

Dentegra Insurance Company
PPO and EPO PLANS
Dentegra PPO
Dentegra EPO

At Dentegra Insurance Company (DIC), we work hard to ensure enrollees have timely access to a network of directly contracted quality dentists to meet their dental needs. DIC is providing this EPO Plan to demonstrate how our access, availability and network quality standards are continuously met.

DIC offers two products in West Virginia:

- Dentegra PPO – Off Exchange
- Dentegra EPO – Off Exchange

Building Our Network

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

Our recruiters will continue to expand our network through outreach efforts by mail to inform the practicing dental community with participation information for our network. Appropriate follow up with individual providers will occur by telephone or through face-to-face visits. Dentegra has found that persistence is the key to recruitment in difficult areas, including areas that are geographically rural. Our outreach efforts will continue until we have exhausted all recruitment options.

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

Network Adequacy

Dentegra geographic access standards are providers within 10 miles for general dentist in urban areas and 60 miles in rural areas.

Specific Provider and Facility types are shown in the Enrollee Access by County table in

the attached Geo-Network Report

Members without adequate access are identified in two ways:

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

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

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

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

Provider Directory

Dentegra is responsible for developing and maintaining accurate provider

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

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

Choosing and Changing a Provider

Enrollees may access information through our website at dentegra.com. Enrollees may also call our Customer Service Center and one of our representatives will assist them. They can provide enrollees with information regarding a provider’s network participation, specialty and office location.

Choosing a PPO Provider

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

Choosing an EPO Provider

EPO Enrollees can obtain EPO provider information online through their group’s provider directory, and search for Providers using the “Find a Dentist” option. Enrollees can search for Dental Providers in their area and choose the Provider that works best for them.

Choosing a Non-Dentegra PPO Dental Provider

If the enrollee chooses to see an out of network provider, the enrollee will have a higher coinsurance cost to see the out of network provider.

EPO Referrals

A Dentegra EPO member may seek services from any contracted EPO provider for any dental service. Prior authorizations are not a requirement of EPO plans administered. Enrollees may seek treatment from any contracted EPO provider for any dental procedure without notifying Dentegra's EPO plan for prior approval. Referrals are not necessary.

PPO Referrals

A Dentegra PPO member may seek services from any contracted PPO provider for any dental service. Prior authorizations are not a requirement of PPO plans administered. Enrollees may seek treatment from any contracted provider for any dental procedure without notifying Dentegra's PPO plan for prior approval. Referrals are not necessary.

Language Assistance

If an enrollee is having trouble communicating with a dentist, we advise the enrollee to call Dentegra so we can arrange for a qualified interpreter to help the enrollee via telephone. The Dentegra telephone number for interpretive services are as follows:

Dentegra (PPO): 877-280-4204

Dentegra (EPO): 877-280-4204

LAP Services Include:

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

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

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

Emergency Services/Enrollee Access to a Provider Outside of Network

If the Enrollee is unable to reach an in-network dentist for emergency services, the Enrollee should call Customer Service at 877-280-4204. During non-business hours, or if the Enrollee requires emergency services and is 35 miles or more from his or her provider, they may seek treatment from a Dentist other than their assigned Contract Dentist.

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

Quality Assurance/Provider Monitoring

Dentegra's Quality Assurance department is responsible for monitoring provider offices. It ensures that quality management activities for monitoring, evaluating and improving clinical care are functioning and applicable to all panel providers.

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

Our contracting department is certified by NCQA and as such, Dentegra does monthly ongoing monitoring of providers in our network for license actions, sanctions, etc. If a provider has a licensing action that falls outside our company guidelines to be contracted and credentialed, we send the provider a letter and the provider contract is terminated, and they are removed from the network.

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

Grievance and Appeals Enrollee Notification

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

Continuity of Care

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

Enrollee Satisfaction

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