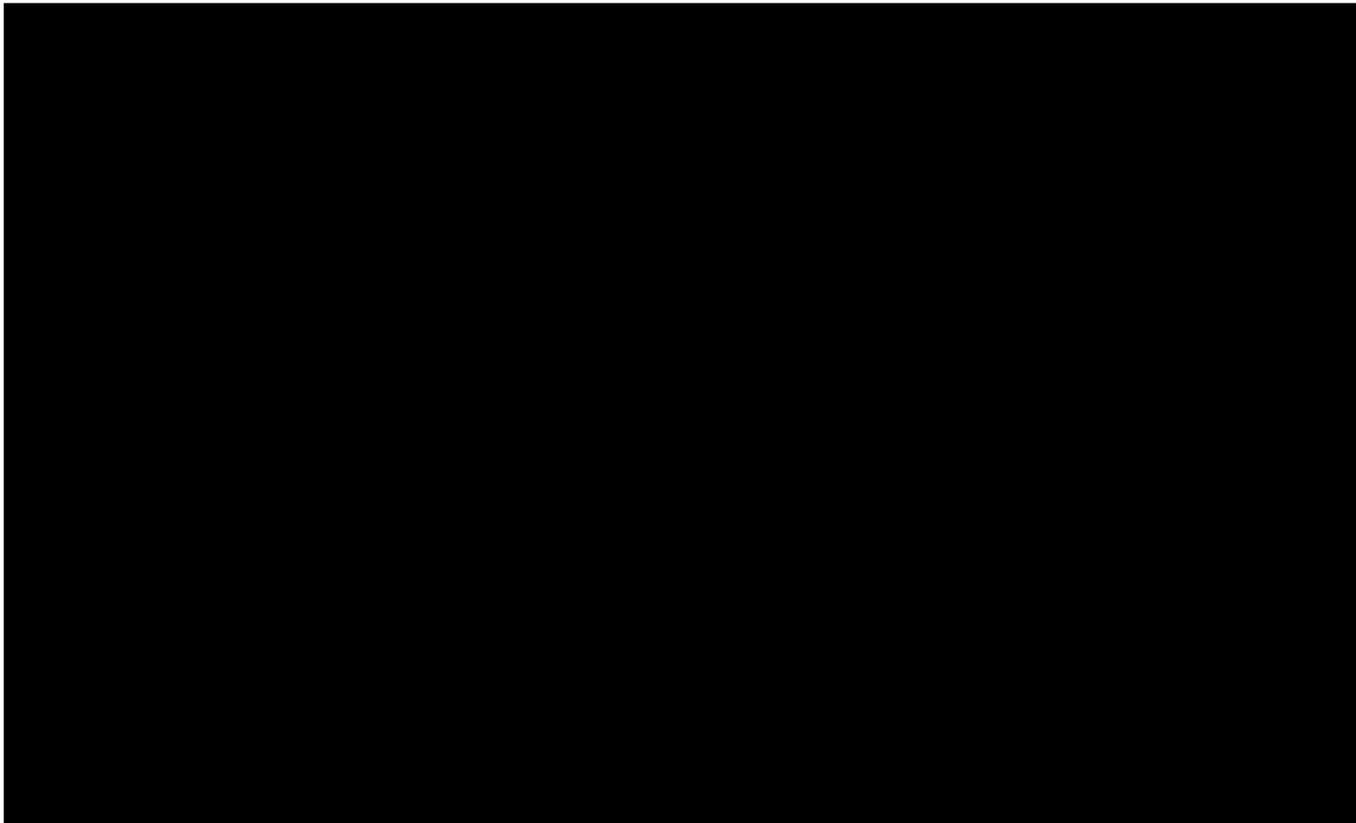
[REDACTED]

2.15.4.3.14 Proven record for successfully resolving disputes with providers.

[REDACTED]

Our dispute resolution system includes using customized tracking software and processes to ensure that provider disputes are classified, categorized, and triaged appropriately. [REDACTED] In addition, we meet whatever turnaround time requirements are established by our state and MCO partners.

2.15.4.3.15   Description of how organizational components communicate and work together in both an administrative and functional capacity.

[REDACTED]
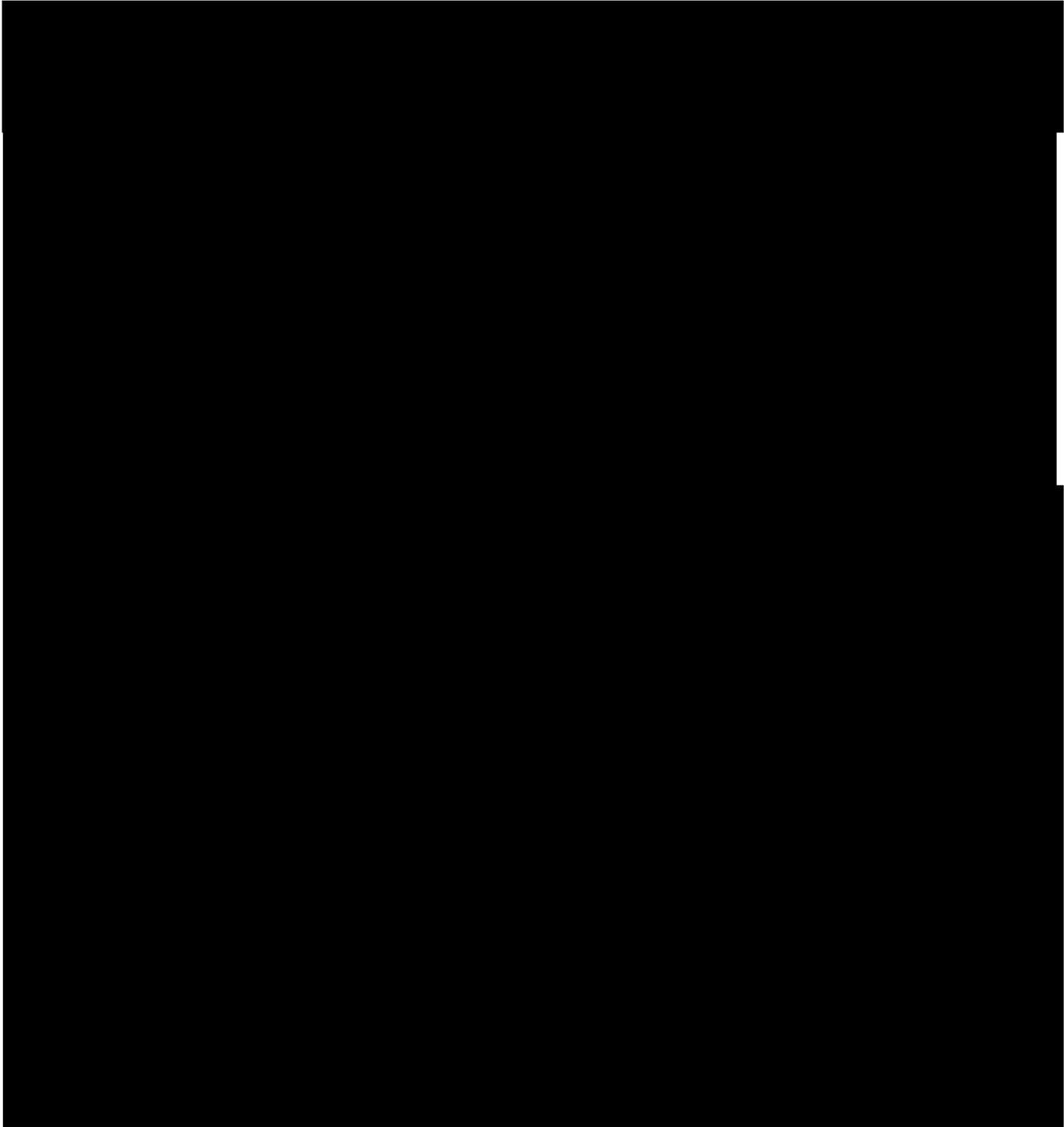
2.15.4.4 -SCOPE OF WORK

SECTION 6.1 – DENTAL BENEFIT PROGRAM REQUIREMENTS

OUR COMMITMENT

Over the last 15 years LIBERTY has earned a solid reputation of providing appropriate, efficient, and quality medically necessary covered dental services to Medicaid and CHIP enrollees. Our Founder and Chief Executive Officer, Dr. Amir Neshat, and the leadership team represent over 300 years of combined dental industry experience. That depth of expertise drives processes and procedures that allow us to successfully administer dental benefits to approximately 4.6 million enrollees, of which approximately 3 million are Medicaid enrollees in 9 states shown at right. Our multiple capitated full-risk arrangements for government-sponsored programs provide comprehensive services, including preventive, diagnostic, restorative, endodontic, periodontal, prosthodontic, and orthodontic services, and oral and maxillofacial surgery.

OUR OPERATIONAL APPROACH

6.1.1 - PROVIDING ENROLLEES WITH QUALITY DENTAL BENEFITS AND SERVICES

As one of the very few dental-only plan administrators in the country founded and operated by a dentist, as well as managed by a team of industry experts, LIBERTY has successfully served enrollees, including Medicaid and CHIP, nationwide through direct state contracts and on behalf of health plans (MCOs). We have provided EPSDT dental benefits to children in multiple states. We have experience administering adult Medicaid dental benefits that include basic coverage, comprehensive coverage, and value-added services. Our experience has taught us the differences among programs and qualifies us to partner with LDH to provide the full suite of medically necessary, EPSDT dental services for Medicaid enrollees who are under 21 years of age, and for the defined adult denture benefit. We have reviewed and are familiar with the required benefits for children and adults to be served through this program and hereby commit and agree to provide those benefits.
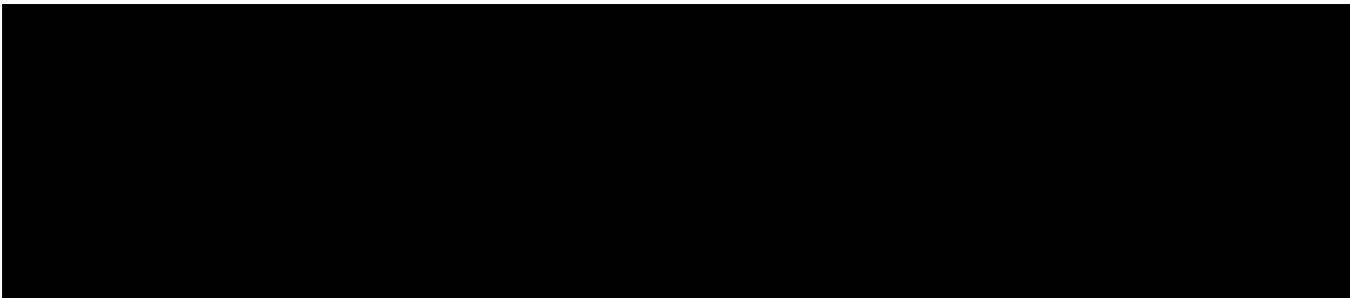
6.1.2 - 6.1.3 CULTURAL COMPETENCY
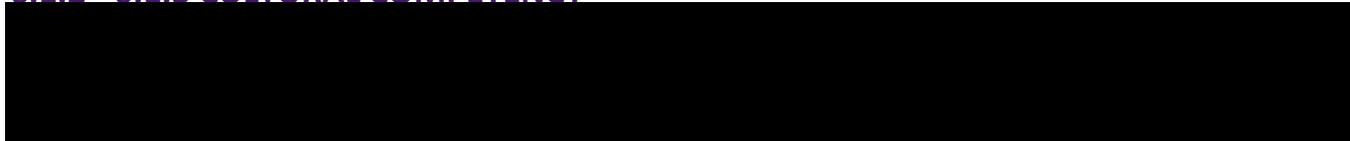
LIBERTY has demonstrated expertise in ensuring the delivery of dental services in a culturally and ethnically competent manner to all enrollees, including those with Limited English Proficiency ("LEP"), diverse cultural and ethnic backgrounds, hearing or visual impairments, as well as those with disabilities, and in partnering with community organizations to address disparities in the delivery of oral health care. We require our providers to render services to all enrollees in a non-discriminatory manner, in accordance with the same standards of care and with the same priority of their other patients, regardless of the enrollee's race, color, creed, gender, disability, type of illness or condition, or any other prohibited basis, and hold providers accountable to these requirements through our contracts, monitoring conducted by our Network Managers and analysis of enrollee complaints and grievances, amount other approaches. We promote culturally and ethnically competent delivery of services through the following mechanisms:

Assessing the needs of our Enrollees to Design our Network Strategy

As part of LIBERTY's commitment to promoting the delivery of care in a culturally competent and accessible manner, we conduct a health education, cultural and linguistic services needs assessment on a quarterly basis to ensure that we are aware of the needs of our potential and current enrollees. The results of this assessment are used to evaluate and modify our current efforts to promote delivery of services in a culturally and ethnically competent manner, including building networks of diverse providers to meet the needs of our enrollees.

Sponsoring and participating in outreach activities to reach our diverse enrollees
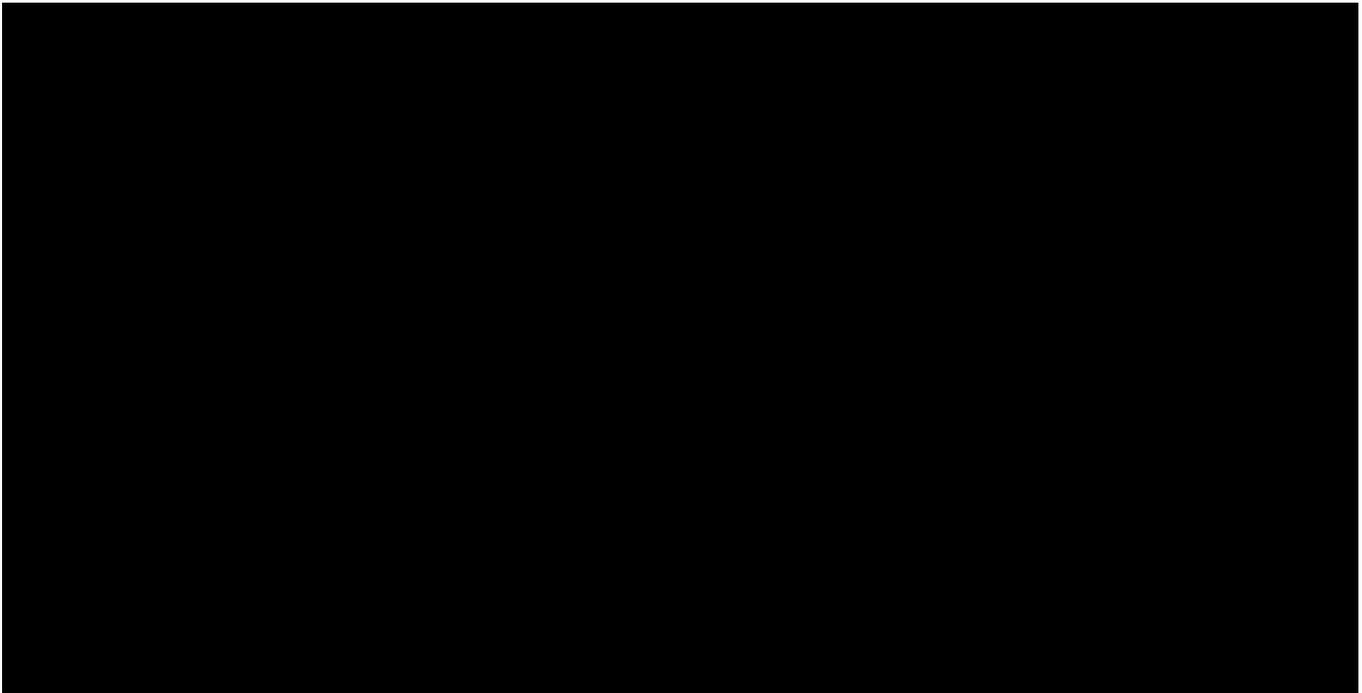
Providing Appropriate and Quality Translation and Interpretation Services

To ensure our enrollees needs are met, our enrollee materials are reviewed and approved by our Cultural and Linguistics Committee, who obtains feedback from our Enrollee Advisory Committee. We will produce all our written enrollee-facing material at a 6.9 grade reading level, or at a lower level necessary. We also make alternate formats available to our enrollees upon request, including in large print (18-point font or larger), audio, braille, and/or provide oral translation for those who are visually impaired. In addition, our enrollees have the right to make standing requests for written or translated materials. LIBERTY also makes sign language interpreter services available to its enrollees and arranges such services as necessary. In addition, we maintain a Telecommunications Device (TTY or TDD) line for assistance 24 hours a day. Similarly, we require our providers to provide access to a TDD.

Enrollees identified with LEP, visual impairment, or hearing impairment are documented in our MIS to facilitate future communication with the enrollee. We make this information available to our providers. LIBERTY requires our providers to document an enrollee's language and requests for interpreter services in the enrollee's dental record, as well as any refusal of offered interpreter services.

Offering Provider and Employee NCLAS Training

Central to our Cultural and Linguistic Competency Program is the cultural competency training we developed for all staff and contracted providers. We require all providers to complete this training upon contracting and annually thereafter. We assess the quality of our providers' bilingual capabilities upon contracting and at least annually thereafter to ensure that the racial, ethnic, cultural, and linguistic needs of our enrollees are met. All our employees complete mandatory cultural competency training, which is required upon hire and annually thereafter. We inform employees of ongoing cultural and ethnic competency trainings and interpretation workshops; we maintain records of employees who have attended such trainings and assess the trainings' effectiveness.

Providers are educated on LIBERTY's Cultural Competency Plan upon onboarding and ongoing through channels such as our Provider Manual, online training, service visits and newsletters. Also, we share a toolkit with providers called "Better Communication, Better Care: Provider Tools to Care for Diverse Populations." We co-developed this toolkit with other dental plans, including a multi-disciplinary team of providers, health plans, state and federal agencies, and accrediting bodies. The toolkit includes resources for working with diverse patients and increasing awareness of cultural background and its impact on health care delivery. LIBERTY will develop and provide additional trainings, as necessary, to address topics related to the unique needs of enrollees in Louisiana. We will also leverage the expertise of our dental director in caring for patients with special needs.

6.1.4 - CONFIDENTIALITY

We understand and agree to comply with applicable federal and state confidentiality and security laws and regulations, including Health Insurance Portability and Accountability Act (HIPAA), HITECH, the Medicaid Confidentiality Regulations and all other relevant applicable rules and regulations. LIBERTY is fully compliant with all HIPAA and HITECH standards and security requirements, as well as other state and federal regulations concerning the protection of Protected Health Information (PHI). Our single-source MIS supports all HIPAA EDI requirements, and is fully 5010 compliant and Health Information Trust Alliance (**HITRUST) (http://hitrustalliance.net/) certified**. We offer electronic claims submission to providers and use industry best practices to ensure PHI is secure across all platforms and communications. We also support the highest level of HIPAA confidentiality and privacy requirements throughout all levels of our organization. For example, we facilitate two-way communication with our providers through our secure provider portal. We commit to requiring all staff and subcontractors to complete HIPAA training upon hire, and no less frequently than annually thereafter. We commit not to use any enrollee information obtained by or through performance under the contract except as necessary for the proper discharge of our obligations and securement of our rights under the contract.

LIBERTY's comprehensive privacy and security compliance program incorporates required policies and procedures, mandatory employee training, self-reporting of unauthorized use and disclosure of PHI, and ongoing internal surveillance of information system activity. In addition to addressing HIPAA requirements, our program also adheres to state laws that require additional levels of protection for enrollee information. We are experienced in developing privacy notices, (also known as the Notice of Privacy Practice), as required by HIPAA and including all requirements of 45 C.F.R. § 164.520. Enrollees are routinely informed of their privacy rights and are encouraged to contact us to discuss privacy concerns.

6.1.5 - REQUIRED DOCUMENT SUBMISSION

LIBERTY will clearly define and document the policies and procedures that we will follow to support day-to-day business activities related to the provision of all medically necessary services. We will document the methods we use to educate providers and enrollees about changes to policies and procedures. We commit to submitting policies and procedures for initial review and approval during the readiness review process and at least sixty (60) days prior to the effective date when changes to these documents are expected to impact provider payment, network adequacy, or enrollee services.

Our Provider Relations Team monitors network adequacy on a continuous basis, anticipates future needs, and promptly identifies and addresses gaps to ensure that enrollees have access to care and that we continue to meet Louisiana access standards. As such, we are capable of reporting on the adequacy of our network capacity and services in any format and on any frequency prescribed by LDH, in accordance with 42 CFR §438.207, including by the contract start date, annually, and at any time there are significant operational changes that impact the adequacy of capacity and services.

6.1.6 - COMMUNICATION WITH LDH

LIBERTY is committed to maintaining effective communication with LDH. We will acknowledge all inquiries from LDH by the next business day and will communicate the resolution or process for resolution, within 24 hours. Our Contract Operations Manager will be as the primary point of contact with LDH.

SECTION 6.3 – ELIGIBILITY AND ENROLLMENT

OUR COMMITMENT

LIBERTY brings years of experience managing enrollment processes, with nearly 15 years of experience in Medicaid and CHIP programs respectively. We currently administer eligibility for 9 state Medicaid programs, some of which are direct state contracts and others on behalf of Medicaid MCO's. In each of these states, we routinely accept new enrollees, efficiently load the associated eligibility files, and meet or exceed processing requirements. We accomplish this using established and continuously refined implementation plans and maintenance protocols, included but not limited to:

- Detailed file mapping, and internal accuracy review, validation and testing.
- Proactive, thorough two-way data file exchange testing with the data source systems, as early as possible before go-live.
- Daily file maintenance monitoring to assure daily file exchanges occur timely and accurately.
- Monthly and quarterly reconciliation of interim eligibility files.
- Monthly reconciliation of enrollment and eligibility files for operational usability and financial capitation reconciliation.
- Generation and submission of a monthly report to the enrollment broker regarding availability of slots, and a monthly file to LDH reflecting current enrollment and capacity.

Our enrollment processes and systems allow enrollment files to be processed accurately and timely.

We believe the Primary Dental Provider (PDP) is the enrollee's "dental home," and the core to ensuring care is coordinated and appropriate. Our experience demonstrates that enrollees served by one practice, dedicated to the enrollee's oral health, promotes deeper enrollee engagement and provider accountability for quality outcomes; which results in improved utilization of planned and unplanned care. We will outreach to enrollees to help them select a PDP within 10 business days of receipt of the member file or assign one when not selected by enrollees within 30 calendar days of enrollment, to ensure our enrollees are able to access a dental home. We will ensure written notification is issued within 2 business days of PDP selection or assignment that also informs enrollees of their option to select another PDP. If a provider terminates from our network or network participation is reduced, we issue written notice to assigned enrollees about the need to select a new PDP within 10 business days of the termination notice's postmark date.

OUR OPERATIONAL APPROACH

6.3.1 – 6.3.14
LIBERTY affirms we will comply with and accept all of the provisions noted in Sections 6.3.1 – 6.3.14 of the RFP.

ELIGIBILITY AND ENROLLMENT DATABASE
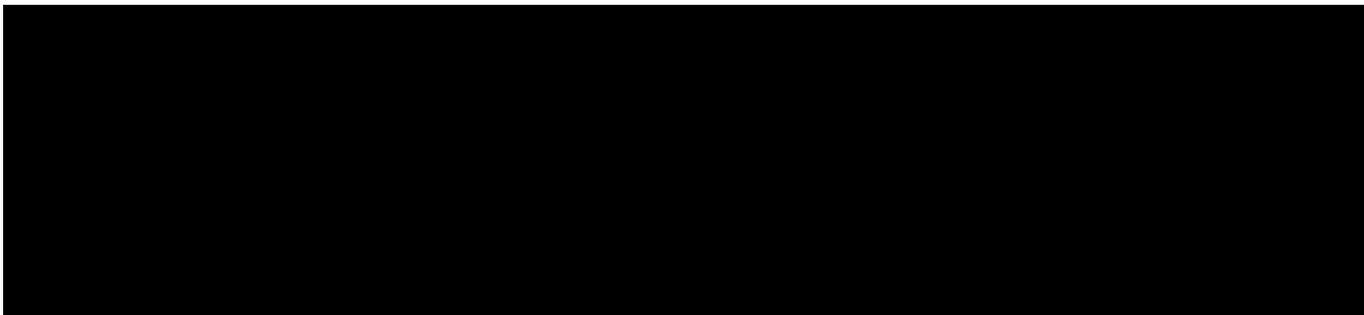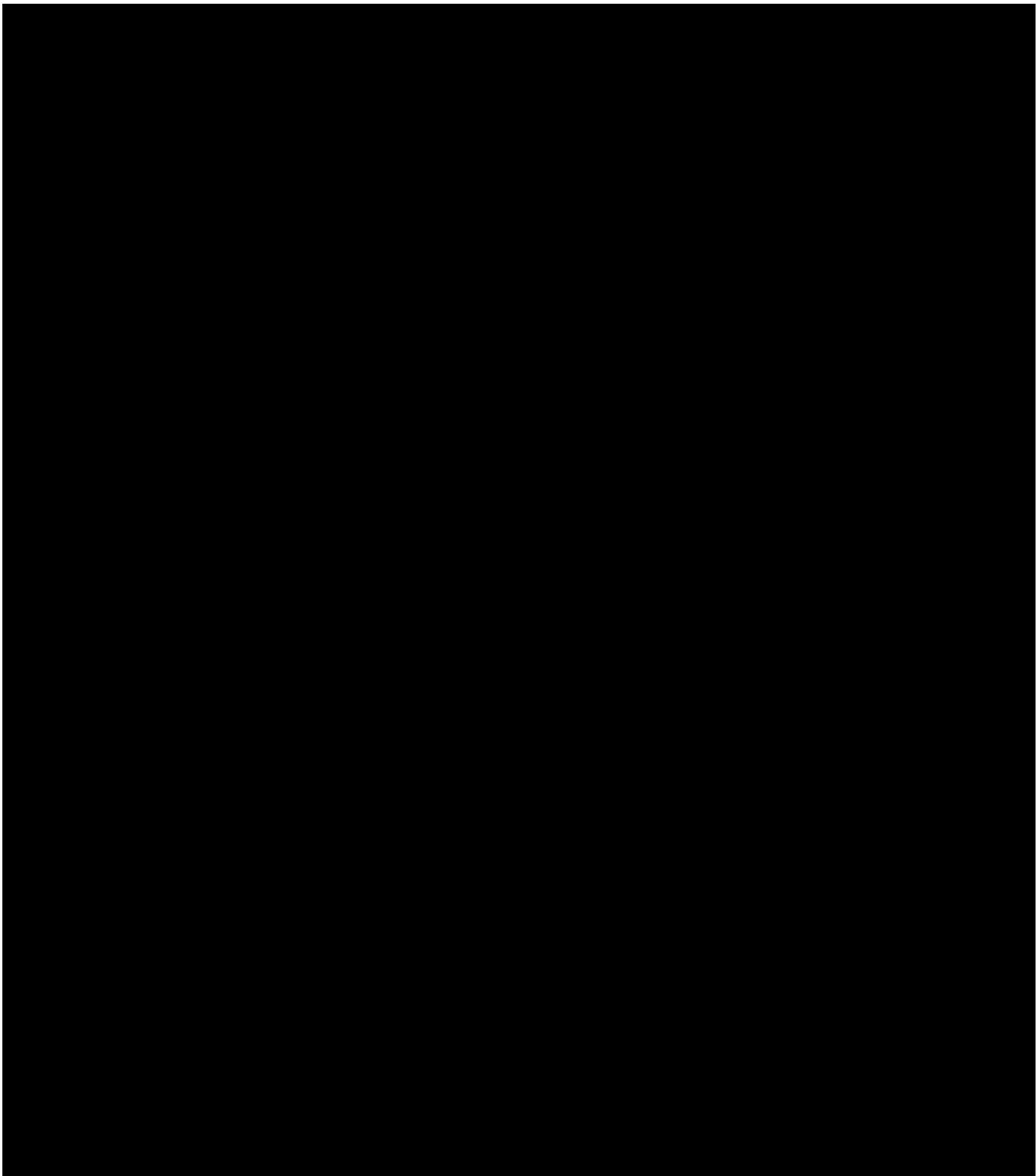
LIBERTY accepts all assigned enrollees and does not discriminate against enrollees on any basis.

Correcting Errors and Reconciling Membership Data
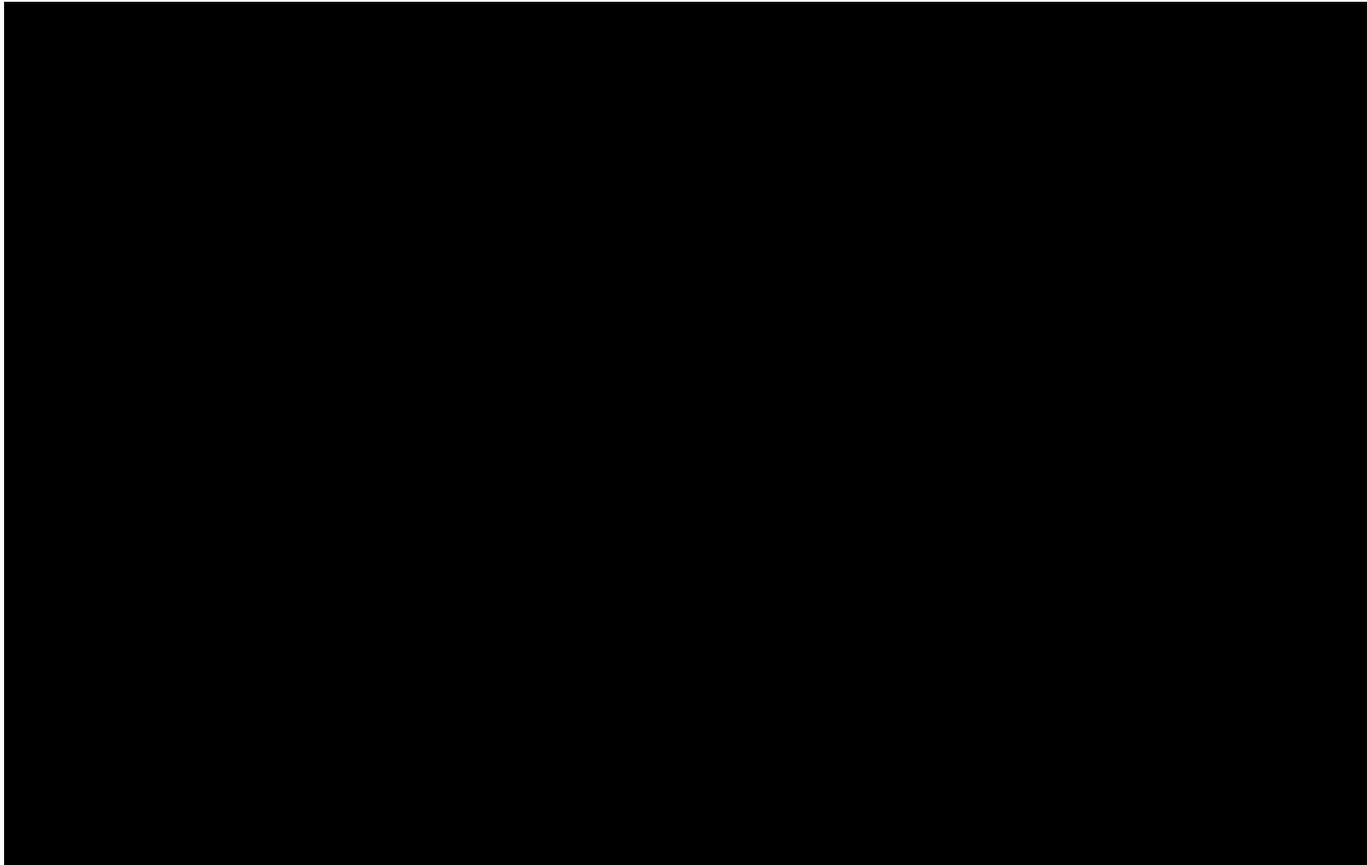
Primary Dental Provider/Dental Home Assignment

Based upon our experience, LIBERTY anticipates a significant number of enrollees may not choose a PDP and will be auto-assigned to a PDP. We will outreach to enrollees to help them select a PDP within 10 business days of receipt of the member file or assign one when not selected by enrollees within 30 calendar days of enrollment, to ensure our enrollees are able to access a dental home. Enrollees will receive written confirmation of PDP assignment within 2 days after selection, providing for options to change the PDP.
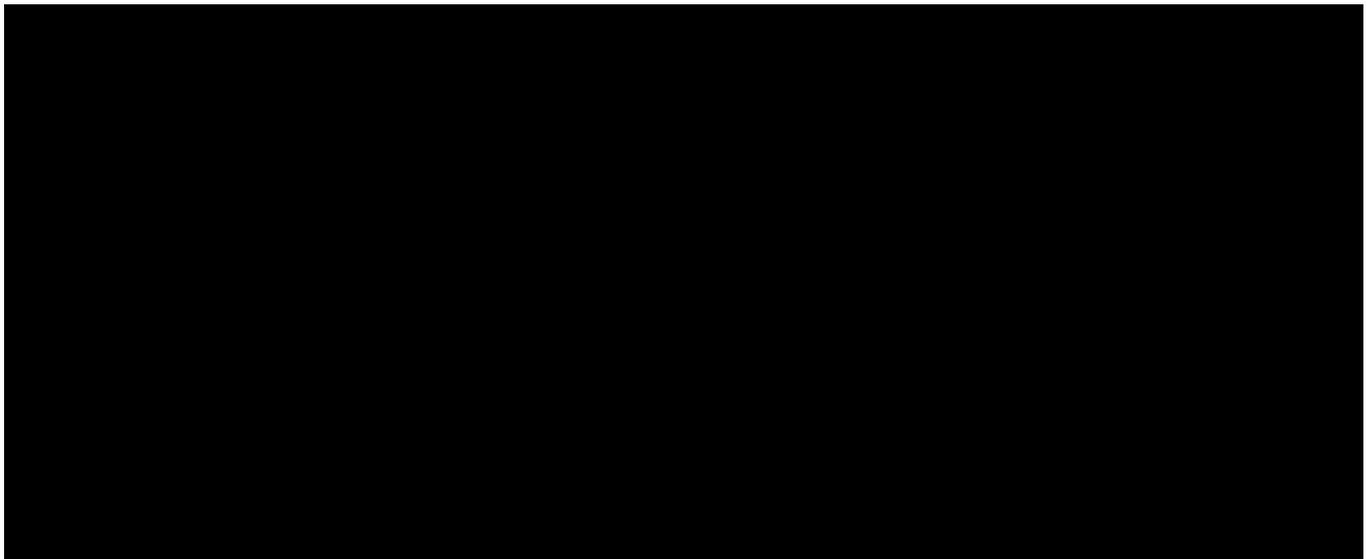
RETROACTIVE ELIGIBILITY

LIBERTY understands that enrollees may be retroactively eligible or reinstated for Medicaid benefits, and our systems can accommodate retroactive enrollment*.*

SECTION 6.4. –COVERAGE AND AUTHORIZATION OF SERVICES

OUR COMMITMENT

With nearly 15 years of experience providing dental services to over 3 million Medicaid and CHIP enrollees, we are excited by this opportunity to service Louisiana Medicaid enrollees. Our full risk arrangements include provision of all services and procedures required by LDH, including preventive, diagnostic, restorative, endodontic, periodontal, prosthodontic, orthodontic, and oral and maxillofacial surgery. We are ready to partner with LDH to provide medically necessary covered dental services for children under age 21 who are eligible for Medicaid and CHIP and full or partial dentures for adults age 21 and over.

OUR OPERATIONAL APPROACH

6.4.1 GENERAL PROVISIONS

We will adhere to all LDH requirements specified under the General Provisions including coverage requirements, any potential future cost-sharing requirements, and service limitations or exclusions in the amount, duration, and scope specified in the contract, Louisiana Medicaid State Plan, state statutes, and administrative rules.

6.4.2 COVERED DENTAL BENEFITS AND SERVICES

LIBERTY will provide dental services to enrollees based on their eligibility group and defined benefits. Benefits will comply with all of the terms set forth in Section 6.4.2.

Coverage Group A – Children Under Age 21.

LIBERTY will provide comprehensive coverage for all the services listed in LAC 50: XV.6903 and as specified in the LDH Dental Services Manual. This includes (but is not limited to) ensuring adherence to EPSDT guidelines, ensuring appropriate care for all medically necessary procedures, and early access to diagnosis, screening, and treatment for all child enrollees, including those that are difficult to reach.   Our expertise in delivering preventive, restorative, emergency care, and orthodontia to children is evidenced by our strong performance metrics and successful outreach campaigns.

Coverage Group B – Adult Denture Program Age 21 and Older.

We have experience providing all the benefits listed in LAC 50: XXV.501 and as specified in the LDH Dental Service Manual, and agree to provide all coverage of these services.   We will provide additional Value -Added benefits to

Group B enrollees as outlined in Section 6.4.3 Value. We will coordinate with the Louisiana Managed Care Organizations (MCOs) on the adult dental benefits to ensure enrollees and providers are knowledgeable of the coverage and to facilitate service delivery.

6.4.2.2/6.4.2.3 Emergency and Post-Stabilization Dental Services

LIBERTY will comply with all of the provisions regarding emergency dental services set forth in 6.4.2.3. We are experienced with emergency dental requests; ███████████████████████████████ ████████████████████ Enrollees are informed at enrollment via welcome call, welcome packet, dental provider, etc., about the provisions for emergency dental care.

In adherence to Section 6.4.2.3.2, we will not require a prior authorization for emergency services or put a window of time around when emergency services can be rendered or billed as long as claims are submitting within the timely filing limits, or using specific terminology or key words to explain or define the emergency services rendered. We will not deny payment based on the enrollee's failure to notify us in advance or within a certain period after the emergency care is rendered.

Post-Service Submission: Claims for emergency services are handled by the same emergency services team. All claims received for emergency services are not denied. In instances where a staff dentist questions medical necessity, the provider may be contacted by our Dental Director to discuss the treatment rendered. This practice will not affect the payment outcome of the claim but will help LIBERTY profile the treatment patterns of providers. If third-party liability exists, the claims payment will be determined in accordance with RFP requirements.

Claims for both in-network and out-of-network providers are covered under emergency services treatment. Emergency services rendered in a hospital or ambulatory surgery center will be reviewed for medical necessity, using the definition of Emergency Dental condition specified by LDH under the Glossary in RFP Section 8.1. Services that qualify as dental will be paid by LIBERTY as such. We will also support the treating hospital or surgery center to ensure coverage and review any third-party liability payers for the enrollee.

Post-Stabilization Dental Services: LIBERTY will comply with all of the provisions regarding post-stabilization dental services set forth in 6.4.2.2. We will treat post-stabilization services similar to emergency-related services. We understand that post-stabilization services are medically necessary and in the best interests of the enrollee. Therefore, similar to covering emergency services for both in-network and out-of-network providers, LIBERTY will treat the stabilization of an enrollee in the same manner. We understand and will comply with the requirements as outlined.

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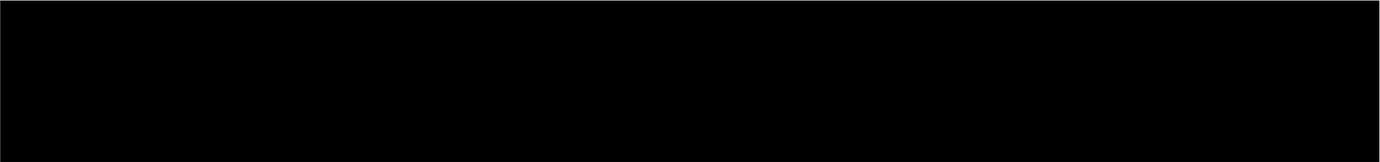
We will have our Care Coordination Team outreach to the enrollee and ensure they have a dental follow-up appointment scheduled within seven calendar days after emergency treatment

If the services needed by the enrollee following stabilization are non-emergency, the Care Coordination Specialist will contact the submitting provider who stabilized the enrollee, verify their network affiliation with LIBERTY, and if not affiliated, will coordinate the transfer of the enrollee's case to a local in-network provider who can immediately assume responsibility of care. The Care Coordination Specialist will facilitate discussion between the

in-network provider and the treating provider to ensure all clinical information is transferred. Once the enrollee is under the care of an in-network provider, the Care Coordination Specialist will authorize payment to the provider who performed stabilization. Claims will not be denied. In the circumstances defined by LDH where we have either pre-approved care by an out-of-network provider, were not responsive to the provider's request, or the provider could not reach us, LIBERTY will cover the out-of-network services.

6.4.2.4 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services

LIBERTY will comply with all of the provisions regarding EPSDT services set forth in 6.4.2.4. LIBERTY will ensure that all medically necessary services identified in accordance with 42 CFR §441.56(b)(1)(vi) and the EPSDT requirements as well as periodic or interperiodic screening are available and tracked for all eligible Medicaid enrollees under age 21. LIBERTY currently operates under the same guidelines in our other Medicaid programs. LIBERTY's MIS is built to support these requirements and ensure services are readily available. Our system recognizes age ranges and will suspend for medical review any service provided that is not outlined in the current policy or that exceeds a benefit limitation to ensure all EPSDT services are provided to enrollees and approved in accordance with federal and state guidelines.

We understand that we are responsible for reimbursement of all dental services under EPSDT that are considered medically necessary. We will ensure that all services are reviewed for medical necessity prior to rendering a determination of coverage, whether or not such services are covered under the LDH's state plan, and without regard to any service limits otherwise established in the LDH Dental Services Manual for Title XIX (Medicaid) enrollees.

LIBERTY has proven success in not merely covering EPSDT services, but in significantly increasing utilization of these services among the Medicaid children we serve. We understand that adherence to preventive care and early treatment leads to better oral health for enrollees and reduces costs. We do outreach with newsletters, postcards, notices in dental offices, and at health fairs to encourage visits and will provide "Libby" stickers and toothbrushes to enrollees. We will provide required CMS 416 reports and complete accurate and timely encounter data to LDH and follow the DBPM Systems Companion Guide for format and timetable for reporting of EPSDT data.

6.4.3 VALUE ADDED BENEFITS
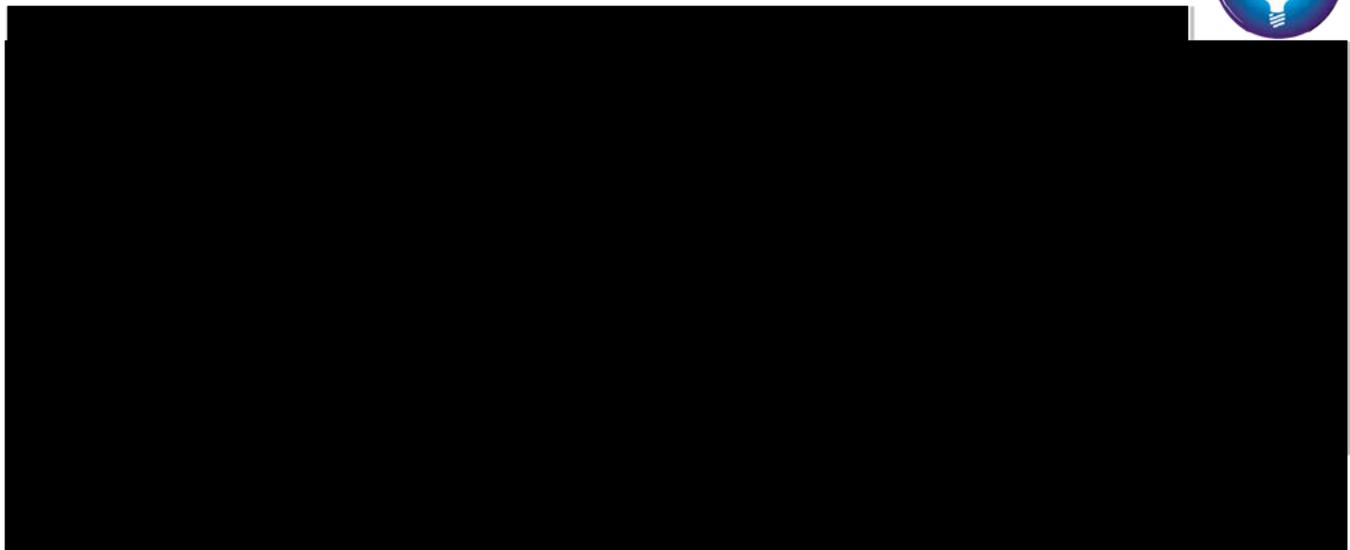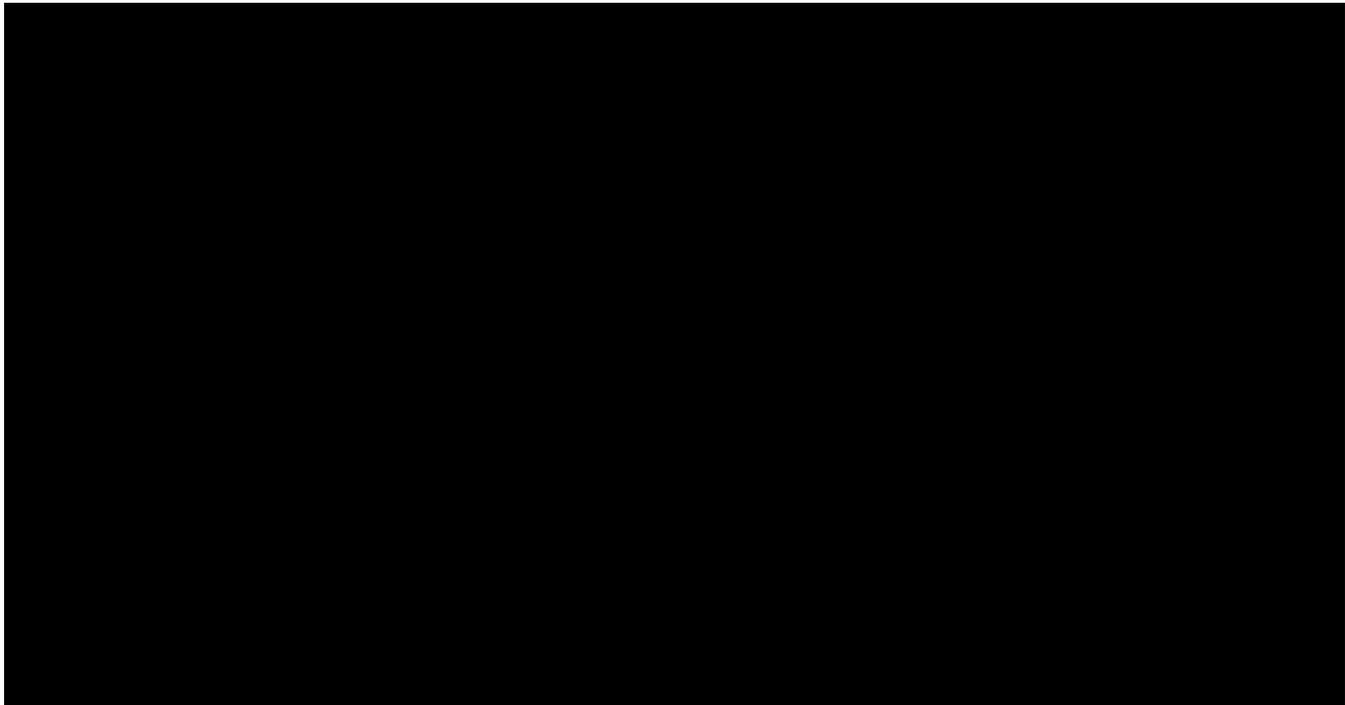
6.4.4 EXCLUDED SERVICES

LIBERTY will comply with all of the provisions regarding excluded services outlined in 6.4.4, including non-covered services, EPSDT, experimental or investigational drugs, procedures, or equipment, unless approved by LDH. Further, we will provide all covered services with no exclusions based on moral or religious grounds.

LIBERTY's care coordination function is dedicated to supporting whole person care, including support for enrollees in obtaining referrals to services that are not covered benefits under the dental contract and/or covered through other Medicaid and non-Medicaid programs. LIBERTY will establish agreements with each applicable MCO and non-Medicaid program for referrals when we identify medical needs for enrollees and also to identify community resources to provide necessary social supports.

Enterprise-wide, we are developing programs aimed at improving Social Determinants of Health (SDoH) for our enrollees and connecting them to community-based programs that can address these needs. These programs are being developed and coordinated with community-based partners. We identify SDoH needs, such as housing, food, or other assistance, through an initial oral health risk assessment, by the Enrollee Help Line Representatives, or by LIBERTY's Care Coordination Team (CCT). Our CCT connects enrollees to potential community resources.

Spotlight on Nevada: Out of recognition of the inter-connected nature of our enrollees' needs, we promote oral health through participation in the Nevada Homeless Alliance monthly event series, Family Connect Event, and through collaboration with school districts, health districts, and food pantries.

6.4.5 COVERAGE PROVISIONS

LIBERTY will comply with all of the provisions of 6.4.5.

Primary Dental Provider (PDP) Assignment. LIBERTY will ensure all enrollees have a PDP at enrollment but recognize that enrollees may change their PDP at any time. Enrollees are informed through our welcome call, welcome packet, website, and calls to the Enrollee Help Line of their ability to change their PDP at any time to be effective immediately or, if it is past the monthly cut-off deadline, the first of the following month. If the enrollee disenrolls from our plan and then returns, they will be assigned back to their PDP unless they make another PDP choice.

Enrollee screening and dental record review. LIBERTY will begin outreach to enrollees by conducting welcome calls and oral health risk assessments. We will request authorization to obtain dental records from current providers and ask about oral health, scheduled appointments, and a few Social Determinant of Health questions. We will identify enrollees that have not had an annual dental visit and offer to make an appointment for them. Immediate action is taken when we identify enrollees with urgent/emergent needs.

LIBERTY understands that the more we educate our enrollees, the higher their utilization of preventive services (and the lower our reactive dental care costs) will be. Oral health education also empowers the enrollee to have enough information to ask the provider questions and to take an active role in their own treatment decision making process. LIBERTY starts the enrollee education process at enrollment and continues to provide educational outreach to enrollees to ensure they are aware of their benefits, know how to access covered services, and understand the importance of good oral health.
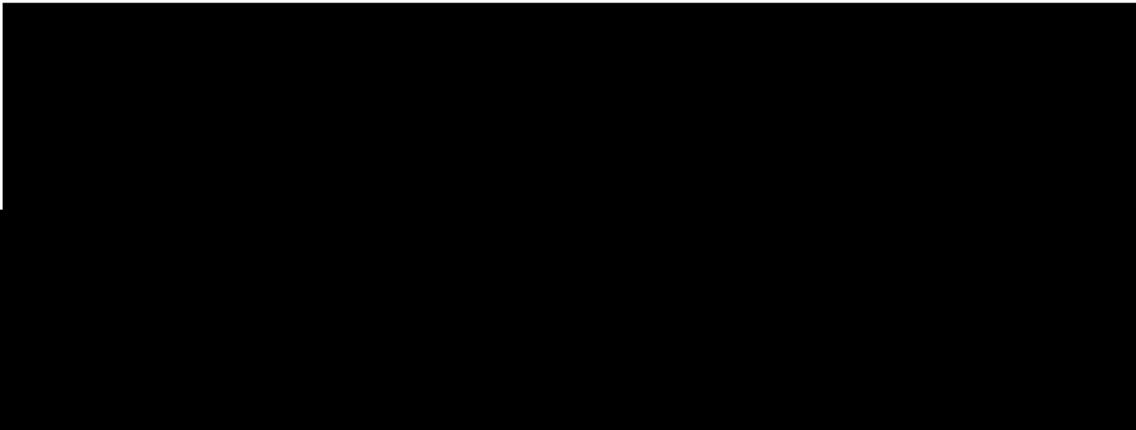
We will also work with community-based organizations to support enrollee compliance with periodic dental appointments. For example, in all our Medicaid markets, we participate in community health fairs and events that provide basic oral health education and stress the importance of prevention. We also partner with elementary schools to conduct oral health education in classrooms.

Initiatives to increase annual dental visits and preventative dental visits.
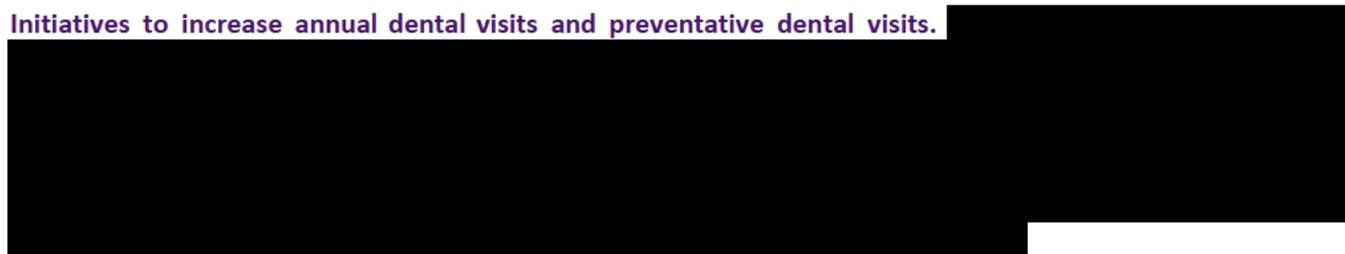
We commit to launching an initiative in Louisiana to improve the rate of annual dental visits and preventive dental visits as directed in 6.4.5.2.2., based on our experience in California and elsewhere. This will include broad-based education of all enrollees about the importance of these services through general enrollee education and campaigns such as "First Tooth First Birthday," as well as targeted, data-driven outreach using multiple channels of engagement to enrollees who have not used their benefits (e.g., mailings, telephone, and text). We will promote the availability of our Customer Care Unit and Care Coordination Team to help enrollees address barriers to access, whether they be transportation, office hours, or cultural factors. Our MIS has the tracking capabilities to enable us to identify under-utilizing enrollees and to report on our performance to LDH.

> **INNOVATION** **1st Tooth 1st Birthday Initiative.** We identified a barrier to access issue for enrollees between the ages of zero to one. Some providers were refusing to treat enrollees at this age and parents/guardians did not understand the importance of having their children seen by a dentist at such a young age. We launched a 1st Tooth 1st Birthday campaign in conjunction with our network providers and are seeing an increase in enrollees visits as a result. Our mission was to promote awareness of the American Academy of Pediatric Dentistry's (AAPD) recommendation to "Get it Done in Year One."

Dental Home Program. We support the implementation of the dental home model by offering training and resources to our network providers that are interested in receiving designation as a dental home. Our program follows the guidelines from the American Academy of Pediatric Dentists (AAPD). Our resources and support include providing training on the following as indicated by AAPD:

- "Whole person care" that is accessible, coordinated, compassionate, and culturally-sensitive;
- Provision of evidenced-based oral health care, including acute care and preventive services
- Provision of comprehensive assessment of oral health;
- Individualized programs for enrollees at risk for dental caries or periodontal disease;
- Guidance on growth and development;
- Management of and long-term follow-up for acute dental trauma;
- Management of acute/chronic oral pain and infection; and
- Aged related changes and preparation for transition to adult dentist and potential coverage changes.

For our PDPs that receive training and agree to provide dental home services, we recognize them in our provider network as dental home providers and direct auto-assignments to them. We also work with them by implementing Alternate Payment Models for achieving improved outcomes.

New Enrollee Procedures. During a transition or when a new enrollee enrolls, we will ensure that all Louisiana Medicaid and CHIP enrollees remain in treatment with their existing Medicaid dental provider, whether or not the provider joins LIBERTY's network. In addition to promoting continuity of care, which is a key ongoing goal for our program LIBERTY will pay the enrollee's existing out-of-network (OON) providers for medically necessary covered dental services until the dental enrollee's records, clinical information, and care can be transferred to a network provider, or until the enrollee is no longer enrolled with that provider.

We will also give enrollees timely and adequate access to OON services for as long as those services are necessary and not available within the network, in accordance with 42 C.F.R. § 438.206(b)(4).

Contacting New Enrollees. Our Enrollee Help Line Representatives will contact each new enrollee at least twice, if necessary, within 90 days of enrollment. During this call we will conduct a health screening to determine if the enrollee is in active treatment, needs help selecting a PDP, and/or would like assistance scheduling a dental

appointment. Our screening will also include questions on Social Determinants of Health needs, such as food assistance, housing, employment, and other social factors. New enrollees are urged to let us help make an appointment if it has been over 6 months since their last appointment. For infants and young children additional questions will be asked concerning EPSDT visits. If an enrollee will have a new PDP with LIBERTY, we will request authorization for release and transfer of the current provider's enrollee records to the new PDP or other appropriate provider. If the enrollee is receiving ongoing services, we will request documentation of prior authorization of ongoing dental services as well as records of appointments and treatment. These requests will be made within 30 days of enrollment.

6.4.6 CARE COORDINATION AND CASE MANAGEMENT

LIBERTY affirms it will comply with and accepts the provisions noted in Sections 6.4.6.1 through 6.4.6.2.3 of the RFP. Utilization Review Accreditation Commission (URAC) Accreditation granted in June 2019 aligns with LDH program requirements.

LIBERTY Engages Enrollees:

Between 12/1/18 - 5/31/19, our Florida Care Coordination Team has increased enrollee engagement in care coordination an average of 3% per month

The dedicated LIBERTY Care Coordination/Case Management Program Team coordinates care for enrollees with complex needs and/or who need assistance to overcome barriers to good dental care. ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ and Care Coordination Specialists, the CCT collaborates with other members of the enrollee's Interdisciplinary Care Team including the enrollee/enrollee's designee, the enrollee's MCO, PCP, PDP, specialists, and community supports. The Care Coordination Team helps enrollees overcome barriers to care (such as transportation), facilitates referrals, and follows up to ensure the delivery of appropriate services.

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ACCREDITED
Dental Plan
Expires 07/01/2022

Most recently, LIBERTY implemented case management services for Florida Medicaid enrollees that can be replicated in Louisiana. The populations supported are similar to Louisiana, including enrollees with:

- Special health care needs (SNP), and/or
- Intellectual and Developmental Disabilities (I/DD), and/or
- High service utilizers.

Written Policies and Procedures: We maintain written policies and procedures for all care coordination activities. LIBERTY will modify our existing procedures to ensure compliance with all the requirements in RFP Section 6.4.6.2.

Choosing a Dental Home: LIBERTY combines early identification with aggressive outreach and prompt holistic intervention(s) to improve quality of life for enrollees. Based on our experience serving Medicaid enrollees, we know that when dental care is received through a PDP, preventive, routine, follow-up, urgent and emergency dental care improve. If an enrollee does not choose a PDP, we assign one that aligns with the enrollee's needs. We will not require referrals to an in-network specialist for enrollees who have special health care needs.
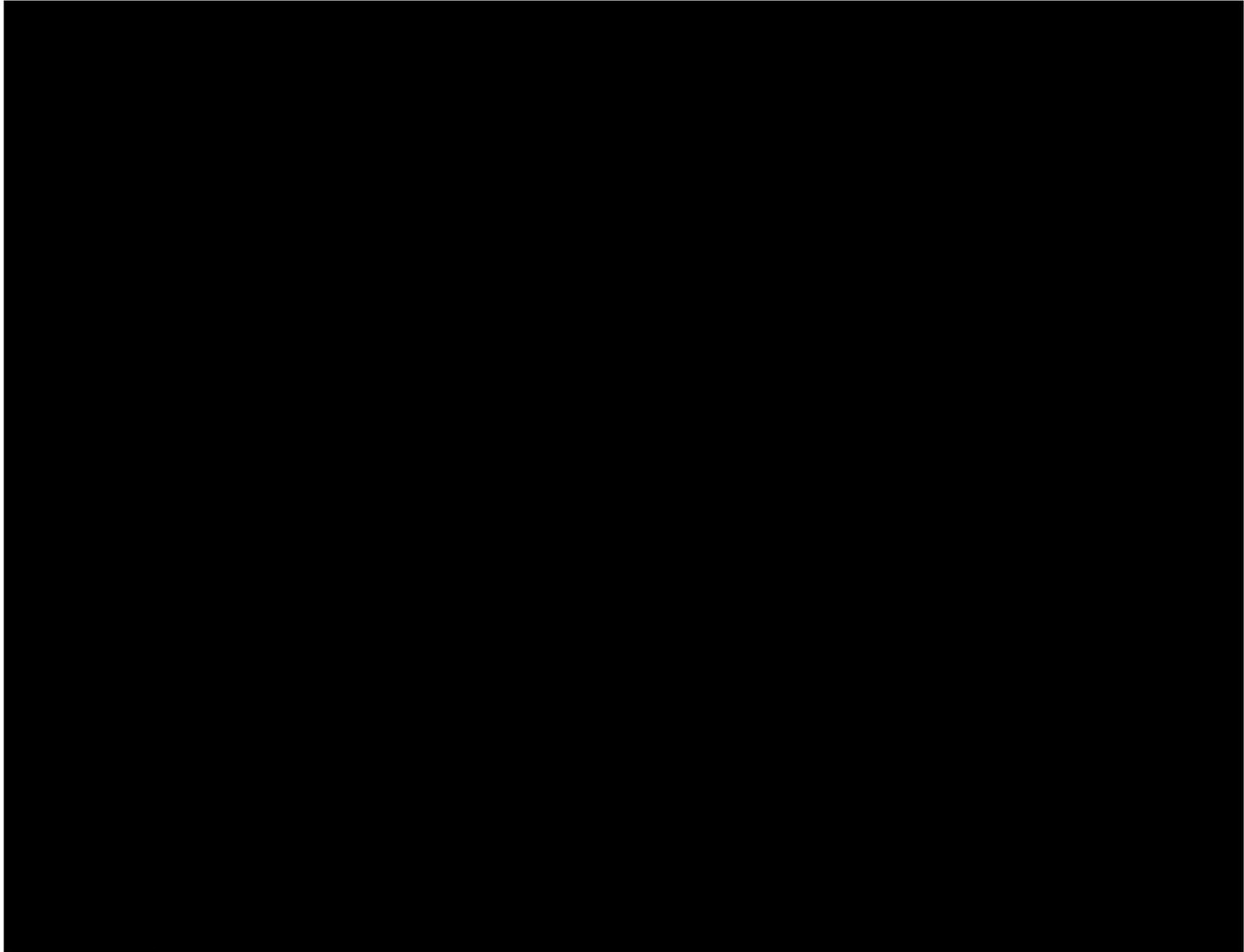
, Enrollee Help Line interactions, and individual referrals to ensure enrollees are provided oral health benefits as specified in accordance with Title 42, Code of Federal Regulation, Chapter 438, §438.208(2).
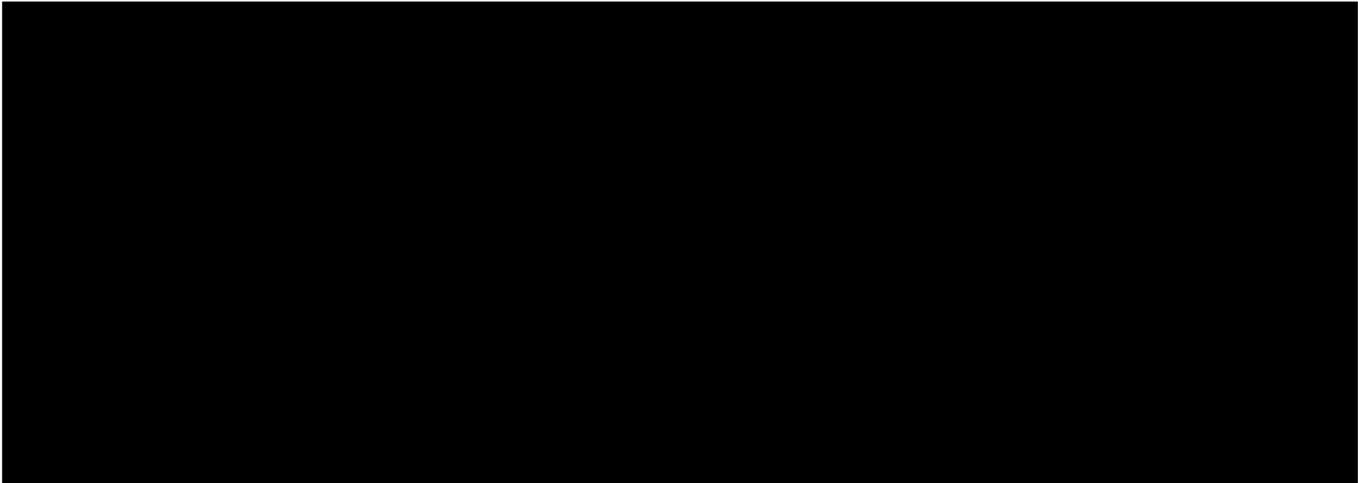
Annual Evaluation of Program Effectiveness: In compliance with URAC accreditation standards, LIBERTY's Director of Care Coordination performs ongoing monitoring and a formal annual evaluation of the Care Coordination programs. The Director reviews the program effectiveness, identifies areas for improvement or updating, and outlines proposed changes and goals through an Annual Plan for the upcoming year.

6.4.7 COORDINATION WITH OTHER SERVICE PROVIDERS

LIBERTY will comply with all of the provisions of 6.4.7 and has established strong, successful relationships with our network dental providers, other service providers, MCOs, and community-based programs by fostering a cooperative partnership with open lines of communication and information sharing (when appropriate). We will be a strong partner for LDH to promote effective care that extends beyond providers and includes other community-based entities.

The dedicated LIBERTY Care Coordination/Case Management Program Team coordinates care for enrollees with complex needs and/or who need assistance to overcome barriers to good dental care and collaborates with other members of the enrollee's Interdisciplinary Care Team including the enrollee/enrollee's designee, MCO, PCP, PDP, specialists, and community supports.

Direct Collaboration with the Interdisciplinary Care Team (ICT): From our experience serving Medicaid enrollees with complex needs (such as in Texas where most enrollees are adults with physical or intellectual disabilities and have multiple co-morbidities), we understand that this population requires skilled CCT support, development of a network with sufficient provider availability, community partnerships, and specialized communication. We believe that the successful coordination of services between LIBERTY, the PDP, dental specialists, PCP, the MCO, and other community partners, require constant communication and established processes and collaboration protocols.

COLLABORATIVE RELATIONSHIPS AND BUILDING LINKAGES

Medicaid MCO Linkages: We have established processes to ensure that successful inter-plan collaboration occurs. We coordinate with MCOs successfully in environments where Medicaid dental services are subcontracted by the MCO or contracted directly with the state. LIBERTY has established a comprehensive approach with several MCOs that includes assessment, treatment planning, and care coordination to ensure enrollees with special health care needs are identified early.

LIBERTY will produce monthly data collection, monitoring, and reporting on enrollees requiring coordination between the plans. We will share our care coordination reports with LDH on an ongoing basis. *As has proven successful in all our Medicaid programs, LIBERTY will appoint a designated point of contact to strengthen communication channels with our Medicaid MCO partners and other key stakeholders.*

Coordination with Head/Healthy Start, School-based Care and Parish Schools Systems: We have experience with school-based oral health education programs in many of our state programs as well as in operating our successful Sacramento, California-based, Early Smiles program. We propose to bring the "Early Smiles" school-based dental home navigation model to Louisiana and will seek advice and approval from LDH and local school districts to implement this program in parishes and areas most in need. The goal of school-based screening is to evaluate as many children as possible, help those immediately in pain to get treatment, and then navigate them to their appropriate provider in the continuum of care. We are aware of Louisiana's successful school-based sealant program, Louisiana Seals Smiles, and will coordinate our school-based presentations with LDH to ensure that the programs are complimentary and reinforcing.

Coordination of Care for Pregnant Women through Research has suggested there is an adverse relationship between periodontal disease and pre-term or low birth weight babies. As such, LIBERTY strives to educate our enrollees who are pregnant or anticipate becoming pregnant.

that may include outreach to pregnant women and new mothers of our 0-2 year old enrollees. We will focus on the importance of early dental care using materials such as our "First Tooth First Birthday" campaign, which includes targeted outreach to enrollees who have not used their benefits or have missed appointments on the periodicity schedule.

Outreach to Dental and Hygiene Schools, Advisory Boards, Dental Associations, and Dental Conferences: LIBERTY staff serve on a variety of public and private boards and actively participate in dental associations and conferences. For example, in Illinois, staff have served on IFLOSS, Dental Policy Board, and the Illinois Medicaid Advisory Board. In Florida, one of our staff co-chairs the Florida Oral Health Alliance's Sealant Action Team. In California, staff serve on the board for the California Association of Dental Plans. We also participate in a variety of oral health events and conferences. We will ensure that our Louisiana-based staff actively participate in local boards and engage the local dental community.

I/DD Population: to develop oral health materials for children with I/DD and their parents/caregivers. Our Chief Dental Officer and national Dental Directors will use their special needs pediatric dentistry experience to support an ongoing project housed at the Arc to educate providers about serving individuals with I/DD.

Engaging Providers Including Federally Qualified Health Centers (FQHCs) and Rural Healthcare Centers (RHCs): LIBERTY has a strong record of engaging medical and dental providers to increase preventive service utilization. Many of these strategies could be effective in Louisiana as the populations are similar to those we serve in Florida, California, and Nevada and face comparable barriers to care. For example, we identified that many of our enrollees were not receiving fluoride treatments during their office visits.

Linking PCPs and PDPs: LIBERTY Provider Relations Staff also support PCPs and PDPs by reaching out each quarter with information about enrollees who we identify are underutilizing services. In our experience, proactive outreach increases utilization of preventive services, supports continuity of care, reduces preventable emergent care, and improves overall outcomes.

Examples of LIBERTY Collaborations in Other States

In Our Nevada Program: LIBERTY meets quarterly with each of the Medicaid MCOs to collaborate on community outreach efforts and discuss any operational topics regarding the Medicaid program.

LIBERTY supports events that provide dental services to rural residents, such as the use of portable equipment to perform cleanings.

In 2018, LIBERTY's joint outreach efforts in New York resulted in dental visits for 75,440 of 80,144 enrollees

In Our California Program: As described above, LIBERTY outreach staff make educational presentations in elementary schools and pair our "Early Smiles" school-based dental home navigation program and screening program with classroom-based education.

Emergency Department (ED) Diversion: LIBERTY engages in a variety of projects to reduce ED utilization for non-emergent dental conditions and will apply this experience to Louisiana.

Partnership with Patient-Centered Medical Homes and LIBERTY Centers of Excellence: In Florida, where we serve a similar population to Louisiana, LIBERTY works with Medicaid MCO partners to prioritize a dental presence at Patient-Centered Medical Home (PCMH) locations.

TRAINING PRIMARY CARE PHYSICIANS (PCPS) AND DENTAL PROVIDERS

Educating PCPs: We have found that enrollee compliance with making and completing a dental appointment increases when the referral comes directly from the enrollee's PCP. To this end, we have directly funded and/or participated in several PCP training programs in the markets we serve. We collaborate with local stakeholders and our Medicaid MCO partners to integrate oral services with overall health promotion. Our PCP training programs are designed to increase the number of medical doctors performing oral health screenings and fluoride varnish applications and to equip them with the information necessary to screen and provide referrals to dental professionals.

Educating Contracted Providers: At our initial provider orientation and on an ongoing basis through one-on-one meetings with our Network Managers, LIBERTY shares information on the importance of using a person-centered and integrated approach to supporting enrollees. We also discuss the importance of conducting assessments of an enrollees total health and social/environmental status when determining treatment plans and about the importance of providing integrated care. Our network providers are reminded periodically through fax blasts and features in the quarterly provider newsletter about our emphasis on care coordination and how to refer enrollees to case managment.

6.4.8 DENTAL RECORDS

LIBERTY will adhere to all provisions for dental records described in Section 6.4.8 including all data elements and record-keeping requirements. Network providers will receive required training on all data elements that must be included in the dental record, requirements for maintaining and safeguarding all records in an organized fashion to ensure accessibility for review by LIBERTY, and the requirement to provide at least one free copy of any part of the dental record to the enrollee or designee each year upon request.

SECTION 6.5 – SECTION UTILIZATION MANAGEMENT

OUR COMMITMENT

LIBERTY has a long-established, data-driven, and results-oriented Utilization Management (UM) Program that we use to ensure enrollees receive medically necessary and appropriate services; and prevent against both over- and under-utilization. LIBERTY's UM Program is URAC-accredited and meets requirements included in RFP Section 6.5. LIBERTY will make any necessary program modifications to comply with final contractual requirements. Our structured UM program is directly overseen by the State Dental Director in collaboration with our Chief Dental Officer. The UM Committee engages in an ongoing, systematic evaluation and monitoring process that facilitates continuous quality improvement of the dental care offered by network providers. LIBERTY uses the UM and Peer Review Committees to provide oversight of our UM Program and ensure provider participation.

Our experienced internal LIBERTY clinical and non-clinical staff, structured UM program, and technology platform, which enables providers to submit prior authorization requests in a variety of formats, ensures that our prior authorization determinations are made timely and in compliance with any state-mandated turnaround times. In Louisiana, we intend to exceed the required 95% completed within 10 days, and commit to at least 85% of prior authorization determinations made within 2 calendar days, 95% within 10 calendar days, and 100% within 14 calendar days. In addition, we continuously identify ways to improve the efficiency of our UM Program and reduce provider administrative burden.
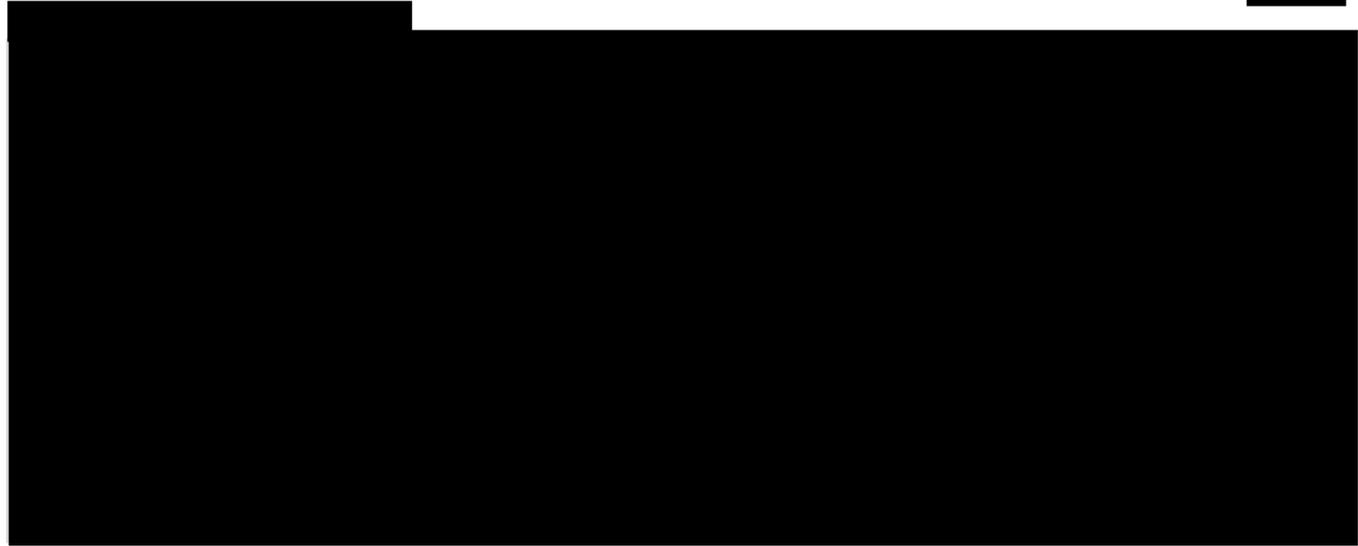
OUR OPERATIONAL APPROACH

6.5.1 GENERAL PROVISIONS

LIBERTY will comply with all of the requirements set forth in Section 6.5.1.

LIBERTY's UM staff work with providers and enrollees when conducting an evaluation of medical necessity and apply our Clinical Care Guidelines (CCGs) to all dental care decisions. We have an established process for prior authorization of any medically necessary service for EPSDT enrollees to allow for medically necessary services when a service is not listed as a covered service, or the amount, frequency, or duration exceeds specified limitations or the fee schedule.

UM activities are performed in-house by our Dental Director, licensed dental staff, and other qualified staff who all report up through LIBERTY's Chief Dental Officer. We do not use compensation or offer any incentives to staff related to their UM decision-making. The UM Committee provides direct oversight of the UM Program. All LIBERTY UM policies and procedures and clinical guidelines are reviewed annually for accuracy, completeness, and compliance with the latest clinical practice guidelines. As in other states, LIBERTY will partner with LDH to ensure an oral healthcare service delivery system that is high quality, equitably accessible, and cost-effective. LIBERTY provides full transparency into our UM Program decision-making and is committed to process improvement.

LIBERTY has differentiated itself from competitors by building a UM Program that not only uses a data-driven approach to identify where providers are exhibiting billing patterns outside the norm, but draws on the experience of our clinical staff to engage our providers to improve the quality and cost-effectiveness of the care they deliver. We support our UM Program with proprietary processes, benchmarks, and analytical tools.
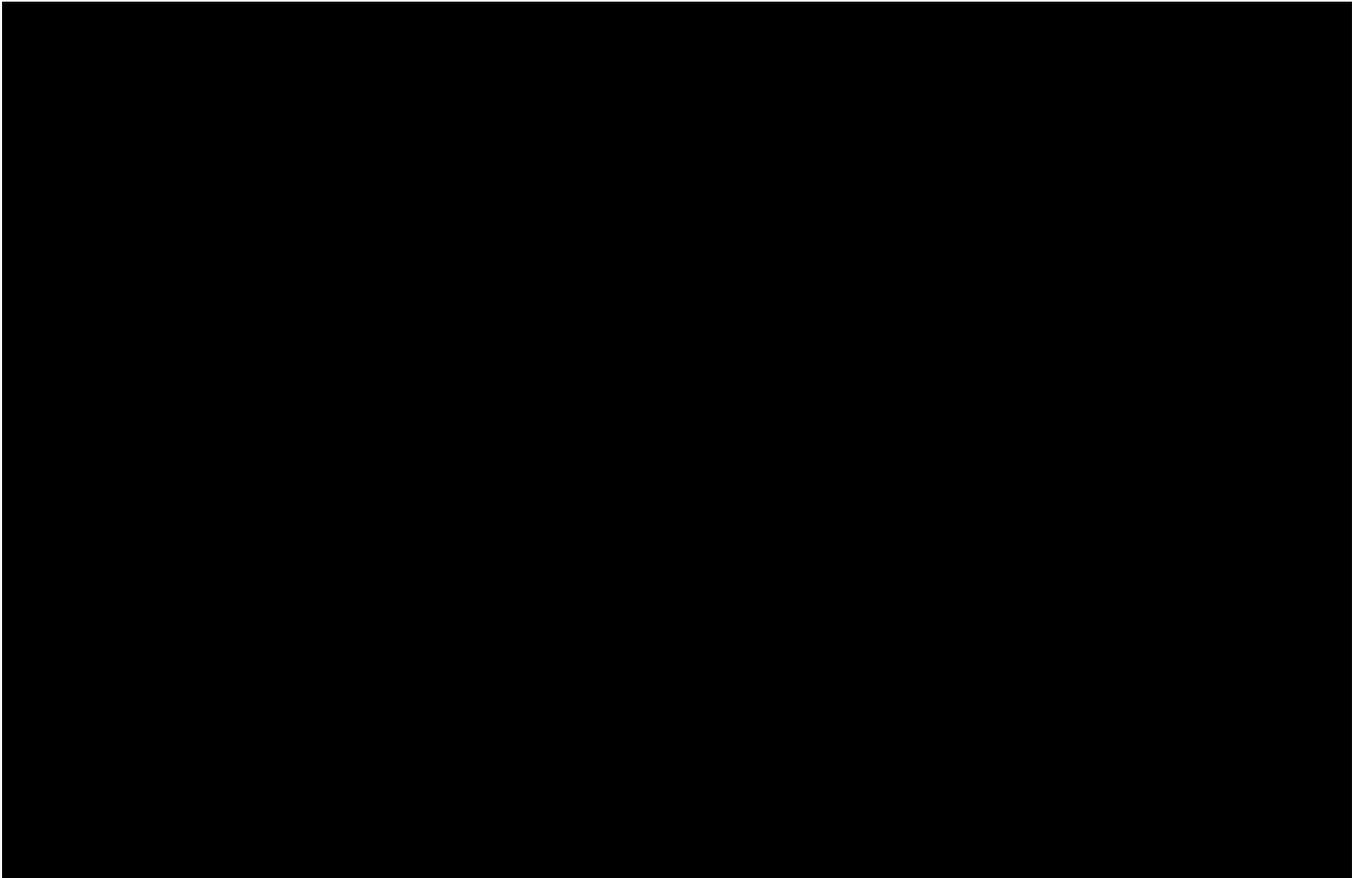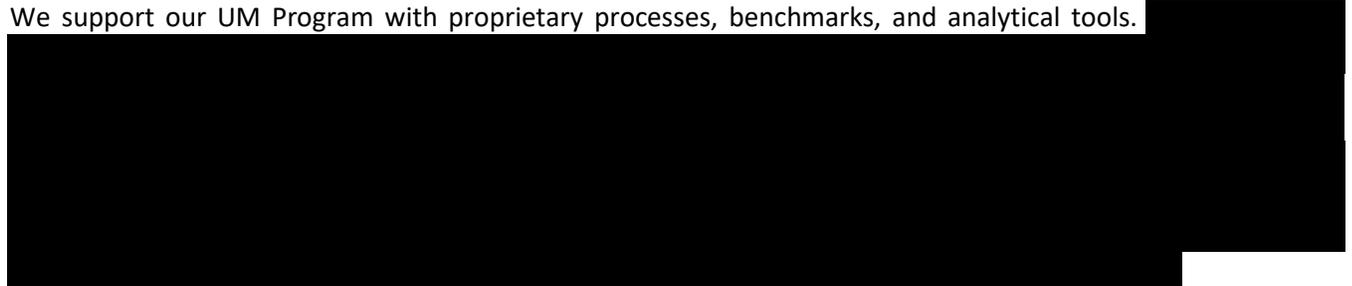
6.5.2 UTILIZATION MANAGEMENT PROGRAM DESCRIPTION

LIBERTY will comply with all of the requirements set forth in Section 6.5.2.

LIBERTY's UM Program is URAC compliant, as demonstrated by our full URAC accreditation. LIBERTY maintains a current UM Program Description and library of UM policies and procedures, which are reviewed and approved by the UM Committee at least annually, and meet all of the requirements included in RFP Section 6.5 including that we have policies and procedures for identifying and addressing over- and under-utilization, conducting provider profiling, and reporting fraud, waste, and abuse to the state. We will make any needed changes to comply with final contract requirements. We will adopt LDH's medical necessity definition and make decisions consistent with that definition. We only use qualified, licensed dental practitioners to make determinations of medical necessity and prior authorization decisions.

6.5.3 UTILIZATION MANAGEMENT COMMITTEE

LIBERTY will comply with all of the requirements set forth in Section 6.5.3.

LIBERTY uses the UM and Peer Review Committees to perform the responsibilities included in RFP Section 6.5. and both report to our QAPI Committee. The UM Program, which includes our UM Committee, is directly overseen by the State Dental Director in collaboration with our Chief Dental Officer and other LIBERTY staff dentists and includes the participation of Quality Management/UM and Provider Relations department staff, LIBERTY staff dentists, and participating network providers. The UM Committee provides direct oversight of the UM Program and engages in an ongoing, systematic evaluation and monitoring process that facilitates continuous quality improvement. The Committee meets quarterly, or more frequently as needed. The Committee uses quarterly reports to monitor and track over- and under- utilization trends at the provider, enrollee, and service code levels, at the national, state, and local levels. This process is used to drive provider engagement and creation of quality initiatives to improve service delivery for our enrollees. The Committee is also responsible for reviewing, modifying, and approving the UM Program Description annually; assuring that enrollee needs are taken into consideration when determinations for care are rendered; developing UM improvement action plans; performing ongoing monitoring; and recommending dental policy, protocol, and clinical practice guidelines.

LIBERTY's Peer Review Committee oversees record reviews of primary dental providers as part of its broader charge to review the quality of care delivered by network providers and oversee implementation of corrective action when needed. Quality Management staff perform provider record reviews, in addition to investigating Potential Quality Issues that are identified from enrollee complaints and grievances, provider disputes, retrospective claims review, and referrals from internal departments, as well as adverse/out-of-cycle credentialing and re-credentialing decisions. QM staff use documented processes and a standard evaluation tool in performing these reviews and when adverse findings are identified, they follow-up with the providers using detailed findings letters and corrective action plans. The Peer Review Committee reviews the analysis of record reviews and reports to the QAPI Committee, which ensures that findings are shared with other relevant teams (i.e., with Credentialing, Provider Relations).

6.5.4 SERVICE AUTHORIZATION SYSTEM

LIBERTY will comply with all of the requirements set forth in Section 6.5.4.

LIBERTY maintains written policies and procedures for the processing of requests for initial and continuing authorizations of services consistent with state and federal laws and regulations, and the court-ordered requirements of *Chisholm v. Gee* and *Wells v. Gee*. Authorization requests are monitored from initiation until rendered services are completed with the submission of a claim. Claims that have prior authorizations on file are linked automatically to demonstrate a cohesive relationship between pre-service and post-service.

We do not require authorization for payment of primary and preventive dental care services furnished by a contracted provider or for prior authorizations in these instances: 1) Emergencies; 2) Referrals for EPSDT services; and 3) Continuation of covered services for a new enrollee, regardless of whether such services are provided by an in-network or out-of-network provider.

We will submit a monthly report of authorization timeliness standards to LDH in LDH's preferred format.

6.5.5 PRACTICE GUIDELINES/EVIDENCE-BASED CRITERIA

LIBERTY will comply with all of the requirements set forth in Section 6.5.5.

LIBERTY's UM and Peer Review Programs are based on our CCGs and Practice Parameters. LIBERTY's CCGs are founded on sound clinical dentistry and professionally recognized standards of care. LIBERTY's CCGs are derived from multiple sources including publications of organized dentistry and education from United States-based dental schools. LIBERTY's CCGs address all categories of dental services, including preventive, to ensure standards/guidelines exist for the full spectrum of populations enrolled in the Medicaid and Medicare Advantage plans, accounting for care delivery in both individual and group practices.

LIBERTY's CCGs were developed by our Chief Dental Officer with input from participating general dentists and specialists. Following a well-defined, formal process, clinical staff, including, but not limited to, members of the Peer Review Committee and the QAPI Committee, conduct an annual review of the CCGs and perform periodic revisions as necessary and appropriate. Any revisions are reported to the Board of Directors (BoD) (most recent update was 2019) and tracked as part of the QAPI annual Work Plan. The annual review of our CCG's includes consideration and incorporation of:

| Local, state, and/or federal requirements | Clinical resources: Publications of the American Dental Association, American Academy of Periodontology, American Association of Oral and Maxillofacial Surgeons, American Academy of Pediatric Dentistry, American Association of Endodontics, American Association of Orthodontists, the American College of Prosthodontists, Knox-Keene Dental Guidelines, California Dental Association Guidelines, Dental Quality Alliance, and the Dental Quality Forum. | UM findings: In situations when particular services might seem to be excessive, wasteful or abused, we will highly consider changing the requirements for said services the following plan year. When making changes such as these, provider notification occurs prior to the effective date of the new plan year. We re-evaluate this annually upon the release of the Certified Dental Terminology (CDT) code updates. |

We frequently monitor for any updates and changes in dental standards, and update our criteria as needed under the review of our Peer Review Committee. LIBERTY disseminates CCGs and notification of changes to participating providers through several means including the Provider Manual, our provider website, quarterly newsletter, email alerts, and provider portal. Substantive changes may be reinforced through provider training. Enrollees can also access the CCGs on our enrollee website or in another format upon request. As an example, in the process of reviewing our CCGs in 2018, our clinical workgroup recommended changes to a handful of Oral Surgery criteria based on new, evidenced-based literature, updated Allegheny Oral and Maxillofacial Surgery (AAOMFS) guidelines, and feedback from network surgeons. These updated Oral Surgery guidelines were formally adapted by the QAPI Committee in 2019. LIBERTY ensures consistent application of our review criteria using strategies shown in *Figure 6.5.5-1*.

6.5.5-1 Strategies to Ensure Consistent Application of Review Criteria

Strategy	Explanation
Documentation	Written policies and procedures and the Provider and Enrollee Handbooks identify procedures subject to prior authorization and how to process initial and continuing authorizations of services.
Staff Dentist Training	Staff dentists receive 8-10 hours of training each quarter on our state specific medical necessity and prior authorization requirements, including our written policies and procedures. They receive continuing education to ensure that LIBERTY is current on trends in clinical dentistry.
Quarterly Inter-Rater Reliability (IRR) Calibration Exercises	All LIBERTY dental staff participate in quarterly IRR calibration exercises. Our State Dental Directors select real claims and/or prior authorizations to be reviewed during the exercise. During the calibration exercise, each staff member decides to approve, modify or deny the selected service(s) on each case. Cases where determinations vary from staff dentist to staff dentist are reviewed in a web-conference setting in an effort to achieve consensus. Any clinical staff who fall below 80% are required to undergo additional, one-on-one calibration training with their state Dental Director, our National Director of Clinical Oversight, and Chief Dental Officer. ████████████████████████████
Monthly Quality Assurance Review	Our state Dental Directors conduct a monthly review of claims and prior authorizations completed by each state's clinical review team (staff dentists), which allows for near real-time consistency in clinical reviews. ████████████████
Quarterly State Dental Director Summits	LIBERTY brings state Dental Directors together to share best practices and conduct UM training.
Weekly Dental Director Meetings	Our Chief Dental Officer and National Director of Clinical Oversight facilitate a weekly meeting of Dental Directors to discuss identified issues/trends, collaborate on ideas, and provide support.

6.5.6 CLINICAL DECISION-MAKING

LIBERTY will comply with all of the requirements set forth in Section 6.5.6.

LIBERTY performs all UM functions in-house by our State Dental Directors and appropriately licensed staff dentists, and does not delegate any UM decision-making responsibility to a third party. We credential and re-credential

dental staff, and ensure employees making UM decisions have not been subject to disciplinary action or sanctions.

Our licensed staff dentists are trained on state dental guidelines to ensure that LIBERTY's criteria for approval and/or denial of services based on medical necessity are no more restrictive than those imposed by the state. Our clinicians educate providers on the guidelines through outreach and communication, including frequent contact with Network Managers, staff dentists, and our Louisiana Dental Director, as well as updated notices sent directly to the provider. LIBERTY will identify which procedures require a medical necessity determination based on LDH and federal requirements, and nationally accepted clinical criteria and practices. In making medical necessity decisions, LIBERTY staff dentists actively engage the treating provider to ensure they clearly understand the enrollee's unique needs, reviewing our written guidelines and criteria. Using our established UM processes, we ensure enrollees receive appropriate and necessary dental services timely and at the most appropriate location. Neither our Dental Director nor staff dentists are compensated or incentivized based on clinical review decision making and we maintain policies and procedures barring decision-making based on compensation, which staff acknowledge annually in writing.

6.5.7 SERVICE AUTHORIZATION STANDARDS FOR DECISIONS

LIBERTY will comply with all of the requirements set forth in Section 6.5.7.

which exceeds the 14-calendar day requirement of this RFP for standard authorizations. LIBERTY meets timeliness requirements that our state and MCO plan partners establish.

hen an extension is needed, we will issue a written notification to the enrollee compliant with RFP requirements in Sections 6.5.7. and 6.5.8.

LIBERTY understands that making timely authorization decisions ensures that our providers help enrollees receive necessary care.

6.5.8. NOTICE OF ADVERSE BENEFIT DETERMINATIONS

LIBERTY's Notice of Extension and Notice of Adverse Benefit Determination are compliant with all of the RFP Section 6.5.7. - 6.5.8. requirements. In these and all enrollee notices, LIBERTY uses clear and easily understood language to explain the reason for the extension or denial, provide contact information, and outline all enrollee

rights, including the process for submitting a grievance or appeal, requesting a state fair hearing, and receiving material used in the decision-making, free of charge.

6.5.9. POST-AUTHORIZATION REVIEWS

LIBERTY will comply with all of the requirements set forth in Section 6.5.9.

LIBERTY performs post-authorization or retrospective reviews when a claim is received following treatment, typically within 30 days of receipt of the request. Claims involving treatment (i.e., dentures, surgical extractions) are sent to the Dental Director or a staff dentist. Claims including treatment that differs from the prior-authorized services are also subject to clinical review. LIBERTY does not retract authorization or reduce payment unless staff identify a material omission or misrepresentation.

6.5.10. CHANGES TO UTILIZATION MANAGEMENT COMPONENTS

LIBERTY will comply with all of the requirements set forth in Section 6.5.10.

LIBERTY offers state partners full transparency into our service authorization protocols and will provide written notice to LDH no less than 60 days prior to implementing any changes to administration and management procedures and authorization denial or review procedures.

SECTION 6.6 – PROVIDER NETWORK

OUR COMMITMENT

As a plan founded and run by a dentist, we understand the unique challenges confronting dentists and have developed effective recruitment and retention approaches to ensure we can offer our enrollees access to comprehensive dental care. We do so by developing and executing a comprehensive network recruitment plan, systematically monitoring the adequacy of our network using established policies and procedures, and addressing gaps in care through creative partnerships with providers. Our experience uniquely positions us to adapt our current Louisiana network into a comprehensive statewide network that can address LDH's needs and widespread dental professional shortage areas. Our work in urban areas like Miami, Florida, Los Angeles, California and Chicago, Illinois and rural communities in Nevada, Western New York, and the Florida Panhandle demonstrates our ability to recruit and retain providers to expand network capacity and access to dental care for the populations highlighted by the state: the aging, individuals with intellectual and developmental disabilities (I/DD), and children aged 0-20 who receive EPSDT services.

We are confident in our ability to develop a network that meets access to care requirements and reflects the needs of the local population, as proven by our track record of establishing comprehensive provider networks in short implementation timeframes in other states (shown in Table 6.6.1-1). As these examples illustrate, we can significantly expand access points between the date of contract award and the implementation date. We are also mindful of the importance of maintaining a diverse provider network and our Louisiana network will include essential/safety-net community providers, bilingual providers, and providers experienced in serving enrollees with disabilities. We have experience recruiting providers to serve enrollees with special needs in all our markets, including Florida where we serve individuals with I/DD through the iBudget Waiver Program and Texas where we provide value-added services for Medicaid adults who are aging and have physical, intellectual, and developmental disabilities.
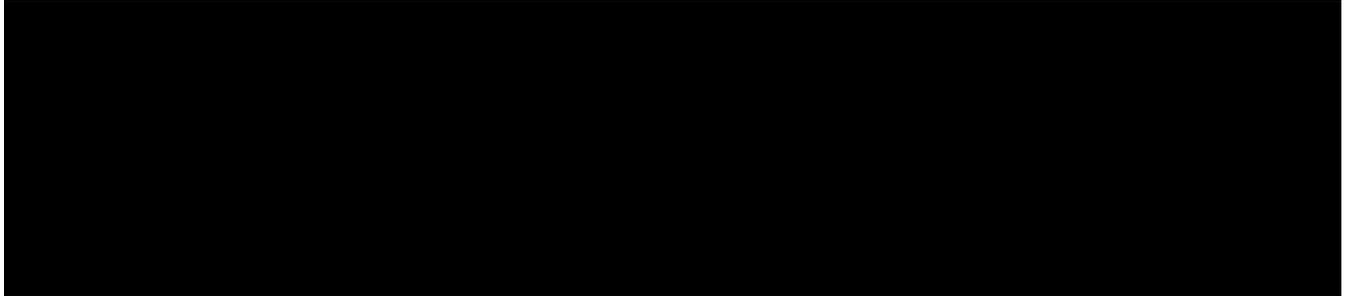
We understand and share the state's priority to expand access to dental care, especially given that the majority of the state's parishes qualify as dental health professional shortage areas. We intend to use the following strategies to expand access to general and pediatric dentists:
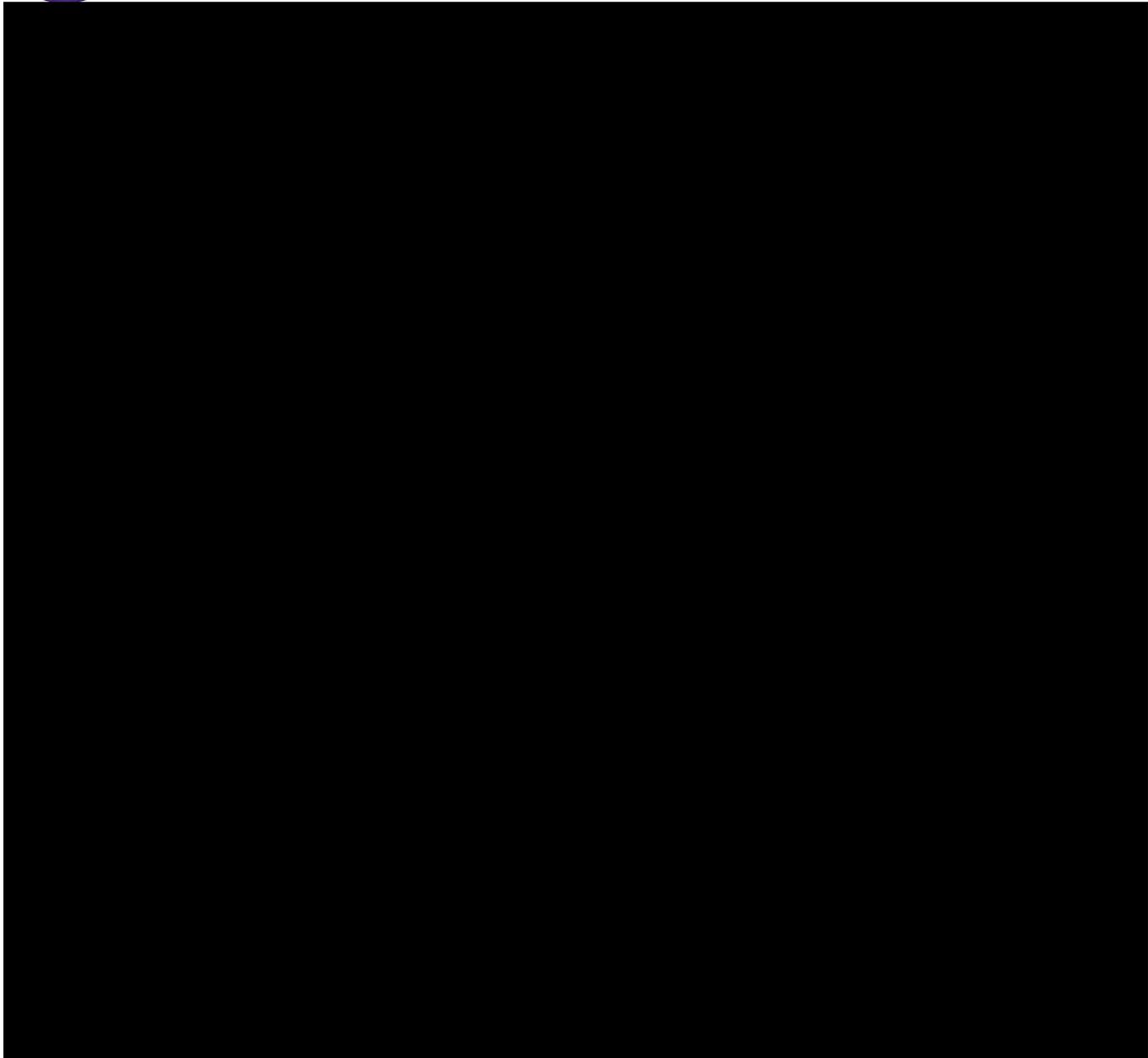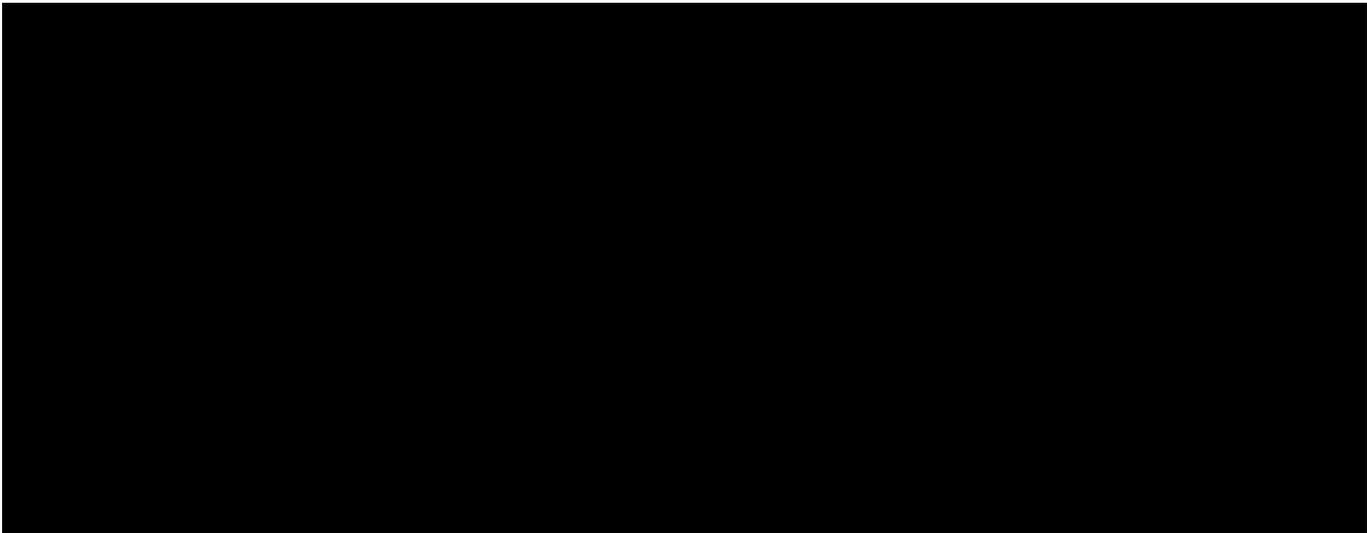
We will also work to expand specialty care access through the following strategies:
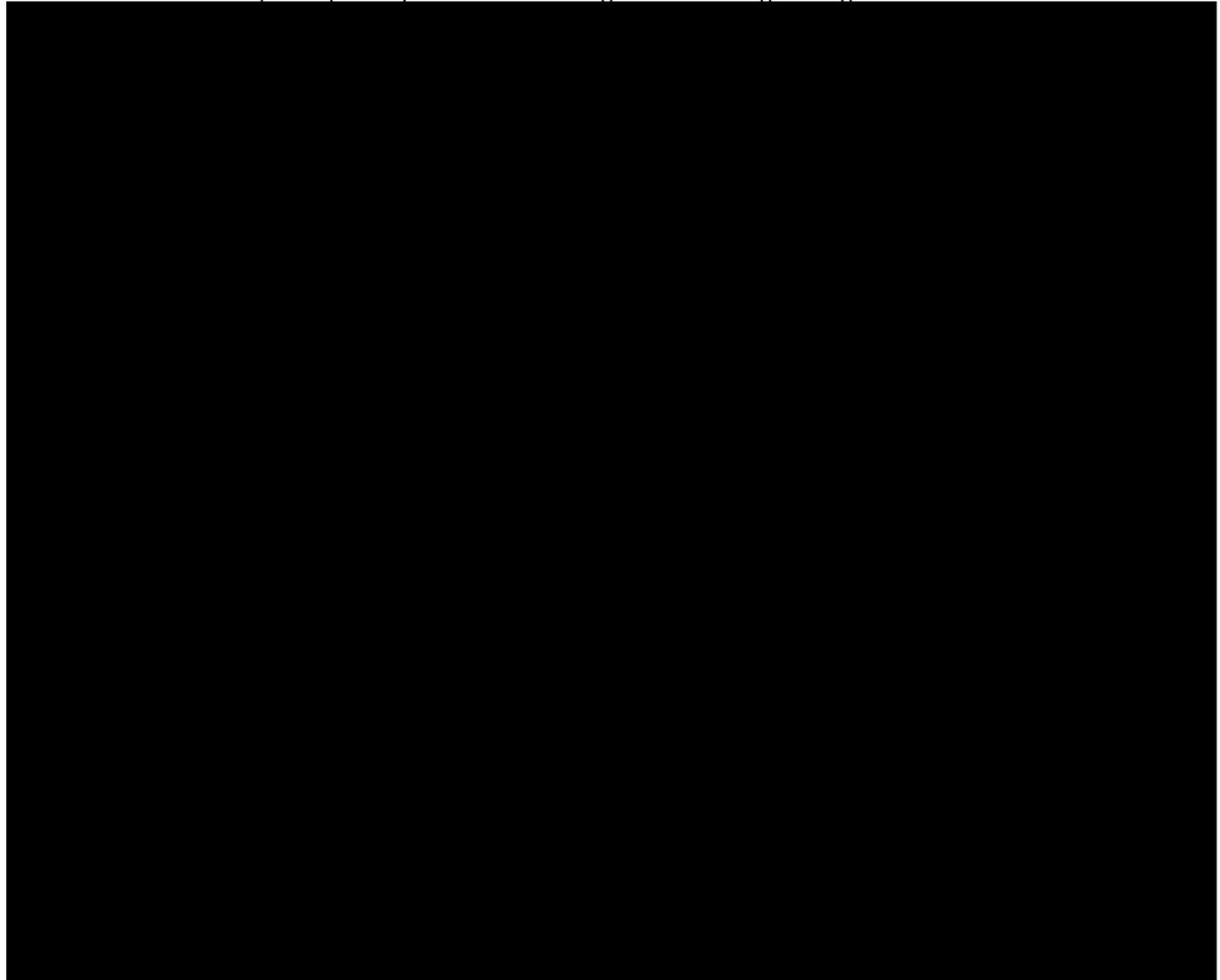
OUR OPERATIONAL APPROACH

6.6.1 GENERAL PROVISIONS

LIBERTY will comply with all of the requirements set forth in Section 6.6.1.

Following an award, we will expand our existing Louisiana network into a statewide network that meets LDH's access standards. We will work collaboratively with LDH throughout this process, submitting our model agreements to LDH for review and approval. We will initiate provider recruitment activities using Louisiana-based Network Managers, informed by the proven approaches documented in our Network Development and Management Plan. We begin by evaluating a list of non-contracted Medicaid providers and quickly onboard them into our network using the following approach:

- On-the-ground, in-person outreach performed by Louisiana Provider Relations staff who engage provider offices and assist them throughout the contracting process;
- Comprehensive outreach to existing Medicaid / CHIP and safety net providers and large dental groups via letters, calls, and in-person visits (a letter notifying them of our award is typically effective);
- Recruitment of providers in remote areas with limited provider availability by using fast-tracked contracting and credentialing;
- Targeted recruitment of providers using master provider files and data mining activities, outreach to the Louisiana Dental Association and other associations as applicable, analysis of out-of-network care delivered to Medicaid / CHIP enrollees, Internet web research, and provider/enrollee referrals; and
- Holding focus groups with traditionally non-participating Medicaid providers to identify and address barriers to their network participation. We value provier input in this process and conduct focus groups initially when entering a new market and on an ongoing basis post-implementation.

Throughout the implementation period, we monitor the status of our network using our recruitment dashboard. This dashboard summarizes the total number of targeted dentists, along with a status of which providers have submitted contracts or are in credentialing, those who have verbally agreed to contract, or are still making a decision. This dashboard allows us to effectively follow up with Network Managers on a specific provider or status at any time. During an active recruitment project, our Project Management team monitors the dashboard daily to review progress and results. If necessary, we will shift or add resources where needed to ensure we meet our objectives.

Once our network is established and on an ongoing basis post-implementation, our Provider Relations Team will regularly brief our Louisiana CEO, Contract Manager and Dental Director, on the status of the network and participates in quarterly Access and Availability Committee meetings, which include a cross-section of staff from across functional areas. Staff review several reports on the network status and consider reports from the Customer Care Unit when enrollees receive care from out-of-network providers. This data helps the Provider Relations Team identify when to conduct more comprehensive provider recruitment.

LIBERTY pro-actively engages ongoing activities to strengthen our network as we aim to have a continual pipeline of PDP's interested in joining our network. We achieve this through ongoing provider outreach, including telephone calls, emails, and recruitment letters that introduce LIBERTY and express our desire to contract with them. LIBERTY also uses specialty recruitment strategies to ensure coverage for all specialty types to meet current and projected needs, including:

- Routinely reviewing provider reports from a third party to help identify additional providers of a particular specialty type within a given area that LIBERTY may be able to recruit;
- Review of the LDH provider master list for possible providers who have recently enrolled in the LDH Program

and begin our recruitment process to contract with these providers;

- Identify non-Medicaid providers in underserved areas through state dental associations, out-of-network providers rendering care to Medicaid enrollees, Internet research, enrollee and provider referrals, state provider directories for other programs, and associates who have left a practice to start their own or joined another dental group; and
- Developing new mobile and tele-dental partnerships to expand availability statewide.

We also use data about our membership and the needs of our enrollees to inform our ongoing network development strategy. On a quarterly basis, the Cultural and Linguistics Committee reports on the language, enrollee needs for accommodations, and other needs of the population (such as specialty access, pediatric access, and orthodontia access). The Access and Availability Committee reviews this data on the needs of our membership, and as needed, directs the Provider Relations Team to adjust our recruitment strategy to ensure our provider network can meet the needs of these enrollees.

If there is a network gap, our immediate priority is to address the needs of the enrollee(s) involved in the situation, including through the strategies identified in RFP Section 6.6.1.6. The specific steps we take to remedy network gaps are included in the response to RFP Section 6.6.2.

6.6.2 NETWORK CAPACITY AND GEOGAPHIC ACCESS STANDARDS

LIBERTY will comply with all access to care and other requirements set forth in Section 6.6.2, including the time and distance standards included in RFP Section 6.6.2 for PDPs and specialists as well as all LDH reporting requirements related to network adequacy. We are an industry leader in maintaining strong Medicaid and CHIP provider networks as demonstrated by our ability to efficiently deploy networks shortly upon contract award and maintain provider adequacy in our state programs. We systematically incorporate all access requirements into our provider contracts, manual, and communications, and train our providers on these requirements. Our Louisiana-based CEO is our executive accountable for access to care and oversees our Network Managers. We ensure organizational accountability for access to care issues through our Access and Availability Committee, which meets quarterly and is overseen by the QAPI and our BoD. We hire Network Managers from the local communities where we operate and they drive our provider recruitment and retention efforts, including monitoring for access to care and identifying network gaps.

Monitoring Network Gaps

Using a data-driven approach, we continuously monitor our network to ensure all enrollees can access their dental benefits. Network Managers proactively verify compliance with the time and distance requirements on a continuous basis using a suite of reports, including:
- GeoAccess Reports
- Reports on provider open panels and offices LIBERTY has closed to new enrollees
- Utilization data reports by specialty and that show out-of-network utilization
- Reports from the Enrollee Help Line department regarding enrollee contacts on access issues
- Reports on enrollee access-related complaints, produced by Grievance and Appeals staff
- Review of input from LIBERTY's Customer Care Unit (helps enrollees locate providers)
- Reports on voluntary and involuntary provider terminations

Addressing Network Gaps

If there is a network gap, our immediate priority is to address the needs of the enrollee(s) involved in the situation. If the enrollee contacts our Enrollee Help Line a Representative will attempt to assist them. Representatives are

trained to escalate cases to our Customer Care Unit (CCU) when enrollees have difficulty locating a provider in their geographic area, or one that will meet their individual needs. If there is no general dentist or specialist available within the required radius of the enrollee's home, the CCU helps the enrollee find the closest contracted provider or an out-of-network provider (and executes a single-case agreement if needed). The CCU staff helps schedule the appointment using a three-way call to ensure the enrollee's needs are met.

For transportation needs, CCU staff will coordinate with the enrollee's MCO to arrange for transportation. If the best treatment option for the enrollee involves traveling to a contracted provider outside their immediate area, our Customer Care Analysts (CCAs) will help address any barriers the enrollee may experience, including transportation.

When we identify a gap in access, Network Manager(s) immediately initiates targeted recruitment efforts. Our recruitment plan and related policies and procedures prescribe taking the following actions:

- Research and identify new potential providers using dental plan directories (e.g., purchased NetMinder lists), state lists of providers with Medicaid IDs, and U.S. Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA) reports on Federally Qualified Health Centers;
- Conduct face-to-face, telephonic, or other outreach and discuss network enrollment;
- Help providers become a Medicaid enrolled and LIBERTY-credentialed provider;
- Engage out-of-network providers to transition them into our network; and
- Expand capacity through mobile dentistry, tele-dentistry, or by incentivizing existing providers to expand operations into underserved areas or expand hours of operation.

6.6.3 PROVIDER ENROLLMENT

LIBERTY will comply with all of the requirements set forth in Section 6.6.3.

LIBERTY has successfully operated URAC and National Committee for Quality Assurance (NCQA)-compliant processes for provider enrollment, contracting, and credentialing/re-credentialing, that are used to ensure LIBERTY contracts with providers have met our quality expectations. We have leveraged our provider onboarding experience to develop highly efficient processes. We have implemented a new technology platform to improve our contracting and credentialing processes. We will realize a number of significant benefits from this change, including streamlining our paper-based contracting and credentialing processes through automation, improving our ability to track and oversee each step of the contracting and credentialing processes, simplifying these processes for providers, and increasing transparency for providers who will be able to view the status of their application on our provider portal at any time.

Our credentialing process requires that providers are licensed to practice in the State of Louisiana and that they are enrolled with the State of Louisiana's Medicaid and CHIP program. Through our credentialing process, we will screen for any exclusions, license actions, or reason for disbarment. On an ongoing basis, we will monitor for these actions and remove providers from our network who are no longer eligible for participation. We will limit network participation to providers whose practice location or pay-to location is inside the United States to prevent the issuance of payment to a provider whose practice location or pay-to location is located outside the United States.

We use a third-party Credentials Verification Organization (CVO) for primary source verification, but should LDH implement a new NCQA-certified CVO, we will adapt our processes to comply with new state requirements, participate in the CVO credentialing committee, and accept CVO credentialing decisions.

We do not discriminate with respect to participation in the program, payment or indemnification against any provider solely on the provider's type of licensure or certification. We use an established, documented process for provider credentialing/re-credentialing of network providers and allow for provider appeal. We do not discriminate against providers that service high-risk populations or specialize in conditions that require costly treatment.

6.6.4 DEMONSTRATION OF NETWORK ADEQUACY

LIBERTY will comply with all of the requirements set forth in Section 6.6.4 and will submit a provider network file to LDH, in an approved format, on a weekly basis or upon request, that demonstrates our network's capacity to provide covered services to all enrollees.

6.6.5 TIMELY ACCESS STANDARDS

LIBERTY will comply with all timely access standards. Our contracts include compliance with appointment standards, and LIBERTY ensures provider awareness of these requirements through training, service calls, and other communications.

Monitoring for Appointment Access

Network Managers use several proven methods to verify provider compliance with appointment access requirements, including:

- **Review of Data:** Enrollee complaints, satisfaction, access surveys and appointment wait time reports
  Pre-Contracting Visit: Verification of the applicant providers profile and compliance with access requirements and provide education on contract requirements.
- **Servicing Offices:** Verification of the accuracy of a provider's profile and compliance with access requirements occurs during each service call or visit, beginning with new provider orientation and documenting this in the provider's profile in our MIS system.
- **Annual Access Survey:** Annual surveys are conducted to verify compliance with accessibility requirements.
- **Secret Shopper Calls:** Secret shopper calls are conducted quarterly, in order to access appointment availability, after-hours and wait times. Results are summarized and reported to the Access and Availability committee.
- **Quarterly Monitoring for Provider Directory:** Quarterly monitoring of network data allows for data integrity of network directory's (including office-hours and other related data.

Addressing Non-Compliant Providers

Network Managers take immediate action to resolve access issues using a variety of remedies. They will seek guidance from our Louisiana CEO and report findings to the Access and Availability Committee. on this data quarterly. The Network Manager schedules a session with the provider to educate them on the requirement, identify the cause of the problem, and develop a solution collaboratively. The Provider Relations Team determines if the issue requires escalation to the Access and Availability Committee. The Committee may recommend follow-up, including: 1) a service call or visit within 60-90 days to review progress; 2) a secret shopper call to validate appointment availability; 3) implementation of a Corrective Action Plan; and 4) additional monitoring by the Network Manager.

If the provider fails to demonstrate improvement, we may close the office to new enrollment, remove them from the Provider Directory, place them on a Corrective Action Plan, transfer all or part of their enrollment to another provider, or terminate the provider. While working with the provider, our Network Manager also

assesses whether the appointment access issue signifies an underlying need to expand the network.

6.6.6 PROVIDER NETWORK DEVELOPMENT AND MANAGEMENT PLAN

LIBERTY will comply with all of the requirements set forth in Section 6.5.2.

LIBERTY values our relationships with network providers and actively monitors, engages, and supports providers through our network management program in order to elevate the quality of services offered through our network. Our commitment to the importance of our provider relationships is grounded in our company's history as we were founded and continue to be run by a dentist and a leadership team with significant clinical experience. Our local Louisiana Network Managers will be responsible for provider recruitment and retention. We know that network management is much more than locating and enrolling providers – it is engaging providers in our program, earning their trust through excellent customer service and prompt payment, and providing them with the clinical support needed to improve their performance. We measure the effectiveness of our network management program through our provider retention rate and quality performance.

Network Development and Management Plan

LIBERTY's network oversight activities are guided by our Network Development and Management Plan, which is developed to comply with all relevant state and federal regulations. This plan is developed based on our knowledge of the communities where we operate, the needs of the Medicaid population, such as cultural needs and linguistic preferences, as well as needs of enrollees with disabilities, and our industry experience. It outlines our comprehensive and proactive approach to building, maintaining, and monitoring our network, and has proven effective in Florida, Missouri, and our other recent Medicaid dental program implementations where we have built comprehensive networks quickly and efficiently. The plan includes the following activities:

- Strategies for provider recruitment and retention;
- Procedures for identifying network gaps and monitoring access to care;
- Strategies to expand capacity, address network gaps, and plan for future needs;
- Strategies to improve timely access to care;
- Strategies to improve network quality performance;
- Updating and improving the Network Development Management Plan; and
- Delegation of network functions, as applicable.

The strategies related to identifying network gaps and ensuring access to care are discussed in greater detail in RFP Sections 6.6.2 and 6.6.5 above.

The Network Development Plan also includes strategies to engage providers including provider focus groups, our Dental Advisory Committee, the provider satisfaction survey, electronic outreach through our newsletter and email alerts, and our training program.

We will demonstrate network capacity to LDH using geomapping and coding of all network providers for each provider type no later than thirty (30) days after contract signature and on an ongoing quarterly basis, upon material change, or upon request.

Improving Network Quality Performance

LIBERTY's Dental Directors engage with our contracted network providers by reviewing identified utilization patterns, sharing and comparing patterns of their peers, and determining how best to achieve positive outcomes that will consistently result in appropriate quality oral healthcare to our enrollees. Our data-driven Utilization Management Program allows us to improve network quality by identifying providers with performance outside expected standards and provide appropriate remediation. We use our extensive clinical experience to help providers bridge the gap between data on their performance and implementation of practices to improve their performance. We achieve this through the following strategies:

The result of this approach to network management has been successful and sustained quality improvement.

We will credential all providers within 60 days from the date of contracting with LDH, using expedited and temporary credentials as needed. However, we do not anticipate having to use them often,

We have developed a customized provider training program that includes in-person training provided by Network Managers, group training opportunities, and access to webinars on topics of interest, such as opioids, and a library of online materials.

6.6.7 MATERIAL CHANGE TO PROVIDER NETWORK

LIBERTY will comply with all of the requirements set forth in Section 6.6.7. It is our policy to notify our state Medicaid clients of provider contract terminations, adverse changes to the composition of network providers that materially impact the network and/or access to care, and unexpected changes related to provider illness, death, or relocation from the service area. We will provide all required notifications to LDH within prescribed timeframes. If we have advance notification of such a change, we will submit a request for approval 60 calendar days prior to the expected implementation. Our notification to LDH will include our plan to maintain access to quality dental care.

6.6.8 PROVIDER CREDENTIALING

LIBERTY successfully operates credentialing and re-credentialing processes that are URAC-accredited and compliant with NCQA standards and federal laws included in 42 CFR, to ensure network providers meet our quality expectations. We also use a URAC and NCQA-accredited CVO, VerifPoint, to provide primary source verification.

Our national turnaround time for typical credentialing decisions is 28 days, exceeding NCQA and LDH requirements

We have extensive experience credentialing and re-credentialing dental providers and have leveraged that experience to develop highly efficient processes. ██ because the Louisiana State Board of Dentistry performs primary source verification of schooling/education on each provider prior to issuing a Louisiana Dental License. As a result, we would not have to repeat this verification (URAC and NCQA permit the State Dental Board's license verification to count for schooling verification). Typically, this step adds to the time it takes us to complete a new credentialing determination.
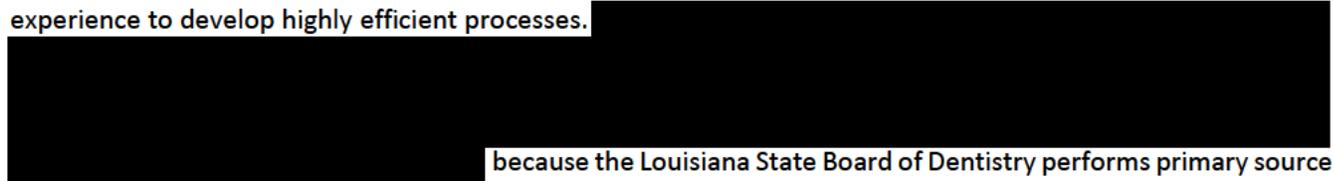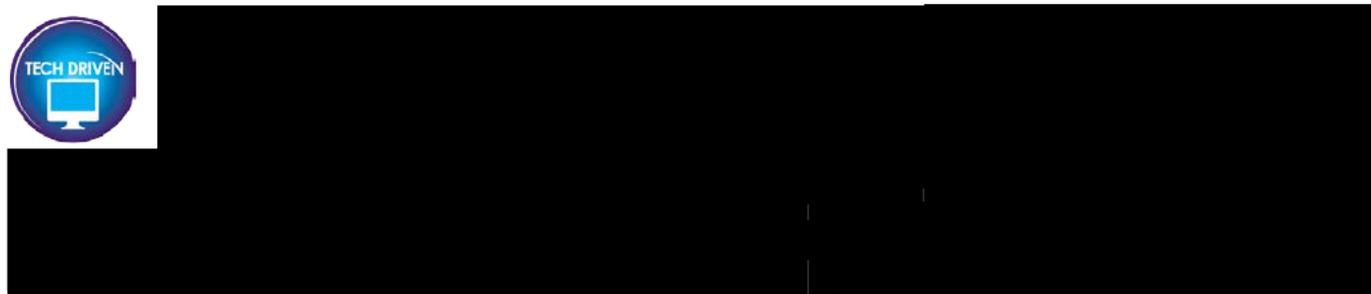
We understand the requirements included in RFP Section 6.6.8 and will modify our current credentialing/re-credentialing processes to comply with all Louisiana requirements, including allowing providers to use the Louisiana Standardized Credentialing Application Form or Council for Affordable Quality Healthcare (CAQH) standardized credentialing form, using a state CVO, and participating on the State-contracted CVO's Credentialing Committee, if applicable.

Credentialing

LIBERTY does not delegate any credentialing decisions. Our Credentialing Committee, chaired by our Louisiana Dental Director, is responsible for all credentialing and re-credentialing determinations. The Committee consists of clinical and administrative staff responsible for reviewing, accepting, or rejecting the professional credentials

of each applicant dentist or contracted dental provider. The Committee convenes monthly, or more frequently, as needed.

Since 2007, our Credentialing Committee has utilized information from VerifPoint, a contracted NCQA- and URAC-accredited CVO, to obtain/verify primary source information on providers for all credentialing/re-credentialing determinations. We audit VerifPoint annually, consistent with NCQA requirements, and our Vendor Oversight Program oversees VerifPoint's compliance with all LIBERTY, state, and federal requirements. We require that they maintain their NCQA and URAC accreditations.

Our prospective network providers submit a completed application to the Provider Relations Team. the entire provider contracting and credentialing process is managed electronically. Providers can monitor their progress through our Provider Portal. Network Managers collect all necessary documentation from providers during the contracting process and work with the providers if they have not yet enrolled in the Medicaid/CHIP programs to provide enrollment instructions, contact information, and education. Completed application packets are then forwarded to the Credentialing Department for primary source verification.

During the initial credentialing process, the CVO reviews sanctions and exclusions for Medicare and Medicaid using State Medicaid Agency websites, the Office of Inspector General Medicare Exclusion Database, and the National Practitioners Data Bank (NPDB). The Credentialing Department identifies and investigates information concerning a participating provider's performance and any potential adverse issues reported from state dental boards, the NPDB, Office of the Inspector General, System for Award Management, or other regulatory agencies. LIBERTY provides a written denial notice to any applicant identified as having a Medicare/Medicaid sanction, a conviction for fraudulent billing, and/or misrepresentation of credentials.

LIBERTY's Credentialing Processing

Our Network Managers make initial service calls to contracting primary care dentists within 30 calendar days of their effective contract date and twice annually thereafter. If necessary, or if there are quality assurance concerns, the Dental Director may require additional reviews at any time. As part of each review, LIBERTY engages in a structured verification of office staffing, office hours (including after-hours availability), appointment availability and wait time, patient capacity, languages spoken by office staff, and the office's physical accessibility. At the end of the review, LIBERTY conducts an exit interview with the PDP to discuss findings. The provider also receives a letter with the findings of the visit and any required CAPs. If necessary, the Dental Director schedules a follow-up review to determine whether the PDP has successfully implemented the required corrective actions. Each visit record is documented in our MIS.

The Credentialing Committee reviews a complete packet for each provider and renders a decision within 30 days unless more information is needed or cannot be verified (e.g., dental school is no longer in operation).

For out-of-network providers that LIBERTY engages using single case agreements (to address access to care issues or ensure continuity of care for our enrollees), LIBERTY follows a modified credentialing process to ensure they meet basic minimum requirements to see our enrollees.

Re-credentialing

LIBERTY maintains established policies and procedures for re-credentialing providers to ensure that those approved to remain in our network meet appropriate standards of education, specific training and experience, current competence, and ability to perform the services our enrollees need. The process begins 90 days before the existing credentials expire and includes appraisal of the provider's overall performance and consideration of the following items received from the QAPI Committee:

- Detection of a pattern of enrollee complaints against a particular facility or provider;
- Deficiencies in compliance with accessibility and availability standards identified by the PR Team;
- Deficiencies identified through the routine or non-routine queries of the NPDB, OIG, Louisiana State Board of Dentistry, and CMS Medicaid/Medicare Exclusion lists allowing for the review of malpractice settlements, Medicaid or Medicare fraud, and state board license sanctions;
- Enrollee satisfaction surveys that indicate poor quality by a provider/dental office;
- Utilization Management review that indicates a pattern of over-/underutilization of services; and
- Quality of care issues, as identified by the Dental Director or DCM, including complaints and appeals, utilization, and potential quality issues.

Our provider re-credentialing cycle is consistent with NCQA standards and occurs every three years or more frequently if an issue is identified. Sixty days before the re-credentialing date, the dentist receives a written request to submit required documents to the CVO. If a provider fails to forward any required information to the CVO, the CVO notifies LIBERTY and our Credentialing Coordinator helps obtain the missing information. The Credentialing Committee reviews any contracted provider who has generated an adverse report. Explanations are assessed and determined to be either satisfactory or inadequate. Failure to comply with requests for information can result in termination from the network.

Between the three-year re-credentialing cycles, we proactively review information to ensure providers continue to meet our standards. Our Provider Relations Team verifies provider demographic information continually through the two annual service calls and quarterly requests for providers to submit current information for the provider directory. LIBERTY also frequently encourages providers to contact LIBERTY with demographic or participant status changes. We receive daily reports from VerifPoint on provider licensure changes and sanctions, as required by NCQA. If an issue is identified, Credentialing staff notifies the Credentialing Committee immediately and the Committee implements corrective action or removes the provider from our network. We will notify LDH of any providers who are removed from our network, as a result of failing to meet standards for participation.

Provider Rights

LIBERTY's policies ensure all providers have the right to appeal a decision or request a reconsideration of the Credentialing Committee's decision. Providers must request an appeal in writing within 60 days of receiving a notice of adverse determination. If the provider does not agree with the Credentialing Committee's initial recommendation or reconsideration decision, he or she may request an appeal hearing before the Appeals Advisory Committee. LIBERTY will submit appeals policies and procedures to LDH within 30 calendar days of contract award for review and approval.

6.6.9 PROVIDER AGREEMENT REQUIREMENTS

LIBERTY uses a uniform, non-discriminatory provider selection process to ensure that providers are not offered contracts without meeting the correct criteria, including validation of their National Provider Identifier (NPI) number. We have written policies and procedures that document our provider selection and retention processes, including the processes for provider termination. We will submit credentialing and re-credentialing policies and

procedures to LDH within 30 calendar days of contract award. If we provisionally contract with a provider, and the provider is found to be ineligible for network participation, we promptly notify the provider of their termination and appeal rights.

We develop a master provider agreement for use in each state that is specific to the state's requirements. We will review our provider agreement to ensure compliance and commit to complying with all the requirements in RFP Section 6.6.9 and final contract provisions. We will submit these agreements to our state partners for review and approval. LIBERTY reviews the master provider agreement periodically to ensure continued compliance with federal and state requirements and to determine whether changes are needed. We require that our providers submit a signed master provider agreement along with the credentialing application for each practicing dentist at the location. We walk through key requirements of the contract with providers, including enrollee grievance, appeals, and state fair hearings rights. Executed agreements are stored electronically in the provider file section of our MIS system.

We will make every effort to offer provider agreements to providers that traditionally serve the Medicaid and CHIP population in Louisiana, including Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Indian Health Care Providers (IHCPs), and any other Medicaid providers requesting participation in our network. Across the country, we view these partners as critical in the service of the Medicaid / CHIP population and we contract with approximately 1,250 FQHCs, 25 IHCs, 6 RHCs, as well as County Health Departments and Community Centers, where appropriate. Our Provider Relations Department has a specialized unit that is responsible for contracting with these safety-net providers. This unit continuously monitors the U.S. DHHS HRSA website to identify any new centers and whether or not they offer dental services, which may result in targeted outreach efforts. We also identify new potential providers through ongoing communication with our existing network providers and engagement of state FQHC associations. We anticipate engaging the Louisiana Primary Care Association, should we receive this award.

6.6.10 PROVIDER DISCRIMINATION PROHIBITED

LIBERTY is committed to contracting with Medicaid network providers who understand the importance of ensuring that all enrollee populations receive the quality of care that they deserve. We do not discriminate against providers who are acting within the scope of their license under the applicable State law, nor do we discriminate against providers that service high-risk populations or specialize in conditions that require costly treatment.

6.6.11 NOTICE OF PROVIDER TERMINATION

LIBERTY will comply with all of the requirements set forth in Section 6.6.11.

LIBERTY's provider termination process ensures prompt notification to the provider and affected enrollees to prevent disruptions in care. We will implement Louisiana turnaround requirements and adopt a policy and procedure addendum to ensure compliance with these requirements. We provide immediate electronic notification to enrolled network providers of their termination and notice by mail within 1 calendar day of the termination. We notify affected enrollees within 30 calendar days of the effective date of termination. Enrollees who have been receiving a prior authorized course of treatment receive notice within 10 calendar days. In the event of immediate terminations due to imminent harm, we would inform the provider they cannot treat our enrollees and notify the enrollees that any treatment in progress or treatment plans would need to be completed elsewhere. If no imminent harm is determined, we would allow the provider to complete treatment in progress. In our notification to enrollees, we provide them with contract information for our Enrollee Help Line and instructions on the process to select a new PDP before one is auto-assigned as well as how to access urgent dental care services if needed.

Our Provider Relations team engages our Special Investigations Unit (SIU) to ensure compliance with all provider termination reporting requirements. The SIU will report to LDH if credentialing or enrollment is denied due to concerns about fraud, program integrity, or quality. The SIU complies with all reporting requirements in federal and state law, including the National Practitioner's Database reporting requirements for provider denials and terminations.

SECTION 6.7 – PROVIDER SERVICES

OUR COMMITMENT

LIBERTY has significant experience developing and maintaining comprehensive networks of general dentists and specialists. We attribute this success to the tangible differences in how we do business. As a company founded by a dentist and managed by a clinical team with extensive dental industry experience, we are able to streamline administrative processes when appropriate, offer providers the data and clinical supports they need to improve their quality performance, and provide excellent customer service through our Provider Relations Team. We treat the providers who serve our enrollees as true partners, and as a result, we excel in building networks and maintaining strong provider relationships. ███████ ██ We prioritize reduction of provider administrative burden wherever possible across our program; recent examples include:

- Implementing a new contracting and credentialing technology platform, streamlining our contracting and credentialing processes, and allowing providers to monitor the status of their application in near real-time;
- Waiving of certain prior authorization requirements when providers have demonstrated consistent quality performance through our "Centers for Excellence" program;
- Developing greater provider self-service functionality through tools such as our Provider Portal and Interactive Voice Response (IVR); and
- Implementing point-of-service claims adjudication for certain service high-volume procedures and same-day approval for prior authorization requests submitted where there is no requirement for a medical necessity determination.

OUR OPERATIONAL APPROACH

6.7.1 GENERAL PROVISIONS

LIBERTY will comply with the requirements set forth in Section 6.7.1 of the RFP.

LIBERTY's Provider Relations Team is responsible for provider support and engagement, in addition to provider recruitment and access monitoring. The Provider Relations Team consists of highly trained Network Managers who serve as the primary point of contact for network providers and provide personalized customer service. Their mission is to support our network providers throughout their relationship with LIBERTY. Our Network Managers are knowledgeable about all aspects of our state programs, including federal and state requirements, as well as LIBERTY operational processes. They serve as the conduit between providers and any other operational area at LIBERTY that the provider may need to engage. This includes clinical resources to help address quality and performance issues through our Dental Care Management team (a team responsible for analyzing utilization data, conducting provider profiling activities, and working with the Chief Dental Officer and State Dental Directors to provide assistance in addressing performance issues) and operational resources to provide assistance with common challenges, such as submitting claims and obtaining prior authorizations. We hire Network Managers

locally because they understand the needs of local providers and are accessible to them, and are committed to a Louisiana-based Provider Relations Team.

Network Managers support providers through the contracting and credentialing/re-credentialing processes, and once enrolled, conduct regular in-person and telephonic outreach to providers. This outreach begins with an initial orientation visit (or service call) to every office within 30 days of activation and includes two annual service calls to all providers in their region. Network Managers schedule additional visits and respond to provider calls/emails as needed.

We document the activities performed by our Provider Relations Team in our Network Development and Management Plan and in our policies and procedures library. We also support our Provider Relations Team and network providers through an automated provider contracting and credentialing platform. Our automated platform enables our Provider Relations staff to use workflow tools to oversee each step of the provider enrollment process. The platform enables providers to view the status of their application on the Provider Portal at any time. We also track all interactions with network providers using a standard Provider Service Report (PSR), which is uploaded to our MIS. This allows for monitoring of provider contact and analysis of common topics of discussion. We analyze data captured by the PSRs to ensure the accountability and responsiveness of our Network Managers and to inform the continuous quality improvement of our Provider Relations function (i.e., identifying ways to improve provider responsiveness, provider training needs, and ways to reduce provider administrative burden).

In addition to frequent visits and communication with providers, the Provider Relations Team manages our comprehensive provider engagement program, which includes activities such as:

- **Provider focus groups**, which are used to identify provider concerns. Results are shared with the Quality Assessment and Performance Improvement Committee to generate program improvements.
- **Dental Advisory Committee (DAC)** quarterly meetings, which provide a forum for providers to receive information from LIBERTY and provide input into our program.
- **Annual provider survey**, which measures provider satisfaction and allows Network Managers to follow-up with dissatisfied providers.
- **Electronic communication and outreach** through our quarterly newsletter, frequent email alerts/fax blasts, and Provider Portal content.
- **Provider training**, which is provided by Network Managers or Operations Staff either one-on-one, through group trainings, or via webinars.

6.7.2 PROVIDER RELATIONS

LIBERTY will comply with the requirements set forth in Section 6.7.2 of the RFP.

Our Network Managers are responsible for our provider relations function and offer providers a "concierge" experience. We inform providers that during business hours, they may contact their assigned Network Manager directly for assistance. Our Network Managers are in frequent contact with network providers by making service calls, responding to provider inquiries, distributing information through our newsletter and email alerts, and providing customized provider training that begins at new provider onboarding training and continues for the duration of their relationship with LIBERTY.

In addition, we operate a provider help-desk function to ensure providers receive needed support. Out of recognition that our providers spend most of their time with patients and have a need to receive correct information quickly, we train our provider help-desk staff to be skilled problem solvers who are able to achieve

"first contact resolution." We also use technology to recognize provider telephone numbers and route them to their Network Manager if the call is made during business hours. Last year, our provider help-desk handled over 528,000 provider calls nationally.

Providers may request assistance with any aspect of program operations, file a complaint or grievance, or request training or other support. We meet their needs by offering well-trained staff. Our dedicated provider help-desk staff undergo an initial three-week, rigorous training program, ongoing refresher training, and access to the tools they need to answer provider inquiries in real time. Help-desk staff have access to our MIS platform to view real-time information on provider enrollment status, enrollee eligibility, benefit limitations, prior authorizations, emergency referrals, and claims status. Staff also has access to our policies and procedures and searchable Provider Manual. If help-desk staff identify a provider training need beyond what can be addressed on the call, they notify the Provider Relations Team who reaches out to the provider to provide additional training.

Our provider help-desk will be available to providers Monday through Friday from 7:00 a.m. to 7:00 p.m. Central Time, exceeding state requirements. In addition, providers have 24/7 self-service options through use of our recently upgraded IVR and our enhanced Provider Portal. Both tools offer expanded provider self-service options, including the ability to access enrollee eligibility, benefits, claims, history, prior authorizations, and referrals; and receive direction on next steps to take in case of an emergency. Providers can also contact us and request a response through the Provider Portal.

Outside the provider help-desk's business hours, in addition to using our 24-hour IVR and Provider Portal, providers can access a 24/7 urgent care hotline. LIBERTY's closed message includes the normal hours of operation and toll-free number to our after-hours answering service. LIBERTY's after-hour answering service takes calls and engages staff dentists and the Dental Director as needed to respond to urgent issues. Although LIBERTY seeks to respond to urgent provider questions, including inquiries to verify enrollee eligibility, the Provider Manual, training, and contracts make it very clear that providers may not require eligibility verification before providing emergency services.

LIBERTY's provider help-desk is routinely monitored and analyzed for proper staffing to meet LDH service level requirements. We use workforce management software to identify real-time staffing changes needed and minimizes disruptions to the level of service for daily, weekly, and monthly intervals. We also engage in dynamic, continuous quality improvement activities to improve help-desk operations such as soliciting provider feedback on the help-desk through our provider survey and monitoring calls to identify staff training needs. Our MIS platform allows us to track and report on metrics required by LDH, such as service level, average hold time, average speed to answer, and abandonment rate, among others.

6.7.3 PROVIDER WEBSITE

LIBERTY will comply with the requirements set forth in Section 6.7.3 of the RFP.

LIBERTY creates custom websites that meet the unique needs of our providers in each of our Medicaid programs. We continue to upgrade the functionality of our website and secure provider portal to expand provider self-service options. As a main source of information and communication with providers, we understand the importance of offering a website specifically for the Louisiana Medicaid / CHIP program that is user-friendly, easy to navigate, secure, and fully functional. In addition to providing all the information referenced in 6.7.3.2.1 through 6.7.3.2.7, our provider website offers providers information about how to obtain a user ID and secure logon so that providers can access timely information about service authorization and claims status through our secure Provider Portal. We will submit all materials to LDH in writing at least 30 calendar days in advance of publishing on our website for review and approval. Our Provider Portal is in full compliance with HIPAA privacy and security rules

for managing enrollee information on our website or through our portal. All LIBERTY websites are fully Section 508 compliant to accommodate providers with visual impairment or other disability. The following table illustrates the functionality of our provider website and secure Provider Portal:

LIBERTY Website Functions	Secure Provider Portal Functions
State-specific Frequently Asked Questions (FAQs)	
State-specific Provider Manual	
Online Provider Directory	
Forms and literature	
Provider training on-demand modules	
Provider Quarterly Newsletter	
Oral Health information for providers to share with enrollees	
LIBERTY's contact information	

6.7.4 PROVIDER MANUAL

LIBERTY will comply with the requirements set forth in Section 6.7.4 of the RFP.

LIBERTY maintains a customized, comprehensive Provider Manual for each state Medicaid program. Our current Provider Manual includes the requirements in RFP Section 6.7.4. and will be revised for compliance with final contract and submitted to LDH for approval.

LIBERTY Network Managers review the content of the Provider Manual during new provider orientation for all providers in the network and upon request if the provider experiences staff turnover. This review includes an emphasis on policies and procedures, specialty care referrals, access and availability standards, quality management expectations, and LIBERTY's language assistance program. LIBERTY has also developed an Orientation Brochure, which summarizes critical elements of the Provider Manual in an easy-to-read format. Topics covered in the brochure include patient access and quality standards, specialty care referrals, appeals information, contact information for the assigned Network Manager and key LIBERTY telephone numbers, and policy information, including the claims submission process. Additionally, the orientation brochure lists the website address where providers can access the most recent version of the Provider Manual online.

We communicate any key policy changes including updates to the Provider Manual through our quarterly newsletters, email alerts, and on our Provider Portal.

6.7.5 PROVIDER EDUCATION AND TRAINING

LIBERTY will comply with the requirements set forth in Section 6.7.5 of the RFP.

A key factor in our success over the last two decades has been our customized and structured provider training program. The program keeps our providers informed of key policy and programmatic changes, helps them navigate common operational functions, such as obtaining prior authorization, and allows us to share best practices and clinical innovations to improve the quality of care they deliver. While we understand the need our providers have for this information, we balance this need with our understanding of their limited time and ability to travel to training. As a result, we created a comprehensive, provider-centric training program that includes one-on-one training for all network dentists/offices provided in a variety of modes, including in-person training by the Network Managers, group training opportunities on various topics, and online training resources.

Our training program is developed as a collaboration among multiple LIBERTY departments including: 1) our QAPI Program, which produces our annual training work plan and is responsible for the clinical training; 2) Provider

Relations, which conducts training and identifies provider training needs; and 3) Operations, which develops training and materials related to key operational functions that can be challenging for providers. Our annual training work plan establishes our training schedule and curriculum needs. Throughout the year, we amend the plan as needed (e.g., if a major state policy change occurs). We base this work plan and training curriculum on an understanding of provider training needs, summarized at right.

Our national Dental Directors (who are appointed in Special Patient Care, Clinical Dental Director, Oral Surgery, Endodontics, Orthodontics, and Periodontics) are leaders in their fields and their expertise enhances our provider training program. They monitor standards of care and best practices in their specialty areas and disseminate information across our state programs, including through our provider training function.

LIBERTY provides highly personalized training to providers, including:

- **Service Visits:** LIBERTY Network Managers conduct comprehensive new provider orientations for all providers in the network within 30 calendar days of the provider's contract date and upon request. We prepare provider-friendly materials, such as an Orientation Brochure, and distribute them at the onboarding. At subsequent service calls (in-person or telephonic) Network Managers review key content and tailor information shared to the provider's training needs.
- **Operations Support:** LIBERTY Operations staff use claims denials, Provider Help Desk, grievance and appeal trends, and provider survey data to continuously and proactively identify and conduct outreach to providers who may be struggling with operational tasks, such as filing claims. The Provider Relations Team and Operations staff develop resources and provide training as needed.

  Clinical Support: Our QAPI staff identify clinical needs through quality profiling activities on an ongoing basis. Our clinical staff and Dental Director identify providers who are not meeting our expectations and use the opportunity to provide training to improve performance.

We also offer group training opportunities on various topics that we identify as state priorities or emerging areas of concern, which are conducted in person or as webinars. We archive the webinars so providers may access them on demand. We develop an annual training calendar of these trainings. We develop the content using our internal clinical expertise and partner with the nation's leading clinicians and academic institutions. Some examples of these trainings, which we expect to offer in Louisiana, include:
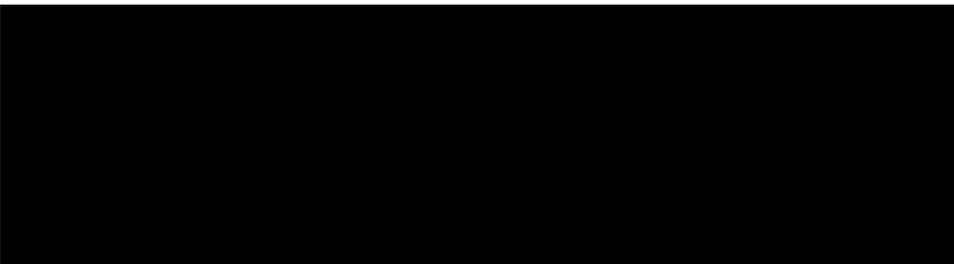
- **Other On-Demand Modules:** We have developed modules on Critical Incidents; Cultural Competency; General Compliance; Fraud, Waste, and Abuse; and Americans with Disabilities Act. More modules are in development.

We supplement our training program with online resources and training materials including the provider newsletters, fax blasts, email alerts, and online training modules, all of which are available on demand on our Provider Portal/website as supplemental materials.

A recent example of the effectiveness of our provider training program and collaboration across our Provider Relations and Operations functions to meet provider needs occurred in our California and Nevada Medicaid plans. LIBERTY identified a need for training for some California and Nevada providers to help them address certain areas (e.g., submitting claims) that were a source of frustration and operational challenge. To create a "concierge" experience for these providers, our Provider Relations Team and Operations staff called to discuss their priority issues firsthand. Then, our Operations staff researched the issues raised to identify the root causes. We provided tailored education in follow-up training sessions which included the Network Managers and Operations staff. The Provider Relations Team followed up to ensure the issues providers raised were thoroughly answered. We received positive feedback from the providers about this approach.

LIBERTY will submit our Provider Manual and training materials to LDH for review within 30 calendar days of contract execution.

6.7.6 PROVIDER-PATIENT COMMUNICATION

LIBERTY will comply with the requirements set forth in Section 6.7.6 of the RFP and complies with all federal requirements related to provider-enrollee communications, ensuring the integrity of professional advice to enrollees, and information disclosure requirements related to provider incentive plans.

6.7.7 PROVIDER COMPLAINT SYSTEM

LIBERTY acknowledges provider complaints and appeals within three business days and provides a written resolution to the provider within 30 calendar days of receipt. The Manager of Grievances/Appeals oversees the receipt and processing of all provider complaints and appeals to ensure that each case is resolved in a timely manner. Further, LIBERTY has built a reliable and thorough complaint processing and tracking system using customized tracking software and processes to ensure that provider complaints are classified, categorized and triaged appropriately. Our Grievance and Appeals staff are properly trained and supervised to ensure that all cases are thoroughly investigated and resolved appropriately to meet the requirements of this RFP. Our system captures and tracks all provider complaints, whether received by telephone, in person, or in writing. We will report the status of all provider complaints and their resolution to LDH on a monthly basis in the format required by LDH. The Grievances and Appeals Sub-Committee meets quarterly and reviews trends and initiates corrective action, as warranted.

To ensure timely processing of a payment when we overturn an initially denied claim, we have developed a highly collaborative process among our Grievances and Appeals, Claims, and Finance departments. The process is outlined in the image below.

Overturned Provider Claims Workflow

Grievances and Appeals (G&A) department completes investigation and sends to clinician for review → Clinician overturns initial denial → G&A notifies Claims department to authorize claim. *Finance Department may be contacted if applicable → G&A Resolution letter to Provider will indicate payment details, effectuation and authorization reference number
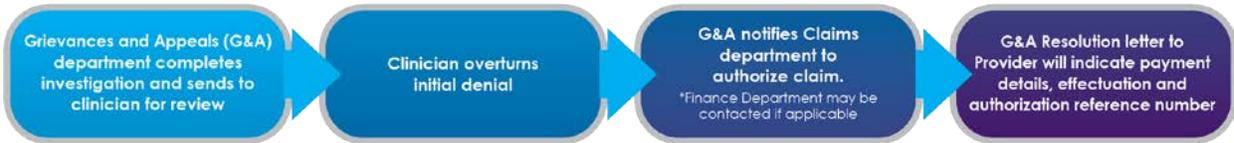
Our Evidence of Payment letters to providers include our phone number, email address, and physical address. We also have the flexibility to customize the letters for Louisiana Medicaid / CHIP. In addition, LIBERTY will designate members of our Grievance and Appeals team to receive and process provider complaints. Policies and procedures for provider complaints are posted on our website as well as instructions for how a provider can obtain a paper hard-copy at no charge.

SECTION 6.8 - PROVIDER PAYMENTS

OUR COMMITMENT

LIBERTY has nearly 15 years of experience processing and paying Medicaid, CHIP and Medicaid and Dual Eligible value-added programs claims for approximately 3 million enrollees across the Country. As a company that was founded by a dentist, we recognize the fundamental importance of paying our providers promptly and accurately according to state law and our agreements. Our efficient and effective claims payment process is a critical component in ensuring a positive relationship with our contracted dental providers. We continually strive to reduce provider administrative burden and streamline the claims process. We monitor operational data to assess and improve the efficiency and effectiveness of our internal processes and engage in continuous quality improvement efforts to make sure that our providers are paid promptly and accurately.
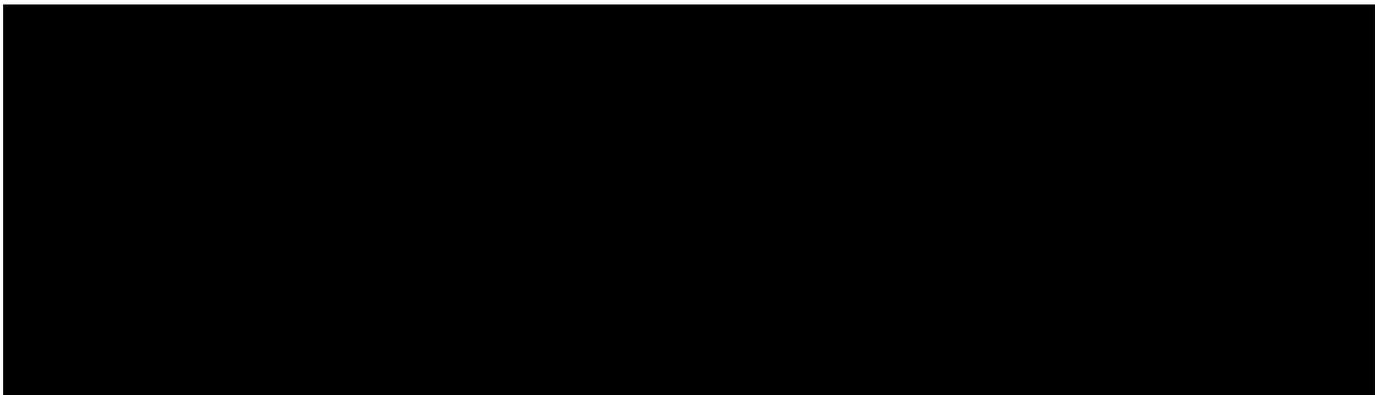
6.8.1 GENERAL PROVISIONS AND 6.8.2 MINIMUM PAYMENT TO IN-NETWORK PROVIDERS

OUR OPERATIONAL APPROACH

LIBERTY's innovative approach to ensuring prompt and accurate claims, emergency dental services, and incentive program payments is supported by our customized technology platform that is fully flexible, and scalable. Our system uses analytical tools with automated business rule checks   and balances to ensure claims data is accurate, complete, and compliant. Our technology-enabled processes have allowed us to consistently pay our providers promptly and accurately, hence our excellent track record of mutually successful partnerships with our providers. We put processes in place for continuous quality improvement for our provider payment management, including monitoring, trending, root-cause analysis, and effectively identifying and managing issues. LIBERTY will comply with the requirements set forth in Sections 6.8.1 and 6.8.2 of the RFP and is committed to paying providers claims accurately and in a timely manner in accordance with contractual and state laws at rates of payment that are no less than the published fee schedules. We have proven procedures in place to validate the integrity of all claims. A variety of validation methods are used to ensure we comply with all state claims submission and processing requirements

6.8.3 PAYMENT FOR EMERGENCY DENTAL SERVICES

LIBERTY complies with Louisiana requirements for payments of emergency dental services as described in Section 6.8.3. LIBERTY does not require authorizations for emergency cases and educates our providers on the process of submitting claims for emergency services to ensure prompt payment. In addition, we have established a Customer Care Unit (CCU) in our Enrollee Services Department for the purpose of supporting our enrollees in resolving emergency cases and ensuring continuity of care and follow up.

6.8.4 INDIAN HEALTH PROTECTIONS

LIBERTY will comply with the requirements set forth in Section 6.8.4 of the RFP.

LIBERTY's experience with Indian Health Coverage Programs (IHCP) can be seen throughout the nation with over 25 contracted IHCPs. Our technology platform has the functionality to pay negotiate rates for these providers and, if no rate is negotiated, claims are paid at the current standard rate for other non-ICHP providers. LIBERTY will allow any Native American enrollee to select an ICHP as their PDP or "Dental Home." If the enrollee does not have an ICHP located in their area, LIBERTY will follow all requirements to allow the enrollee to see the appropriate provider based on Louisiana guidelines. We understand that these providers serve a unique and vital role within our provider network in the delivery of care to the Native American population.

6.8.5 PAYMENT TO FQHCS AND RHCS

LIBERTY will comply with the requirements set forth in Section 6.8.5 of the RFP.

LIBERTY's experience with Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) includes relationships with FQHCs and RHCs nationwide, which operate under multiple payment structures, such as fee-for-service, encounter fee-based payment, and capitated claims. We understand the complexities of Louisiana requirements for payment to these providers and our technology platform allows us to apply all requirements to seamlessly pay these providers using encounter fee-based payments. We understand that these providers serve a unique and vital role within our network in the delivery of care to enrollees with special needs, enrollees in rural areas as well as the general population.

6.8.6 INAPPROPRIATE PAYMENT DENIALS

LIBERTY will comply with the requirements set forth in Section 6.8.6 of the RFP.

6.8.7 DENTAL FULL MEDICAID PAYMENT (FMP)

LIBERTY ensures that any amounts designated in the per member/per month (PMPM) for Dental Full Medicaid Payment (FMP) are used for payment to dentists pursuant to a network provider agreement and for a specific service or benefit provided to a specific enrollee covered under the contract, or any other payment mechanism that is allowed under 42 CFR 438.6 including payment to out-of-network providers.
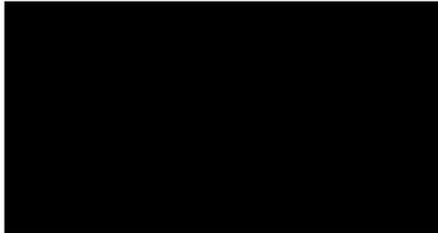
SECTION 6.9 – ENROLLEE MARKETING, EDUCATION, AND SERVICES

OUR COMMITMENT
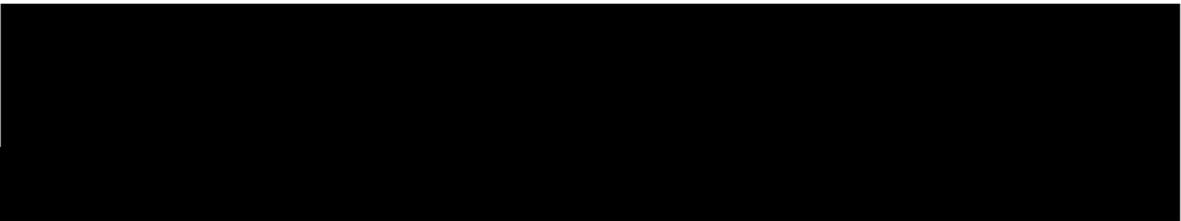
We engage enrollees using our Enrollee Hep Line staff, locally-based in Baton Rouge, Louisiana, and through a variety of technology-enabled interactions that allow us to communicate with enrollees and enable them to contact us and access information based on their preferences.

We are well aware of the responsibility that comes with providing educational marketing outreach materials to Medicaid enrollees. In the states where we currently administer Medicaid programs, we do not conduct traditional marketing activities that are intended to steer patients to a plan or provider. We understand and respect that our interactions with enrollees must be clear, factual, appropriate and informative. We know from experience that many of our enrollees are in vulnerable situations and need assistance in addressing a variety of social determinant needs (e.g., housing, food security, transportation). As a result, we invest our resources in community outreach and education activities by employing both full and part-time locally-based staff that work directly in and with the communities we serve and partnering with local organizations to educate our enrollees about their benefits and the importance of oral health and how it impacts their overall health.

OUR OPERATIONAL APPROACH

6.9.1 GENERAL PROVISIONS

LIBERTY will comply with all of the requirements set forth in Section 6.9.1 of the RFP.

LIBERTY complies with all federal and state marketing requirements. We will ensure continued compliance by requesting LDH approval prior to distributing any marketing materials or engaging in any marketing activities. Our account executive staff work closely with our state clients and health plan partners to develop enrollee-facing

materials, with review and input from our LIBERTY Enrollee Advisory and Cultural and Linguistics Committees. We ensure that enrollees receive written notification of any benefit changes or other program changes at least 30 days prior to their effective date. Our Contract Operations Manager will work with LDH to obtain prior approval for all enrollee-facing materials.

In our years of experience serving Medicaid and CHIP populations in multiple states, we have found that education of our enrollees/their guardians translates to higher use of preventive services, lower use of costly treatment services, and better life-long oral health outcomes. In addition, education about the importance of care delivered in the primary dentist's office can also reduce or eliminate inappropriate emergency department utilization, including the possibility of Opioid prescriptions.

LIBERTY starts the education process at enrollment and continues to provide appropriate and accurate educational outreach to enrollees throughout the life of their enrollment in the program to ensure they are aware of their benefits, know how to access covered services, and understand the importance of good oral health. Our educational materials are designed to provide valuable information to our enrollees, with targeted outreach to those with special needs. They are drafted at or below the 6.9 grade reading level and are available in threshold languages and formats for individuals with disabilities.

In Nevada, we recently participated in the Family Health Festival (Reno) and Give Kids a Boost Health Fair. In California, we conduct monthly oral health workshops for the LA Care Family Resource Centers. In New York and New Jersey, we participated in the Give Kids a Smile Event.

We use a comprehensive approach to enrollee education, which complies with all state and federal laws and regulations as well as the requirements listed in Section 6.9 of this RFP. We vet all enrollee-facing materials through our Enrollee Advisory Committee and Cultural and Linguistics Committee to obtain enrollee input, and ensure they are at the appropriate reading level and accessible to individuals with disabilities. LIBERTY has established processes to ensure we possess accurate and current information regarding who has legal authority to make dental care decisions on behalf of an enrollee and will send notices to enrollee's guardian or authorized representative as applicable. Our enrollee education combines face-to-face, telephonic, written, and digital communication, out of recognition that enrollees have different preferences for how they like to be engaged, which are described below.

Face-to-Face:

Our outreach staff regularly attend community health fairs and other events to raise general awareness about the importance of oral health. We partner with local associations and organizations to provide education on the importance of oral health. In addition, we provide presentations in elementary schools in conjunction with our school-based screening and navigation to an appropriate program.

We have participated in elementary school presentations in over 60 Sacramento County, California, schools through the Early Smiles Program.

Written:
- **Welcome Packet:** Within 10 business days of enrollment with LIBERTY, we send a Welcome Packet that includes the ID card, a provider directory, information about their rights and protections, and other key information (all information is also available online).
- **Enrollee Handbook:** Our Enrollee Handbook is the primary source of written information regarding available services and how to access them. Our Enrollee Handbook is mailed to each enrollee as part of the Welcome Packet and can be found on our website and enrollee portal.
- **Periodic Mailings:** Educational flyers and letters are sent to enrollees to encourage use of preventive services, to promote overall oral health education, and to encourage enrollees to establish a dental home.

- **Written Notice of Change:** Notices are sent to enrollees and enrollee guardians/authorized representatives, notifying them of any changes affecting them at least thirty (30) days before the effective date of change.
- **Provider Materials:** We give our network providers and primary care providers hard-copy educational pamphlets and brochures to share with enrollees to educate and encourage good oral hygiene.

Telephonic:
- **Welcome calls:** We make calls to new enrollees to provide additional information about their benefits, and the importance of oral health and prevention through regular care at a dental home. We also emphasize the limitations of using hospital emergency departments for dental care. We discuss how to select and contact a primary dentist. Additionally, we ensure they know how to access emergency after-hours care.
- **Telephone Help Line:** Our Enrollee Help Line serves as an important educational resource for enrollees who make in-bound calls. Enrollee Helpline Representatives receive training on answering questions and directing enrollees to educational materials on our website.
- **Outbound Calls:** We have a variety of outbound call campaigns. Quarterly, we make outbound outreach calls to educate enrollees on their benefits and answer their questions. We conduct calls in conjunction with quality improvement projects and targeted outreach to enrollees who have not used their benefits or have missed appointments. We educate them about their benefits and how to find a dental home that will meet their needs, and may help them search for a provider and schedule an appointment.

Our "First Birthday First Tooth" campaign educates parents and providers about the importance of establishing an early dental home, in line with American Academy of Pediatric Dentistry guidelines.

Digital Platform:
- **Enrollee Website:** Our easy-to-navigate website provides a wealth of information and resources, including materials on oral health in pregnancy, diabetes, dental disease management, nutrition, gum disease, and other pertinent topics.
- **Secure Enrollee Portal:** Our secure enrollee portal gives enrollees direct access to information about their care and can be accessed using our Mobile App.
- **LIBERTY Dental Mobile App:** LIBERTY's smart phone application is designed to increase enrollee participation and reduce administrative burdens. LIBERTY was one of the first in the dental industry to offer a mobile application that dramatically enhances enrollee services and communications. Enrollees can access their dental history, account information, view their digital ID card, view dental benefits and co-pays if applicable), find a dentist, and get answers to Frequently Asked Questions. They can also check their benefit utilization, types of treatment, or limitations. We continue to expand the functionality available on the portal/app to enhance enrollee self-service options.
- **Text Messaging:** We use text messaging as an effective mechanism to periodically "push" information to enrollees, to remind them to complete an initial dental health assessment, to share our contact information, and to provide health education information. Upon approval from LDH, we will implement this campaign for LDH enrollees who agree to receive texts.
- **Social Media:** We use social media to engage and educate our enrollees and provide customer service. We maintain a presence on Facebook and Twitter (@LIBERTYdental) and use both platforms to promote local events and oral health. If selected by LDH, we will develop Louisiana-specific Facebook, Instagram and Twitter

accounts and ensure that the accounts are managed and monitored locally, and the content is relevant to our Louisiana enrollees.

Our analysis shows our interventions are having a positive impact on utilization. ███

6.9.2 INFORMATION REQUIREMENTS

LIBERTY is dedicated to producing and disseminating all required information to enrollees in a manner and format that is easily understood and readily accessible by enrollees and approved by LDH. LIBERTY will comply with all requirements listed in Section 6.9.2 of this RFP, including, but not limited to, approval requirements, required timeframes, and use of LDH-approved terminology. We will meet all requirements listed in 6.9.2.1.2.5.3 when electronically providing information to enrollees. The enrollee education tools listed in the preceding section ensure that enrollees understand dental requirements and benefits. LIBERTY ensures the provision of culturally and linguistically competent care through:

- **Interpretation services at all key dental points of contact** including triage and face-to-face encounters with providers and at non-dental points of contact, including our Enrollee Help Line. These services are available throughout the network via toll-free telephone lines. Our bilingual staff, including Spanish speakers, are always available during business hours. After hours, if translation services are needed, staff dentists have access to a language services vendor to assist the enrollee via three-way calling.

- **Resources for enrollees with speech and hearing impairments** include a dedicated Telecommunications Device (TTY or TDD) line for assistance available 24/7. LIBERTY always ensures availability of interpreter services for dental appointments, including American Sign Language. Enrollee Help Line Representatives are trained to coordinate all requests for interpretation at provider offices, either with a telephonic interpreter or face-to-face interpreter, including American Sign Language. We also provide translation to braille for enrollees with visual impairments.

- **Development of enrollee-friendly written materials in all threshold languages,** including English and Spanish, at or below a 6.9 grade reading level based on the Flesch-Kincaid test, in a font size of at least 12 point. We invite enrollees to request materials in other non-threshold languages.

- **Availability of alternate formats upon enrollee request,** including in large print (18-point font or larger), audio, braille, and/or provide oral translation for those who may be visually impaired. Our enrollees have the right to make standing requests for written or translated materials.

LIBERTY Louisiana Enrollee Website. Our dedicated Louisiana website will appear in English and Spanish, will link to the LDH website, and will provide a wealth of information and resources for enrollees. Additional information is available through our secure enrollee portal (requires use of a LIBERTY administered enrollee user ID and password for log-on). The following table illustrates the functionality of our enrollee website and secure enrollee portal:

LIBERTY Enrollee Website Information Provided and Functions	Additional Secure Enrollee Portal Functions
State-specific Frequently Asked Questions in English and Spanish	User ID/password (maintenance of account information)
State-specific Enrollee Handbook	View, download, and print digital ID card

Searchable Provider Directory	View enrollee dental benefits
Forms and literature including evidence of coverage information, complaint forms, language assistance information	View enrollee utilization year-to-date and historically
Information on LIBERTY's dental smart phone mobile application	View cost sharing, if required
LIBERTY's contact information; form to submit online inquiries	
Access to educational materials	

LIBERTY Louisiana Provider Directory. We pride ourselves on our user-friendly provider directory. The provider directory is available online, via our smartphone application, and in hard copy, in multiple threshold languages. Printed provider directories are updated at least monthly and state that the most current listing of providers is available by calling LIBERTY or visiting the enrollee website. In addition to providing a hard copy of our directory, we provide information in our enrollee Welcome Packet on how to access the directory through these resources. LIBERTY has continually enhanced our online provider directory to support the timely accessibility of accurate up-to-date information for our enrollees. Our enrollees can view all the current providers participating with LIBERTY in the online provider directory via our public website 24/7 without the need to access an account or enter an Enrollee ID or policy number. Our provider directory offers real-time data reflecting the most accurate information we have available. Only offices accepting new patients are displayed on the website.

We will engage LDH to ensure the directory meets LDH's preferred format and other requirements. We can receive provider data files from LDH and will reconcile provider data with LDH data on at least a weekly basis. As we do currently, we will make at least weekly and more frequent changes as needed to ensure our directory remains updated. We will comply with any LDH-initiated change within 60 calendar days of receipt of a request from LDH.

We recognize that enrollees are entitled to ease of use and accessible information when searching the directory. We have improved the process by simplifying search functions and reducing the number of clicks needed to navigate the provider network information. From the "Find a Dentist" page, it takes just two (2) clicks to access the basic search results. Users can access additional information with additional clicks. After executing a search, the user can print their search results. In addition to the online search, LIBERTY provides a link to download and print the complete Provider Directory via PDF.

The provider directory helps enrollees find providers that fit their preferences (e.g., gender, location, accessibility). Our online provider directory will: 1) arrange providers by name in alphabetical order, showing the provider's specialty, and list providers by specialty in alphabetical order by name, and 2) identify the following information:

- Provider(s) names and group affiliation;
- Name of practice;
- Provider's license number;
- Office address, telephone number, website URLs, and office hours;
- Adult, pediatric or all ages;
- Cultural and linguistic capabilities, including languages offered;
- Whether or not the provider is accepting new patients;
- Provider's specialty credentials and other certifications;
- Accommodations for persons with disabilities, including offices, exam rooms, and equipment;
- Completed cultural competence training;

- GPS map allowing the enrollee to see proximity to an address of their choosing;
- Specific performance indicators; and,
- A statement that providers may choose not to perform certain services on religious/moral grounds.

6.9.3 THROUGH 6.9.5 PROHIBITED STATEMENTS AND CLAIMS, PROHIBITED ACTIVITIES, AND PROVIDER-BASED ACTIVITIES

LIBERTY will comply with the requirements listed in Sections 6.9.3, 6.9.4, and 6.9.5 and will ensure that we neither make any false claims nor engage in prohibited activities. We will continue to ensure compliance by ensuring that we receive LDH approval prior to distributing any marketing materials or engaging in any marketing activities. LIBERTY's primary marketing strategy is to outreach to the community, particularly during any enrollment opportunities, and to distinguish ourselves as an organization that consistently provides high-quality, timely, and responsive service. We will attend and support health fairs and events at community organizations including schools, and hire community outreach representatives to coordinate the distribution of enrollment and oral hygiene materials to the low-income community in Louisiana. We will partner with organizations such as the ▮▮▮▮ ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ an evidence-based home visitation program, to distribute oral health materials developed specifically for pregnant women and young children.

We understand that providers are permitted to display materials in common areas but may not mail marketing materials on behalf of LIBERTY or accept compensation from LIBERTY for marketing activities. We recognize the vulnerability of the Louisiana low-income population and will thoroughly monitor aggressive or inappropriate marketing activities in our contracted provider offices, and our Compliance Officer will investigate any potentially improper conduct. We educate providers on marketing guidelines in the Provider Manual, during new provider orientation, and ongoing provider trainings.

6.9.6 MARKETING AND EDUCATION PLAN

LIBERTY will develop and implement a Marketing and Education Plan that complies with the requirements listed in Section 6.9.6, and submit it along with procedures we will use in contacting enrollees to LDH for review and approval. We will submit any changes to the Plan, materials, or activities to LDH within required timeframes. LIBERTY will begin enrollee education activities only after receiving LDH approval of the Marketing and Education Plan.

6.9.7 MATERIALS APPROVAL PROCESS AND STANDARDS

LIBERTY will comply with all of the requirements set forth in Section 6.9.7 of the RFP. Our Director of Fulfilment will ensure that all enrollee marketing and educational materials in all mediums receive written LDH approval prior to use. LIBERTY understands that we must include any statements and disclaimers directed by LDH on materials. We will ensure that all materials and services do not discriminate against enrollees and include versioning. Our Enrollee Handbook is the primary source of written information regarding available services and how enrollees can access them. We will ensure that the Enrollee Handbook uses the state-developed model and complies with all contract, state, and federal requirements and understand it must be approved by LDH prior to distribution.

6.9.8 REQUIRED MATERIALS AND SERVICES

LIBERTY maintains an established, successful enrollee onboarding process, which is supported by written policies and procedures compliant with the procedures in RFP Section 6.9.8.4, and audited to ensure the quality of the process. LIBERTY will comply with all of the requirements set forth in, and all materials and services will contain

the elements required in Section 6.9.8 of the RFP and will comply with all guidelines established by LDH as well as contract, state, and federal requirements. All newly enrolled and re-enrolled persons will be sent a Welcome Packet within ten (10) business days after LIBERTY receives their file that will include the following (information is also available online):

- Enrollee or re-enrollee notice with the effective date, a notice that if they lose eligibility and are disenrolled, that they would be automatically re-enrolled if Medicaid eligibility is regained within 60 days, and a request to update the enrollee's name and contact information.
- A welcome letter highlighting important features of our dental program including the selection and assignment of a PDP (Dental Home) to each Enrollee and why that is important.
- LIBERTY's contact information and Enrollee Help Line hours of operation.
- A detailed explanation of covered dental and value-added services.
- A description of any restrictions on the enrollee's freedom of choice among network providers.
- Information on alternative methods or formats for communicating for visually and hearing impaired and/or non-English speaking enrollees, and how to access those alternative formats and methods.
- Information about enrollee rights and protections.
- Enrollee Handbook.
- Provider Directory and information about how to access the most updated version of our directory online, telephonically, or via our smart phone application.
- Enrollee ID card, if required by LDH.
- Enrollee Services phone number to assist enrollees with their questions on coverage.
- Link to LIBERTY's Louisiana website.
- Link to the LIBERTY Dental Mobile App.

LIBERTY also makes welcome calls to introduce the enrollee to LIBERTY, provide a benefit overview, (including value-added benefits,) answer benefit questions, provide PDP, and encourage use of dental benefits. LIBERTY provides brochures and flyers at least twice a year that provide information on preventive care, health promotion, access to care and targeted dental issues, including oral-health aspects of pregnancy, diabetes, dental disease management, nutrition, and gum disease. These materials are also available via our website and our Mobile App. Enrollees are notified of their right to obtain the Welcome Packet at least once a year as well as any significant change at least thirty (30) calendar days prior to the effective date.

LIBERTY monitors enrollees who are not using their benefits and conducts focused education to these enrollees as well as to enrollees who may be using their benefits inappropriately (e.g., in the emergency department). Using a data-driven process housed in our Utilization Management (UM) department, we identify when enrollees are not using benefits based on the periodicity schedule, and conduct telephonic, text, and mail outreach to encourage them to use their benefits. We track whether and when they did utilize and use this data to improve outreach methods. We also conduct follow-up and education with enrollees who use benefits inappropriately (such as the wrong setting) to discuss how to access services more effectively, and help them schedule an appointment with their dental home.

LIBERTY sends re-enrollment notices to enrollees with the effective date of the re-enrollment, instructions on how to contact LIBERTY to obtain a new enrollee handbook or directory, a request to update the enrollee's name and other key contact information, and a postage paid return envelope.

6.9.9 IDENTIFICATION CARDS

LIBERTY understands that enrollees will use their Medicaid ID card issued by LDH to access benefits and services covered, but that LDH may require us to provide enrollees with a separate ID card. We also understand the Medicaid ID card issued by LDH shall not be proof of eligibility but will inform our network providers that they can use the Medicaid ID card issued by LDH to access LDH's electronic eligibility verification systems.

6.9.10 TOLL-FREE ENROLLEE HELP LINE

LIBERTY will comply with all of the requirements set forth in Section 6.9.10 of the RFP. We have demonstrated experience operating accessible Enrollee Help Lines that offer exceptional, "concierge-style" customer service. As demonstrated in *Figure 6.9.10-1*, we exceed Louisiana's performance standards nationally for the most recent quarter.
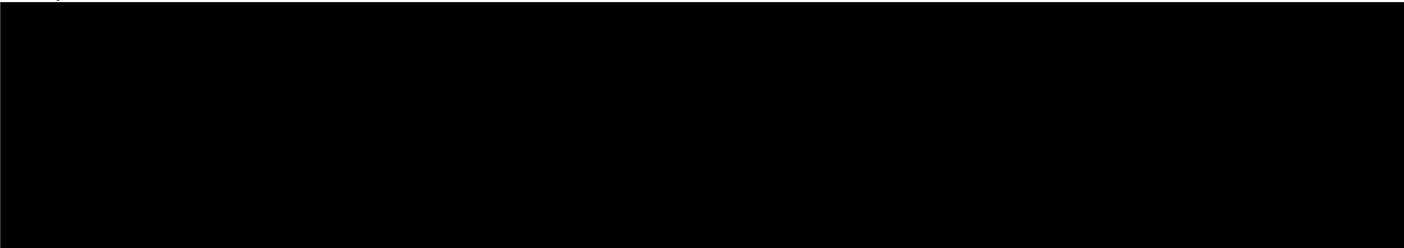
LIBERTY will operate a toll-free Enrollee Help Line between the hours of 7:00 a.m. and 7:00 p.m. Central Time, Monday through Friday, excluding state designated holidays. LIBERTY successfully operates 3 Enrollee Help Line centers that work collaboratively to ensure timely and seamless interactions for all callers, ensuring no disruption to service. Our Enrollee Help Lines are in Irvine, California (Corporate office); Las Vegas, Nevada; and Tampa, Florida. This organizational structure provides full redundancy in the event of an emergency, natural disaster or phone line issues. Louisiana calls will be managed through our Las Vegas, Nevada office, with the other locations poised for action if required. Additionally, LIBERTY is committed to hiring Customer Care Analysts locally to support our Louisiana team in resolving escalated cases. All Enrollee Help Lines are staffed with highly trained representatives who attend 3 weeks of training to prepare them to accurately and efficiently answer enrollee inquiries in all program areas. We have a commitment to hiring bilingual staff.
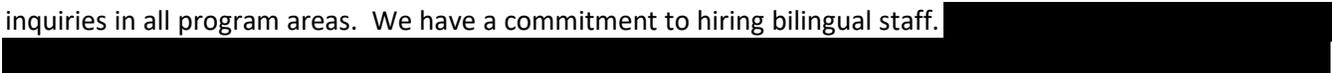
LIBERTYs Enrollee Services department develops and maintains policies and procedures that describe and direct all our Enrollee Help Line functions, including, but not limited to enrollee eligibility, benefit application, pre-authorizations, referrals, access to care guidelines, provider information, grievance and appeals, and issue resolution. The policies and procedures will be submitted for review and approval by LDH prior to implementation. We will develop a Louisiana-specific operations manual for our staff and incorporate all state requirements and internal procedures, such as call handling, first call resolution, escalation procedures, and transferring calls. The manual will be incorporated into our training program.

In our current markets, LIBERTY uses an Automated Call Distribution (ACD) system to route incoming calls from our toll-free numbers to an Enrollee Help Line Representative who is trained to handle that type of call. Enrollees are informed that their call will be recorded and monitored for quality control purposes. Enrollees are not asked to navigate through numerous Interactive Voice Response (IVR) prompts and are promptly connected to an MSR during normal business hours. We will use this same system in Louisiana and ensure that it meets all the requirements listed in Section 6.9.10.8. Enrollees will always have access to a live person when they call during business hours.

Representatives have access to many support team members if they receive a call beyond their expertise. LIBERTY has dedicated Help Desk Leads whose primary responsibility is to answer questions Representatives cannot answer on their own. The Leads are equipped with wireless headsets allowing them to go directly to a Representatives desk to provide support and give immediate instructions. We also have an established Customer Care Unit (CCU) in the Enrollee Services department to coordinate complex cases and out-of-area and out-of-network care. Our Representatives are trained to escalate calls to the CCU when appropriate.

LIBERTY's Enrollee Help Line is answered after hours and on weekends/non-State holidays (i.e., available 24/7 by the ACD system that instructs callers about what to do in an emergency, provides operating hours, and tells enrollees how to leave messages for non-emergency issues. The ACD phone system has unlimited capacity for voicemail messages. Messages are answered the next business day. Our contracts require our network providers to be available to their enrollees after hours but if an enrollee cannot reach their PDP after normal business hours, our closed message, on the toll-free number, instructs them to contact our afterhours service for immediate phone access to a LIBERTY staff dentist in emergency or urgent situations. Our licensed staff dentists will assess the enrollee's needs to determine the best course of action and may direct the enrollee to a dental office with extended hours, an urgent care facility, an emergency room, or 911. The ACD system has 24/7 access to our language interpreter vendor. Enrollees also have 24 hour per day self-service options through use of our enhanced enrollee portal or mobile application. All telephone system messaging will be sent to LDH for approval prior to implementation.

LIBERTY ensures telephone line capacity and staffing to meet performance standards listed in the contract related to answering incoming calls. Our system can handle 500 concurrent calls, which far exceeds our current volumes. With this ample infrastructure, capacity will not be jeopardized with the implementation of the Louisiana Medicaid program. The system is configured to allow enrollees to add a phone number and request a call back. During business hours, enrollees who choose the call-back option do not lose their place in line and typically receive a call back in a few minutes. For calls made after hours, a return call is made no later than the close of the next business day.

LIBERTY's Enrollee Help Line is routinely monitored and analyzed using real time and comparable historical data ensuring proper staffing levels to meet daily, weekly, and monthly service level requirements. We will engage other enrollee center locations when appropriate to sustain performance levels. We also engage in dynamic, continuous quality improvement activities to enhance help line operations. Such activities include soliciting enrollee feedback on enrollee center operations through our enrollee satisfaction surveys and monitoring live and recorded calls to identify staff training opportunities for improved customer service. We use quality criteria, protocols, and monitoring activities to evaluate help line performance and will submit standards and corresponding data to LDH. Our MIS allows us to track, trend, analyze and report on call reasons. Our ACD phone system calculates metrics required by LDH, such as average hold time, average speed to answer, and abandonment rate, among others. Monthly performance reports will be submitted to LDH and will contain the metrics outlined in this contract.

SECTION 6.10 - ENROLLEE GRIEVANCES, APPEALS AND STATE FAIR HEARINGS

OUR COMMITMENT

LIBERTY has a well-established grievance and appeal process that gives our enrollees the opportunity to file complaints, grievances, and appeals and facilitate their submission. Our policies and procedures comply with all federal and LDH requirements for a grievance and appeal system. Our system includes a state of the art tracking

and notification system that ensures all timeframes and notifications requirements are met. Moreover, we make it as easy and comfortable as possible for enrollees to effectively voice concerns about their experiences with providers and our organization and their objections to adverse decisions. We take this responsibility very seriously, as our goal is to meet our enrollees needs without hassles or barriers. We also track and trend, and report on all grievances and appeals to identify areas for improvement or any operational issues.

OUR OPERATIONAL APPROACH

6.10.1 GENERAL PROVISIONS

LIBERTY's grievance and appeals system and processes will comply with all the requirements in Section 6.10 of the RFP. The system includes the grievance process, an appeal process, and the process to access a state fair hearing. We will provide Nurse Case Managers and Care Coordination Analysts (to educate enrollees and help them file grievances and appeals. CCAs will also establish a separate system for tracking and processing enrollee grievances received from LDH. LIBERTY is committed to partnering with LDH to address enrollee grievances, internal appeals, and appeals to the State Fair Hearing Office. *We will ensure all enrollees that are dissatisfied in any of our activities are referred to our grievance process.*

Ensure that all enrollees are informed of all the processes. LIBERTY will use our Enrollee Handbook, enrollee website, new enrollee welcome call, and oral interpretive services to inform our Louisiana enrollees of our grievance and internal appeals process, which includes being able to file a grievance or appeal at a provider's office, and how to file a grievance in writing directly with LDH. In addition, dissatisfied enrollees who call our Enrollee Help Line are advised of their rights to file a grievance or appeal.

We provide assistance in completing the forms and complying with procedures to file a grievance or appeal, or request a fair hearing through our Enrollee Help Line Representatives and Customer Care Analysts. Providers receive training on the process to assist with filing a grievance or appeal.

We make it simple and easy for enrollees to submit grievances and appeals to us. An enrollee can file a complaint over the phone or in writing. A grievance can also be filed on behalf of the enrollee by the provider, authorized representative or legal representative, with the enrollee's written authorization.   Our system is accessible to enrollees that speak other languages or those that require alternate formats including those with visual or hearing impairments.

Decision on grievances and appeals are made by dental professionals. For grievance and appeal decisions that are not resolved immediately by a CCAs, LIBERTY's standard grievance and appeal process requires review and disposition by a LIBERTY licensed staff dentist**.** Our staff dentists make all decisions in accordance with federal regulations.

Dental and Medical Records. If requested, the CCA will provide the enrollee and his or her authorized representative the enrollee's dental and/or medical records and any other documents and records considered in decisions within seven (7) calendar days of request.

Tracking and Reporting of Grievances and Appeals. LIBERTY will track and report all grievance and appeals using methods required by LDH. Grievance and appeals are reported internally on a quarterly basis to the Grievance and Appeals Sub-Committee and, ultimately, to our Board of Directors. Grievance and appeals are one of our principal sources of information about the quality of care we and our providers are delivering. Approximately 80% of the referrals to our Potential Quality Issues Committee originate from grievance and appeals.

LIBERTY aggregates and closely tracks the detailed data we capture in our Grievances and Appeals (G&A) Database. We can query the G&A Database and produce ad hoc reports on demand. We use these reports and our regular monthly and quarterly G&A reports to alert us to trends and patterns associated with potential quality issues with our providers and our employees, and problems with our internal processes and systems. LIBERTY's Grievance and Appeals Sub-Committee reviews identified trends for further action if indicated, such as issuance of corrective action plans, education, and peer to peer calls. We will make these reports available to LDH in the manner prescribed to provide transparency into our processes. We currently capture all the information required by LDH in our G&A Database.

Enrollees and Providers are informed of State Fair Hearing Process. If the enrollee, enrollee representative, or engaged provider is not satisfied with a resolution decision by LIBERTY, they will be informed verbally and in writing of the process for filing a fair hearing with LDH.

6.10.2 PROCESS FOR GRIEVANCES

LIBERTY will comply with all of the requirements set forth in Section 6.10.2 of the RFP.

The first point of contact for a grievance is usually through the Enrollee Help Line. Representatives or the Customer Care Analyst advise enrollees of their rights and responsibilities, assist enrollees with grievances and appeals, including completing all paperwork, explain covered and non-covered services, and perform community outreach. Enrollees will be informed about how to access our Customer Care Analysts through Enrollee Help Line Representatives, other LIBERTY staff, our Enrollee Handbook, our Louisiana website, newsletters, and network providers.

Grievance data is reviewed by management to improve our processes.

Enrollee Grievance Process

While LDH allows for up to 90 calendar days for grievance resolution, we strive to resolve every grievance as quickly as possible, no later than 30 calendar days from initial receipt of the grievance. For grievances not resolved immediately, the enrollee will receive written notification within 5 business days acknowledging receipt of the oral or written grievance. Once the grievance has been resolved, enrollees and their provider, if appropriate, will receive a written response explaining the basis for the resolution.

All grievances are logged into our single-source MIS system. Information logged includes the enrollee's name; a description of the grievance; the date received; the date of each review; resolution date and resolution. LIBERTY's grievance records are accurately maintained, accessible to LDH, and available upon request to the Centers for Medicare and Medicaid Services.

Responsibility for enrollee grievances and appeals ultimately resides with the LIBERTY Grievance and Appeals Dental Director who ensures the process is carried out timely and in compliance with written policy. The Dental Director reviews and trends grievances to identify possible issues that necessitate corrective action..

6.10.3 STANDARD APPEALS

LIBERTY will comply with all of the requirements set forth in Section 6.10.3 of the RFP.

Enrollees or their authorized representatives can file an appeal, either verbally or in writing, within 60 calendar days of notification of an adverse action. LIBERTY will comply with LDH's timeframes for resolving standard appeals. These include:

- Sending acknowledgement within five (5) business days of receipt of each grievance or appeal.
- Providing a form to the enrollee to sign and send back for verbal requests. LIBERTY will offer to assist with completing the form and provide options for returning the form and note that it must be received within 15 days in order for the appeal to be accepted.
- Advising any enrollee who does not provide the form within 15 days of the appeal closure in writing, as well as the right to submit a new appeal request if the 60 day appeal timeframe has not expired.
- Encouraging the enrollee to submit evidence for their appeal and providing medical and dental records, and other information used in the decision to the enrollee.
- Extending the timeframe for an internal appeal up to 14 calendar days if the enrollee or his or her representative requests an extension or we can show a need for additional information and how the delay is in the enrollee's interest; and, if the timeframe is extended and the enrollee did not request the delay, we have given the enrollee prompt oral notice of the reason for the delay and written notice within two days of the decision.

If enrollee appeal is clinical or a determination is based on medical necessity, the case is sent to a Dental Director to issue a determination. LIBERTY ensures that the individuals who make decisions on appeals were not involved in any previous review or decision about the action. All dentist reviewers who decide an appeal of a denial based on medical necessity (or lack thereof) or render any determination that involves review of a clinical nature, have the appropriate expertise in treating the enrollee's condition or disease. The LIBERTY Grievance and Appeals Dental Director oversees LIBERTY's appeals process, including monitoring, investigating, and hearing appeals.

Notice of disposition of internal appeal LIBERTY will provide written notice of the disposition of all internal appeals, including expedited internal appeals, to the enrollee and their legal representative that includes the results and date of resolution. Notices of decisions not wholly in the enrollee's favor will include all the information specified in the RFP and will be mailed to the enrollee within 30 calendar days after receipt of the appeal for standard appeals and within 72 hours for expedited appeals. Enrollees who receive an adverse determination are informed of their exhaustion of the LIBERTY appeal process and their right to initiate a state fair hearing.

Right to Continuation of Benefits Pending Appeal LIBERTY will continue reimbursement for the benefits an enrollee is currently receiving during our internal appeals process and the State's Fair Hearing process if the criteria specified in the RFP Section 6.10.3.4 are met. If a State Fair Hearing Officer reverses a decision to limit or deny services that were not furnished while the internal appeal was pending, LIBERTY will authorize or provide the disputed services as promptly and expeditiously as the enrollee's health condition requires, but no later than 72 hours from the date it receives notice reversing the determination.

6.10.4 EXPEDITED RESOLUTION FOR APPEALS

LIBERTY will comply with all of the requirements set forth in Section 6.10.4 of the RFP.

LIBERTY maintains an expedited appeals process. Enrollees are informed of the opportunity to request an expedited appeal. In addition, during the intake process, the CCA or the Grievance and Appeals Intake Analyst may identify that a case warrants expedited processing. CCAs and Grievance and Appeals Intake Analysts are trained to recognize when, based on the documentation provided by the enrollee, taking the time for a standard resolution could seriously jeopardize the enrollee's life, health, or ability to attain, maintain, or regain maximum function. Such requests are immediately routed to a Dental Director (or licensed dentist designee) for review to determine if they meet the expedited criteria. The enrollee is informed of the limited time available to present

evidence. If the Dental Director (or designee) has decided to approve, the case proceeds within the expedited timeframe for review and resolution, which will not exceed 72 hours. When an expedited appeal is resolved, the enrollee is notified by phone and provided written notice within two days.

If we determine that a request for an expedited appeal does not meet the criteria, we will immediately contact the enrollee and advise them that the appeal will be converted to a standard case, with a resolution to be issued within 30 calendar days from the day of receipt of the initial request. This verbal notification will be followed with a written determination on the same day.

LIBERTY may extend the timeframe of disposition for a grievance by up to fourteen (14) calendar days if requested by the enrollee or if there are extenuating circumstances and LDH approved the extension.

6.10.5 NOTICE OF APPEAL RESOLUTION

LIBERTY will provide enrollees with a written notice of the resolution using a notice of appeal resolution template approved by LDH. The notice will have a unique identifying number corresponding to the number on the notice of adverse benefit determination that gave rise to the appeal. We will inform enrollees of their right to seek a state fair hearing and assist them with the process if they choose to file for a state fair hearing.

6.10.6 PROCESS FOR STATE FAIR HEARINGS

LIBERTY will comply with all of the requirements set forth in Section 6.10.6 of the RFP.

Enrollees that are not satisfied with the decision from LIBERTY are notified of the opportunity to file a state fair hearing request within 90 days. LIBERTY will attend all state fair hearings and supply requested materials. If requested by an enrollee, enrollee legal representative or provider, LIBERTY will submit a complete evidence packet to the LDH and the enrollee within 10 business days from the time we receive notification of the hearing. We will establish an email address for all state fair hearing-related communications from LDH and any party to the state fair hearing. We will continue the enrollee's benefits while the fair hearing is pending if the enrollee files for a continuance of benefits within 10 calendar days.

LIBERTY 's Louisiana Dental Director will lead our internal process and review the documentation provided for the state fair hearing to include additional information if available. If the Dental Director determines that the original decision should be overturned, LIBERTY may approve the benefits or services and notify all parties.

If LIBERTY's adverse decision is reversed by the administrative law judge and services were not furnished while the plan appeal was pending, we will provide the disputed services promptly and as expeditiously as the enrollee's health condition requires, but no later than seventy-two (72) hours from the date the hearing decision. LIBERTY will not create any barriers to timely due process at the risk of incurring penalties from LDH.

LIBERTY will never take punitive action against a provider who either requests an expedited resolution on behalf of an enrollee or supports an enrollee's appeal.

SECTION 6.11 – QUALITY MANAGEMENT

OUR COMMITMENT

LIBERTY's commitment to quality extends to all levels of our organization. Under the direction and expertise of our leadership team, we have built a comprehensive QAPI Program that encompasses an array of well-defined processes and functions that are critical to the provision of high-quality dental services to our enrollees. Our Quality Management programs underwent rigorous review as part of the URAC process, for which LIBERTY earned a full accreditation in 2019. We use data-driven, structured QAPI processes as well as experienced administrative, clinical, and staff dentists to identify potential quality issues and design solutions. We consistently achieve or exceed the quality metrics set by our state and MCO partners.

OUR OPERATIONAL APPROACH

6.11.1 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM

Our annual national Work Plan outlines our QAPI Program activities, including documentation of the next year's goals and objectives for planned projects and activities, measurement activities, and identification of tasks and subtasks according to a work breakdown structure. LIBERTY will incorporate Louisiana-specific requirements contained in and comply with all of the requirements set forth in RFP Section 6.11. to ensure accountability and achieve quality goals. Quarterly, we monitor and report on the goals and objectives in the annual plan. Our Louisiana Dental Director and Quality Management staff will evaluate the QAPI Work Plan at least annually to assess the effectiveness of our initiatives and provide the state with the evaluation.

Our Chief Dental Officer is the executive responsible for our national QAPI Program, with day-to-day operations managed by the Vice President of Quality Management. The Louisiana Dental Director will lead the state-specific QAPI Program, including chairing our cross-functional QAPI Committee and overseeing Louisiana Utilization Management and Dental Care Management staff. LIBERTY ensures execution and oversight of QAPI activities through clearly defined roles and assignment of tasks to appropriately qualified individuals (including dentists/clinicians and non-clinicians).

Our QAPI Committee provides organizational accountability and oversight for implementation of the QAPI Work Plan. Members of the Committee include all our state Dental Directors and leadership from the following departments: Quality Management, Dental Care Management, Compliance, Provider Relations, Claims, Credentialing, Grievances and Appeals, Quality Assurance, and Enrollee Services. Annually, the QAPI Committee reviews and approves its Charter, the QAPI Program Description and Work Plan, and our library of quality-related policies and procedures.

Our QAPI Program is supported by our exceptional systems capabilities, including data collection, processing, and production of data analytics and reports. LIBERTY is a forward-thinking, strategic partner, having made the necessary technology investments several years ago to enable us to operate a seamless MIS and information technology infrastructure. Our MIS is well equipped to provide quality measure reports, dashboards, and provider profiles/report cards; and to comply with all contract

requirements. Because of our data collection and systems capabilities, we monitor provider performance and outcome data proactively to enable us to address issues before they occur.

6.11.2 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT COMMITTEE

Under the direction of the Chief Dental Officer, LIBERTY's national QAPI Committee is responsible for the overall operations of the QAPI Program. The Committee meets at least quarterly to evaluate and monitor all QAPI functions and activities, review program data, oversee provider performance through our provider profiling process, and provide continuous updates to LIBERTY's Board of Directors. The QAPI Committee evaluates the effectiveness of the QAPI Program and QAPI Work Plan on a quarterly basis using the QAPI Scorecard and conducts a formal annual program evaluation.

Some QAPI activities are delegated to sub-committees. The QAPI Committee is responsible for overseeing activities performed by the following subcommittees:

- Access and Availability Committee
- Enrollee Advisory Committee (includes enrollee participation)
- Cultural and Linguistic Competency Committee
- Credentialing/Re-credentialing Committee (includes provider participation)
- Grievance and Appeals Committee
- Utilization Management Committee
- Peer Review Committee (includes provider participation)
- Dental Advisory Committee (includes provider participation)

We will comply with all of the requirements set forth in Section 6.11.2 of the RFP, adapt our QAPI Committee responsibilities to include LDH contract requirements and devote resources to attend LDH Quality Committee meetings.

Quality Assessment and Performance Improvement Work Plan

Each year, QM staff update the QAPI Program Description and Work Plan (national and state-specific) which are reviewed and approved by the QAPI Committee. These documents provide a roadmap for the coming year of all quality-related activities including performance improvement projects. The Program Description outlines the quality goals and objectives, describes the major functional activities and subcommittees within the jurisdiction of the QAPI Program, includes the roles and responsibilities of staff involved in administration of the QAPI program, and describes the role of providers in providing input into the QAPI program both directly by serving on the Peer Review Committee, and in-directly through the use of provider satisfaction and complaint/grievance data. The QAPI Work Plan includes specific tasks aligned with the plan's quality goals and objectives and the resources assigned to complete them. QM staff update the Work Plan throughout the year to reflect whether LIBERTY is on-track to complete each activity in line with stated benchmarks (at mid-year, and end-of-year). LIBERTY will submit the QAPI Program Description and Work Plan to LDH annually for review and approval.

In addition, LIBERTY has recently implemented a QAPI Scorecard as a key strategy to measure the impact and effectiveness of the QAPI program. QM staff produce a quarterly scorecard that includes key performance indicators related to every major functional area included in the QAPI Work Plan and under the purview of the QAPI Committee or its subcommittees. This scorecard aligns LIBERTY's QAPI priorities into a single document that simplifies access to data; provides clarity throughout organization about which indicators are most important;

improves decision-making; and increases accountability among the subcommittees for their key performance indicators.

Quality Assessment and Performance Improvement Reporting Requirements

At the end of the year, LIBERTY completes a program evaluation of the impact and effectiveness of the QAPI program that includes an assessment of QAPI Program oversight; clinical guidelines; completion of QAPI Work Plan activities and additional accomplishments; implementation and results of quality improvement activities; sufficiency of QAPI program resources; and recommendations for process improvements or new quality improvement activities for the next year. LIBERTY will provide this annual report to LDH, along with any other requested reports.

LIBERTY is experienced in performance measurement and reporting. In our other Medicaid markets, we have honed our expertise in monitoring, evaluating, and reporting on our performance using the following measures: 1) HEDIS - Annual Dental Visit; 2) CMS-416 Measures 12a - 12f (EPSDT measures); 3) Dental Quality Alliance (DQA) specific measures, and 4) State-specific quality measures. Our agile MIS system allows us to track performance measures including HEDIS and any other measures our state or Medicaid MCO plan partners require. Our MIS is our primary source for collecting and housing encounter data that is used to report all performance measures. We also track several of the identified performance measures at the provider level to ensure that we meet our quality performance goals.

6.11.3 PERFORMANCE IMPROVEMENT PROJECTS

LIBERTY will fully comply with all of the requirements set forth in Section 6.11.3 of the RFP.

LIBERTY has implemented a variety of performance improvement project s (PIPs) to improve dental care utilization and quality outcomes. We formulate these interventions using the Model for Improvement Framework, which complies with the requirements of RFP Section 6.11.3., developed by the Associates in Process Improvement (the "Plan, Do, Study, Act" cycle).

These efforts have resulted in improved quality performance. For example, in California, we improved preventive service utilization significantly over the past ten years. In Florida, we have exceeded the Agency for Health Care Administration's goals for Preventive, Dental Treatment, and Annual Dental Visits measures. ████████

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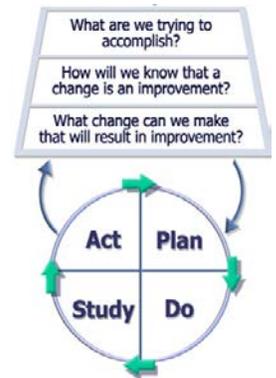
We will design and implement PIPs based on direction provided by LDH. Examples of successful projects that could be deployed in Louisiana in response to LDH's goals as expressed in the RFP include:

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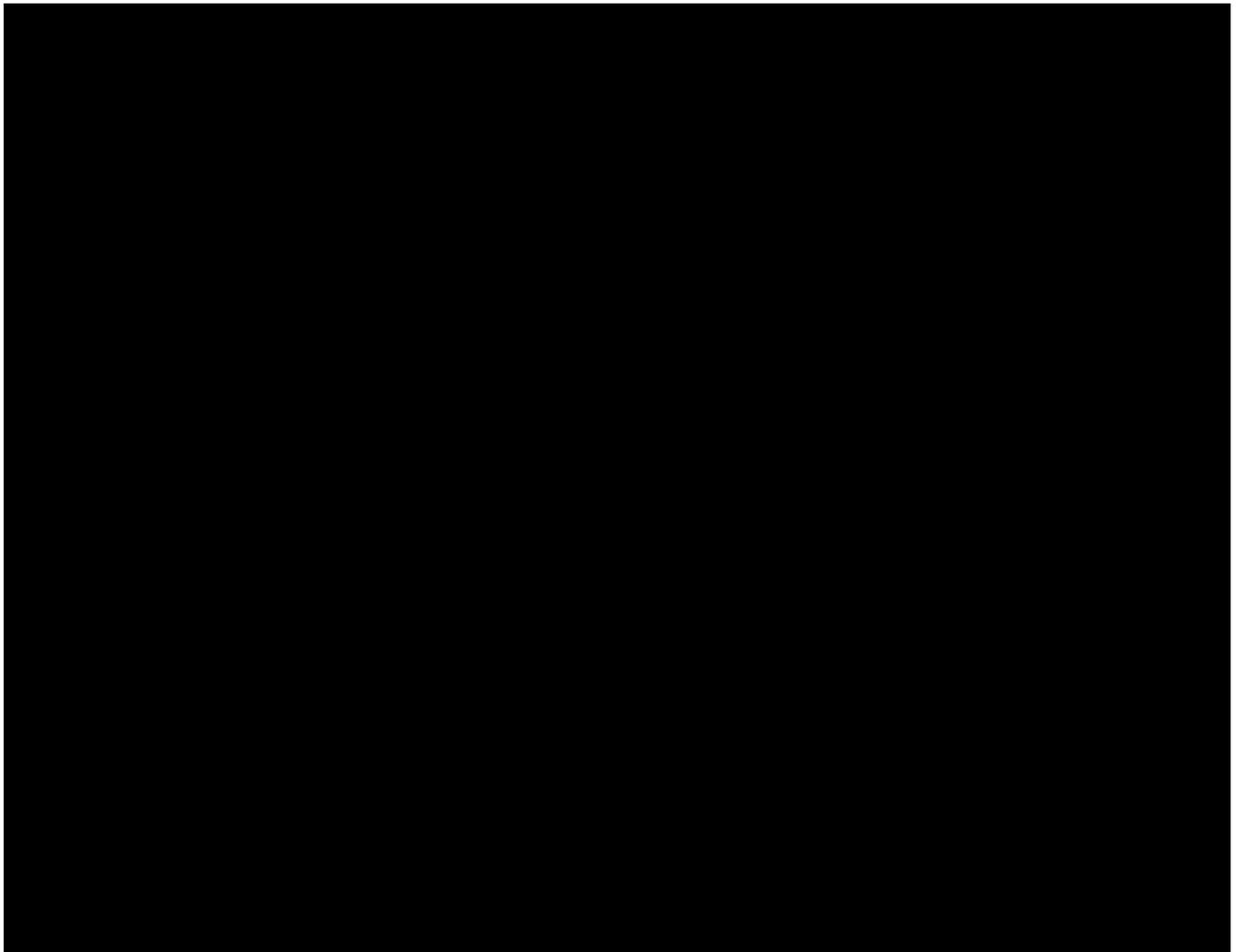
6.11.4 ANNUAL ENROLLEE SATISFACTION SURVEY

LIBERTY uses a quarterly enrollee survey adapted from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) dental survey as part of our effort to measure enrollee satisfaction by state. LIBERTY collects this information using outbound call campaigns following a recent dental visit. The QAPI Committee reviews survey data and other data, including enrollee complaints/grievances, in order to direct and oversee implementation of improvement initiatives. We will comply with all of the requirements set forth in Section 6.11.4 of the RFP, submit the survey and methodology to LDH for review and approval and will provide results to LDH in the required timeframe.

6.11.5 PROVIDER SATISFACTION SURVEY

LIBERTY uses an annual provider survey of our general and specialist dentists as part of our comprehensive approach to measuring provider satisfaction. We also analyze provider complaints/grievances and review provider retention data. Survey questions address all key domains identified in RFP Section 6.11.5, with which we will fully comply. We will submit the survey and methodology to LDH for review and approval and will provide results to LDH within 120 calendar days of the end of the calendar year. LIBERTY actively uses survey results to ensure one-

on-one follow-up occurs with dissatisfied providers, and to drive system improvement projects through the aggregation of results and presentation before the QAPI Committee.

6.11.6 EXTERNAL QUALITY REVIEW ORGANIZATION

LIBERTY has an exemplary record of collaboration with External Quality Review Organizations (EQROs) in our other Medicaid markets and we will cooperate and comply with all requests from Louisiana's EQRO.

SECTION 6.12 – PROGRAM INTEGRITY

OUR COMMITMENT

We are committed not only to ensuring that our enrollees are provided with the highest quality services, but also to providing those services with a focus on program integrity and pursuant to the highest ethical, business and legal standards. Accordingly, we maintain a comprehensive compliance program to ensure that LIBERTY and its subcontractors and providers consistently fulfill all applicable statutory and contractual obligations, including guarding against fraud, waste and abuse (FWA). Key goals of our program include: 1) coordinating with employees, providers and vendors to increase compliance; 2) collaborating with stakeholders to identify and address FWA and erroneous payments; and 3) fostering effective partnerships with entities focused on preventing, detecting and correcting FWA, including state and federal agencies (such as Medicaid Fraud Control Units). Our Compliance Plan ("FWA Compliance Plan" or "Plan") sets forth the required elements of a compliance program pursuant to applicable federal and state law and contractual and program requirements and describes how each element is addressed and implemented. The elements of our Plan are consistent with guidance issued by (i) the Centers for Medicare and Medicaid Services ("CMS"); (ii) the Office of Inspector General of the U.S. Department of Health and Human Services ("OIG"); (iii) the Federal Sentencing Guidelines; and (iv) relevant contractual and program requirements, including Section 6.12 of this RFP.

OUR OPERATIONAL APPROACH

6.12.1 – GENERAL PROVISIONS & 6.12.6 LDH PROGRAM INTEGRITY OVERSIGHT

As the dental benefits administrator to over 4 million Medicaid, CHIP and Medicare enrollees across multiple states, LIBERTY has a well-established, fully implemented, Fraud Waste and Abuse Compliance Program ("FWA Compliance Plan" or "Plan") that complies with federal and state law, and contractual requirements for the programs we administer. Our FWA Compliance Plan sets forth policies, procedures and controls to: 1) safeguard Medicaid funds against unnecessary or inappropriate use of Medicaid services and against improper payments; 2) prevent, detect, and report known or suspected fraud, waste, and abuse activities; 3) prevent submission for payment any claim, statement, or report which LIBERTY knows, or has reason to know, is not properly prepared or payable pursuant to federal and state law, and program requirements; and 4) comply with all federal requirements on disclosure reporting per 42 CFR §455.104 and 42 CFR §438.610. Our Plan, including the activities we perform to implement it, has consistently met with approval in our other markets, making us confident that it will, likewise, meet and exceed Louisiana standards.

We will submit our written FWA Compliance Plan to LDH for approval, and it will address in detail how LIBERTY complies with state and federal regulation pertaining to FWA in the Medicaid and CHIP program, including but not limited to: 42 CFR §438.1-438.812; La. R.S. 46:437.1-437.14; 42 CFR §455.12 – 455.23; LAC 50:I.4101-4235; and Sections 1128, 1156, and 1902(a)(68) of   the Social Security Act, as summarized throughout our response to Section 6.12. Moreover, as we have demonstrated in the other Medicaid markets we serve, in Louisiana too, we are fully committed to collaborating closely with the state and federal agencies charged with combating FWA,

including meeting with LDH and the Attorney General's Medicaid Fraud Control Unit (MFCU) periodically, at LDH's request, to discuss fraud, abuse, neglect and overpayment issues. We understand and agree that our Compliance Officer will serve as the point of contact in this regard. More specifically, we agree to cooperate and assist the state and any state or federal agency charged with the duty of identifying, investigating, or prosecuting suspected fraud, abuse or waste, including complying with the terms set forth in Section 6.12.1 of this RFP.

Further, we will be responsible for investigating possible acts of provider FWA for all services under the contract, including those services that we subcontract to outside entities, and we agree to carry out those responsibilities in accordance with applicable law and program requirements, including La. R.S. 46:460.72-73 and Section 6.12.6.4 of this RFP. We are likewise well versed in and agree to comply with the reporting requirements set forth in Sections 6.12.6.1, 6.12.6.2, 6.12.6.3 of this RFP. Since we are subject to comparable requirements in the other state Medicaid markets we serve, our current processes and controls support these commitments.

6.12.2 POLICIES & PROCEDURES

A critical component of our success and longevity in other state Medicaid programs are the methods we have honed to efficiently and effectively identify, investigate and refer suspected cases of FWA. These methods are formalized in our FWA Compliance Plan and supporting policies and procedures (discussed in detail in our response to 6.12.5); account for providers and subcontractors; and comply with 42 CFR §455.13, §455.14, §455.21. Accordingly, we are well-versed in and our existing SIU and Compliance structure and processes equip us to meet the investigation, reporting, and other requirements set forth in 6.12.2 of this RFP, with which we will fully comply, as summarized below.

Reporting

- We agree to report all tips regarding any potential billing or claims issues identified through either complaints or internal review to LDH Program Integrity on a monthly basis. When we receive tips, our process requires us to log, triage and take steps to substantiate them, and we agree to provide updates to MFCU and LDH when the concerns and/or allegations of any tips are authenticated.
- We agree to report suspected fraud and abuse to LDH Program Integrity and MFCU in accordance with Section 6.12.2.1 of this RFP and using a Fraud Reporting Form LDH deems satisfactory.
- We agree to report overpayments made by LDH to LIBERTY as well as overpayments made by LIBERTY to a provider and/or subcontractor to LDH, in accordance with the Affordable Care Act and Louisiana Medicaid policy and procedures.

Investigation

Our policies and procedures require that we perform a preliminary investigation of all incidents of suspected and/or confirmed fraud and abuse and we agree to promptly provide the results of such investigation to LDH or the agency to whom the incident was reported (or other relevant agency). We understand and agree not to take any of the following actions related to Medicaid claims, unless we obtain prior written approval in accordance with Section 6.12.2 of this RFP:

- Contact the subject of investigation about any matters related to the investigation;
- Enter into or attempt to negotiate any settlement or agreement regarding the incident; or
- Accept any monetary or other thing of valuable consideration offered by the subject of the investigation in connection with the incident.

In addition, our systems include existing workflows that allow us to stop payment to a network provider when the state determines there is a credible allegation of fraud, including issuing notice and appeal rights to the network provider as required under the 42 CFR §455.23 and consistent with Section 6.12.2 of this RFP.

Providers

We will ensure that all our Provider Agreements include a provision requiring, as a condition of receiving any amount of Medicaid payment, that the provider comply with FWA sections of the contract, and we will not contract with providers who have been excluded from participation in any Federal health care program under section 1128 or 1128A of the Social Security Act (as discussed in detail in our response to section 6.12.3).

6.12.3 PROHIBITED AFFILIATIONS & 6.12.4 PAYMENTS TO EXCLUDED PROVIDERS

LIBERTY will comply with all of the requirements set forth in Sections 6.12.3 and 6.12.4 of the RFP.

A critical control in preventing FWA is ensuring employees, subcontractors, board members, and providers who join our network are regularly screened against all required exclusion lists. We perform and document these screenings prior to hire, contract or appointment, and monthly thereafter in accordance with 42 CFR §438.608, §438.610 and §455.436, and Sections 1128 and 1128A of the Social Security Act. Our proprietary compliance tracking system "Compliance Central" contains a dedicated workflow for managing prohibited affiliations that includes notifying applicable state agencies in writing if we determine that an in-scope individual or entity is excluded from participation in Medicare, Medicaid, CHIP, or any federal health care program. We agree to report such information to LDH as soon as possible but no later than within three business days of discovery. We also require our subcontractors to perform such screenings, and make such notices to us, and we validate their compliance through our Delegated Vendor Oversight Program. We understand and agree that LIBERTY will not be controlled by a sanctioned individual under Section 1128(b)(8) of the Social Security Act, and that both we and our subcontractors are prohibited from knowingly having a relationship with an individual or entity described in 6.12.3 of this RFP. We agree to attest monthly to LDH that a search of all required websites under the contract has been completed to capture all such exclusions, and our current processes support this commitment.

We likewise understand, and our policies and procedures reflect that Federal Financial Participation is not available for services delivered by providers excluded by Medicare, Medicaid, or CHIP (except for certain emergency services under 42 CFR §1001.1901); that any individual or entity that employs or contracts with an excluded provider/individual cannot claim reimbursement from Medicaid for any items or services furnished, authorized, or prescribed by the excluded provider or individual; and that this prohibition applies even when the Medicaid payment itself is made to another provider who is not excluded. Our existing systems, processes and controls support our commitment to comply with these prohibitions. For example, part of our formal Compliance Central workflow for managing prohibited affiliations includes, upon identifying a prohibited affiliation, 1) systematically flagging the excluded entity/individual and any individual or entity that employs or contracts with them as not eligible for participation or payment; 2) verifying that no prior payments have been issued during the exclusion period; and, if so, 3) initiating recoupment for any such payments (except as specified in 43 CFR §1001.1901).

Accordingly, we agree to return to Louisiana any money paid for services provided by an excluded provider within 30 days of discovery, and we understand that failure to do so may result in LDH assessing monetary penalties and/or other remedies. We likewise agree to notify LDH within three business days of receiving notice that action is being taken against LIBERTY or any person described in Sections 6.12.3.7 and 6.12.3.8 of this RFP which could result in exclusion, debarment, or suspension of LIBERTY or a contractor from the Medicaid or CHIP program, or any program listed in Executive Order 12549 of February 18, 1986. Finally, we understand and agree that if LDH finds the LIBERTY is not in compliance with 42 CFR §438.610(a) and (b), LDH will act in accordance with Section 6.12.3.4 of this RFP.

6.12.5 COMPLIANCE PLAN

Written Policies, Procedures and Standards of Conduct

LIBERTY will comply with all of the requirements set forth in Section 6.12.5 of the RFP.

Throughout our many years of experience in Medicaid Managed Care, we have consistently demonstrated our commitment to implementing innovative mechanisms to promote program integrity.   As required by 42 C.F.R. § 438.608, this commitment to prevent, detect, investigate, and report fraud waste and abuse among our employees, subcontractors, providers and enrollees is formalized in our FWA Compliance Plan; Code of Conduct; and related policies and procedures, including our detailed Special Investigations Unit (SIU) protocol, which we review and update annually. In addition, through our Delegated Vendor Oversight Program, we require our subcontractors to adopt our Compliance Plan and Code of Conduct (or their own comparable versions), and related policies. These materials, which are grounded in years of expertise and accumulated knowledge, clearly delineate LIBERTY's commitment to comply with all applicable state and federal law and contractual requirements. Consistent with this commitment, as we do in each of our Medicaid markets, in Louisiana too, these materials will clearly set forth all program-specific timeframes, protocols and related requirements for investigating, documenting and reporting fraud, waste and abuse in compliance with, but not limited to section 42 CFR §438.608(a)(1)(ii), and Section 6.12.5 of this RFP. We understand and agree to submit our FWA Compliance Plan to LDH for approval including submitting updates or modifications at least 30) calendar days in advance of the effective date, and that LDH, in its sole discretion, may require that LIBERTY modify its compliance plan.

Designated Compliance Officer & Regulatory Compliance Committee

In compliance with 42 C.F.R. § 438.608, our FWA Compliance Plan designates LIBERTY's Compliance Officer and Compliance Committee as responsible for developing and implementing policies, procedures, and practices designed to ensure and oversee LIBERTY's compliance with state and federal law, and contractual requirements. Our Compliance Officer chairs LIBERTY's Compliance Committee, which meets at least quarterly and is comprised of our CEO, Compliance and SIU Directors, executive team and additional cross-functional representatives. Both our Compliance Officer and Compliance Committee have direct reporting lines and unrestricted access to LIBERTY's CEO and Board of Directors.

Compliance & FWA Training

In accordance with 42 C.F.R. § 438.608, a critical component of LIBERTY's FWA Compliance Plan is ensuring that our employees, providers, in-scope subcontractors, and board members complete Compliance and FWA training upon hire, contract or appointment, and at least annually thereafter. Since we currently administer benefits for Medicaid Managed Care plans in several states, we have the advantage of having an established training program which, among other topics, defines what FWA is, covers Federal False Claims Act and Whistleblower protections, and details how and to whom to report suspected FWA, and which we manage through our online training platform for employees. In addition to standard training, our Compliance Officer also completes specialized external training and maintains relevant certifications on an ongoing basis. We understand and agree to require new employees to complete and attest to the training outlined in Section 6.12.5.2.6 of this RFP within 30days of hire, including but not limited to Compliance, Code of Conduct, HIPAA Privacy and Security, and FWA training. Our established training program already includes these components, and, in most cases, employees complete all required training within their first week of employment, and new providers complete training during orientation, and annually thereafter via on-demand training modules available on our provider portal.

Effective Lines of Communication & Prompt External Reporting

In compliance with 42 C.F.R. § 438.608, and as required under our FWA Compliance Plan and Section 6.12.5 of this RFP, we make great efforts to communicate to our employees, providers, enrollees and subcontractors the various ways they can report concerns related to potential FWA, plan violations or non-compliance to LIBERTY

The email signature block for all our Compliance associates includes a reminder of how to report Compliance, Ethics, Privacy and FWA concerns.

anonymously, and without fear of retaliation. In our experience, these open lines of communication provide for valuable information that supports our SIU and compliance efforts. In addition to our toll-free hotline and dedicated SIU/FWA and Compliance email boxes (which are widely publicized and available to enrollees, providers, employees, and the public on our website), concerns may be reported directly to any member of our Compliance or management team, including our CEO or Compliance Officer, consistent with our open-door policy. Our Compliance Officer is designated the responsibility of reviewing all items received via these reporting mechanisms within 24 business hours of receipt and ensuring that appropriate action is taken on each one. Our policies require that the identity of individuals reporting violations remain confidential to the extent possible. Such protections help ensure that no individual who reports program integrity related violations or suspected fraud and/or abuse is retaliated against by anyone who is employed by or contracted with LIBERTY. Accordingly, we agree to widely publicize within our organization and with our subcontractors that anyone who believes that he or she has been retaliated against may report this violation to LDH and/or the U.S. Office of Inspector General.

Enforcement of Standards through Well-Publicized Disciplinary Guideline

As mandated by our Compliance Program, LIBERTY promptly and formally addresses all identified instances of non-compliance based on several factors including the nature of the violation and whether it was willful or unintentional. Intentional or reckless noncompliance can result in significant disciplinary or corrective action, including termination. We reinforce disciplinary guidelines in new hire, annual, and targeted compliance training, and in our Compliance Plan, Code of Conduct and Employee Handbook.

Routine Internal Monitoring of Compliance Risks

At the core of our FWA Compliance program is a well-established SIU and Compliance team comprised of qualified resources, including seasoned investigators, clinicians, data, systems and claims experts, and compliance professionals, who, together with our Compliance Officer, are responsible for detecting, investigating and reporting on possible acts of noncompliance and FWA for all services provided under our contracts, including any services we subcontract to outside entities. We also require that program integrity activities be integrated across our business units through documented protocols that clearly
define roles, and responsibilities. In addition, as set forth in our Compliance Plan, on an annual basis our Compliance Officer, in collaboration with individual business units, performs a compliance risk assessment; identifies the top enterprise risks; and prepares a compliance risk inventory. Using the results of the Risk Inventory, the Compliance Officer develops an annual compliance work plan, which aims to mitigate risks identified through the work plan. The Compliance Work Plan is presented to and approved by the Compliance Committee. In addition to the Risk Inventory development process and the compliance work plan, compliance auditing and monitoring occurs throughout the organization, pursuant to the risk assessments described above, and the results are monitored by LIBERTY Compliance Committee and Subcommittees.

Prompt Response to Detected offenses and Development of Corrective Action Initiatives

When an issue of possible improper conduct is identified, the Compliance Officer promptly investigates the matter and, as appropriate, informs senior management, the Human Resources Department, and/or LIBERTY's Legal Department. Through our Compliance and SIU teams, we conduct a full investigation of the report, including determining whether a compliance issue exists and, if so, we determine its cause so that appropriate and effective corrective action can be implemented in a timely manner. In discharging this responsibility, the Compliance Officer works together with the responsible business unit, senior management, the Compliance Committee and/or LIBERTY's Legal Department, as appropriate. Any corrective actions are designed to ensure that the violation or problem does not reoccur, or reduce the likelihood that it will reoccur, and is based on a root cause analysis. In addition, the corrective action plan includes a follow-up review (or similar control) to test the effectiveness of the corrective action following its implementation. All such corrective action plans are formally logged and tracked in our proprietary "Compliance Central" system, through completion, and are reported to the Compliance Committee on a scheduled basis.

Overpayments

Our SIU coordinates the collection and recovery of overpayments resulting from SIU activities. In addition, we require our network providers to report and return overpayments within timeframes specified by applicable law and contractual requirements. When LIBERTY identifies an overpayment, we issue the provider a complete, written explanation of the claims(s) and encounters involved, and the basis upon which each claim exceeded the amount due; options for repayment; and internal appeal rights. When uncontested, we offset overpayments within 30 days, as permitted by applicable law. In all instances, we will adjust or void affected encounters within 60 days of discovering the overpayment. We likewise agree to report to the state all overpayments and recovered, specifying the overpayments due to potential fraud, and our existing processes support this commitment.

Detection and Prevention of Medicaid Program Violations and Possible Fraud, Waste and Abuse

Our FWA Compliance Plan and supporting policies and procedures establish our processes for detecting and preventing program violations and possible FWA. Our program incorporates data mining techniques; announced and unannounced site visits; and chart and field audits to ensure providers render and bill services correctly. In our experience, pre-payment and post-payment review provide some of the most effective methods for controlling Medicaid spending, without sacrificing quality. We find these processes to be most impactful when properly combined. For example, the retrospective data mining and clinical analysis that accompanies post-payment review helps us pinpoint aberrant billing patterns. These patterns, in turn, help us to refine the algorithms we use to detect potential FWA for prepayment review. Similarly, prepayment review can reveal opportunities for retrospective review of potential violations.

Prepayment Review - LIBERTY's claims system applies electronic edits that deny claims for reasons such as duplicate claim, unknown service, service not covered, enrollee or provider ineligibility or improper coding. To validate that our pre-payment edits are correctly rejecting claims, LIBERTY produces reports during the post-processing review of claims that show overlapping dates of service to determine if any claims have been submitted which were adjudicated for services that did not fail the claim edit logic. LIBERTY also conducts pre-payment review for all high dollar claims (claims for $2,000 or more), which can also be subject to post-payment audits. Providers for whom the SIU has identified a credible allegation of fraud are placed on prepayment review requiring that they submit medical records for review before any further payments are authorized.

Post-Payment Review - Post-payment claims review enables more complex data analysis over longer periods of time than is available at a pre-payment level. Applying our custom algorithms, our Management Information System (MIS) identifies unique elements in claims that are indicators of potential FWA. In addition, we use an array of data-based indicators to detect potential FWA, including:

- Analyzing patterns of care based on patient demographics, and by provider type and geography;
- Comparing statistics among regional, product-based, and national profiles;
- Benchmarking provider performance based on specialty and geography; and analyzing variables such as average procedures per enrollee, per appointment, and per quadrant;
- Managing, tracking, and trending of practice patterns based on utilization data; and
- Analyzing clinical patterns.

We use chart audits to monitor provider billing practices, and to determine compliance with clinical treatment record review standards and against corresponding claims paid reports. If we find potential fraud and/or quality of care concerns, the clinical reviewer promptly notifies the SIU (or Quality team). When reviewing claims, we look for "red flag events" and any facts, circumstances, or events, which, alone or in combination, support an inference of potential FWA and, when we see red flags, we promptly report them to our SIU.   In addition, we validate our encounter data on a routine basis through monthly service verification surveys. Our outbound phone campaigns serve a dual purpose: 1) they help us validate that the services billed by the provider are those that the enrollee received; and 2) they serve to notify enrollees of their benefits, thereby increasing utilization of preventive care.

If, during processing, a claim raises a concern, it is referred to our Utilization Review team for further review. In addition, our Internal Audit team investigates a random sampling of all claims paid within a given month (approximately 5-10%), to ensure that the documentation submitted justifies the service or provides a rationale for necessity. We audit a minimum of 2% of claims randomly selected from a daily automated report of finalized claims (both manually processed and auto-adjudicated claims). Our internal audit team also audits a statistically valid sample of charts for compliance with clinical treatment record review standards and against corresponding claims paid reports. If a finding from a chart audit indicates that there is potential fraud, the clinical reviewer refers the matter to our SIU for processing. Finally, each month, LIBERTY's staff dentists conduct clinical reviews to monitor provider billing practices.

SECTION 6.13 - SYSTEMS AND TECHNICAL REQUIREMENTS

OUR COMMITMENT

LIBERTY is committed to providing a technologically advanced, secure platform that seamlessly supports the Louisiana Dental Managed Care program, and to complying with all the requirements outlined in Section 6.13 of this RFP. Our MIS meets all LDH service level agreements and offers highly configurable functions that fully support enrollees, providers, and LDH. We achieve this level of program support using a MIS platform with the following features:

- A claims management system designed to pay claims based on our clients' unique program requirements. This system adheres to LDH claims payment requirements
- An encounter data reporting system that has internal controls and validation to report encounters with 99% accuracy, completeness, and timeliness
- Workflow processes that showcase a collaborative working relationship with our state partners to exchange data and implement mandated changes efficiently, effectively, and 100% on-time
- Protection of protected health information (PHI) as demonstrated by our system's HITRUST (http://hitrustalliance.net/) certification and no system security breaches within the past 5 years
- Detailed and easy-to-use of MIS documentation for state partners and providers.

OUR OPERATIONAL APPROACH

6.13.1 – 6.13.1.10 GENERAL PROVISIONS

LIBERTY will comply with all of the requirements set forth in Sections 6.13.1 through 6.13.1.10 of the RFP.

LIBERTY's MIS offers the highest level of security and provides efficient, effective, secure technology support to all our Medicaid and CHIP managed dental health programs. We are compliant with industry standard physical and procedural safeguards (NIST SP 800-114, NIST SP 800-66, NIST 800-53A, ISO 17788, etc.) for confidential information (HITECH, HIPAA part 164), and for encryption of data in transit and at rest. All removable drives are blocked within the LIBERTY environment and local HDD are encrypted. LIBERTY adheres to all federal and state regulations and guidelines, as well as industry standards and best practices for systems and/or functions required to support the requirements of the contract. We provide complete and accurate provider claims processing, eligibility verification, collect and report accurate encounter data, and validate prior authorization that complies with LDH and federal reporting requirements. LIBERTY's MIS employs a Microsoft SQL server database and is fully scalable and configurable to efficiently and effectively integrate with the components of the state's EA using standard API's. LIBERTY understands and commits to using all MIS infrastructure to interoperate with LDH and conform to all applicable LDH standards and specifications.

LIBERTY operates a MIS that complies with all the standards listed in RFP sections 6.13.1.7.1 through 8. We use industry best practices to ensure PHI is secure across all platforms and communications. We also support the highest level of HIPAA confidentiality and privacy requirements throughout all levels of our organization. We apply industry best practices to ensure PHI is secure across all platforms and communications. Our uptime rate and data quality rates meet or exceed the standards in section 6.13. LIBERTY is committed to protecting the privacy of all enrollees at all time. We perform annual security audits (HITRUST http://hitrustalliance.net/), HIPPA Risk assessment, Pen Test, SSAE SOC 1 Type 2) using independent third-party vendors to enhance our security posture and to validate ongoing compliance with HIPAA privacy, security, and confidentiality requirements.

LIBERTY can transmit all required data to LDH on a regular schedule and in XML format. Final determination of relevant data will be made by LDH based on collaboration between both parties. The schedule for timely transmission of the data will be established by LDH and dependent on the needs of LDH related to the data being transmitted. XML files will be transmitted to LDH via Secure File Transfer Protocol (SFTP). Any other data or method of transmission will be approved via written agreement by both parties.

Our MIS supports all HIPAA EDI requirements, and is fully 5010 compliant supporting and using all the transaction types listed in 6.13.1.7.8.1 through 6.13.1.7.9. We understand that transaction types are subject to change. LIBERTY fully complies with all State security policies and has an exemplary record of no system data breaches in the last five years. We can accommodate all of the data and file transmission standards listed in section 6.13.1.10. Additionally, we support XML formats for our existing Medicaid programs and can work with LDH to establish the XML formats to efficiently transfer data to LDH for analytical purposes.

6.13.1.11 MARS-E COMPLIANCE

LIBERTY will comply with all of the requirements of this Subsection of the RFP and uses industry best practices in accordance with 45 CFR §155.260 to ensure data security across all platforms and communications. We also support the highest level of HIPAA confidentiality and privacy requirements throughout all levels of our organization. We operate in compliance with MARS-E standards and are compliant with all multi-factor

authentication standards required by LDH. LIBERTY incorporates dual factor authentication in all remote access. Only authorized users are granted company's equipment to access remotely using VPN for business purposes. As an additional safeguard, all equipment issued by LIBERTY has hard disk encryption and up-to-date antivirus software installed.

6.13.2 RESOURCE AVAILABILITY AND SYSTEMS CHANGES THROUGH 6.13.3 - SYSTEM CHANGES

LIBERTY will comply with all of the requirements set forth in Sections 6.13.2 and 6.13.3 of the RFP.

LIBERTY will provide systems health desk services to LDH and its Fiscal Intermediaries (FIs). Our internal help desk will notify, track, communicate, and resolve any IT production issues. Our IT help desk is available via local and toll-free telephone service, and via email from 7:00 a.m. to 7:00 p.m., Central Time, Monday through Friday and weekends/state holidays upon request. Using our centralized platform, we can ensure documentation, monitoring, and tracking of all production issues. Users are asked to enter a help ticket which is logged and tracked through our automated system that records, tracks and reports on all inquiries and/or problems reported. Our help desk team responsively answers questions and proactively helps users find the answers to their problems or queries. Users who call after hours have the option to leave a message and LIBERTY responds to messages left between the hours of 7:00 p.m. and 7:00 a.m. by noon the following business day. If the problem is application or system related, the ticket will be sent to the appropriate IT resources. In the event the issue is a true system bug, or a need for an enhancement to the software, our IT staff will re-enter the information into our Project Activity Committee site that tracks the life cycle of the issue. System issues are prioritized first for rapid remediation. LIBERTY understands and will comply with all LDH system changes as outlined in sections 6.13.3.1 through 6.13.3.2. When a system change is needed, LIBERTY will provide LDH a draft document relating to the change within 30 calendar days via an accessible near real time method. Printed documents will be provided to LDH within 10 days of actual system revision. LIBERTY commits to notify LDH as soon as possible, but within 10 calendar days of required changes including those listed in section 6.13.3.4.

In addition, we commit to comply with any future federal or LDH standards for encounter data exchange, a minimum of 90 days prior to the standard's effective date or earlier as directed.

LIBERTY agrees and will comply with all notifications listed in section 6.13.3.5. We have safeguards in place against unauthorized modification to our systems and have not had a security system breach within the past five years. All users are granted access strictly based on their role and functions. Our MIS system contains an auditing tool, "Audit Trail Viewer," that allows the IT Administration team to pull transactional updates for all users and track changes at all times. Our policy is to notify our state partners well in advance of any downtime and schedule downtime during off-peak hours. In 2018, we were able to offer our Medicaid programs 99.99% system uptime.

We commit to not scheduling any system maintenance or upgrades during times that could compromise business operations and we will work with LDH on any testing initiatives, providing access to LDH and its FIs.

6.13.4 SYSTEM REFRESH PLAN & 6.13.5 OTHER ELECTRONIC DATA EXCHANGE

LIBERTY will provide LDH with a System Refresh Plan that contains all the components and satisfies all of the requirements listed in 6.13.4.1 and 6.13.4.2. LIBERTY has a well-defined, rigorous change management process for system changes when they occur. LIBERTY's fully relational database provides indexing for all transactions and documents for ease of retrieval and audit purposes. LIBERTY's MIS employs a Microsoft SQL server database and is fully scalable and configurable to efficiently and effectively integrate with the components of the state's Enterprise Architecture (EA) using standard API's.

6.13.5 OTHER ELECTRONIC DATA EXCHANGE

LIBERTY will house indexed electronic images of documents that are used by enrollees and providers. These indexed images will be reposed in appropriate database(s) and document management systems to maintain the logical relationships to certain key data (e.g., enrollee identification, provider identification and claim identification numbers). We will ensure that records associated with a common event, transaction or customer service issue have a common index.

6.13.6 ELECTRONIC MESSAGING & 6.13.7 PROVIDER ENROLLMENT

LIBERTY is fully compliant with all email and other requirements listed in 6.13.6.1 through 6.13.6.3, including standards for securing PHI in email communication. We will also comply with all of the requirements set forth in Section 6.13.7. To enroll and update our providers, we will use the official provider information from the LDH website, www.lamedicaid.com. We have an automated process to compare this information and update it accordingly to ensure all providers in our network are fully authorized and in good standing with LDH. Our provider information is updated in real-time, meaning any changes to provider files, including provider office information or the enrollment of new providers, is reflected immediately. We transmit all provider information listed in 6.13.7.1 as well as ownership information. We perform the background checks as outlined in 6.13.7.1.3. Our on-line provider enrollment system includes all the functionality listed in section 6.13.7.2. We will submit our accurate, timely provider data to LDH and/or its FI in the frequency and layout required in 6.13.7.3 and resolve any errors immediately, but no later than 20 business days from discovery.

6.13.8 INFORMATION SECURITY AND ACCESS MANAGEMENT

LIBERTY will comply with all of the requirements set forth in Section 6.13.8 of the RFP.

We use MIS Administrator as our primary administration tool to control security within the LIBERTY MIS applications and this tool enables compliance with all the requirements in section 6.13.8.1. The tool allows LIBERTY to setup security, role-based access controls, and auditing/ tracking. Security is of premier importance; thus, we are continuously reviewing our policies, procedures, and build our applications to ensure we have the appropriate access levels set and in place. The Security section in MIS houses the access restrictions by hierarchical level to ensure that only the right people have access to the right information at the right time. The following levels can be maintained within LIBERTY MIS Administrator:
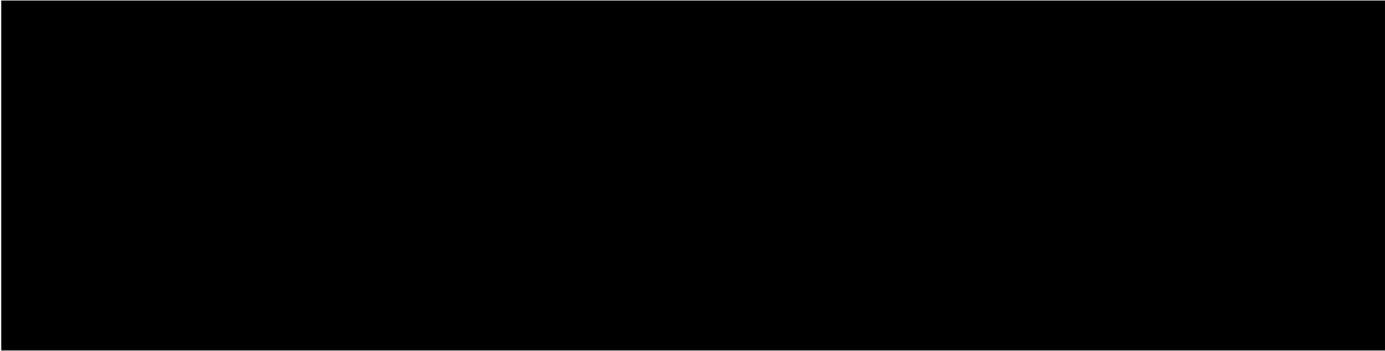
Our process and procedure manuals document and describe all manual and automated processes. We review our policies and procedures twice a year and ensure our manuals provide up-to-date, relevant information to our users and are available on-line or in hard-copy. We will update the manuals and submit to LDH within the designated timeframes for approval and update electronic versions at least ten days prior to going live with changes. We submit a Systems Quality Assurance Plan that outlines our process for keeping our MIS documentation relevant, easy to understand, and current. LIBERTY is HITRUST certified (http://hitrustalliance.net/). LIBERTY's SSAE 16 SOC 2 Type 1 report and HITRUST certification letter is available upon request. To achieve this certification, we must meet or exceed the requirements listed in 6.13.8.9 and 6.13.8.10. In addition, LIBERTY regularly undergoes independent, third- party audits and assessments to validate ongoing compliance with HIPAA privacy, security, and confidentiality requirements.
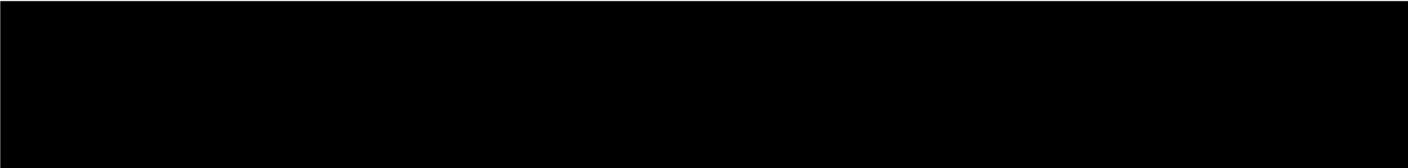
We maintain written safeguards that restrict the use and disclosure of information and are compliant with 42 CFR Part 431, subpart F and we will comply with any stricter standards that apply to specific types of information or information from outside sources. We will require written authorization from enrollees or their representatives prior to release of protected information.

6.13.9 SYSTEMS AVAILABILITY, PERFORMANCE, AND PROBLEM MANAGEMENT REQUIREMENTS

LIBERTY complies with all requirements listed in RFP Sections 6.13.9.2 - 6.13.9.8. We routinely interface with state fiscal agents, comply with all United States Postal Service (USPS) standards, actively share information (as appropriate) with health exchanges, participate in health information work groups and committees, and cover applicable costs to interface with our systems. We attest to the ability of our MIS to provide real-time connectivity to all LDH-approved systems and will adhere to data and document management standards prescribed by LDH and its Fiscal Intermediary (FI). Our systems use mailing address standards in compliance with USPS requirements. At LDH direction, we will participate in statewide health information exchanges, as well as LDH workgroups and committees to reinforce healthcare reform initiatives. We assume responsibility for costs required to access LDH systems and for LDH or its FI to access our system. We will complete the required Information Systems Capabilities Assessment (ISCA) within 30 calendar days of the contract signing.

6.13.10 CONTINGENCY PLAN

LIBERTY is a multi-state dental health plan and we are fully prepared with appropriate and adequate planning to address all manner of disaster scenarios, including natural disasters, software/hardware outages, and man-made events (e.g., sabotage and email violation). Our Contingency Plan incorporates our Disaster Recovery (DR) Plan and our Emergency Management Plan, and fully meets or exceeds the requirements listed in RFP Sections 6.13.10.1 through 6.13.11.8. We will submit our Emergency Management Plan during the contract document execution process and our full Contingency Plan for LDH approval at least 30 days prior to Readiness Review. We will submit changes to the plan to LDH for approval at least 30 days prior to their implementation and annual statement to LDH certifying that the emergency plan is unchanged from the previously approved plan.

Our data and physical infrastructure is built with disaster recovery in mind. Through our system and operational backup capabilities, detailed planning for operations resumption, and regular testing to ensure readiness, LIBERTY maintains a constant state of readiness to respond to emergencies and serve our enrollees. In the case of a disaster, we will work with LDH to seamlessly communicate with our enrollees, ensure access to information, and minimize our time to recover critical operations and systems.

Our Business Continuity-Disaster Recovery (BC-DR) plan is tested thoroughly by April 30 of each year to ensure our operations will continue in case of disaster. At a minimum, we simulate disasters and lower-level failures, including the minimum required scenarios in RFP Section 6.13.10.4, to demonstrate whether we can restore functions. As required by LIBERTY's Disaster Recovery Plan, the IT department completes an annual disaster recovery test of the three critical business systems: core application functions, telecom systems, and file servers, in both the corporate headquarters in Irvine and the disaster recovery site in Las Vegas. In addition, we also test the core application disaster recovery environments located in Irvine and Las Vegas. To date, LIBERTY has passed all tests of our BC-DR protocols and processes, including a real-life disaster with Hurricane Irma. In the 2017 annual test, the test recovery was complete in 15 minutes, which met the recovery time objective of 15 minutes. Full test results are contained in the LIBERTY Disaster Recovery Exercise Report 2017 and are available to LDH upon request. If we cannot demonstrate our ability to restore systems functions, we will submit a corrective action plan to LDH within ten business days of the test.

Our Emergency Management Plan details procedures for ensuring continued service provision in an epidemic, disaster, or manmade emergency, including enrollees and providers about hurricane preparedness and evacuation planning, and providing a key contact list to help enrollees and providers access dental services in the event of an emergency situation. We maintain the ability to shift operational capacity across sites (Irvine, California; Las Vegas, Nevada; and Tampa, Florida) if one location experiences a disaster and our Emergency Management Plan includes procedures for when this transfer is needed. Our team members in all three sites are trained to process all types of enrollee and provider data, including claims. Our Enrollee Help Lines operate independently. For example, our Florida office is not impacted by an outage in California or Nevada office. The Enrollee Help Line centers back each other up in the case of a disaster. Calls are automatically rerouted to another site if one site is affected. In addition, the Nevada and Florida offices can temporarily perform critical business functions that are normally done in the California office.

LIBERTY in Action during Hurricane Irma

LIBERTY operates in a number of states where natural disasters are common such as Florida. In 2017, we worked closely with our Medicaid MCO partner, Staywell, to successfully respond to devastating Hurricane Irma. We invoked our BC-DR plan and provided uninterrupted enrollee help-line services to Staywell enrollees. We monitored the weather situation constantly and our employee communication plan was executed efficiently. We closed our Tampa, Florida office for one day to protect the safety of our employees, but calls were automatically transferred to our California and Nevada Enrollee Help Line. Our employees were eager to help, and we had over 30 employees volunteer for overtime to assist with Staywell enrollee calls. LIBERTY posted hurricane-related messages on our web portals and IVR phone system acknowledging the situation and providing instruction for emergency care. We worked individually with enrollees to ensure access to emergency services. This included authorization to seek palliative treatment at an out-of-network office if an in-network option was not available. Providers in impacted areas, who were closed until they could resume normal operating hours, were instructed to provide emergency after-hours instructions for enrollees.

6.13.11 OFF-SITE STORAGE AND REMOTE BACK-UP

LIBERTY will comply the requirements of Section 6.13.11 of the RFP and has overlapping redundancies in system backup and offsite storage. Each critical system is backed up in a separate manner so that if any one component fails, it will not affect the normal business functions of other systems while the faulty system is in Business Continuity-Disaster Recovery mode and being restored. LIBERTY operates primary, standby, and DR site servers and we replicate the data to multiple locations to ensure no data loss. We perform a transaction log backup at 15-minute intervals. If our primary server experiences an outage, we have the option to activate standby or DR server depending on the outage.

6.13.12 RECORDS RETENTION

LIBERTY complies with all document retention policies and other requirements outlined in section 6.13.12. We maintain documents and files for the required time periods (six years for audit trails and reporting purposes, and ten years for archival systems and historical encounter data) and are able to supply requested information to LDH within the required turnaround times.

SECTION 6.14 CLAIMS MANAGEMENT

OUR COMMITMENT

Our system is highly configurable and flexible allowing for full automation of claims adjudication for a variety of business rules and unique state requirements. . As a company that was founded by a dentist, LIBERTY understands that timely and accurate claims payment is a critical part of ensuring a positive relationship with our contracted dental providers.

Our claims adjudication and payment process has the following features:

- A highly configurable, scalable claims management technical platform that pays claims accurately, promptly, and with complete adherence to LDH claims payment rules
- Prompt and timely payment to providers and promotion of the benefits of EFT for timely payment
- Configurable edits and audits within our front-end EDI to ensure that the integrity of required data elements is enforced
- Data analytics, operational, and transactional reporting that allow our staff to continually monitor the claims flow process, identify and quickly remediate bottle-necks or issues, and spot trends to enable provider training and education
- Secure protected health information (PHI) as demonstrated by our system's HITRUST (http://hitrustalliance.net/) certification and no system security breaches within the past 5 years
- Detailed and easy-to-use claims processing documentation for our providers with easy to follow claims submission and processing instructions
- Large numbers of provider relations staff who work closely with providers to resolve issues and ensure their success with claims processing
- Provider Contract customization that allows LIBERTY to selectively identify dentists to partner with and offer providers "Gold Card" status of Center of Excellence or a waiver to ease the administrative burden associated with submitting claims.

OUR OPERATIONAL APPROACH

Our claims management operational approach is to have a claims work-flow process that is highly effective and efficient and supported by a latest-version. We put processes in place for continuous quality improvement for our claims management including monitoring, trending, root-cause analysis, and effectively identifying and managing issues. We believe in paying our providers accurately and on-time. Our provider relations personnel monitor and assist providers with issue resolution so that they are able to submit clean claims. For example, we run weekly claim denial reports which are analyzed by our provider relations and claims analysts to identify areas of need for additional providers, staff education and/or re-training. We comply with all requirements in Section 6.14 as described below.

6.14.1 GENERAL PROVISIONS

LIBERTY is committed to providing claims payment process and technology to efficiently and effectively support the LDH program, and to complying with all the requirements outlined in Section 6.14 of this RFP. LIBERTY's claims management system offers highly configurable functions that fully support enrollees, providers, and LDH. LIBERTY recognizes that processing and paying claims electronically through electronic data interchange (EDI) and electronic funds transfer (EFT) is the most efficient and effective way to process claims and pay providers. To ensure providers are paid promptly and accurately, we run check cycles daily that include EFT payments to providers who participate. Our Provider Relations staff actively work with our providers to sign them up for EFT and EDI, educate them on the benefits of EFT and EDI, and train to resolve issues so they can submit clean claims. Claims reject reports are monitored and used to identify providers with high rejection rates in order to conduct outreach to assist with timely processing and timely payment.

6.14.2 FUNCTIONALITY

Our Provider Relations staff work actively with providers to educate and train our paper submitters to switch to electronic billing as well as assist providers with successful claims processing. LIBERTY assumes all costs for claims processing and, through our Provider manual offers providers clear instruction on claim filing procedures. Our Provider manual is available on the Provider website or in hard-copy as requested. Our adjudication system complies with all claims processing requirements listed in section 6.14.2 and has

Edits and rules can be placed on providers, provider offices, and provider organizations. Additionally, rules can be placed on particular NPI, dates of receipt and filing fee schedules, ensuring compliance with ADA national coding standards, procedure codes within a fee schedule, or on a group of procedures (such as extractions or dentures). These edits allow LIBERTY to easily identify and manage accurate and timely claims payment while ensuring that edits specific to FWA are in place and effective.

6.14.2.2 Claims Processing

Our claims system provides a turnkey claims processing system that is easily configurable for claim payment accuracy. Our system is highly configurable, meaning that business rules are easily updated, adjusted, modified, and the modification does not require "hard coded" changes, but rather simple updates to data tables. We routinely provide complete and accurate adjudication of claims received for medically necessary covered dental services and are prepared to do so for LDH. Our claims processing methodology fully complies with claims processing requirements in section 6.14.2 (including without limitation to the specific requirements set forth in 6.14.2.2) and is fully configurable to conform to all edits directed by LDH. Our system is designed to adjudicate claims accurately and as specified in 6.14.2.5 and in compliance with all federal and state laws, rules and regulations. The Electronic Data Interchange (EDI) process begins with the EDI Manager application as a utility (i.e., a software program that runs in the background) to define, map, and transport data files between data partners. LIBERTY creates data interchanges with our providers in the EDI Manager application. The initial interchange definition validates interchange addresses and defines the content and format of the data exchange files. All transaction formats (e.g., 837,835, 276/277, 270/271, 278) are fully HIPAA compliant. Claims submitted electronically through the provider portal or EDI gateway must pass through HIPAA SNIP and business edits. These front-line edits validate that:

• The electronic claim is in the appropriate HIPAA-compliant syntax;

- The provider is enrolled in Medicaid (NPI matched to Provider Master List);
- The provider is in or out of network;
- The enrollee belongs to LIBERTY and is Medicaid eligible; and
- Required data fields are populated with valid values.

All submitted claims are stamped with the received date and can be queried. If a claim fails the front-line edit, it is rejected back to the provider with the appropriate action reason code to indicate what was incomplete or incorrect. This entire process occurs on the same business day that the claims are received. Claims are adjudicated using multiple edits and will comply with LDH Medicaid policy and coordination of benefit (COB) processing rules.

Within the first 24 hours of submission, claims passing the front-end edits move to the claims adjudication process. At this point, business rules are applied to determine whether the claim proceeds to our "auto-adjudication" process or whether the claim is suspended for manual review. Examples of reasons why a claim would suspend for manual adjudication include high dollar claims, a missing pre-authorization not on file, or services rendered are out of sequence.

As previously noted, not all claims pass through the auto-adjudication process and some are flagged for manual processing. In addition, the auto-adjudication process may result in a claim that fails an edit and requires manual review. The manual review process takes between 5 to 15 days depending on the complexity of the claim. When the system identifies a claim in need of manual review, it provides the Action Codes which tell the person processing the claim what caused the claim to fail auto-adjudicate with suggested next steps. For example, a claim might stop for review because conflicting procedures were submitted on the same day. In this case, a processor or staff dentist, as appropriate, would review the documentation provided and either deny the less comprehensive procedure or allow both procedures as an exception based on medical necessity. Whenever the medical necessity of a service, procedure, or payment is in question, a dental clinician will conduct a medical review. LIBERTY continually strives to balance the efficiency of auto-adjudication with the need to be vigilant in preventing provider FWA. We continually review the reasons for manually processing claims and can add additional or custom logic to the adjudication process.

6.14.3 PAYMENTS TO PROVIDER

Our fully configurable payment system can pay providers on a capitation or value-based purchasing basis within LDH's required timeframes. LIBERTY commits to satisfying all of the requirements set forth in 6.14.3. We are committed to paying providers efficiently and effectively and has invested in a latest-version claims processing system. We understand that we shall pay interest at 12% per annum calculated daily, for the full period in which a clean claim remains unadjudicated beyond the 30 day claims processing deadline.

We pay 97.9% of our clean claims within 15 days of receipt and all other claims within 30 days.

Our claims editing defends against paying any claim submitted by a provider who is excluded from participation in the Medicaid, CHIP, or Medicare programs pursuant to Section 1128 or 1156 of the Social Security Act, or who is otherwise not in good standing with LDH.

6.14.4 REMITTANCE ADVICE

Once the claim results have been calculated, the claim is passed to the financial module for payment processing. If the electronic claim auto-adjudicates, this typically occurs between days 1 and 2. Providers are paid in a variety of methods based on preference including EFT and paper checks. LIBERTY will generate Explanation of Benefits (EOB's) and Remittance Advice (RA's) in accordance with LDH's requirements. EOB's and RA's will include enrollee's name, unique enrollee ID, claim or patient account number, date of service, provider charges, including all enrollee liability (broken down by co-insurance, deductible, copayment etc.) if permitted by the state, amount paid, amount denied including denial reason, adjustments and voids will appear in applicable section. LIBERTY will also include the applicable required statement on each RA.

6.14.5 THIRD PARTY LIABILITY

LIBERTY has experience performing coordination of benefits (COB) and third-party liability (TPL) in all our Medicaid programs. We understand that we are required to take all reasonable measures to identify third-party resources which may have a legal, fiscal, or contractual liability as a result of medical assistance furnished to a Medicaid enrollee. We fully comply with all requirements in 6.14.5. In compliance with the state and federal regulations, LIBERTY has a standard operating procedure to identify and recover funds for which a third party is liable. These procedures ensure that costs for treatment services otherwise payable by LIBERTY are either avoided or otherwise recovered from a liable party using post-payment recovery. LIBERTY will ensure that all existing and new requirements of the CMS State Medicaid Manual, and other state and federal rules and regulations, are met by the TPL business function. The early identification of possible TPL cases greatly increases our ability to effectively research and pursue recovery of dental-related expenses paid. LIBERTY has procedures to ensure that, when TPL is identified, the third party is billed, and that claim is processed before we pay the claim. Our eligibility load captures an enrollee's primary insurance information, if available. LIBERTY has the capability to store this information during eligibility feeds within the enrollee's profile, and our claims adjudication application will read that information to drive COB. When a claim is adjudicated, our application will stop the claim for a Processor to review with a notification that the enrollee has primary insurance coverage. The claim is then pended and forwarded to the primary insurance carrier. A second method for capturing COB information is on a submitted claim. Often claims are submitted with information or indicators that there is another liable party. This comes on the claim form itself, or on an attachment. When this information is identified, LIBERTY will flag that claim for verification of COB. Upon receiving confirmation, LIBERTY's system is updated with applicable COB information for future processing.

Post Payment Recovery

LIBERTY has a rigorous FWA prevention program and actively pursues provider post-payment recoveries and will comply with all requirements in section 6.14.5 (broken down by co-insurance, deductible, copayment etc.). We strive to prevent situations where post-payment recovery is necessary, but understand that sometimes these circumstances occur. If post-payment recovery is necessary, our Special Investigations Unit (SIU) Director coordinates the collection and recovery of overpayments resulting from SIU activities. LIBERTY requires our network providers to report and return overpayments within specified timeframes. When LIBERTY identifies an overpayment, we issue the provider a complete, written explanation of the claims(s) and encounters involved and the basis upon which each claim exceeded the amount due; options for repayment; and internal appeal rights. When uncontested, we offset overpayments within 30 calendar days, as permitted by applicable law. In all instances, we will adjust or void affected encounters within 60 calendar days of discovering the overpayment, regardless of whether we are able to recover from the provider. Similarly, we will return certain recoveries to the state in situations where LIBERTY is not permitted to retain such recoveries under applicable law, and we will submit a report of all overpayment recoveries to the state.

6.14.6. SAMPLING OF PAID CLAIMS

LIBERTY understands the process of sampling enrollees with EOBs to ensure services were performed as billed. We will perform an EOB sampling and will stratify claims to provide a representative sample, perform surveys after a claim has been paid, track complaints, and follow-up with enrollees and providers to ensure the integrity of the services rendered by our providers. We refer any services that may not have been received to our FWA team as appropriate and notify LDH. Additionally, LIBERTY will utilize survey results to identify areas of improvements in the sampling process. LIBERTY commits to satisfying all of the requirements set forth in 6.14.6.

6.14.7 THROUGH 6.14.9 CLAIMS DISPUTE MANAGEMENT

LIBERTY's provider dispute resolution process complies with LDH's requirements, as set forth in Sections 6.14.7, 6.14.8 and 6.14.9, allowing providers to request reconsideration of denials or payment reduction decisions made by LIBERTY. In addition providers will have the right to an independent review of an adverse determination.

Upon initial contracting and through the Provider Manual providers will be informed of the specific timeframes and guidelines for submitting requests for reconsideration.

Each dispute will be reviewed in accordance with contractual requirements, guidelines, and all applicable state and federal regulatory requirements. Providers may submit disputes via multiple avenues, including through their Network Manager, the designated provider services hotline, or through LIBERTY's Provider Portal. All disputes are logged in our single course database for tracking and reporting purposes. LIBERTY has a standard turnaround time of 30 days to respond in writing to provider complaints and appeals with an appropriate determination and resolution. LIBERTY will ensure all claims are resolved within 24 months from the date of service.

6.14.10 CLAIMS PAYMENT ACCURACY

LIBERTY will comply with Section 6.14.10 and has processes in place to submit monthly reports to LDH in the prescribed format that correctly samples all the required data elements and provides accuracy percentages. We understand the critical importance of claims accuracy and currently have several processes in place to monitor and make any necessary corrections to ensure accuracy. We maintain an internal audit team that is independent of our claims team. The team ensures claims are processed in accordance with program rules and guidelines.

LIBERTY will audit a minimum sample of 250 claims per year from LDH's entire population of electronic and paper claims. In the event unfavorable findings are found, the audit team prepares a corrective action plan and ensures claims operations staff makes appropriate corrections. If trends are identified, the internal audit team works with the claims team to put corrective actions in place, including individual staff training, department training, and system functionality modifications.

Additionally, we employ an outside independent entity, EDIFECS, a hosted Electronic Data Interchange (EDI) software solution, to perform data integrity checks to prevent non-compliant data from entering into our system. These integrity checks include CDT procedure codes and HIPAA Claim Adjustment Reason Codes (CARCs). CDT and CARC codes are reviewed and updated at least annually.

6.14.11 ENCOUNTER DATA

LIBERTY has nearly two decades of experience managing encounter data and ensuring encounter data accuracy and timeliness, and we commit to meeting all the requirements set forth in Section 6.14.11. We can meet the encounter data reporting standards in the format designated in section 6.14.11. LIBERTY fully complies with industry-accepted clean claim standards for all encounter data, including submission of complete and accurate data for all medically necessary covered dental services for all fields required on standard billing forms or electronic claim formats to support proper adjudication of a claim. This standard also applies to value-added services. We comply with the established data reporting standards for complete and accurate encounter data submission, and we include quality checks for reparable and unrepairable errors as LDH requires.

Ensuring encounter data accuracy and timeliness is a core mission for LIBERTY. To support this mission, we have an Encounter System with strong analytical tools built into the core application. Checks and balances are in place to ensure that the data is accurate, complete, and compliant with HIPAA, internal, and LDH standards. We receive and review all 999, 277s, and other error reports and verify that all applicable encounter errors are resolved and resubmitted within required timeframes. We understand that in reporting encounters to LDH, we will use the procedure codes, diagnosis codes, and other codes as directed, including the provider numbers and in the required format. We will adhere to LDH's billing manuals ensuring required data elements are included.

We ensure encounter data accuracy through a series of system and process checks and balances. First, we understand that encounter data accuracy begins with claims data accuracy. Our claims system front-end edits enforce accuracy through compliance with LDH-required fields, including checks for LDH required data elements. All our files are run through HIPAA validation, and we configure our various HIPAA tools for compliance with LDH business rules. Data integrity checks are in place to prevent non- compliant and inaccurate or incomplete claims data from claims submission and entering our system and are rejected back to the provider for correction, update and re-submission.

Claims data is mined for encounter information and, if there is data that is incorrect, no longer valid, or an element of a claim not identified as part of the original claim needs to be changed, LIBERTY can easily adjust the encounter claim immediately. For reporting encounters to LDH, we will use the procedure codes, diagnosis codes, other codes and provider numbers as directed by LDH. If LDH's encounter reporting requirements change, we will work to quickly update the file layout, systems, or processes to meet those new requirements. We understand encounter data reflects data collected on our claims. We can adjust our claim processing methods to meet LDH's needs. LIBERTY works to educate and train our providers to ensure the highest levels of claims accuracy. LIBERTY's Provider Agreement will require network providers to comply with the requirements of LDH's billing manual regarding reimbursement of claims based on orders or referrals by supervising providers. We work closely with our providers to ensure submission of clean, fully populated claims that form the foundation for

clean encounters. We continually monitor the quality of our encounters for error trends remediate those as soon as possible and will notify LDH if we discover a systemic problem that needs remediation.

SECTION 6.15 SUBCONTRACTORS

OUR COMMITMENT

LIBERTY will serve as the single prime contractor under the Louisiana contract and will be responsible for all deliverables specified in the RFP, and for otherwise complying with all contractual terms and conditions. We limit our use of subcontractors to ancillary service providers only, such as language and fulfillment vendors, and we closely monitor subcontractor performance through our formal Vendor Delegated Oversight Program to ensure that entities that perform administrative and health care functions on our behalf provide high-quality services that comply with applicable law and contractual requirements. We do not delegate decision-making to our subcontractors, and we will be LDH's sole point of contact for all subcontracted work. Moreover, LIBERTY will not contract with any party to perform services under the Louisiana contract without LDH's express prior written approval.

OUR OPERATIONAL APPROACH

6.15.1 - OVERSIGHT & MONITORING

LIBERTY will oversee the performance of all subcontractors and will be accountable for all functions and responsibilities delegated to any subcontractor under the Louisiana contract. Through our comprehensive Delegated Vendor Oversight Program and Committee, which reports into our Compliance Committee, vendors are subject to formal pre-delegation review and ongoing monitoring and oversight. Accordingly, we understand and agree to evaluate each prospective subcontractor's qualifications and ability to perform delegated activities prior to executing any subcontract. Since we serve as the dental benefits administrator for other state Medicaid programs, our Delegated Vendor Oversight Program already requires that each subcontract be in writing; expressly state the activities and reporting responsibilities delegated to the subcontractor; and include provisions that: a) obligate the subcontractor to comply with all relevant contractual provisions, b) provide for revoking delegation or imposing other penalties if the subcontractor's performance is inadequate, and c) require the subcontractor to fulfill the requirements of 42 CFR Part 438 applicable to the delegated activities. We agree to meet these same standards for any subcontractor to which we delegate activities under the Louisiana contract.

Our Delegated Vendor Oversight Program also already provides for LIBERTY'S formal oversight and review of each subcontractor's performance on an ongoing, scheduled basis, consistent with industry standards. For example, through our Delegated Vendor Oversight Committee, we establish a formal risk level, oversight plan and scorecard for each vendor upon contracting, and update this information on at least an annual basis. Each oversight plan is vendor-specific and sets forth a business owner; key stakeholders; reporting requirements; service level agreements; key performance indicators; controls; audit schedule; and corrective action plans (when applicable). On at least a quarterly basis, business owners report to the Delegated Vendor Oversight Committee on vendor performance, and the Committee is charged with identifying deficiencies and areas for improvement, and for establishing and monitoring corrective action plans through completion.

6.15.2 AND 6.15.3 - LDH'S PRIOR & ONGOING APPROVAL

LIBERTY agrees to submit all major subcontracts for the provision of any services under the Louisiana contract to LDH for prior review and approval, and we will notify LDH of amendments or changes to any subcontract which materially affects the contract, prior to the execution of the amendment or change.

We further understand and agree that LDH shall have the right to disapprove any and all subcontracts entered into for the provision of any services under the Louisiana contract. Since we serve as the dental benefits administrator for other state Medicaid programs, we are familiar with and our existing processes and controls support securing such prior approvals.

We limit our use of subcontractors to ancillary service providers only, such as language and fulfillment vendors and, in response to section 6.2.6.2, we identify all subcontractor relationships which LIBERTY intends to enter into under the Louisiana contract. In addition, included with our response to this RFP as **Exhibits 6.2.6.4 A-F,** are letters of agreement setting forth each proposed subcontractor's commitment to: a) accept all relevant provisions under the Louisiana contract and b) adhere to an established system of accounting and financial controls adequate to permit the effective administration of the contract.

6.15.4, 6.15.5, AND 6.15.6 - SUBCONTRACTOR AGREEMENTS

Since we serve as the dental benefits administrator for other state Medicaid programs, our Delegated Vendor Oversight Program already requires that each subcontract be in writing and include the same elements LDH requires for subcontracts under this RFP. Accordingly, we and our vendors understand and are accustomed to such requirements, and LIBERTY agrees to ensure that all subcontracts under the Louisiana contract include the terms and conditions required under the Louisiana contract, including required provisions set forth in Sections 6.15.4, 6.15.5, and 6.15.6 of this RFP.

6.15.7, 6.15.8, 6.15.9, 6.15.10, 6.15.11, 6.15.12, 6.15.13 - DISCLOSURE OF OWNERSHIP & BUSINESS TRANSACTIONS

As the dental benefits administrator to approximately 4 million Medicaid, CHIP and Medicare enrollees nationwide, both we and our vendors are well versed in and comply with applicable requirements concerning ownership, control and business transactions for government programs, including disclosure requirements. For example, through our Vendor Oversight Program, we require each of our vendors that perform services under a government contract to formally attest to specific information concerning ownership, control, and business transactions, and to do so upon contract, annually, and whenever a change occurs. Accordingly, we agree and are prepared to submit to LDH, within 10 business days of LDH's request, full and complete information concerning ownership and business transactions in accordance with Section 6.15.7 of this RFP. We likewise understand and agree to report to LDH any "transaction" with a "party in interest" as such terms are defined in Section 1903(m)(4)(A) of the Social Security Act and State Medicaid Manual (SMM) 2087.6(A-B); as required by Section 1903(m)(4)(A) of the Social Security Act; and in accordance with the following Sections of this RFP: 6.15.8, 6.15.9, 6.15.10, 6.15.11, 6.15.12, 6.15.13. Our existing policies and procedures support this commitment.

SECTION 6.16 – IMPLEMENTATION AND READINESS REVIEWS

OUR COMMITMENT

LIBERTY has recently undergone a rigorous review of our operations through the URAC accreditation process; LIBERTY received the accreditation out of recognition of our alignment with industry best practices. We maintain rigorous implementation and readiness processes, resulting in many successful new program implementations over the last two decades. We have launched all of our new programs on-time and we have never had to delay implementation due to failure of our readiness review. This experience uniquely positions LIBERTY to implement a new program in the State of Louisiana successfully and on-time.

OUR OPERATIONAL APPROACH

6.16.1 IMPLEMENTATION PLAN

LIBERTY Dental Plan will provide LDH with an initial customized implementation work plan compliant with all contract requirements and the requirements of section 6.16.1.1, and we will provide an updated version within 30 days of contract execution. All aspects of the work plan and timeline are subject to LDH approval. The plan will have measurable objectives, timetables for completion, and incremental goals that are logically organized to result in a streamlined process in which all stakeholders are informed throughout the implementation process. Our implementation work plan is organized and based on a foundation of project management best practices. *Figure 6.16.1-1* and *Figure 6.16.1-2* represents
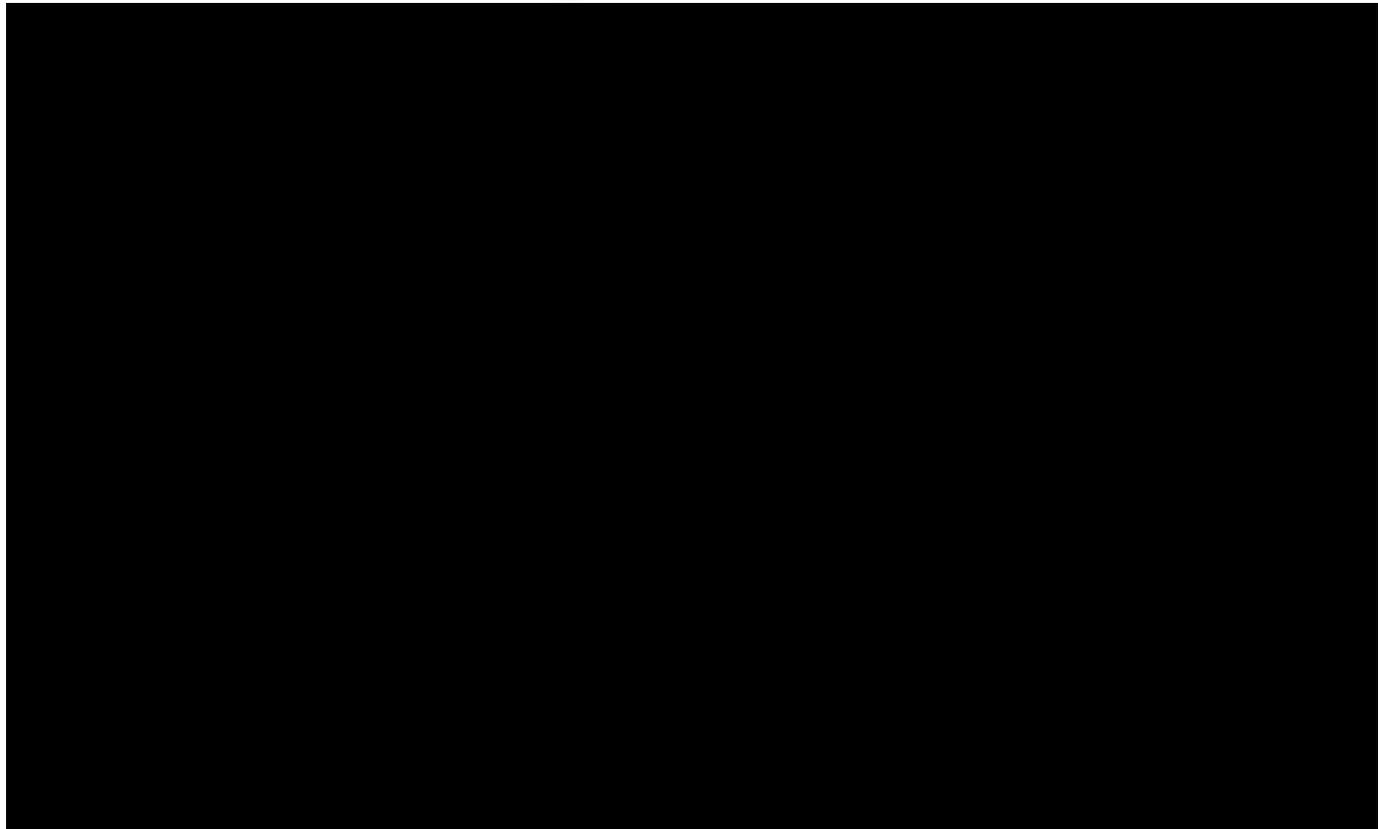
We assemble a dedicated implementation team from each of our internal departments to ensure a successful implementation in partnership with LDH. The team uses project management best practices and a disciplined approach to monitoring and reporting on the status of work plan task completion. Our tracking system identifies milestones, issues, risks and open items and requires sign-off by each department stakeholder prior to closing,

ensuring work has been completed and reviewed for quality. Status information is reported weekly during operational new group implementation meetings. Representatives from all our internal areas, including executive leadership, are in attendance. Our founder and CEO, Amir Neshat DDS, actively participates in each implementation, providing critical input for the formation of each new state program. *Figure 6.16-1* provides a high level overview of our implementation and operational readiness phases.

Our project management approach consists of the following key elements:

- A Work Plan constructed with a consistent project lifecycle methodology with defined stages and activities, beginning with defining requirements, objectives or deliverables, acceptance of deliverables, and finally to closing the project, to ensure progress to implement the program
- The deployment of dedicated, specialized staff members for the implementation team with defined levels of authority to implement new Contract requirements
- A customized communication plan and consistent communication among all internal and external implementation team members
- A set of proprietary tools to define accountability, track progress and identify and mitigate risks to implementing the new program
- A proactive review of implementation progress against baseline objectives and deliverables
- An escalation process to monitor and capture changes to baseline, and to conduct issue/risk identification/assessment, alternative analysis and resolution
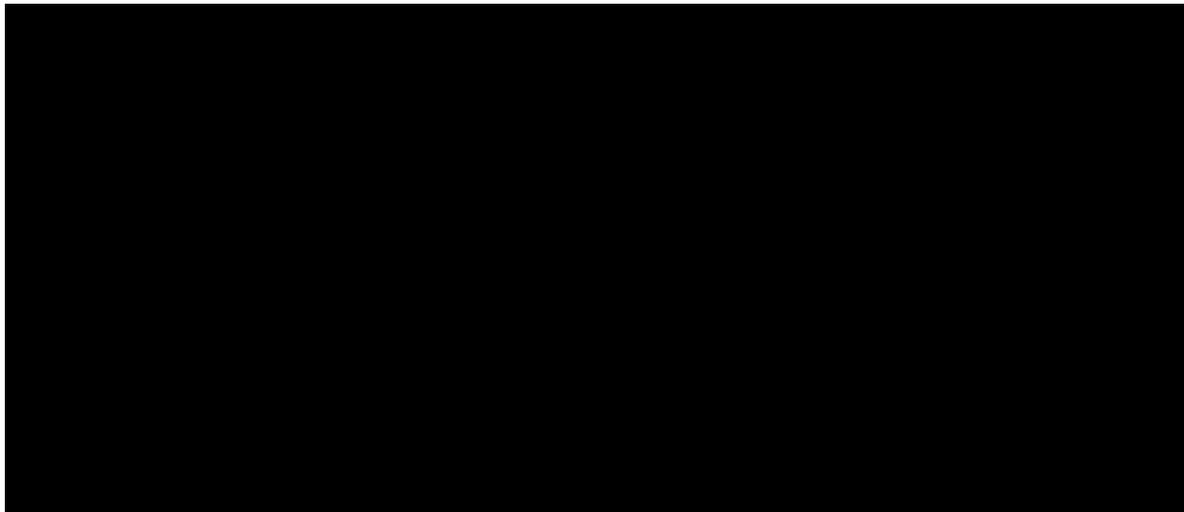
LIBERTY draws upon a successful track record of recent statewide Medicaid program implementations, where we have built comprehensive networks, supported enrollees and providers through the transition to a new dental plan, and met all other state requirements in abbreviated timeframes. The figure at right demonstrates how we significantly expanded the size of our networks in four Medicaid markets between the contract award and implementation date, within the timeframes established by our state and MCO partners.
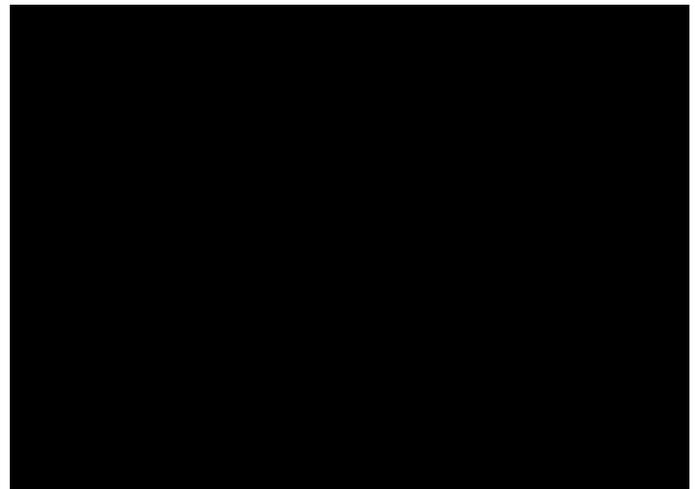
6.16.2 READINESS REVIEW

LIBERTY will comply with all the requirements of Section 6.16.2, including partnering with LDH to ensure the completion of the readiness review process at least 60 days prior to implementation, including dedicating the required staff resources needed to produce all required documentation and participate in review activities, and implementing any necessary corrective actions. LIBERTY uses a team of internal readiness review experts to project manage and lead our readiness efforts. This team works closely with the local Louisiana team who provide the "boots on the ground" input into all decision making. Included on our readiness team are our leadership team members and subject matter experts for each functional area; these experts are the same operational leaders who will operate our program in Louisiana and engage with LDH post-implementation. This ensures a seamless implementation process and prevents any loss of knowledge post-implementation.

A key component of our readiness review process is systems testing. We will produce all required data extracts and demonstrate our ability to receive data transfers and produce encounter files during the readiness review process. LIBERTY currently supports nine state Medicaid electronic interfaces. Our team has partnered, tested, and implemented the interface requirements and layouts of each of our Medicaid states on-time, and passed with a success rate of over 99%.

We exchange interface files using a Secure FTP process that ensures the integrity of the data is preserved and securely transferred and will use this exchange process to exchange files with LDH and any LDH contractors. MIS staff are assigned and available 24/7, as part of LIBERTY's MIS policy to resolve any potential issue. LIBERTY will work with LDH to establish schedules including trading partner testing for each interface as directed by the requirements in RFP Section 6.16.

We have developed and maintained HIPAA-compliant EDI transaction files for all our Medicaid clients and will develop additional automated processes to ensure all applicable parameters and interfaces are preprogrammed according to the established protocol for LDH. The programming allows for controls to be customized for LDH. Upon successful uploading, all files leave an electronic time stamp that includes the operator name, date, and time. Each affected enrollee record is updated with these data elements for tracking and auditing purposes.

We manage data with HIPAA EDI-compliant standards and understand data formats, layouts, and error messages. We process HIPAA-compliant encounter files (837D) for over 4.0 million Medicaid, CHIP and Medicare enrollees and these interface files are delivered on time and accurately ██████████.

We use a Project Dashboard to manage the progress of project implementation and readiness review. An excerpt of the dashboard is provided in *Figure 6.16.2-1.*
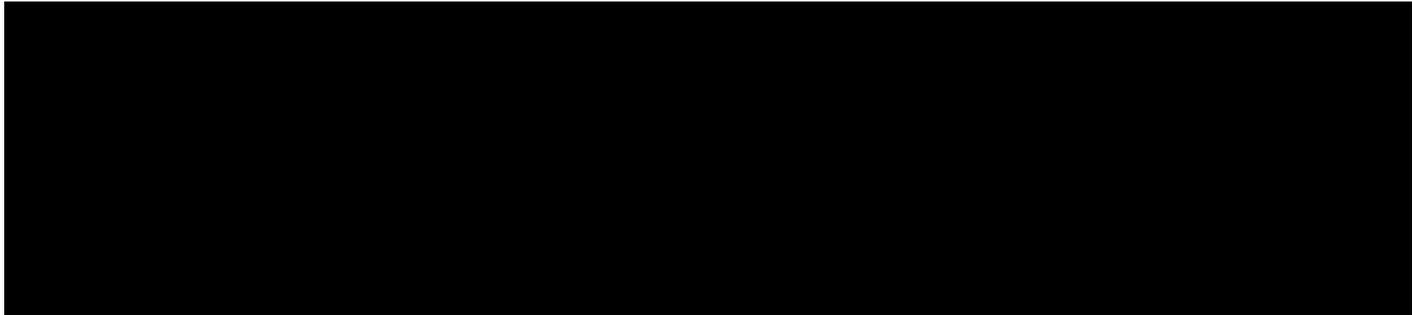
2.15.4.5 MANDATORY NARRATIVES

At LIBERTY we understand and value the goal LDH has identified in this procurement and commit to partnering with LDH to meet or exceed them. We are creative in designing and implementing program improvements in partnership with other state programs, Medicaid MCOs and stakeholders.

2.15.4.5.2.1 GOAL: IMPROVED COORDINATION OF CARE

The linkage between oral health and overall health is critical and dental plans have become important partners in national health care quality and cost discussions. Poor dental care is a driver for acute care costs, such as emergency department (ED) utilization for non-emergent conditions, which often leads to the unnecessary prescribing of opioids. Recognizing this, LIBERTY established an internal Care Coordination Program to better serve our enrollees and facilitate collaboration with key program stakeholders including MCOs, who must be partners in the ongoing effort to ensure positive outcomes and, cost-effective care.

COORDINATING CARE THROUGH A DEDICATED CARE COORDINATION TEAM
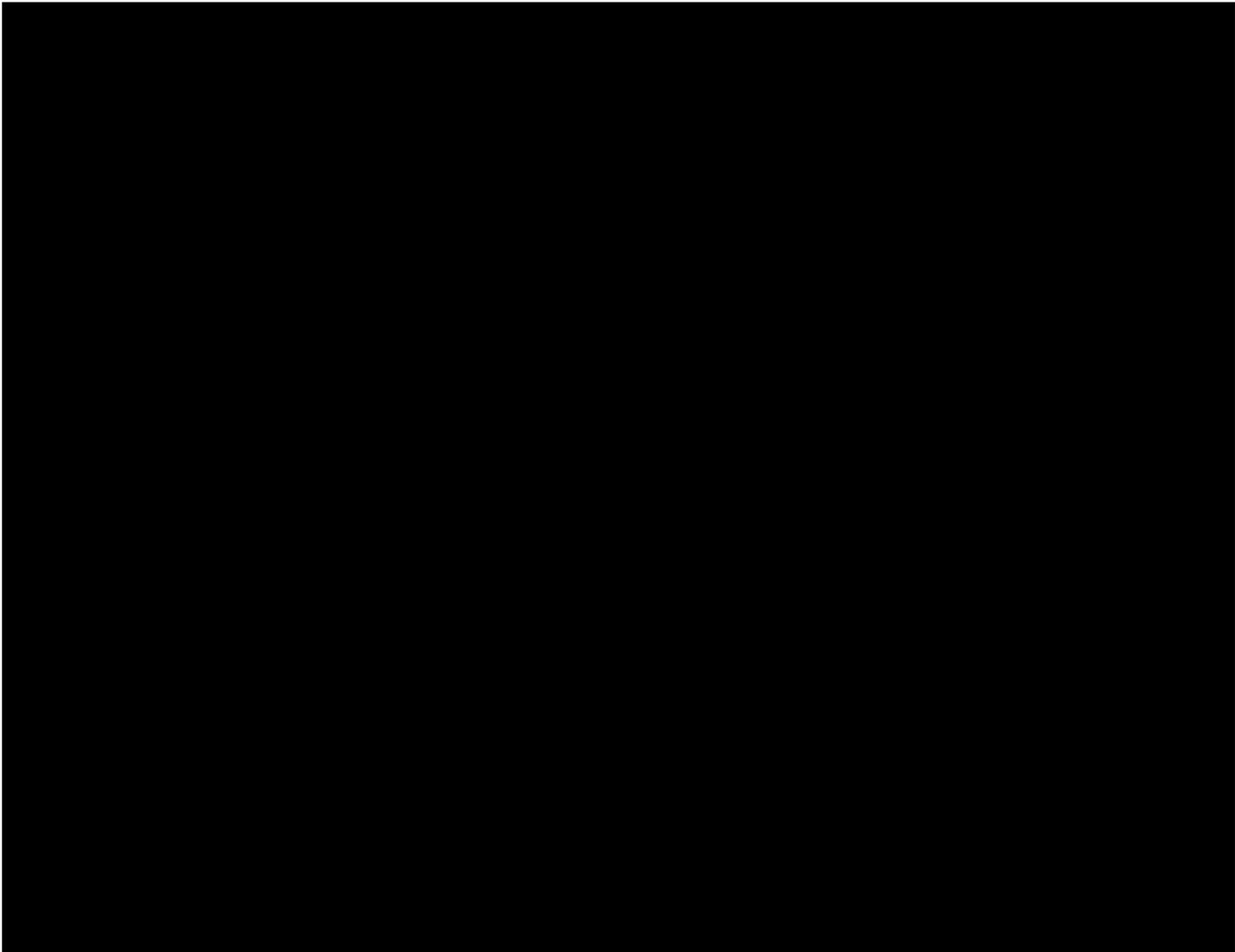
CARE COORDINATION WITH MEDICAID MCOS

Designated Medicaid MCO Point of Contact: As has proven successful in all our programs serving Medicaid enrollees, LIBERTY will appoint a designated point of contact to ensure strong communication channels with the Louisiana Medicaid MCOs and other key stakeholders.

Participation with MCO ICT: LIBERTY's CCT members collaborate with members of the MCO's ICT to facilitate appropriate delivery of care and services for enrollees. LIBERTY's CCT will outreach to enrollees with appointment reminders and track compliance with planned services. At each encounter with an enrollee, the CCT reinforces education and self-management support to help further connect an enrollee to necessary care. The LIBERTY Care Coordination Management Program features the following:

- Joint care coordination and data sharing agreements with MCOs;
- Coordination and collaboration with the enrollee's Medicaid MCO for oral health issues, transportation to and from covered oral health services, pharmacy services and facility benefits related to the delivery of covered oral health services, provision of post-stabilization dental care services, and post-procedure follow-up care;
- Appropriate support to other care managers (outside LIBERTY such as at the MCO or in a community-based program), enrollees, and caregivers to refer and schedule assistance specialty health care, or other service supports;
- Specialty care referral and coordination;
- Transfer of enrollee records and other data in compliance with HIPAA privacy and security rules;
- Coordination of care for enrollees transitioning to another dental plan or delivery system; and,
- Facilitating communication with community service providers.

In addition, LIBERTY, with enrollee consent, and in compliance with privacy rules, will ensure comprehensive and timely data sharing with our care management/coordination partners.

Care Coordination for Enrollees with Special Needs: LIBERTY focuses on improving access to care and overall health care delivery for persons with disabilities. To ensure that enrollees with special needs receive the highest quality, most appropriate care, the LIBERTY CCT works closely with the PDP, other dental providers, PCP, specialists, and MCO coordinator. A key step in care coordination is to ensure that an enrollee with special needs is matched to a dental provider who has the ability, equipment, and hospital/facility privileges to support the enrollee and any necessary treatment.

We provide staff sensitivity training to improve the delivery of person-centered care to this population and develop specialized care coordination resources. Our CCT coordinates the care of enrollees with special needs through our data gathering and risk stratification process. We identify enrollees at higher levels of risk, including

those with complex medical, behavioral, or dental health needs, and assign those with the highest risk scores to Nurse Care Managers for expedited assessments and intervention.

CREATING NEW CARE COORDINATION LINKAGES WITH MCOS AND OTHER ENTITIES

LIBERTY has well-established, extensive care coordination linkages with Medicaid MCOs in our other Medicaid markets and intends to pursue similar relationships in the state of Louisiana. LIBERTY will also ensure that care beyond MCO services is coordinated and will establish similar relationships with other case management entities, including state and community-based agencies. LIBERTY is fully aware of and is prepared to also identify and coordinate services available through other funding sources. We offer the following as examples of successful partnerships with Medicaid MCOs and other key stakeholders:

> **Between 12/1/18 - 5/31/19, our Florida Care Coordination Team has increased enrollee engagement in care coordination an average of 3% per month.**

In our Illinois program, LIBERTY partners with organizations offering opportunities to interface with medical providers. LIBERTY became a business member of the Illinois Primary Healthcare Association and the Illinois Rural Health Association, which represent many of the FQHC's in the state and rural PCPs. Through this participation, LIBERTY has opportunities to: 1) interface with key stakeholders, which includes the Medicaid MCOs; 2) display and present at meetings; 3) interact with a variety of healthcare providers; and 4) deliver the message of the importance of oral health to the overall well-being of individuals.

In our Florida plan, approximately 85%, or 3.2 million enrollees, of the Medicaid population currently receive their Medicaid services through a MCO. By far, the most important aspect of care coordination for LIBERTY in Florida is the collaborations with the Medicaid MCOs, which includes national payers AmeriGroup and WellCare. LIBERTY's CCT are integral members of the enrollee ICTs. Our Florida CCT has worked with 6,800 enrollees between December 1, 2018 and May 31, 2019.

> **In 2018, LIBERTY's joint outreach efforts in New York resulted in dental visits for 75,440 of 80,144 enrollees**

Nationally, LIBERTY operates an emergency Enrollee Help Line, available 24/7. Medicaid MCOs, enrollees, providers, and other case management entities can speak with a LIBERTY employed, qualified, and licensed staff dentist who will assess the urgency of an enrollee's condition and provide guidance to seek appropriate care.

Provider Engagement in Care Coordination: LIBERTY recognizes our providers play an important role in supporting coordinated care for our enrollees. As such, rosters of enrollee assignments to each PDP are available online through our Provider Portal. Through monthly rosters, providers have access to all the visit/claims history of their assigned enrollees. This function allows PDPs to identify which enrollees are due for preventive services so the provider can facilitate appointment scheduling.

Training Primary Care Providers: We have found that enrollee compliance with making and completing a dental

appointment increases when the referral comes directly from an enrollee's PCP. In LIBERTY's experience, physician referrals result in increased utilization of appropriate services. To support the integration of oral services with overall health, in other LIBERTY programs, we directly fund and/or participate in several PCP training programs. These education initiatives include collaboration with local stakeholders and our Medicaid MCO partners. LIBERTY PCP training programs are designed to increase access to preventive services by giving the medical providers the tools to perform oral health screenings and fluoride varnish applications; and proactively identify the need for more extensive services that require a referral to dental professionals.

Linking PCPs and PDPs: LIBERTY Provider Relations staff support PCPs and PDPs by reaching out each quarter with information about the enrollees who we identify as underutilizing services. In our experience, proactive outreach increases utilization of preventive services, supports continuity of care, reduces preventable emergent care, and improves overall outcomes.

2.15.4.5.2.2 GOAL: BETTER DENTAL HEALTH OUTCOMES

We share Louisiana's priority to increase the medically necessary use of dental sealants, given their ability to reduce the risk of caries substantially. We have successfully increased the appropriate use of dental sealants in our other state Medicaid programs through interventions tested and evaluated as quality improvement projects, and we will apply these proven strategies in Louisiana. Together, these strategies address the common barriers to sealant utilization and offer a comprehensive approach for Louisiana.

Some barriers to sealant utilization we have identified generally in the dental literature and specifically through our years of experience administrating dental services to the Medicaid population include:

- Low enrollee utilization of preventive services generally due to parental lack of awareness about dental benefits and low prioritization of oral health;
- Barriers for enrollees in attending dental appointments, such as transportation and parental ability to take leave from work; and
- Dental provider lack of awareness or lack of adherence to sealant best practices.

We have developed a multi-faceted strategy to increase sealant utilization that we will bring to Louisiana pending LDH's review and approval. Our approach begins with data. Our Dental Care Management team reviews clinical data to identify low performing providers (who perform low rates of sealants relative to their peers) and enrollees who would benefit from sealants based on risk scores and other clinical data. This understanding informs tailored enrollee and provider engagement and outreach as well as support for school-based programs. LIBERTY increases sealant utilization through enrollee strategies, including education, and engagement and outreach.

- **Broad-based enrollee education:** We develop enrollee-facing materials on sealants and make them available using multiple modalities (i.e., print, online, smartphone application). Our locally-based community outreach staff members also conduct education at a variety of public events.
- **Engagement and outreach:** We have nearly 15 years of experience with Medicaid enrollee outreach campaigns and recognize that each opportunity to reach an enrollee and educate them increases the likelihood that the enrollee will use services. Further, we find that if we can get an enrollee to the dentist for an initial appointment, the chance that the enrollee will receive other preventive services, such as sealants, is increased. We engage in targeted enrollee engagement and outreach activities by identifying individuals who would benefit from sealants and providing individualized communication with them, including providing coaching to improve their compliance with the recommended treatment plan. In California, for example, we have an active quality improvement project that involves conducting targeted outreach to residents in certain

zip codes with low preventive services and sealant utilization and using outbound calls, mailings, and texting to reinforce the importance of preventive care and sealants. We would implement this quality improvement project in Louisiana to target areas with the lowest preventive services and sealant utilization.

We also increase appropriate sealant utilization through provider engagement strategies including:

- **Broad-based provider education:** We use multiple provider education channels to reinforce appropriate sealant use, including our provider newsletter, website, and email alerts.
- **Targeted education for under-utilizing providers:** Through our DCM team, we identify providers who have low sealant utilization and provide counseling and education. For example, in Florida, LIBERTY identified "under-performing providers" whose sealant utilization was low and then counseled and engaged them using one-on-one outreach and education. Our Provider Relations team educated these offices on the importance of providing sealants and potential benefits to their practices from improved quality of care and overall performance.
- **Alternative payment models and enhanced rates:** We use alternative payment models to incentivize providers to perform medically appropriate sealants as well as encourage other practices which reduce the incidence of caries. For example, in two California programs,

Finally, we support several distinct school-based dental models throughout the country and will support the Louisiana Seals Smiles program. In Cook County, Illinois, we support the existing school-based delivery systems. In Sacramento, California, LIBERTY, along with two other dental plans, has provided school-based preventive dental services screening and topical fluoride varnish applications and helped to navigate high risk children to a dental home. LIBERTY staff conduct outreach to parents of children identified as high risk through screening and work with the parent(s) to schedule a dental appointment. In other markets, we hire a third party, including for-profit providers and non-profit organizations to perform school-based services. If selected by LDH as the DBPM, LIBERTY will seek to partner with LDH to expand the Louisiana Seals Smiles and Early Smiles programs in a complimentary manner. LIBERTY will conduct analysis and engage LDH to identify parishes that may benefit from the programs and provide start-up funding and arrange for logistics to bring providers on-site.

> Since September 2016, the Early Smiles (Sacramento) program has served almost 21,000 mostly Medicaid- children across 6 school districts and 59% of high-risk members contacted by LIBERTY Enrollee Help Line Representatives have made and kept an appointment at their dental home.

2.15.4.5.2.3 GOAL: INCREASED QUALITY OF DENTAL CARE

LIBERTY has differentiated itself from competitors by building a Utilization Management Program that not only uses a data-driven approach to identify where providers are exhibiting billing patterns outside the norm, but draws on the experience of our clinical staff to conduct education and outreach to providers to help them bring their performance in line with our expectations for quality and cost. We have achieved significant results with this approach.

Our Dental Care Management (DCM) team engages in provider profiling activities to ensure our providers deliver appropriate care consistent with our Clinical Care Guidelines and Practice Parameters. LIBERTY understands that there are multiple treatment alternatives for many dental conditions. In response, our DCM team engages in a multi-faceted approach to provider profiling to identify when a provider's practice patterns fall outside network normative patterns. We use peer comparison along many data points to gain a comprehensive understanding of the performance of our network providers. We establish network patterns for every dental service category, measuring every dental office against established benchmarks and identifying utilization patterns (both over- and under-utilization). We support this analysis using our core MIS application, which is a single-source application that houses all data (claims, billing, provider, enrollee, and other supporting data) in a single platform. For outlier providers, our clinical staff, including state dental directors, draw upon their significant industry experience in working with providers to address any issues of concern.
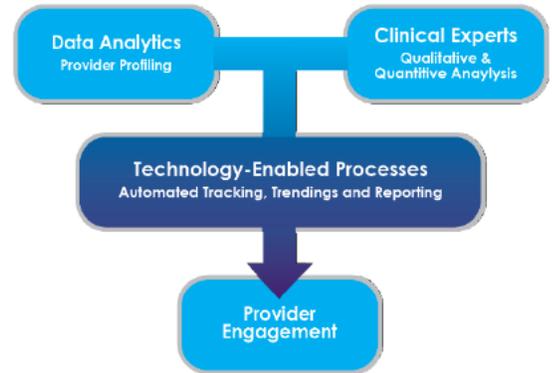
Beginning in 2018, we have initiated a quality initiative that uses this proven approach to elevate the quality of dental care provided through our networks in Florida, Nevada, New Jersey, and New York. As with the any clinical initiative implemented by LIBERTY, we developed this initiative using the "Plan, Do, Study, Act" framework developed by the Associates in Process Improvement.
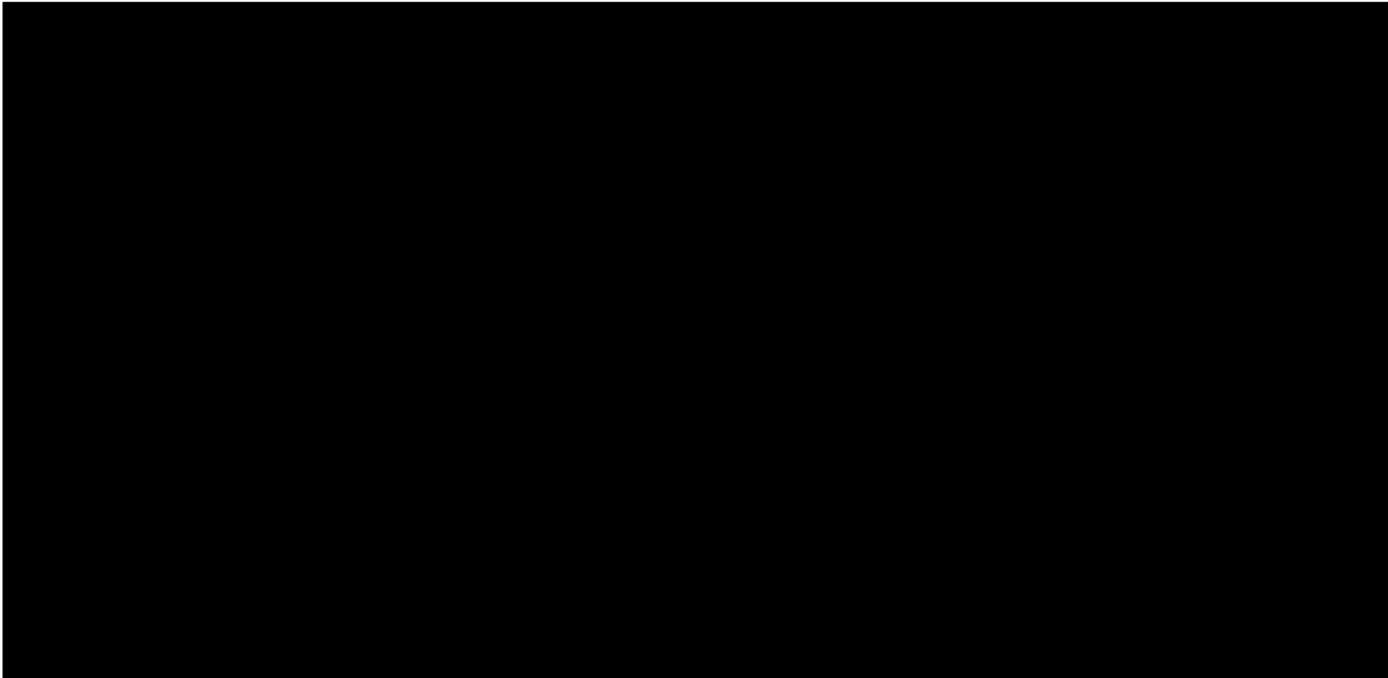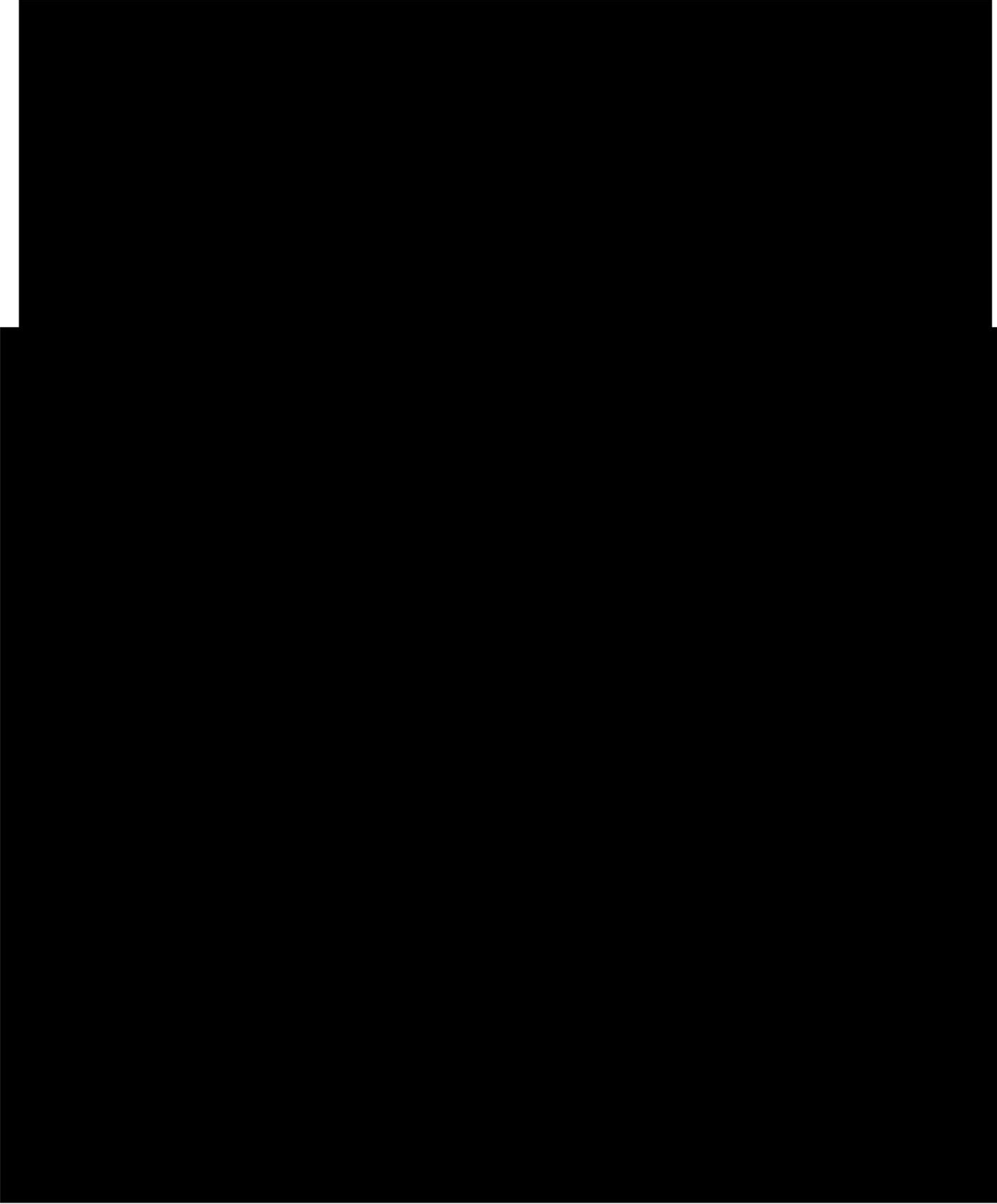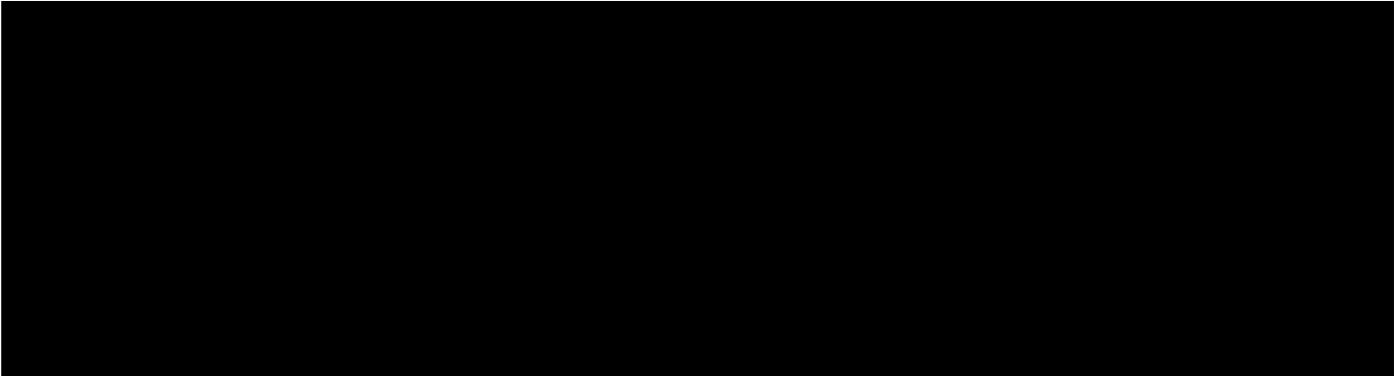
2.15.4.5.2.4 GOAL: IMPROVED ACCESS TO ESSENTIAL SPECIALTY DENTAL SERVICES

LIBERTY shares Louisiana's goal that all enrollees be able to access their dental benefits, regardless of where they reside or based on their special needs. LIBERTY has developed a suite of programs to improve specialty dental services access for LDH's priority populations.

CREATING PARTNERSHIPS TO SERVE SPECIAL POPULATIONS

In all of our markets, we educate Medicaid providers and the public about the importance of oral health and partner with community organizations to increase compliance with the periodicity schedule and utilization of preventive services. We expect this broad public engagement to occur in Louisiana, but also will target our community partnerships to serve LDH's priority populations. Some of the anticipated organizations we will partner with include:

- **Aging Population:** We will partner with LDH to promote oral health education for the aging population. We have reviewed the **Louisiana Smiles for Life** curriculum, and while we understand that this is no longer an active program operated by the Office of Public Health, we share LDH's priority to provide oral health materials to the aging population.
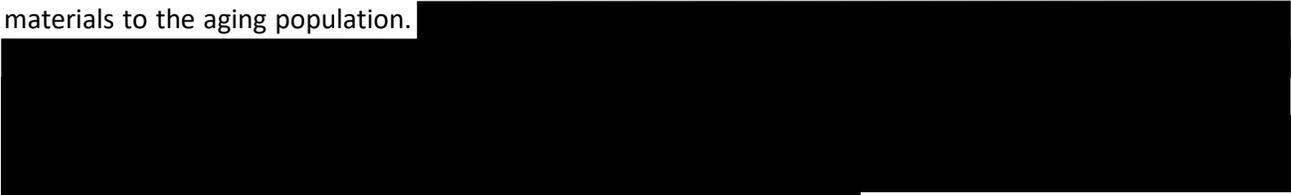
- **I/DD Population:**

  Our Chief Dental Officer and national Dental Directors will use their special needs pediatric dentistry experience to support an ongoing project housed at the Arc to educate physicians and dentists about serving individuals with I/DD. We commit to holding at least four of these outreach events in the first year of the contract throughout the state. We also plan to partner with the Louisiana Dental Association and dental schools, including the Louisiana State University Health School of Dentistry, to promote some of our solutions to support providers who serve enrollees with special needs.

- **Children/EPSDT Population:** In Louisiana, should we be selected by LDH, we plan to approach the program about collaborating to outreach to pregnant women and new mothers of our 0-2 enrollees about the importance of early dental care using materials such as our "First Tooth First Birthday" campaign.

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We also intend to bring the **Early Smiles** school-based dental home navigation model to Louisiana and will partner with LDH and local school districts in the implementation of this program in parishes most in need. As has been our practice in other states, we anticipate conducting school-based education sessions about oral health throughout the state and will partner with local school districts in providing this education.

BUILDING A SPECIALTY NETWORK IN EAST CARROLL, VERMILION, AND PLAQUEMINES PARISHES

Understanding that there are a limited number of available providers in the **East Carroll**, **Vermilion**, and **Plaquemines Parishes**, if we ever have an enrollee in one of these communities who cannot access a specialty provider, our immediate priority will be to address their needs. If the enrollee contacts our Enrollee Help Line a Representative will attempt to assist them and if unable, will escalate the case to our Customer Care Unit (CCU). If there is no general dentists or specialists available within the required radius of the enrollee's home, the CCU helps the enrollee find the closest contracted provider or an out-of-network provider (and executes a single-case agreement if needed). The CCU staff helps schedule the appointment and assists with any transportation or other need. We will use the following additional strategies to expand specialty access in these communities:

Teledentistry and Mobile Dental Services: We encourage use of teledentistry and mobile dental units in rural and low-access areas as options when there are no other providers. We find they are successful in reaching persons who may not seek preventive care due to barriers in accessing care (such as transportation) and are critical in identifying when specialty services are required.

- **Outreach to Current Medicaid Providers:** During the recruitment process, we will identify any general dentists who have experience in certain specialty fields (i.e., endodontics and oral surgery) (their licensure permits them to provide all dental services). We will identify these general dentists in our system as able to treat more complicated dental cases that usually require a specialist. This is a win-win for the enrollee and provider as it allows the enrollee to receive all their care in one location while allowing the providers to complete the necessary treatment more promptly. We make sure our Enrollee Help Line and Customer Care Unit staff can easily identify these providers in our system so they can help enrollees who are having difficulty identifying a provider.
- **Use of Alternate Payment Models (APMs):** We will approach in-network providers in neighboring parishes about their ability to expand services into underserved areas and will incentivize their expansion using APMs. We have used APMs in rural counties in the Florida Panhandle region and in rural parts of Nevada. We will also approach non-participating providers in these parishes and incentivize them to join our network and the Medicaid program through APMs or enhanced rates.
- **Dental Director Service:** Our Louisiana Dental Director will commit to taking appointments in each of these parishes throughout the year for each year of the contract with LDH. It is a customary practice for our Dental Directors to see patients themselves as part of our commitment to expand access in underserved areas. Our Provider Relations team will help to prioritize the communities most in need.
- **Outreach to Dental Schools, Advisory Boards, Dental Associations, and Dental Conferences:** In some states, staff serve on a variety of public and private boards and LIBERTY actively participates in dental associations and conferences, which assists recruitment efforts. For example, in Illinois, staff serve on IFLOSS, Dental Policy Board, and the Illinois Medicaid Advisory Board. In Florida, one of our staff co-chairs the Florida Oral Health

Alliance's Sealant Action Team, and LIBERTY participates in a variety of state-level events including the Oral Health Conference. We will engage the LSU Dental School, as well as the Louisiana State Board of Dentistry, for assistance in addressing network gaps.

- **Engaging Primary Care Providers:** We will engage RHCs or FQHCs in these communities to leverage their resources including **Family Practice Clinic (RHC, East Carroll Parish Hospital, East Carroll Parish); Erath/Delcambre Community Clinic (RHC, Abbeville General Hospital, Vermilion Parish); Abbeville Community Health Center (FQHC, Vermilion Parish); Belle Chasse Community Health Center** (FQHC, Access Health Louisiana, Plaquemines Parish); and **Jefferson Community Health Care Centers – Grand Isle** (FQHC, Plaquemines Parish). We have provided training for primary care providers to administer fluoride varnish and conduct screenings and may leverage these resources in underserved communities.

DEVELOPING INTERVENTIONS FOR I/DD POPULATION

From our direct experience serving children and adults with physical, intellectual, and developmental disabilities in other states such as in the Texas STAR+PLUS program and in the Florida iBudget program, ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ LIBERTY has an understanding of the barriers individuals with I/DD experience in accessing dental care, including fear and sensory issues which may discourage enrollees attending office visits; the limited number of Medicaid providers with experience and expertise serving the I/DD population; and the lack of office accessibility. In response to these barriers, LIBERTY has developed a suite of programs for Louisiana to improve access to care and utilization for enrollees with I/DD.

> In Florida, our enrollee population includes approximately 10,000 persons with I/DD served by the iBudget waiver program and we successfully built a statewide network that satisfies the needs of this population.

Enrollee Interventions
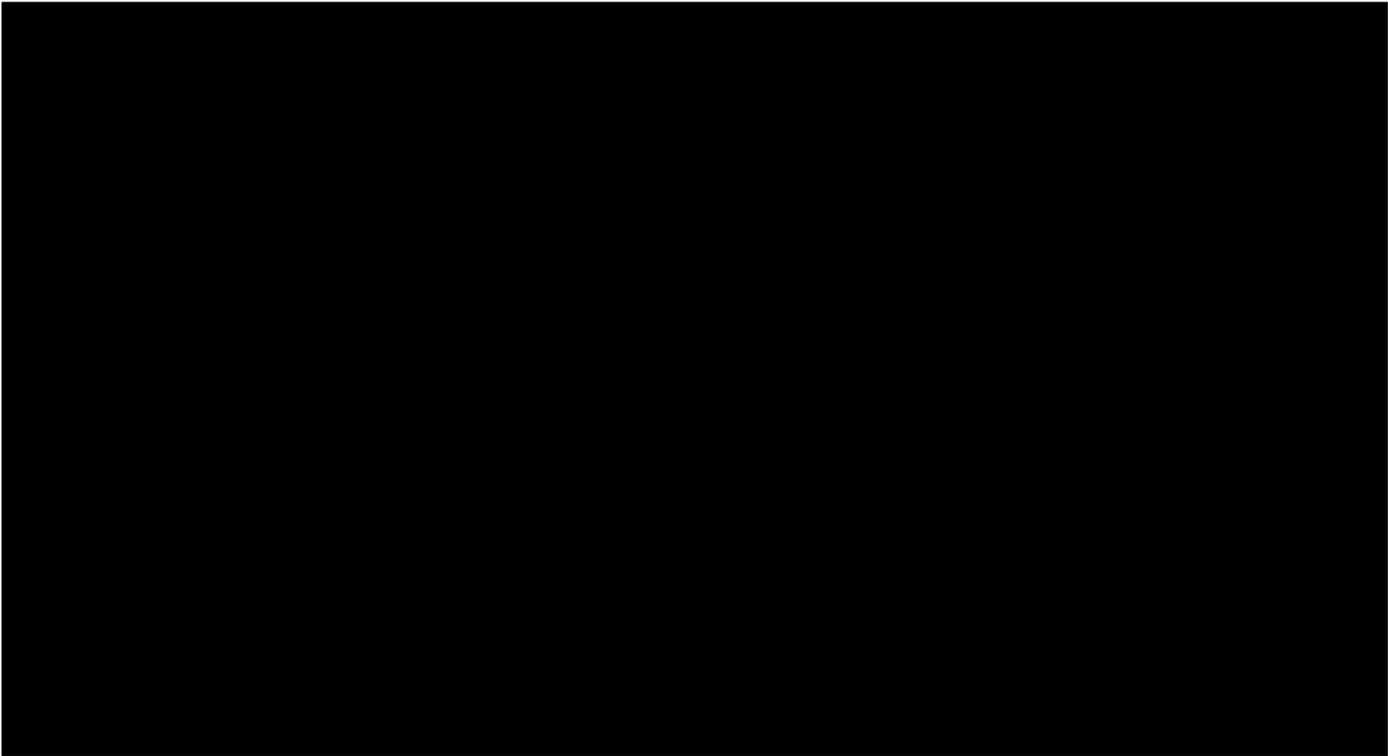
Provider Interventions
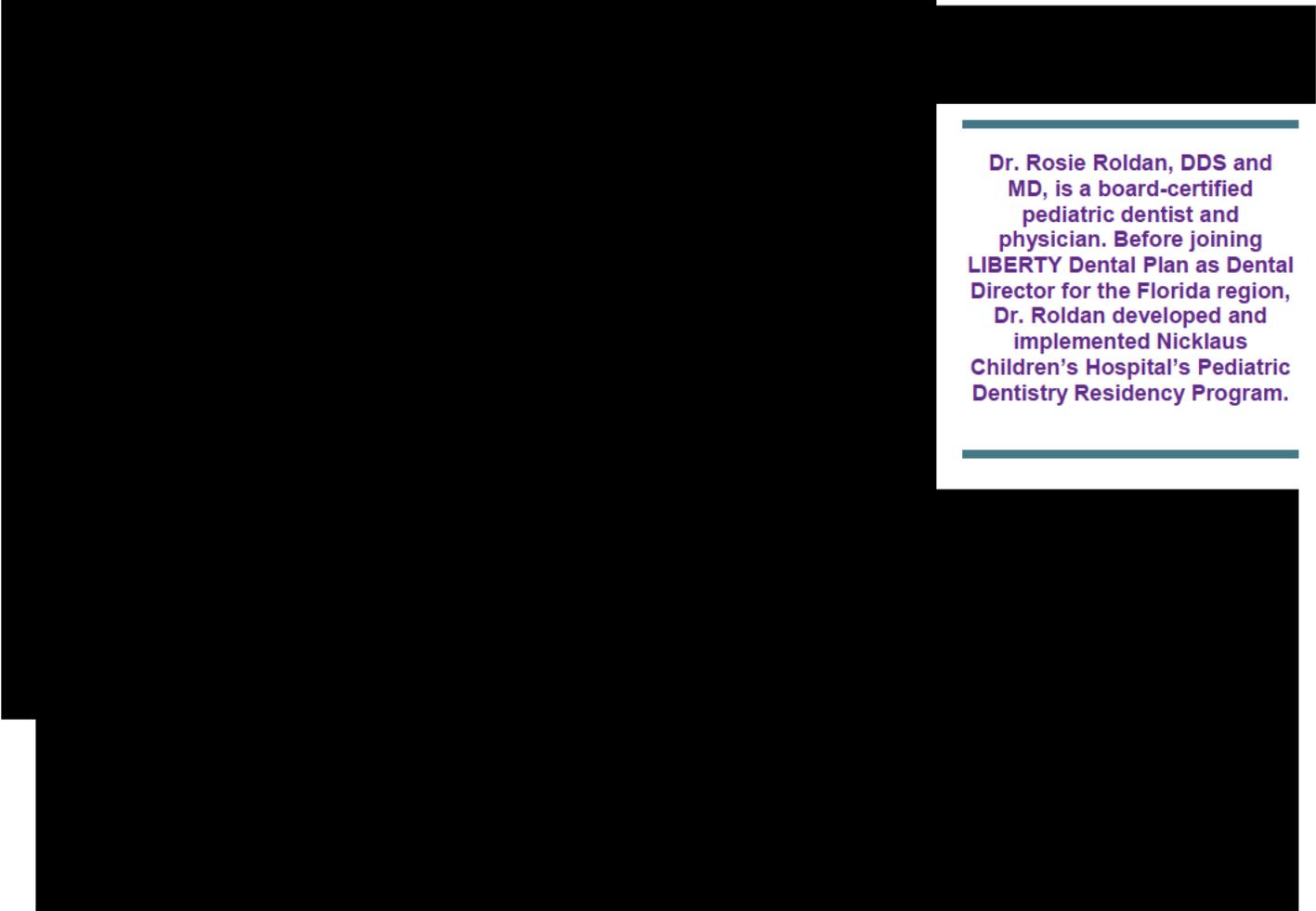
> **Dr. Rosie Roldan, DDS and MD, is a board-certified pediatric dentist and physician. Before joining LIBERTY Dental Plan as Dental Director for the Florida region, Dr. Roldan developed and implemented Nicklaus Children's Hospital's Pediatric Dentistry Residency Program.**

2.15.4.5.2.5. GOAL: OUTREACH AND EDUCATION TO PROMOTE DENTAL HEALTH

LIBERTY will utilize locally-based staff to conduct in-person and telephonic enrollee outreach and educationabout the importance of oral health and our philosphy of prevention. We will also engage in general public education efforts. We will build a Louisiana-based team of community engagement staff to conduct in-person outreach to our enrollees and partner with providers and community organizations in these efforts.

IMPROVING ORAL HEALTH LITERACY THROUGH MESSAGING TO PROVIDERS AND THE PUBLIC

General Public Oral Health Education

As we have done successfully in other markets, such as California and Nevada, LIBERTY will build a community engagement team in Louisiana that will promote oral health literacy. The team will consist of:

- **Health and Literacy Coordinators:** These staff coordinate enrollee outreach to ensure effective use of plan benefits and to improve enrollee health outcomes within the Medicaidpopulation. They are responsible for enrollee health promotion and education programs.

- **Community Outreach Representatives**: These staff will meet the community need for ongoing oral health education and perform outreach to the public.

In Louisiana, this team will attend community events and health fairs across the state to promote oral health awareness, including those oriented toward non-English speaking Louisianians. Some examples of the types of enrollee outreach and community engagement conducted in other states, which would be replicated in Louisiana, are showin in *Figure 2.15.4.5.2.5.-1.*
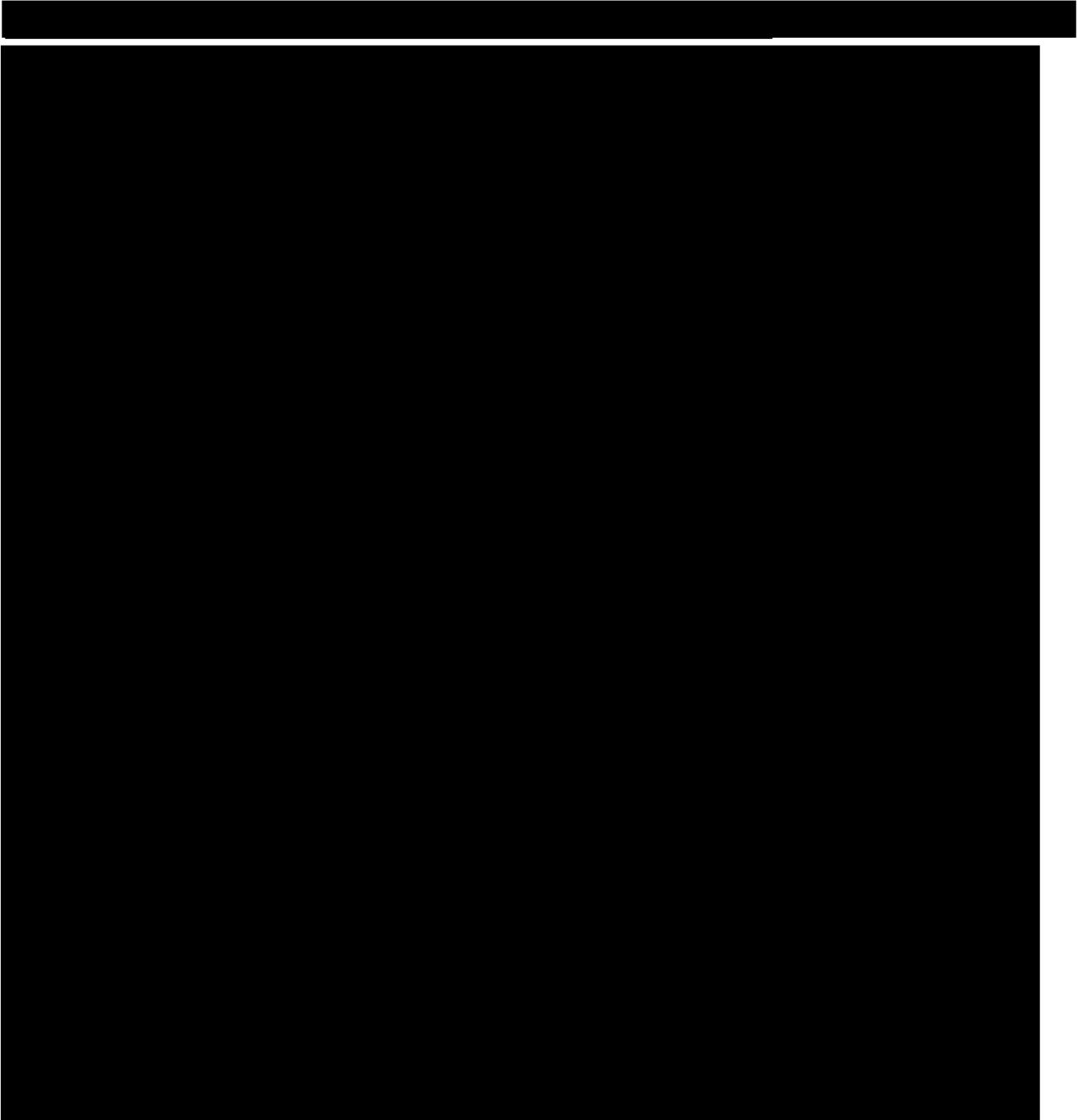
LIBERTY outreach staff also support *educational presentations in elementary schools in all of our Medicaid* **markets**. We have developed materials appropriate for children and use the presentations to increase awareness of the importance of life-long oral health. In California, we pair our Early Smiles school-based dental home navigation program and screening program with classroom-based education. Since the program's creation, Early Smiles has provided services in 6 school districts, at 60+ schools and 50+ community events, and almost 21,000 children have been screened. We are aware of Louisiana's successful school-based sealant program, Louisiana Seals Smiles, and will coordinate our school-based presentations with LDH to ensure that the programs are complimentary and mutually reinforcing.

Dental and Primary Care Provider Engagement

We understandthat the unique needs of Medicaid dental enrollees may include low levels of oral health literacy, social barriers that limit dental utilization, linguistic and cultural needs that may impact utilization and adherence to treatment regimens, and the unique challenges children with disabilities experience in accessing dental services.

To address these needs, we provide the following supports to our providers:

- **Provider Training:** We provide one-on-one training and technical assistance to each provider office at new provider onboarding, at the annual service call, and as needed. We also create training webinars on a variety of topics related to improving service delivery for the Medicaid population. Two critical components of this training include cultural competency and training on the importance of social determinants of oral health and how dental providres can address these needs through their treatment plan.
- **Targeted Outreach:** We conduct targeted provider outreach based on utilization patterns as needed. For example, we identified under-utilizing providers of sealants in our Florida program and conducted one-on-one education about the importance of sealant use and the benefits of participating in our pay-for-performance program that pays an enhanced rate to incentivize appropriate sealant use. We experienced increases in sealant utilization among participating providers by as much as 400%.
- **Provider Newsletter:** We send quarterly newsletters to our network providers with updates about how to better serve our Medicaid enrollees based on their unique needs. For example, a recent newsletter featured content about serving enrollees with special needs, including intellectual and developmental disabilities.
- **Online Provider Resources:** We offer various materials on our Provider Portal and website, including our Provider Manual, orientation brochure, and other relevant information. These materials can be passed on to enrollees.
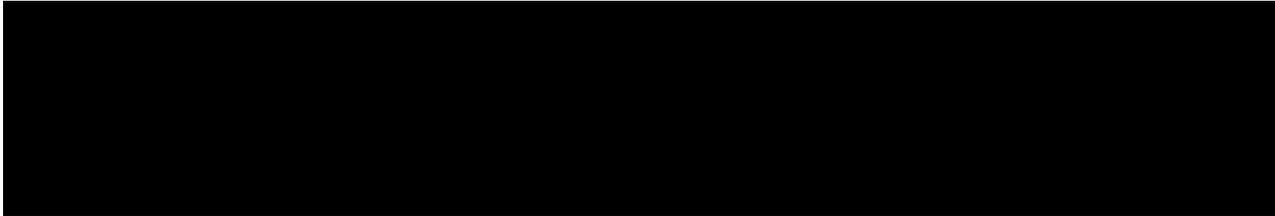
In addition to engaging our network providers, we also engage primary care providers to reach our enrollees. This coordination is essential because we have found that dental enrollee compliance with attendance of dental appointments increases when the enrollee is referred by their pediatrician or family doctor. We have funded and/or participated in several primary care provider training programs in collaboration with local stakeholders and our state or Medicaid MCO partners in other states. We will implement initiatives like these in Louisiana. We also offer printed literature for these providers to share with enrollees about the importance of oral health.

In Nevada, we have a partnership with the Southern Nevada Health District to train nurses to provide fluoride varnish applications to pediatric patients during health visits. Fluoride varnish is used to reduce, arrest, and reverse the process of tooth decay.

EDUCATING ENROLLEES ON THE DENTAL BENEFIT PROGRAM

Education and outreach are critical to empowering our enrollees to navigate their benefits and improve oral health literacy, which is linked to overall health and well-being. Our enrollee education programs include new enrollee education, ongoing outreach and education, and targeted outreach programs. These efforts are supported by dynamic technology tools.

Upon notification of enrollment, we engage enrollees via multiple modes of communication (i.e., Welcome Packet, call, and text) to ensure they are better able to understand their benefits, how to access them, and how to reach us. We also emphasize the importance of actively choosing and regularly accessing their dental home and the benefits of regularly accessing preventive dental care consistent with the periodicity schedules applicable to that enrollee. Beyond initial enrollment, and on an ongoing basis, we conduct a variety of outreach activities for our enrollees, as shown in *Figure 2.15.4.5.2.5.-1.*

In addition to performing standard outreach for our enrollees, we identify opportunities for targeted enrollee outreach based on utilization data or in response to our established priorities. These outreach campaigns have been effective in addressing some of the barriers to accessing dental care. If we are selected as the Dental Benefit Plan Manager (DBPM) with LDH, we will adapt and implement the following targeted outreach strategies in Louisiana:

- **Emergency Department Diversion:** We engage in a variety of projects to reduce ED utilization for non-emergent dental conditions and will apply this experience to Louisiana. In several of our markets, including New York and New Jersey, we conduct follow-up calls to enrollees who present in the ED with a dental condition and work to connect them with their dental home for subsequent care. We have an active quality improvement project in Florida to work with the Medicaid MCOs to prevent potentially preventable dental-related ED visits. In Nevada, we initiated an Emergency Room Redirect pilot program with the University Medical Center of Southern Nevada for non-traumatic dental conditions. We have incorporated use of teledentistry to decrease unnecessary visits and expenditures related to dental emergencies seen in the ED as well as unneeded opioid prescriptions. Our Enrollee Services Department follows-up with each enrollee after use of our emergency teledentistry service to provide education on the appropriate care setting to receive dental treatment and to warm transfer the enrollee to their dental home, if pre-established, or arrange for an initial visit with another primary dentist.

- **1st Tooth 1st Birthday Initiative:** Recently in our California Medicaid program, we developed a campaign called "1st Tooth 1st Birthday," in response to barriers to access for young children. Some providers were refusing to treat enrollees at this age and parents/guardians did not see the importance of having their child seen as this age. We conducted outreach to parents/guardians and providers to educate them about the importance of receiving routine, preventive, diagnostic, and specialty care between the ages of zero and one. We validated that an increasing number of providers were willing to serve young children after our campaign, and have incorporated the components of this intervention into our standard practice nationwide.

Our California Fluoride Initiative increased utilization of fluoride treatments by 31% for our enrollees.

- **Fluoride Initiative for Children:** Through utilization data analysis and discussions with numerous professionals, advocates and stakeholders, we identified that many of our enrollees were not receiving fluoride treatments during their office visits. Research shows that fluoride may be critical to eliminating or diminishing dental disease. Visiting a dental provider at an early age for oral health examinations and preventive services significantly decreases or eliminates a child's anxiety about dental treatment and helps ensure a lifetime of good oral health. We developed the Fluoride Initiative in California that includes conducting outreach to providers and enrollees through mailings and flyers. Additionally, we implemented a successful outbound call campaign where thousands of calls resulted in appointments made with parents of young children for their first dental visit.

- **Dental Home Navigation for High-risk Children:** An ongoing quality improvement program in California involves reaching out to the parents/guardians of all enrollees who have been screened in our school-based mobile dentistry program, Early Smiles, to assist them with making an appointment at their dental home. Prioritizing the children identified as high-risk, we made calls with live Enrollee Help Line Representatives during and after standard business hours. We "warm transfer" calls from parents to providers and conduct three-way conference calls to assist with making appointments.

> **59% of high-risk children made and kept an appointment at their dental home as a result of outreach performed by LIBERTY through our Early Smiles school-based dental home navigation program.**

Using Technology to Connect with Our Enrollees

We continue to explore new ways to connect with our enrollees and to maximize their self-service abilities to access information in the format of their choosing. We follow recent research from Kaiser Family Foundation and others that supports the increasing use of smartphones among the Medicaid population and the growing number of Medicaid enrollees who prefer electronic engagement. Current data demonstrate a growing number of patients prefer using social media to connect with health care providers as messaging via Facebook and Twitter are becoming more accepted avenues for health communication. In response, we have developed a suite of tools to facilitate communication with our enrollees and enhance enrollee understanding of available benefits with the aim of improving their oral health literacy and outcomes and increasing utilization of dental benefits.

- **Louisiana Enrollee Website:** Our dedicated Louisiana enrollee (available in English and Spanish) website, which will contain downloadable materials in English and Spanish and how to find a dental provider, will provide a wealth of information and resources for our enrollees, including oral health and wellness tips.

- **Secure Enrollee Portal:** Our secure enrollee portal, iTransact, provides enrollees with direct access to information about their care. All access points are HIPAA-compliant and include standard requirements for identifiers and secure credentialed logins. The portal deployed for Louisiana will include functionality to allow them to view personal information, benefit plans, co-pays (if relevant), and locate a provider, among other information.

- **Smartphone Application:** The LIBERTY smartphone application enables enrollees to access information about their health using their smartphone and thereby offers options to reduce burdens to accessing information. We were one of the first companies in the dental industry to offer a mobile smartphone applicationthat has the potential to dramatically enhance enrollee services and communication. Our mobile application is fully HIPAA compliant and is available on both the IOS and Android platforms.

- **Social Media:** We currently maintain a presence on Facebook and Twitter (@LIBERTYdental) and use both platforms to promote local events and oral health. If selected as a Louisiana DBPM, we will develop Louisiana-specific Facebook and Twitter accounts and ensure that the accounts are managed and monitored locally, and

the content is relevant to our Louisiana enrollees. We welcome the opportunity to collaborate with LDH for targeted social media campaigns throughout the year.

TRACKING ENROLLEE UTILIZATION AND CLOSING CARE GAPS

Libby
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to
brush
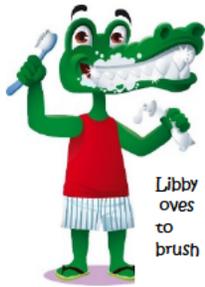
Through our Utilization Management program, we use a data-driven process to identify when enrollees are not using their benefits and to trigger outreach to help our enrollees close the gap in care. Our Utilization Management Committee reviews reports that are used to identify enrollees who have not accessed services in the last six months or who have missed appointments. Our Enrollee Services staff conduct outbound calls to these enrollees to educate them on the availability of their benefits, help to address any barriers to accessing care, and assist them in scheduling an appointment with their primary dental provider (via a three-way call). We supplement this outreach with text messaging and mailings. If the enrollee's condition is complex or the individual has more difficult barriers to overcome, we use escalation protocol to connect the enrollee to specially trained staff in our Customer Care Unit or Care Coordination Team who have experience in locating specialty providers, coordinating with dental/primary care providers, and coordinating with payers including Medicaid managed care organizations.

LIBERTY is also exploring other means to reach our enrollees and reinforce the importance of preventive dental services and keeping appointments. For example, we are sending text messages to enrollees who are overdue for an appointment to remind them to schedule one or to contact our help line for assistance
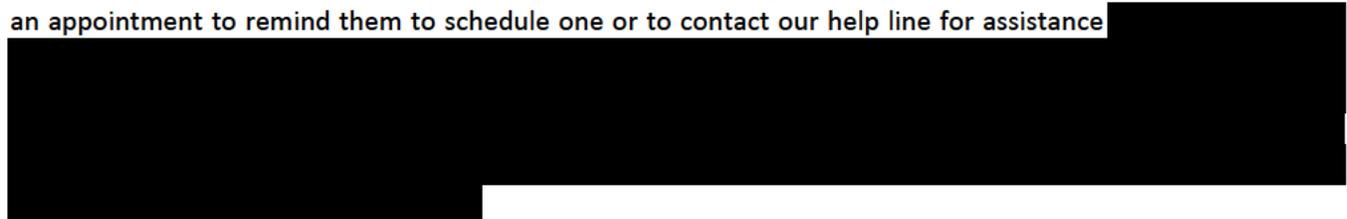
All these outreach interventions are rigorously evaluated, and data are used to maximize the impact of future interventions. For example, we analyzed the impact of interventions used in 2018 to increase utilization across all our New York and New Jersey programs where we contract with Medicaid MCOs to administer dental benefits. Our analysis shows our interventions are having a positive impact on utilization.
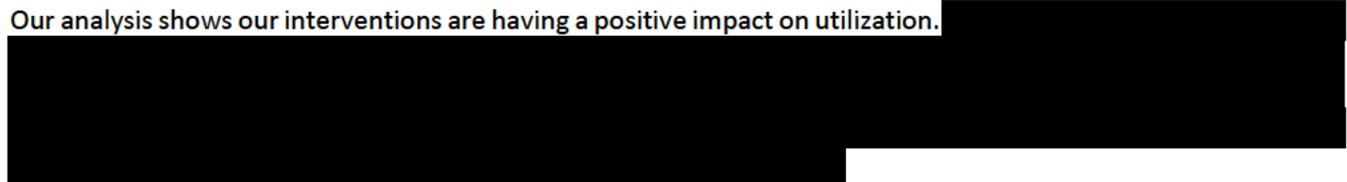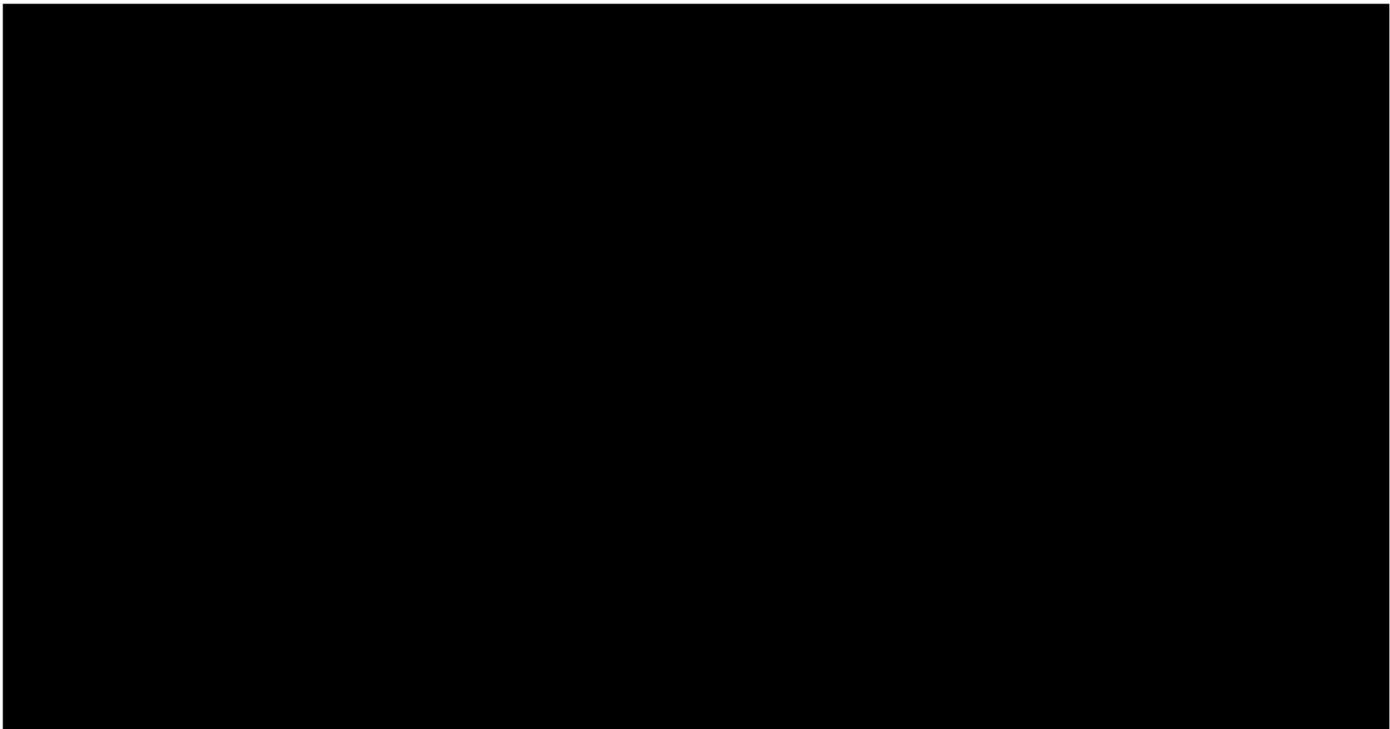
2.15.4.5.2.6 – GOAL: INCREASED ENROLLEE RESPONSIBILITY AND ENGAGEMENT
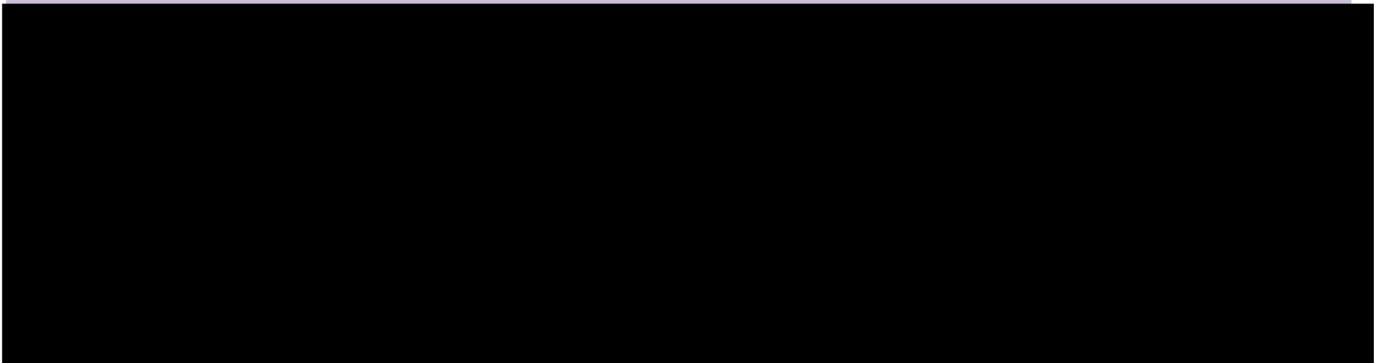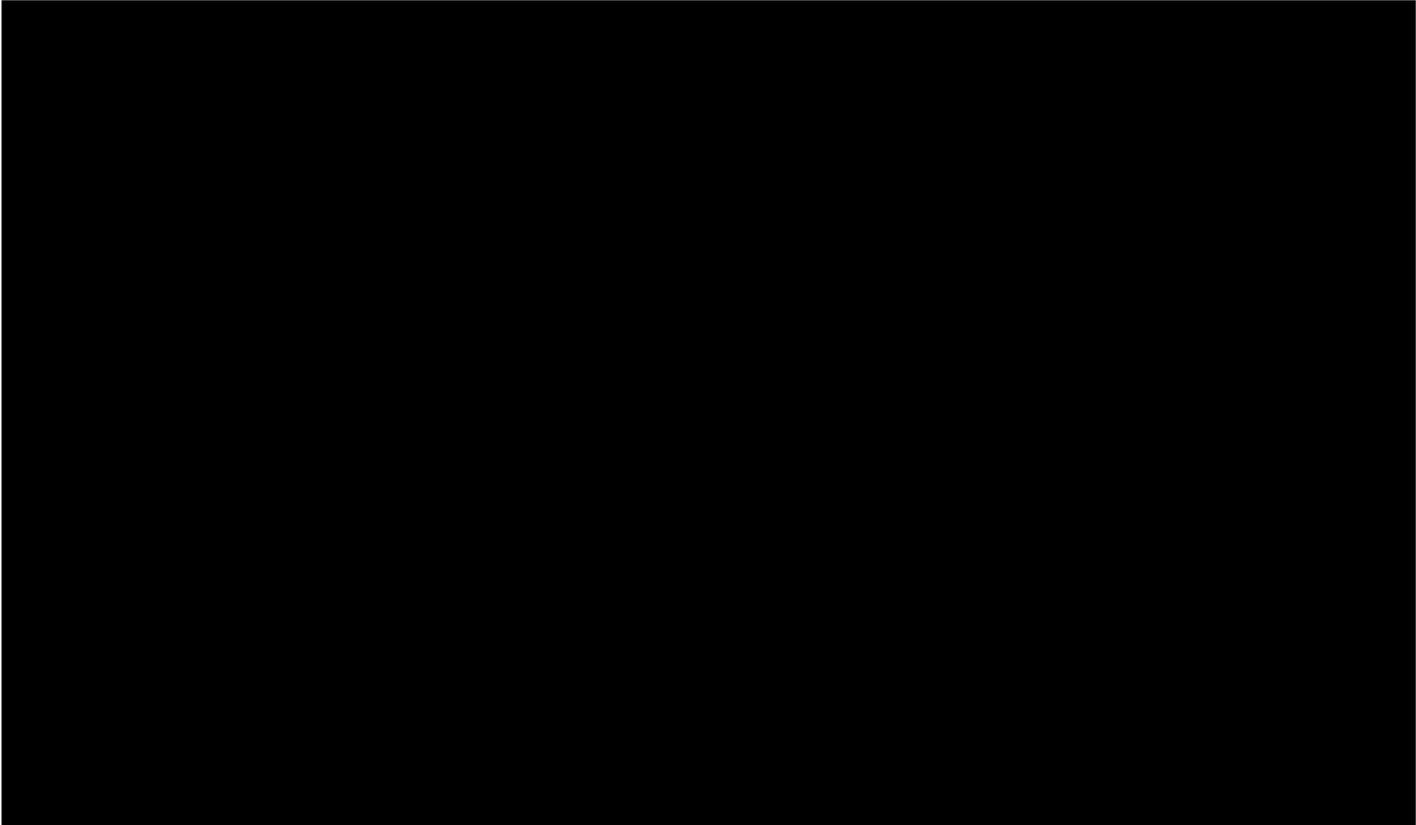
Our Dental Consumerism model promotes enrollee self-management, treatment plan adherence, and improved quality outcomes through motivational coaching and value-based payment to providers.

OTHER ENROLLEE ENGAGEMENT STRATEGIES

LIBERTY believes that all enrollees should be engaged and supported through his/her dental health journey. Not all enrollees require the same degree of support to attain and maintain good dental health and benefit from access to information, reminders, and continued interactions when appropriate. Therefore, we offer tools described below to all enrollees, regardless of their involvement in Care Management or Dental Consumerism.

Text Messaging: Upon approval by LDH, we will use text messaging as an effective mechanism to periodically "push" information to enrollees. We will implement this campaign in Louisiana for enrollees who agree to receive texts. This is particularly effective to:

- send appointment scheduling reminders;
- encourage completing an initial dental health assessment;
- share LIBERTY contact information; and

- provide crucial health education information.

Secure Enrollee Portal: LIBERTY's secure enrollee portal offers direct access to information about their care. Custom web pages are designed to provide enrollees with their Medicaid Dental Plan benefits, treatment history, and other important information.

LIBERTY Dental Mobile App: LIBERTY's smart phone application is designed to increase enrollee participation and reduce administrative burdens. From their mobile phone, enrollees can:
- access their account information;
- view their digital ID card;
- view dental benefits, check utilization, and treatment history;
- find a dentist; and
- get answers to Frequently Asked Questions.

Culturally Diverse Outreach: LIBERTY provides information in a culturally sensitive manner and format to meet language and reading level needs. LIBERTY also offers translation services and vital enrollee informational materials in predominant and non-threshold languages. We also have achieved better compliance with treatment regimens among hard-to-reach enrollee populations by using Community Health Workers to conduct outreach and enrollee education activities. This approach may be most impactful in the rural parishes of Louisiana where there may be cultural and logistical barriers to dental care. Based on our successful models in California, Florida, and Nevada, we will establish a LIBERTY Health Navigator team to:

- improve oral health education;
- perform advocacy and outreach;
- address disparities to care; and
- attend community events that promote oral health and disease prevention.

This team will include Health and Literacy Coordinators to coordinate enrollee outreach to ensure effective use of Medicaid plan benefits and to improve enrollee health outcomes and Community Outreach Representatives to meet the community need for ongoing oral health education and perform outreach to existing enrollees and the public.

STAKEHOLDER INVOLVEMENT

Committee Representation: LIBERTY proposes to include an Enrollee Representative on the Regional QAPI Committee. This Committee will meet quarterly and include representatives from several internal departments, enrollees, providers, stakeholders, advocates, community programs, and other entities. We will collaborate closely and address all coordination and quality opportunities to improve dental care access and availability as well as any performance concerns that may arise.

Identifying Community Needs: Through our analysis of utilization data as well as HEDIS and other quality data, we continuously identify community needs and health disparities. We use this data to inform development of partnerships with community organizations. In other LIBERTY Medicaid programs, we have sponsored and volunteered at various community events to offer enrollee education and provide free dental screenings. We have also identified a need for outreach to populations with disproportionately high rates of dental disease and have participated in events that directly impact the public, which would also be effective in Louisiana.

2.15.4.6 STAFFING REQUIREMENTS

SECTION 6.2– STAFFING REQUIREMENTS

OUR COMMITMENT

LIBERTY has nearly 900 skilled employees, who bring a wealth of Medicaid and CHIP knowledge and expertise to every engagement. Our executive management team has a combined total of over 300 years of dental-industry experience, which leads to a deep and broad understanding of the needs of our clients, providers, and enrollees. Our Chief Dental Officer and state dental directors are experts in their fields, bringing decades of experience as practitioners and leading transformative clinical projects enterprise-wide and in our unique state programs.

Our Human Resources team, in collaboration with dedicated recruiters, uses the latest applicant tracking system to identify top talent. Our comprehensive benefits and compensation programs, combined with a family-like culture attracts new employees and promotes long tenure to ensure outstanding service to the enrollees we serve. We understand that healthcare is regional and we will hire Louisiana-based staff who share our philosophy on the importance of preventive care, and a commitment to serving the Medicaid population. We will build a strong team capable of elevating the quality of oral health care available to Louisianans.

Our company is as diverse as the enrollees we serve and our diversity is the foundation of our culture—a culture of service and respect. We have partnered with OutSolve, a Louisiana-based Affirmative Action Plan firm, to strengthen our organization's commitment to diversity, which we will extend to our Louisiana program by hiring a diverse and dynamic local team.

OUR OPERATIONAL APPROACH

6.2.1 GENERAL REQUIREMENTS

LIBERTY maintains the organizational, operational, managerial, and administrative processes and systems capable of handling all LDH contract requirements. Our Human Resources department is responsible for ensuring we maintain appropriate staffing of qualified individuals to serve our enrollees in Louisiana. In preparation for our program in Louisiana, we develop a staffing model based on anticipated enrollment, which drives our hiring process. We maintain staffing ratios for certain positions and if we detect a change in enrollment at any point after implementation, we adjust our staffing level to ensure we continue to operate within our target ratios so we can assure the delivery of high quality services to our enrollees and providers.

We do not employ or contract with any individuals who have been debarred, suspended, or are lawfully prohibited from participating in any public procurement activities under the Federal Acquisition Regulation (FAR) or from participating in no-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. All staff must pass a rigorous pre-hire seven-year criminal/civil nationwide background check, including LEIE/SAMS. Once hired, employees continue to be screened monthly against the following websites to ensure ongoing employment eligibility: 1) Office of Inspector General List of Excluded Individuals/Entities (LEIE); 2) Louisiana Adverse Actions List Search; 3) The System of Award Management (SAM); and, 4) other applicable sites as may be determined by LDH. We also require background checks upon hire, and will comply with LDH Policy 47.1, "Criminal History Records Check of Applicants and Employees." We will provide any documentation of our compliance with this policy to LDH upon request, including

but not limited to a satisfactory criminal background check or an attestation that a satisfactory criminal background check has been completed.

We will locate an administrative office in Baton Rouge, Louisiana, and this office will maintain normal business hours of 8:00 am – 5:00 pm, central time, Monday through Friday, excluding state holidays.

LIBERTY is a company of individuals who are as diverse as the enrollees we serve, and our culture is based on the tenants of diversity and respect. We do not discriminate against any employee or job applicant on the basis of disability, age, race, color, religion, sex, gender, or national origin, and have an enterprise-wide commitment to non-discrimination. We inform applicants and employees of their rights during the application process, upon hire, and annually through review and acceptance of our Employee Handbook. To support our hiring practices, our Human Resources Department is spearheading the development of our new affirmative action plan, and has hired OutSolve, a Louisiana-based national leader in affirmative action, to assist with this effort. We shall ensure that employees are treated during employment in accordance with all state and federal laws applicable to employment of personnel and shall give notice in conspicuous places available to employees and applicants for employment setting forth the provisions of this section. All of our solicitations and advertisements for employees shall state that all qualified applicants will receive consideration for employment, and all inquiries made to us concerning employment shall be answered, without regard to without regard to handicap, age, race, color, religion, sex, gender, or national origin.

6.2.2. KEY PERSONNEL POSITIONS

LIBERTY understands the requirement to hire Louisiana-based, 100% dedicated key staff including the Chief Executive Officer, Operations Manager, and Dental Director, as well as the requirement to use 100% dedicated staff for the remaining key positions. We are proud to say we have recruited, and in the event of an award, will employ, a Louisiana-based and experienced Dental Director and Contract Operations Manager listed below and resumes included. We have also developed job descriptions for the other locally based positions and, upon award, will initiate recruitment. In the interim, we have identified a team of seasoned executives to fill these positions. We are committed to using this team to staff the Louisiana operations from the point of award and the team will remain engaged in assisting with the start-up of this program. They will mentor the individuals hired in the local market and serve as points of contact for LDH throughout readiness review and implementation.

LIBERTY has identified the following individuals ("Key Personnel") to serve in key positions for the Louisiana DBMP and their resumes are provided in our response to the RFP Section 2.15.4.6.1
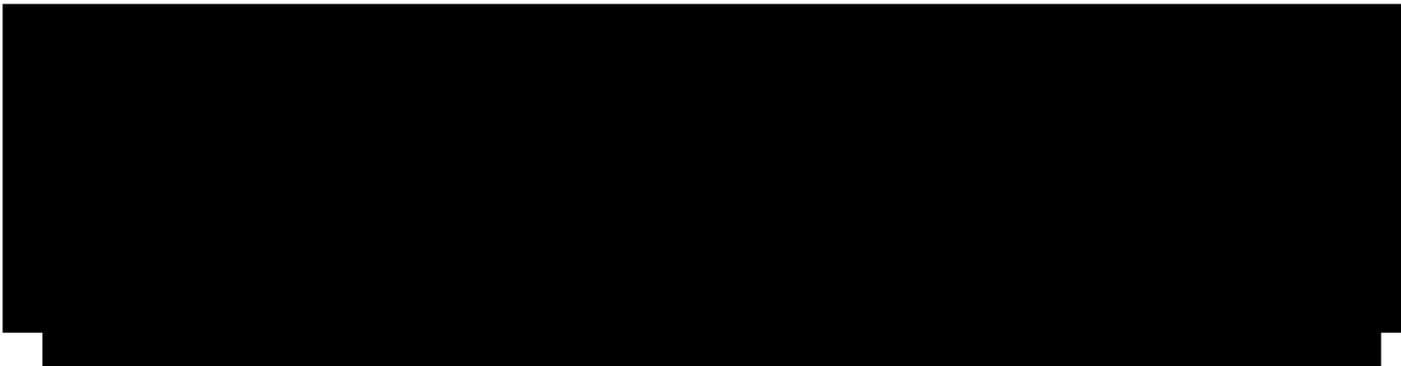
individuals will not serve in more than one key position without prior LDH approval and will be 100% dedicated to the Louisiana contract and available during normal business hours. Our Louisiana CEO, Contract Operations

Manager, and Dental Director are and or will be Louisiana residents and physically located in and work out of our new Baton Rouge, Louisiana office.

We shall inform LDH in writing when an employee vacates one of the Key Personnel positions within 5 business days of the resignation/termination/vacancy, and the notification shall include the name of the interim contact person. Key Personnel shall be replaced 60 days of the resignation, termination, or other vacancy of prior staff. We shall not replace Key Personnel except with persons of equivalent experience, training, and talent and only with prior written approval from LDH. Substitution of Key Personnel shall also conform with the requirements of 6.2.3 below.
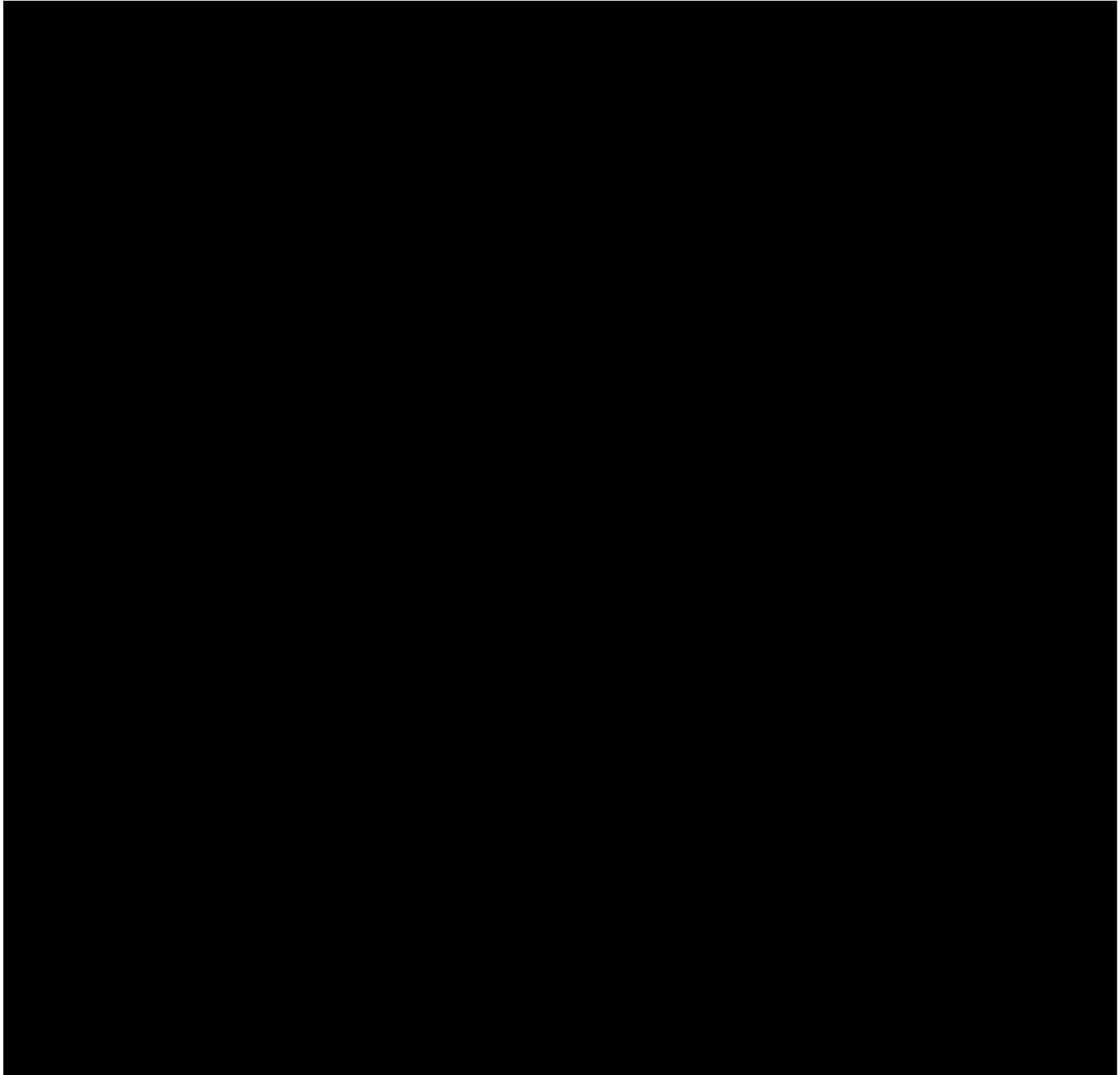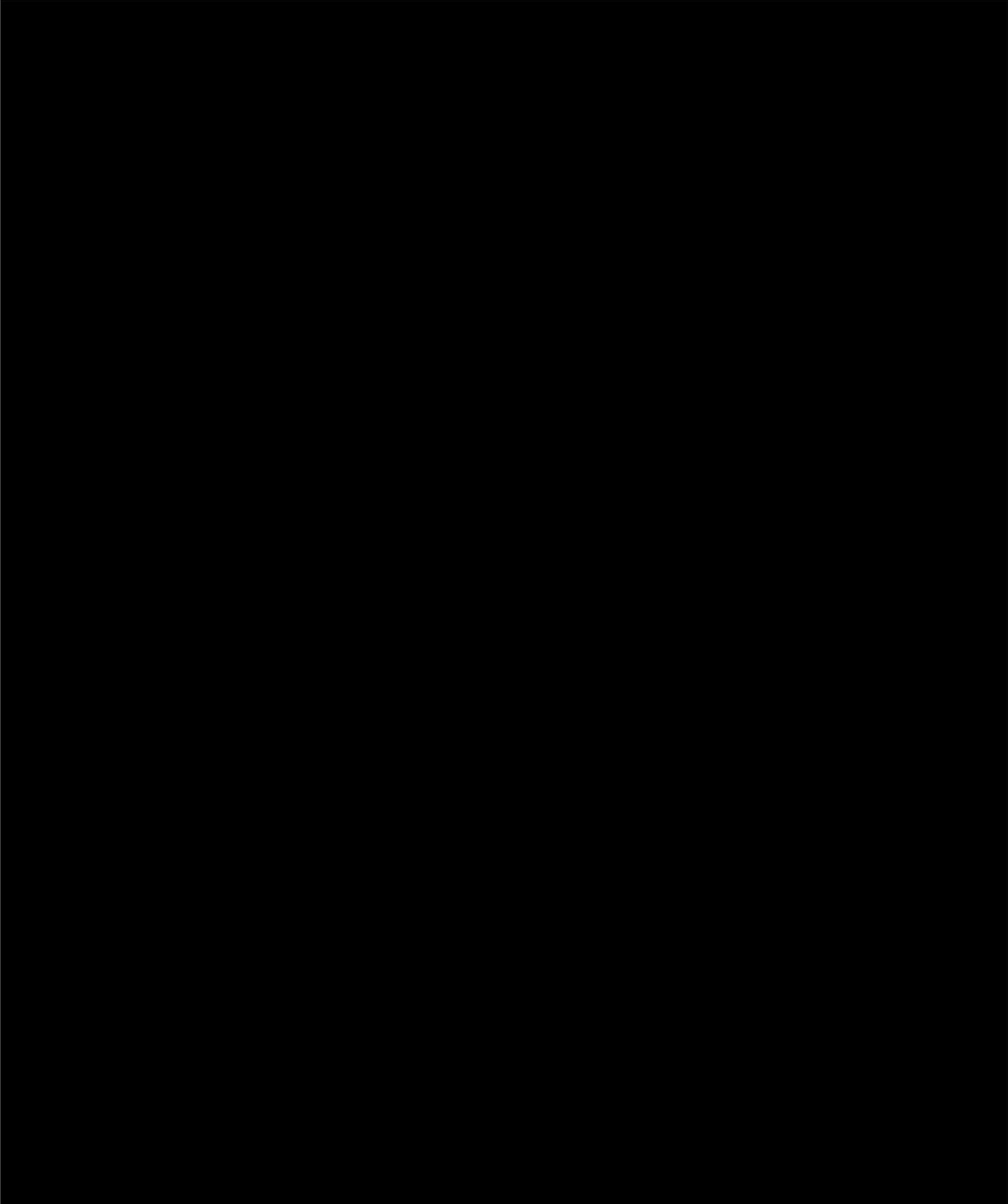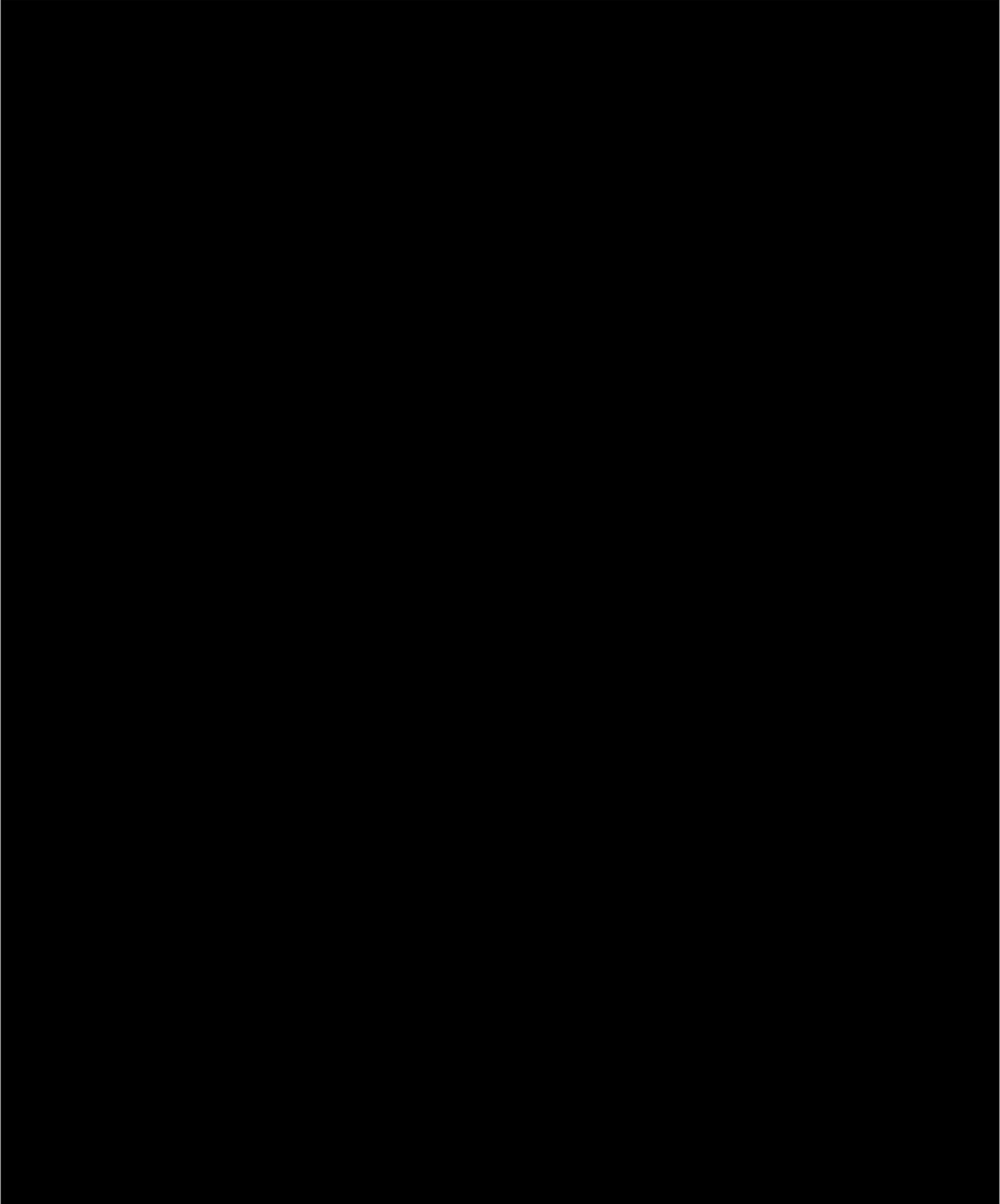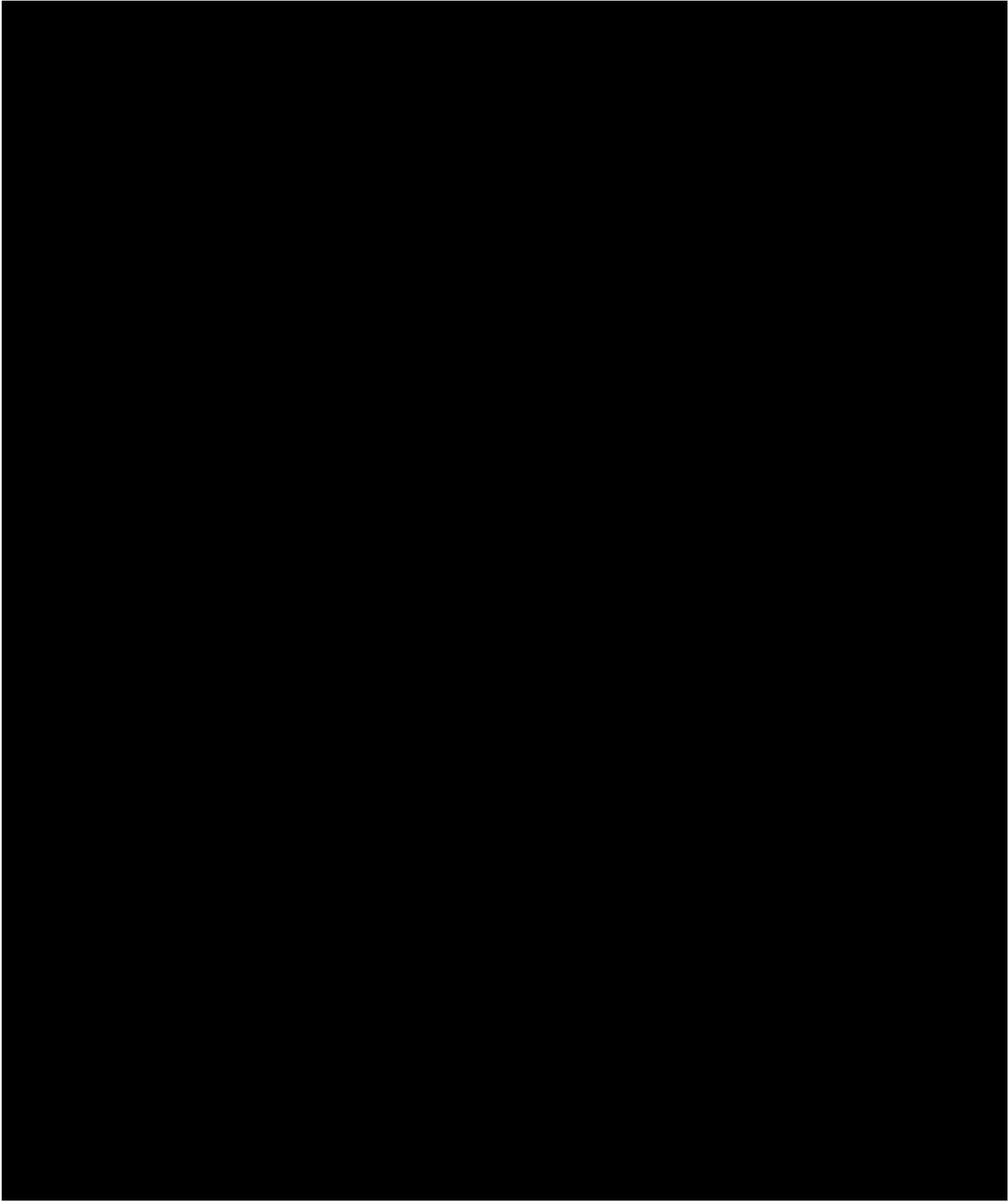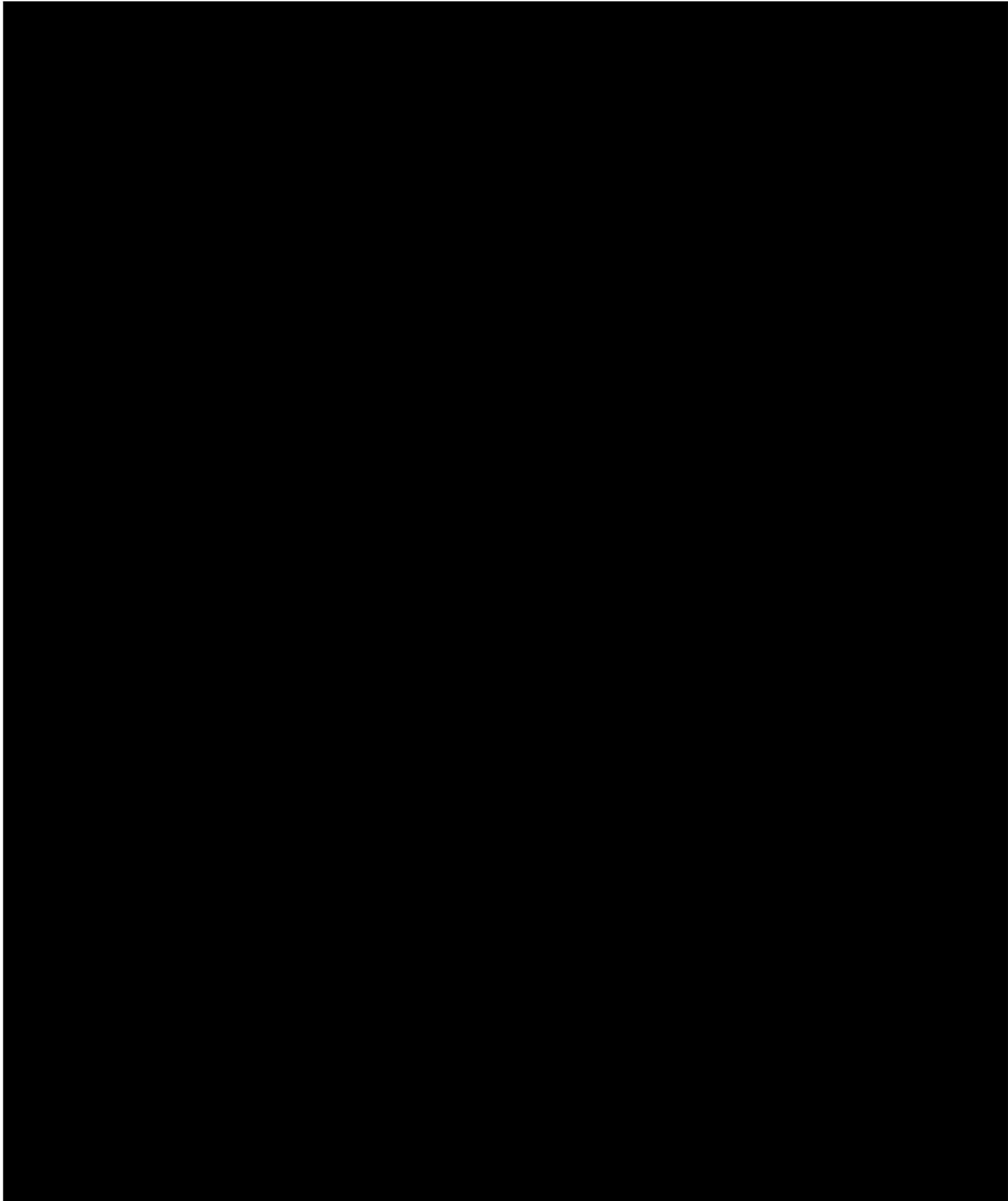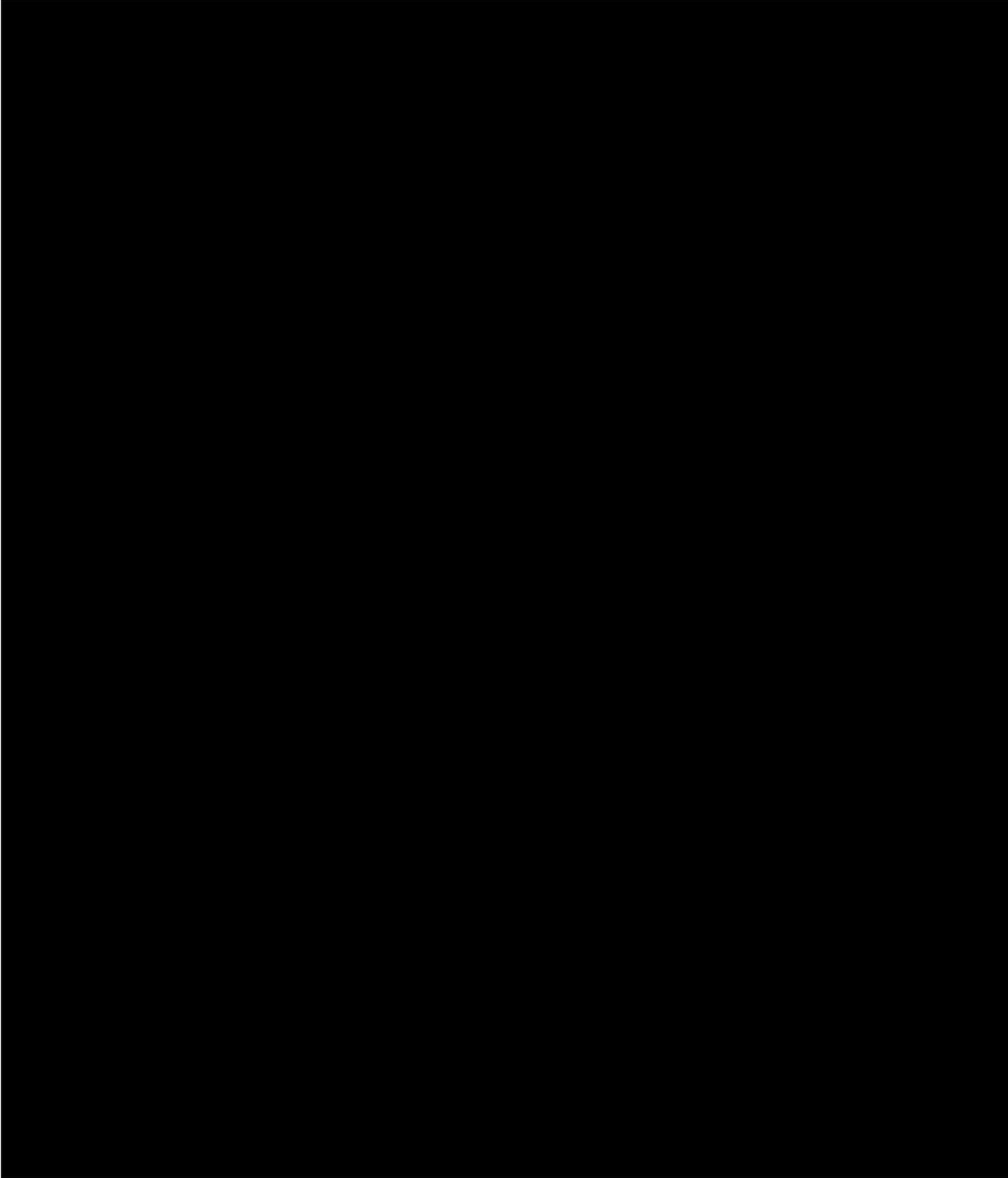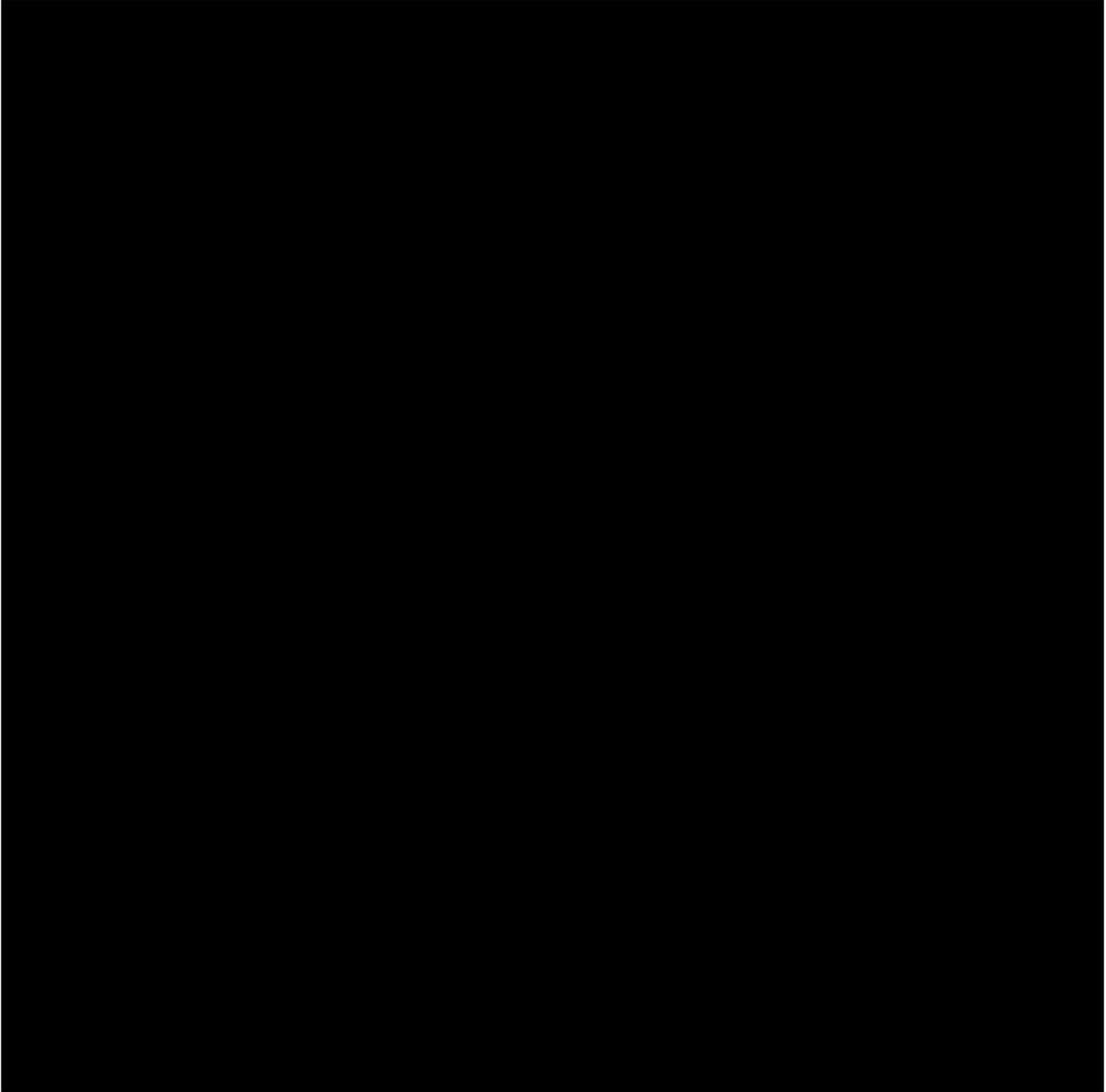
6.2.3 SUBSTITUTION OF PERSONNEL

We shall not replace Key Personnel except with equally qualified replacements and only with the prior written consent of LDH. In the event that any Key Personnel becomes unavailable due to resignation, illness, or other factors outside our reasonable control, we shall provide an equally qualified replacement in time to avoid delays in completing tasks.

6.2.4 POLICIES, PROCEDURES, AND POSITION DESCRIPTIONS

As a recently accredited dental plan through URAC, LIBERTY's policies, procedures, and position descriptions have been reviewed by URAC and found to be compliant with industry best practices. We maintain a library of operational policies and procedures (P&Ps) developed and used by each of our functional areas. Our P&P development and maintenance process prescribes our enterprise-wide format and process for the development, review, and approval of our P&Ps. All policies and procedures must be initially approved and annually reviewed thereafter through the QAPI Committee process. Our Corporate Executive Vice President and Chief Dental Officer review and sign each policy and procedure. Our Human Resources department maintains a library of job descriptions for every functional area and ensures that the descriptions are reviewed at least annually.

We will work with LDH to modify any policy or procedure identified as inefficient or unacceptable to LDH. Annually, we will submit an organization chart of key personnel positions, a functional organization chart of key program areas, and a listing of all functions/locations, compliant with RFP Section 6.2.4.3.

6.2.5 STAFF TRAINING AND MEETING ATTENDANCE

All LIBERTY staff members have appropriate training, education, experience and orientation to fulfill requirements of their position. Furthermore, LIBERTY maintains a training program to ensure all staff are prepared to assume their job functions and to continue to develop their knowledge and skills throughout their tenure with LIBERTY. Our Training Coordinator facilitates the delivery of training enterprise-wide and supports functional areas in the development of their training programs. Our Training Coordinator will engage LDH to ensure review and approval of our training protocols and to ensure LDH has an updated calendar of training events (at least 14 calendar days prior to actual date of the training).

Our new hire training includes a combination of new employee onboarding and department-specific training. Upon hire, our Corporate Employee Development Department (CEDD) provides onboarding training, which includes an overview on LIBERTY and required compliance training on state and federal Medicaid regulations; HIPAA; Fraud, Waste, and Abuse; and Cultural Competency. The Human Resources Department documents completion of this training in the employee's file. Following CEDD training, individual training continues in the employee's department.
For example, our Enrollee Help Line staff receive an additional three weeks of classroom training, which includes lecture, hands-on experience with real case scenarios, interactive exercises, role playing, and peer-to-peer shadowing. Topics include:

- a "soft skills" boot camp training on professionalism, responsiveness, and empathy;
- covered services and other state-specific requirements;
- cultural competency and assisting enrollees with Limited English Proficiency;
- locating providers;
- handling emergency situations;
- call escalation criteria;
- privacy; and,
- HIPAA.

We provide refresher training throughout the year based on topics identified by supervisors, leads, and quality assurance analysts; through the enrollee satisfaction survey; and based on analysis of enrollee grievances. We track training records in a database for auditing, reporting, and re-training purposes.

We ensure all enrollee and provider-facing staff receive detailed training on the state's Medicaid program and contract requirements, as well as "soft-skills" training, to enable them to deliver superior customer service. These staff and those involved in utilization management decisions also receive training on state-specific population and geography and have access to mapping search engines to help them locate providers or make decisions authorize services, and recommend providers in the most geographically appropriate location.

For marketing agents and any positions that require licensure or a specific credential, LIBERTY's Human Resources and Licensing departments coordinate to ensure staff annual undergo required training and obtain and maintain their license or other credential. This may involve arranging for an employee to attend a training class and complete a test. The Human Resources Department tracks when an individual has obtained the license or other credential, and the Licensing department monitors when continuing education or an update to the license or other credential is required.

LIBERTY staff will attend meetings in person, as invited or directed by LDH.

6.2.6 USE OF SUBCONTRACTORS

LIBERTY will serve as the single prime contractor under the Louisiana DBMP and is responsible for all deliverables specified in the RFP and contract, and for otherwise complying with all contractual terms and conditions. We limit our use of subcontractors to ancillary service providers only, such as language and fulfillment vendors, and we closely monitor subcontractor performance through our formal Vendor Oversight Program. We do not delegate decision-making to our subcontractors, and we will be LDH's single point of contact for all subcontracted work. LIBERTY will not contract with any party to perform services under the Louisiana contract without LDH's express prior written approval.

Table 6.2.6-2 identifies all subcontractor relationships which LIBERTY intends to enter into under the Louisiana contract, including the tasks each subcontractor will perform. Many of these vendors already serve as subcontractors for us in our other state Medicaid programs and have successfully undergone the vetting process in those markets. Accordingly, both we and our vendors understand and are fully prepared to comply with the document production and information disclosures required during readiness review (as outlined Section 6.16.2), as well as the requirement that all information required of LIBERTY under the terms of the contract will also be required of each subcontractor. We will ensure that, before any subcontractor commences work under the Louisiana contract, we provide LDH a letter of agreement or other form of commitment which demonstrates that the subcontractor will satisfy all applicable requirements pertaining to LIBERTY under the contract. Accordingly, LIBERTY's response to this RFP includes, as *Exhibit 6.2.6-2,* letters of commitment setting forth each proposed subcontractor's commitment to accept all relevant provisions under the Louisiana contract and to adhere to an established system of accounting and financial controls adequate to permit the effective administration of the contract.

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