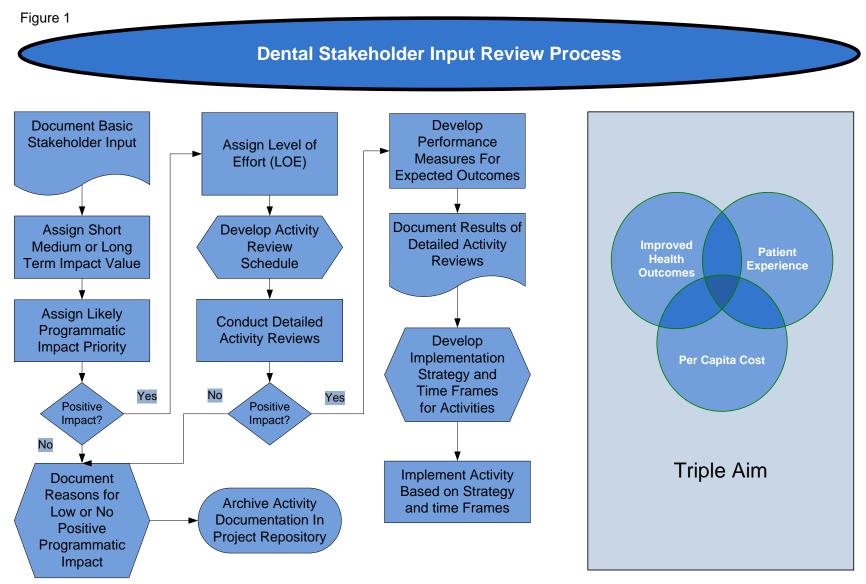
We expect by using an iterative approach to gathering, analyzing and documenting input from all stakeholder groups, to generate decisions regarding dental services that support the agencies strategic goals of improved health outcomes, patient experiences and minimized per capita costs. The agency also anticipates continuing participation from various stakeholder groups as we go through the process of reviewing, evaluating and documenting the results of stakeholder input.

We will categorize all stakeholder input into activities that likely can be accomplished in less than twelve months (short term), one to three years (medium term) or four to six years (long term). The agency will also assign a value to every recommendation based on a high level review for the likely programmatic impact (program impact priority). The initial priority assignment will ensure resources are devoted to the activities that are most likely to have a positive impact on all three program impact areas.

SCDHHS will also review all recommendations for the internal and external resources that will likely be required to conduct a detailed review of each recommendation and to document the results of detailed reviews. The 'level of effort (LOE)' assigned will be used to further prioritize the activities, resulting in an activities list that is prioritized by those that are likely to have the most positive programmatic impact while using the least number of resources. After LOEs are assigned to activities, SCDHHS will develop a plan for conducting detailed reviews of stakeholder input that will include groups of manageable activity reviews.

Detailed activity reviews will be conducted to validate the likely programmatic impact of the activity and expected outcomes. For those activities where the likely programmatic impact is validated, performance measures for tracking the results of activities implemented will be developed and documented. Activities that are determined to have little or no positive programmatic impact during the detailed review process will be re-categorized to reflect the results of the review and the reasons for the recategorization will be documented.

The diagram below (Figure 1) illustrates the basic approach SCDHHS is taking to review and evaluate stakeholder input for the dental program.



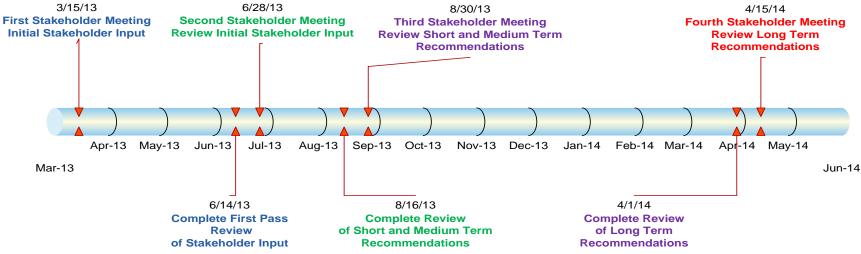
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As indicated previously, SCDHHS will be using an iterative approach to gathering, analyzing and documenting input from all stakeholder groups. Our general approach to reviewing and processing stakeholder input is to work on the activities we believe can be completed in the short term first, then focus on the medium term activities and finally on the activities that we believe will take more time to review and analyze because of the likely complexity of the activity reviews. We will also be adding the recommendations for improvements that have been gathered and documented over the last few years as well as stakeholder input from other sources.

We intend to apply the general process displayed in Figure 1 to the review and analyze all stakeholder input. The timeline depicted in Figure 2 below shows how we are planning to take the stakeholder input and split it into manageable increments of work. The timeline will likely be adjusted from time to time as we make progress on the review and evaluation process.

Figure 2

Dental Stakeholder Input Analysis – Logic Model



The results from the initial reviews and analysis of stakeholder input are displayed in the tables on the following pages. The tables will likely change as we progress through the processes described above. Additional recommendations will be added and categorized as we consolidate all stakeholder input. Detailed reviews of each activity will be documented and associated to the original source of stakeholder input by reference number. Summary results of detailed reviews will be shared with stakeholders during follow up meetings or as postings on the DHHS website.

Dental Program – Stakeholder input Short Term Activities – High Programmatic Impact Potential

| Reference | | | | | Short Term |
|-----------|--|---|---|---|---|
| Number | Resources | Activities | Actions | Outputs | Outcome |
| | In order to accomplish our set of activities we will need the following: | In order to address our problem or assist we will accomplish the following activities: | In order to address our problem or assist we take the following actions: | We expect that once accomplished these activities will produce the following evidence or service delivery: | We expect that if accomplished these activities will lead to the following changes in 1 to 12 months: |
| SHMC02 | •SCDHHS •Dental Advisory Subcommittee •SCDA •DentaQuest | Evolution of current model that is evidence based and not based on dollars spent | Define specific quality measures or outcomes for dental services. | •Documentation of recommended quality measures and/or outcomes for dental services | Program measurement based on quality and outcome measures |
| SHMC08 | • SCDHHS • DentaQuest | Review policies related to service frequencies and limitations | Review current service frequencies and validate using ADA guidelines Review services with no frequencies for possible update based on ADA guidelines | Recommendation for all current and all new service frequencies | Consistent application of service frequencies based on national guidelines Simplifies provider billings by aligning Medicaid with private payers |
| SHMC11 | •SCDHHS •SCDA | Increase perception of dental program's trust by providers | Improve provider communications Work with SCDA to determine areas of provider frustration | Documentation of areas of focus Development of a communication strategy targeted to dental providers | Inclusion of provider outreach in new dental contract Increased trust and participation by providers |
| SHMC13 | •SCDHHS •Dental Advisory Subcommittee | Review coverage policies and service definitions | Review current program policies and coverage options. Identify the potential to change or expand coverage options for members | •Documentation of any recommended changes to coverage policies and frequency edits. | Potential for reduction of costs per member through management of reimbursable procedures. Reduction of administrative hassles for providers. |

Dental Program – Stakeholder input Short Term Activities – High Programmatic Impact Potential

| Reference | | | | | Short Term |
|-----------|--|--|---|--|--|
| Number | Resources | Activities | Actions | Outputs | Outcome |
| | In order to accomplish our set of activities we will need the following: | In order to address our problem or assist we will accomplish the following activities: | In order to address our problem or assist we take the following actions: | We expect that once accomplished these activities will produce the following evidence or service delivery: | We expect that if accomplished these activities will lead to the following changes in 1 to 12 months: |
| SHMC23 | DentaQuest | Call Center to provide consistent responses | Review vendor training policies for call center staff to include all updates on policies | •Approve vendor policies on training and updates related to policy changes | •Reduced provider hassles due to consistent treatment of issues through standard application of policies |

Dental Program = Stakeholder Input Short Term Activities – Medium Programmatic Impact Potential

| Reference | | | | | Short Term |
|-----------|--|---|---|--|---|
| Number | Resources | Activities | Actions | Outputs | Outcome |
| | In order to accomplish our set of activities we will need the following: | In order to address our problem or assist we will accomplish the following activities: | In order to address our problem or assist we take the following actions: | We expect that once accomplished these activities will produce the following evidence or service delivery: | We expect that if accomplished these activities will lead to the following changes in 1 to 12 months: |
| SHMC16 | SCDHHS | Reduce administrative hassle for hearing process to enable dentists to appeal decisions in a timely and cost-effective manner | •Review current appeals process at DentaQuest •Review timeliness of appeals decisions by DentaQuest | •Document appeals process and expectations for decisions •Document State Fair Hearing process and timing | •Eliminate provider confusion on appeals and State Fair Hearing processes |
| SHMC17 | SCDHHS | Document Quality Review Activities | •Review DentaQuest's written policies regarding Quality Review activities | •Review and update quality review procedures in the ORM as necessary | •Clear communication of policies related to Quality Review |
| SHMC27 | •SCDHHS •Dental Advisory Subcommittee | Review policies on use of anesthesia | •Review current anesthesia policies with Dental Advisory Subcommittee | •Update dental policies regarding use of anesthesia | •Updated language and guidance on use of anesthesia |

Dental Program – Stakeholder Input Short Term Activities – Low Programmatic Impact Potential

| Reference | | | | | Short Term |
|-----------|--|--|---|---|---|
| Number | Resources | Activities | Actions | Outputs | Outcome |
| | In order to accomplish our set of activities we will need the following: | In order to address our problem or assist we will accomplish the following activities: | In order to address our problem or assist we take the following actions: | We expect that once accomplished these activities will produce the following evidence or service delivery: | We expect that if accomplished these activities will lead to the following changes in 1 to 12 months: |
| SHMC01 | SCDHHS | Maintain single management source for members. | Identify and examine the feasibility of moving all components of dental program to a single source. | •Documentation of single source feasibility study | Simplified process for provider enrollment & credentialing Single claims process *Single payment source |
| SHMC10 | SCDHHS Providers DentaQuest | Allow providers more latitude in treatment decisions | •Review all prior authorization policies for appropriateness | Documentation of prior authorization policies | Increased health outcomes for beneficiaries through the use of appropriate treatments |
| SHMC18 | SCDHHS | Increase dental provider retention/participation | •Provide historical analysis of dental participation to determine if a retention problem exists | Document historical analysis of dental provider retention | Understanding of the dental provider network's adequacy or inadequacy. Development of strategies to maintain or enhance the dental provider network. |
| SHMC21 | DentaQuest | Provide real-time reporting of eligibility on vendor web-tool | •Review vendor policies for updating eligibility on web tool | Document vendor policies on updates to member eligibility Update vendor policies as required to ensure daily eligibility updates | Daily updates to member eligibility data on vendor website |

Dental Program – Stakeholder Input Short Term Activities – Low Programmatic Impact Potential

| Reference | | | | | Short Term |
|-----------|--|--|--|--|---|
| Number | Resources | Activities | Actions | Outputs | Outcome |
| | In order to accomplish our set of activities we will need the following: | In order to address our problem or assist we will accomplish the following activities: | In order to address our problem or assist we take the following actions: | We expect that once accomplished these activities will produce the following evidence or service delivery: | We expect that if accomplished these activities will lead to the following changes in 1 to 12 months: |
| SHMC30 | •SCDHHS | Review other State models of care before creation of RFP | •Review other state models of care prior to developing the SCDHHS RFP for dental services | Document review of other state models and incorporate best practices into dental RFP | •RFP that contains best practices where appropriate |
| SHMC36 | •SCDHHS •DentaQuest | Apply proper claims adjudication edits on all claims | •Review vendors application of claims edits on a consistent and accurate basis | •Document any updates to policies related to timely adjudication of claims and proper use of edit codes | Improved provider understanding of claims policies Decreased costs as a result of reductions in improper claims submissions |

Dental Program – Stakeholder Input Short Term Activities – No Programmatic Impact Potential

| Reference | | | | | Short Term |
|-----------|--|--|---|--|--|
| Number | Resources | Activities | Actions | Outputs | Outcome |
| | In order to accomplish our set of activities we will need the following: | In order to address our problem or assist we will accomplish the following activities: | In order to address our problem or assist we take the following actions: | We expect that once accomplished these activities will produce the following evidence or service delivery: | We expect that if accomplished these activities will lead to the following changes in 1 to 12 months: |
| SHMC05 | •SCDHHS •Dental Advisory Subcommittee (DAS) •SCDA | Update reporting to include evidence based data | •Review reporting recommendations from DAS and SCDA and incorporate into standard reporting package | Documentation of recommended reports | Increased communication to stakeholder groups on program's status Improved management reporting |
| SHMC09 | SCDHHS DentaQuest | Maintain high rate of claims approval | Review weekly claims summary for approved and denied claims | Documentation of claims approval ratios | Decreased provider hassles as a result of claim denials Decreased claims administration costs as a result of processing unnecessary claims |
| SHMC19 | SCDHHS; DentaQuest | Review prepayment review policies | •Review all Prior Authorization and pre- payment review policies for appropriateness | •Document any updates to Prior Authorization or Pre-Payment review processes | Possible reduction of provider hassles through administrative simplification. |
| SHMC22 | DentaQuest | Provide real-time reporting of claims history | Review vendor policies for updating claims history on web tool | Document vendor policies on updates to claims history Update vendor policies as required to ensure daily claims history updates | Daily updates to claims history on vendor website |

Dental Program – Stakeholder Input Short Term Activities – No Programmatic Impact Potential

| Reference Number | Resources In order to accomplish our set of activities we will need the following: | Activities In order to address our problem or assist we will accomplish the | Actions In order to address our problem or assist we take the following | Outputs We expect that once accomplished these activities will produce | Short Term Outcome We expect that if accomplished these activities will lead to |
|---------------------|--|--|---|---|---|
| | | following activities: | actions: | the following evidence or service delivery: | the following changes in 1 to 12 months: |
| SHMC24 | SCDHHS | Manage Dental Program from within SCDHHS, not from a contractor | •Review Dental Forum inputs and the effect of any recommendations on the Triple Aims | Document agency decision on management of dental program | •RFP developed will have considered comments from stakeholders. |
| SHMC25 | SCDHHS | Increase functionality of SCDHHS Transparency database | •Allow sorting/filtering of transparency data by any combination of columns | •Document functionality of transparency database | •Increased efficiency of researching data on the transparency database |
| SHMC29 | SCDHHS; DentaQuest | Clearly distinguish changes in policy manual for each revision | Announce all policy revisions in SCDHHS Medicaid Bulletin whenever possible 30 days prior to the policy implementation date Document all changes in change history in policy manual | •Document policy changes in Medicaid Bulletin at least 30 days prior to policy implementation | •Clear communication to providers on policy changes |
| SHMC32 | DentaQuest; SCDHHS | Increase response times for vendor web portal to validate eligibility and service history | •Research available web analytics at vendor to determine average response time | •Establish minimum response times in contract for system responses based on national benchmark data | •Improved provider satisfaction due to faster response times for eligibility and claims history on vendor web portal |

Dental Program – Stakeholder Input Short Term Activities – No Programmatic Impact Potential

| Reference Number | Resources In order to accomplish our set of activities we will need the following: | Activities In order to address our problem or assist we will accomplish the following activities: | Actions In order to address our problem or assist we take the following actions: | Outputs We expect that once accomplished these activities will produce the following evidence | Short Term Outcome We expect that if accomplished these activities will lead to the following changes |
|---------------------|--|---|---|--|---|
| SHMC33 | •DentaQuest •SCDHHS | Add touchtone response capability to IVR system. Current system is voice- response only and background noises | Review capabilities of dental vendor IVR system. Include voice and touch as options for IVR in new RFP | Or service delivery: Document current capabilities of vendor's IVR system Include voice and touch as options for IVR in new RFP | • Decreased provider hassles related to verification of member eligibility |
| SHMC34 | •DentaQuest •SCDHHS | impact responses regularly Review re-bundling rules for compliance with ADA guidelines | •Review ADA guidelines for re-bundling | •Apply ADA re-bundling guidelines where applicable to vendor policies | Validation of compliance with ADA guidelines |
| SHMC35 | •DentaQuest •SCDHHS | Implement time limitations on vendor for re-processing of claims | •Review current contract guidelines for re-processing of claims •Review vendor ageing reports for possible non-compliance with current policies on claims re-processing | Document findings of vendor ageing review for compliance with current policies | Increased provider satisfaction with claims processing timelines Validation of vendor's compliance with contract requirements regarding claims processing timelines |

Dental Program – Stakeholder Input Medium Term Activities – High Programmatic Impact Potential

| Defenda | | | | | Medium |
|-----------|--|---|---|---|---|
| Reference | | | | | Term |
| Number | Resources | Activities | Actions | Outputs | Outcome |
| | In order to accomplish our set of activities we will need the following: | In order to address our problem or assist we will accomplish the following activities: | In order to address our problem or assist we take the following actions: | We expect that once accomplished these activities will produce the following evidence or service delivery: | We expect that if accomplished these activities will lead to the following changes in 1-3 years: |
| SHMC06 | SCDHHS SCDA | Be innovative in the design of the new contract. Utilize evidence and outcome based approach to design the benefit package rather than cost and service limitations. Use best practices from other states in the design of the benefit. | •Review the Dental Quality Alliance (DQA) report on Quality Measurement in Dentistry and apply concepts to new contract. Review should include measures for sealant use and retention; early childhood caries intervention; dental home concept; and use of treatment plans | Documentation of recommendations for inclusion of quality measures in contract. Recommendations for changes in current covered procedures that align with quality measures. | Measurement of contract performance through adoption of quality measures. Improved schedule of covered procedures based on best practice recommendations |
| SHMC15 | DHHS ASO Provider | Improve consistency of ASO's interpretation of policy | •Require review of claims processing policies on a regular basis •Discuss vendor performance with SCDA members and Dental Advisory Subcommittee (DAC) members on a quarterly basis | Documentation of claims processing reviews Review SCDA and DAC comments with vendor | Consistent and clear adjudication of claims may result in reduction of costs and will improve provider satisfaction. Consistent application of policies should reduce provider hassles and complaints. |

Dental Program – Stakeholder Input Medium Term Activities – High Programmatic Impact Potential

| Reference Number | Resources | Activities | Actions | Outputs | Medium Term |
|---------------------|--|--|---|--|--|
| | | | | | Outcome |
| | In order to accomplish our set of activities we will need the following: | In order to address our problem or assist we will accomplish the following activities: | In order to address our problem or assist we take the following actions: | We expect that once accomplished these activities will produce the following evidence or service delivery: | We expect that if accomplished these activities will lead to the following changes in 1-3 years: |
| SHMC28 | SCDHHS; DentaQuest | Educate members on available dental benefits | •Review marketing materials related to dental benefits | Develop communication plan for dental benefit | •Increased member satisfaction with dental program •Possible decreased in per capita costs through education related to use of preventive activities and a reduction in use of restorative activities. |
| SHMC31 | SCDHHS | Emphasize prevention services in the design of the new RFP | •Review pay for performance options related to preventive dental services | •Include prevention services in communication plan •Document recommendations for pay for performance | •Increased member health due to focus on prevention •Decreased costs due to reductions in restorative services |

Dental Program – Stakeholder Input Medium Term Activities – Medium Programmatic Impact Potential

| Reference | Resources | Activities | Actions | Outputs | Medium |
|-----------|--|---|---|---|---|
| Number | | | | | Term |
| | | | | | Outcome |
| | In order to accomplish our set of activities we will need the following: | In order to address our problem or assist we will accomplish the following activities: | In order to address our problem or assist we take the following actions: | We expect that once accomplished these activities will produce the following evidence or service delivery: | We expect that if accomplished these activities will lead to the following changes in 1-3 years: |
| SHMC12 | SCDHHS DentaQuest | Identify & review areas of fraud and abuse and clearly distinguish between fraud & abuse and correct coding initiatives | Examine the results and findings of the ASO and DHHS' Program Integrity unit. Share results of findings with providers Delineate between CCI and program guidelines | Documentation of fraud & abuse recoveries and correct coding recoveries. | •Improved communication with providers. •Accurate reporting of recovery efforts. •Reduction in the number of un-necessary services performed. |
| SHMC14 | SCDHHS | Provide coverage to disabled adults not covered by MR/RD Waiver | Examine the feasibility of providing coverage to this group. Consider Pros/Cons of serving this group Determine cost impact | Documentation of feasibility study Cost analysis | Potential for improved health outcomes for adults with special needs Potential for reduced costs through ED diversion |
| SHMC26 | SCDHHS Palmetto Richland Hospital Staff | Redirect E/R cases for adults | •Review Palmetto- Richland ER redirection policy | Document review of Palmetto-Richland ER redirection policy Document SCDHHS recommendation for replication in other hospital systems | Decreased costs due to ER diversion Increased member satisfaction due to referral to appropriate levels of care for dental service |

Dental Program – Stakeholder Input Medium Term Activities – Low Programmatic Impact Potential

| Reference | Resources | Activities | Actions | Outputs | Medium |
|-----------|--|---|--|---|---|
| Number | | | | | Term |
| | | | | | Outcome |
| | In order to accomplish our set of activities we will need the following: | In order to address our problem or assist we will accomplish the following activities: | In order to address our problem or assist we take the following actions: | We expect that once accomplished these activities will produce the following evidence | We expect that if accomplished these activities will lead to the following changes |
| | | | | or service delivery: | in 1-3 years: |
| SHMC07 | | Provide opportunities for improved health outcomes | Increase prevention activities/focus in contract | •Communication plan for increased awareness of preventive activities for dental providers | Reduction in restorative procedures as a result of focus on preventive activities |
| SHMC20 | SCDHHS | Consider concept of Dental Home | •Review models from other States with dental home concept | •Document summary of dental home models used in other states •Document pros and cons of other state models for dental homes | •Transition to use of dental home model if warranted by the study. |

Dental Program – Stakeholder Input Medium Term Activities – No Programmatic Impact Potential

| Reference | Resources | Activities | Actions | Outputs | Medium |
|-----------|--|--|---|--|---|
| Number | | | | | Term |
| | | | | | Outcome |
| | In order to accomplish our set of activities we will need the following: | In order to address our problem or assist we will accomplish the | In order to address our problem or assist we take the following | We expect that once accomplished these activities will produce | We expect that if accomplished these activities will lead to |
| | | following activities: | actions: | the following evidence | the following changes |
| | | | | or service delivery: | in 1-3 years: |
| SHMC03 | SCDHHS | Allow Dental ASO to pay providers | Include provider payment by vendor in new RFP | RFP language to include provider payment by vendor | Reduces costly transfer of data between ASO and SCDHHS Improves communication to providers of payment and denial data |
| SHMC04 | SCDHHS | Allow Dental ASO to enroll dental providers | Include provider enrollment by vendor in RFP | RFP language to include provider enrollment responsibilities | Reduces costly transfer of data between ASO and SCDHHS |