

Technical Proposal **REDACTED**

LIBERTY Dental Plan of Arkansas, Inc.

Response to Solicitation Number: 710-23-0081

Prepared for the State of Arkansas, Department of Human Services, Division of Medical Services

Proposal Opening Date and Time: November 9, 2023 2:00 p.m., Central Time

Return Address: 1730 Flight Way, Suite 125 Tustin, CA 92782

LibertyDentalPlan.com

Making members shine, one smile at a time™



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RESPONSE SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	LIBERTY Dental Plan of Arkansas, Inc.		
Address:	1730 Flight Way, Suite 125		
City:	Tustin	State:	CA
		Zip Code:	92782
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit		
Minority and Women Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran		
	<input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned		
	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
	AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for solicitation related matters.			
Contact Person:	Lisa Gifford	Title:	Vice President, State Markets, Central
Phone:	██████████ ██████████	Alternate Phone:	
Email:	██	Alternate Email	██

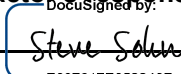
CONFIRMATION OF REDACTED COPY
<input checked="" type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this solicitation.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this solicitation.
<input checked="" type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* **may cause the Prospective Contractor's response to be rejected.**

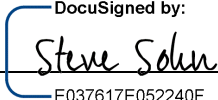
Authorized Signature:  _____ Title: Chief Administrative Officer
DocuSigned by: Steve Sohn E037617E052240F...

Printed/Typed Name: Steve Sohn Date: 11/6/2023

SECTIONS 1 – 4: VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature:  _____
DocuSigned by:
Steve Solin
E037617E052240F...
Use Ink Only.

Printed/Typed Name: Steve Sohn **Date:** 11/6/2023

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: October 12, 2023
SUBJECT: Dental Managed Care (710-23-0081)

The following change(s) to the above referenced **RFP** have been made as designated below:

- Change of specification(s)
 Additional specification(s)
 Change of bid opening date and time
 Cancellation of bid
 Other

Change of specification(s)

- **Section 2.8.1.J of the Solicitation and service criteria in Attachment C, Enrolled Member Information Services (Outreach to Target Groups) – remove and replace with the following:**
 1. The Contractor shall submit an Outreach Plan to the Contract Manager annually that outlines objectives and strategies that will increase awareness of the importance of dental care and the availability of Dental Services, as well as increase utilization to meet DHS goals for all Enrolled Members. The Contractor shall provide DHS with a Quarterly Activities Report that details the outreach and education activities undertaken that quarter, as well as the target group contacts made in compliance with Paragraph 4 below.
 2. The Contractor shall target specific efforts to target groups, which include children and adults with special health care needs, pregnant women, children in foster care and those Enrolled Members who have not seen a dentist in the last 12 months.
 3. If requested by DHS, the Contractor must coordinate its efforts with outreach projects being conducted by DHS or other state agencies.
 4. The Contractor shall make contacts to Enrolled Members in the target groups that inform those members about the availability of Dental Services and are designed to meet or exceed DHS-established utilization goals.
 - a. The first two (2) attempted contacts with Enrolled Members in target groups should be telephone calls, at least one (1) day apart, within ten (10) days of enrollment with the Contractor.
 - b. If this contact is unsuccessful, a written notice should be sent within ten (10) days of the second phone attempt.
 - c. The Contractor shall document all target group contact attempts and submit a report to the Contract Manager outlining the time and date of the attempted contact, the individual within the Contractor's organization who made the contact, and the result of the attempted contact.
 - d. The Contractor shall have 60 days to meet this requirement for those Enrolled Members on the initial eligibility file on the "Go-Live" date.
- **Section 2.8.4.R.5 of the solicitation – remove the following:**
The DMO must resolve each Grievance as expeditiously as the Enrolled Member's health condition requires, but not to exceed ninety (90) calendar days from the date the DMO receives the Grievance, whether orally or in writing.
- **Section 2.9.1.G.2.b of the Solicitation – remove and replace with the following:**
Send the approved Provider Manual to all Network Providers no less than one (1) month prior to the Go-Live Date.

Section 2.9.1.G.3.a.c of the solicitation – remove and replace with the following:

LIBERTY Dental Plan of Arkansas, Inc.
Arkansas Medicaid Dental Managed Care Services, Solicitation 710-23-0081

Send the Provider Manual to all new Providers in the Contractor’s Network within one (1) week of the Provider’s enrollment.

- **Section 2.10.1.D.10 – remove and replace with the following:**

For reporting Claims processed by the Contractor and submitted on Encounter 837D format, the Contractor must use the procedure codes, provider identifiers, and other codes as directed by DHS.

OTHER

- **Section 1.3 of the solicitation – remove and replace with the following:**

A. As a result of this RFP, OP intends to award a contract to multiple Contractors.

B. The anticipated initial term for the contract is March 1, 2024 through December 31, 2024. Upon mutual agreement by the Prospective Contractor and agency, the contract may be renewed by OP, on a year-to-year basis, for up to six (6) additional one-year terms or portions thereof.

C. The transition period is anticipated to begin upon contract start, with the anticipated Go-Live of any new Dental Managed Care Plans taking place on May 19, 2024.

D. The total contract term shall not be more than seven (7) years.

- **Section 1.12 – remove and replace with the following:**

AGREEMENT AND COMPLIANCE PAGE

A. Contractor must sign the Agreement and Compliance Page relevant to each section of the Bid Solicitation Document. The Agreement and Compliance Page is included in the Technical Proposal Packet.

B. Contractor’s signature on this page shall signify agreement to and compliance with all Requirements within the designated section.

- **Section 1.32 Schedule of Events – remove and replace with the following:**

ACTIVITY	DATE
Public Notice of RFP	September 20, 2023
Deadline for Receipt of Written Questions	September 29, 2023
Responses to written Questions, On or About	October 11, 2023
Proposal Due Date and Time	November 9, 2023, 1 p.m. CST
Opening Proposal Date and Time	November 9, 2023, 2 p.m. CST
Intent to Award Announcement Posted, On or About	December 8, 2023
Contract Start Date (Subject to State Approval)	March 1, 2024

- **Section 2.8.1.F.8 of the Solicitation-remove the following language:**

The Contractor shall submit Provider Directory information monthly to HRSA on the Insure Kids Now web portal.

- **Attachment C Performance Based Contracting, Quality Metrics, Acceptable Performance – remove and replace with the following:**

Minimum Acceptable Performance for this Service Criteria shall comply with the following quantitative metrics:

1. At least 15% of Enrolled Members over age 21, shall have had at least one (1) oral evaluation or preventative dental service during the contract year to receive one point towards the eight total points available; 15.2% to receive two points: i. Enrolled Members who have been enrolled for less than nine (9) months of the contract year shall be excluded from this mea

2. At least 50% of Enrolled Members under age 21, shall have had at least one (1) oral evaluation during the contract year to receive one point towards the eight total points available; 51.9% to receive two points.

- a. Enrolled Members who have been enrolled for less than nine (9) months of the contract year.
 - b. Enrolled Members under on (1) year of age at the midpoint of the contract year.
 - ii. Data in support of this measure shall align with OEV-CH Child Core Set Specifications for the applicable measure year.
3. At least 25% of Enrolled Members under age 21, shall have had at least one (1) topical fluoride treatment during the contract year to receive one point towards the eight total points available; 26.3% to receive two points.
- i. The following Enrolled Members shall be excluded from this measure:
 - a. Enrolled Members who have been enrolled for less than nine (9) months of the contract year.
 - b. Enrolled Members under on (1) year of age at the midpoint of the contract year.
 - ii. Data in support of this measure shall align with TFL-CH Child Core Set Specifications for the applicable measure year.
4. At least 45% of Enrolled Members who turn 10 years of age during the contract year shall have received at least one sealant on permanent first molar teeth by their 10th birthday to receive one point towards the eight total points available; 46.5% to receive two points.
- i. The following Enrolled Members shall be excluded from this measure:
 - a. Enrolled Members who have been enrolled for less than nine (9) months of the contract year.
 - b. Enrolled Members under on (1) year of age at the midpoint of the contract year.
 - c. Enrolled Members who have received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four (4) permanent first molars in the 48 months prior to their 10th birthdate.
 - ii. Data in support of this measure shall align with SFM-CH Child Core Set Specifications for the applicable measure year.

DHS has the discretion to allow a variance of any of the quality metrics performance criteria. The DMO may request a variance of these standards on a metric-by-metric basis if extenuating circumstances beyond the DMO's control prohibit compliance with the specified threshold. A comprehensive analysis of the extenuating circumstances must be documented and submitted to DHS for review.

• **Attachment C Performance Based Contracting, Network Adequacy, Damages for Insufficient Performance – remove and replace the 1st Incident with the following:**

1st Incident: \$250 for each tenth of a percentage point below the following access standards:

- a. At least 95% of Enrolled Members must have access to two or more Primary Care Dentists who are accepting new patients within 30 miles of the Enrolled Member's residence in Urban counties and 60 miles of the Enrolled Member's residence in Rural counties.
- b. At least 85% of all Enrolled Members must have access to at least one specialty provider within 30 miles of the Enrolled Member's residence in urban counties and 60 miles of the Enrolled Member's residence in rural counties.
- c. At least 95% of pediatric Enrolled Members must have access to Pediatric Dental Services through two or more Primary Care Dentists who are accepting new patients within 30 miles of the Enrolled Member's residence in Urban counties and 60 miles of the Enrolled Member' residence in Rural counties.

• **Attachment C Performance Based Contracting, Coordination of Benefits & Third-Party Liability, Damages for Insufficient Performance – remove and replace the 1st Incident with the following:**

1st Incident: \$250 for each tenth of a percentage point below the standard will be assessed in the following months' payment to the DMO for each thirty (30) day period the DMO is not in full compliance.

• **Attachment N – Client History Form #4 – remove and replace with the following:**

Please list every client state, tribe, or county where you (the prime contractor only) served as the prime contractor for establishing and maintaining a Provider Network to effectively accommodate 400,000 - 500,000 Beneficiaries within the last eight (8) calendar years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

The specifications by virtue of this addendum become a permanent addition to the above referenced **RFP**. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Buyer's name, Buyer's email address and phone number.

LIBERTY Dental Plan of Arkansas, Inc.

DocuSigned by:
Steve Solun
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11/6/2023

Vendor Signature Date

LIBERTY Dental Plan of Arkansas, Inc.

Company

Contract Number _____
 Attachment Number _____
 Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: SUBCONTRACTOR NAME:
 Yes No LIBERTY Dental Plan of Arkansas, Inc.

TAXPAYER ID NAME: 87-2048631 IS THIS FOR: Goods? Services? Both?

YOUR LAST NAME: Sohn FIRST NAME Steve M.I.: J

ADDRESS: 1735 Flight Way, Suite 125

CITY: Tustin STATE: CA ZIP CODE: 92782 COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly			N/A				
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly			N/A					
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Contract Number _____

Attachment Number _____

Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ DocuSigned by: Steve Solun Title Chief Administrative Officer Date 11/6/2023
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Vendor Contact Person Lisa Gifford Title VP, State Markets, Central Phone No. (888) 703-6999

Agency use only

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____



Policies and Procedures: **EQUAL EMPLOYMENT OPPORTUNITY**

<input checked="" type="checkbox"/> MEDICAID	<input checked="" type="checkbox"/> DUALS	<input checked="" type="checkbox"/> MEDICARE	<input checked="" type="checkbox"/> COMMERCIAL
Responsible Department: Human Capital		Approved By: Rosa Roldan DMD, MD Chief Dental Officer <i>Rosie Roldan DMD, MD</i> Kristina Rovirosa Chief Quality & <i>Kristina Rovirosa, RN, BSN</i> Experience Officer	
Issue Date: 9/26/2018		Approval Date: 9/5/2023	

PURPOSE/SCOPE:

The policy of equal employment opportunity (EEO) and anti-discrimination applies to all aspects of the relationship between LIBERTY Dental Plan (“LIBERTY”), employees, and applicants, including, but not limited to, job advertisements, recruitment, application and hiring, job referrals, demotions, layoffs, discipline and discharge, employment reference, reasonable accommodations, terms and conditions of employment, pre-employment inquiries, classification, evaluation, placement, job assignment and promotion, transfer, training, compensation, benefits, employee activities, access to facilities and programs, general treatment during employment and all other conditions and privileges of employment in accordance with federal, state, and local laws.

The policies and principles of EEO also apply to the selection and treatment of independent contractors, personnel working on our premises who are employed by temporary agencies and any other persons or firms doing business for or with LIBERTY.

POLICY:

LIBERTY is an equal opportunity employer. As such, LIBERTY seeks to provide equal employment opportunities to all employees and applicants and to comply with all applicable anti-discrimination and anti-harassment laws, rules, orders, and regulations. LIBERTY seeks to employ talented individuals based on their qualifications for the job. LIBERTY prohibits discrimination and harassment of any type and affords equal employment opportunities to employees and applicants without regard to actual or perceived race, color, creed, religion, national origin, ancestry, citizenship status, age, sex/gender (including pregnancy, childbirth, breastfeeding, and/or related medical conditions), gender identity or gender expression (including transgender status), sexual orientation, marital status, , military service and veteran status (including status as a disabled veteran or veteran of the Vietnam era), physical or mental disability, protected medical condition as defined by applicable state or local law, genetic information, or any other characteristic protected by federal, state, or local laws and ordinances (referred to as “protected

characteristics”). LIBERTY also prohibits retaliation against anyone who opposes a discriminatory practice, files a charge or complaint alleging discrimination, provides information in a Company investigation, or testifies, assists, or participates in an investigation, lawsuit, hearing, or proceeding relating to alleged discrimination. LIBERTY prohibits any discrimination, harassment, or retaliation by any supervisor, manager, co-worker, or third party that comes into contact with employees.

LIBERTY will endeavor to make a reasonable accommodation to the known physical or mental limitations of qualified employees with disabilities, without regard to any protected classifications, unless the accommodation would impose an undue hardship on the operation of our business. Any employee who needs assistance to perform the employee’s job duties because of a physical or mental condition should contact Human Capital.

Additionally, LIBERTY respects the sincerely held religious beliefs and practices of all employees and will endeavor to make a reasonable accommodation if those sincerely held religious beliefs or practices conflict with an employee’s job unless the accommodation would impose an undue hardship on the operation of our business. Any employee who would like to request an accommodation should contact Human Capital.

Employees with questions or concerns about equal employment opportunities in the workplace are encouraged to bring these issues to the attention of Human Capital. LIBERTY Dental Plan will not allow any form of retaliation against employees who raise issues of perceived discrimination in good faith. To ensure our workplace is free of artificial barriers, violation of this policy may result in disciplinary action, up to and including discharge.

PROCESS/PROCEDURE:

Human Capital is primarily responsible for seeing that LIBERTY Dental Plan’s equal employment opportunity policies are implemented, but all members of the staff share in the responsibility for assuring that by their personal actions the policies are effective and apply uniformly to everyone.

LIBERTY Dental Plan administers our EEO policy fairly and consistently by:

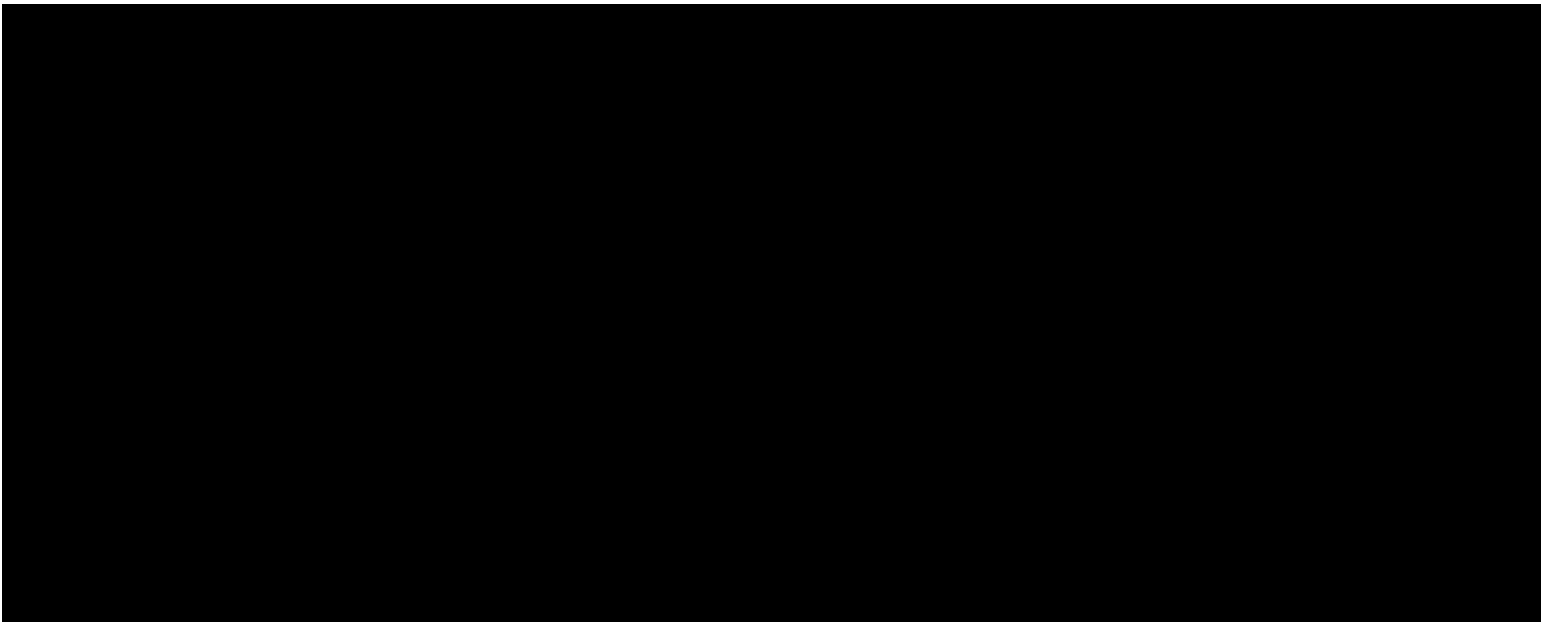
- Posting all required notices regarding employee rights under EEO laws in areas highly visible to employees.
- Providing each labor union with which it has a collective bargaining agreement or other contract or understanding a notice, to be provided by the Federal Government or the State, advising the labor union of LIBERTY’s commitment under the provisions of this policy.
- Furnishing all information and reports required by federal, state, and local laws.
- Conducting an annual review of LIBERTY’s Affirmative Action Plan.
- Employees with questions or concerns about equal employment opportunities in the workplace are encouraged to bring these issues to the attention of Human Capital.
- We will not allow any form of retaliation against employees who raise issues of equal employment opportunity in good faith. To ensure our workplace is free of artificial barriers, violation of this policy may result in disciplinary action, up to and including discharge.

Violations of this policy, regardless of whether an actual law has been violated, will not be tolerated. LIBERTY Dental Plan will promptly, thoroughly and fairly investigate every issue that is brought to its attention in this area and will take disciplinary action, when appropriate, up to and including termination of employment.

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.
 - o Prospective Contractor **shall** complete and submit the *Proposed Subcontractors Form* included in the *Technical Proposal Packet*.
 - o Additional subcontractor information may be required or requested in following sections of this *RFP Solicitation* or in the *Information for Evaluation* section provided in the *Technical Proposal Packet*. **Do not** attach any additional information to the *Proposed Subcontractors Form*.
 - o The utilization of any proposed subcontractor is subject to approval by the State agency.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

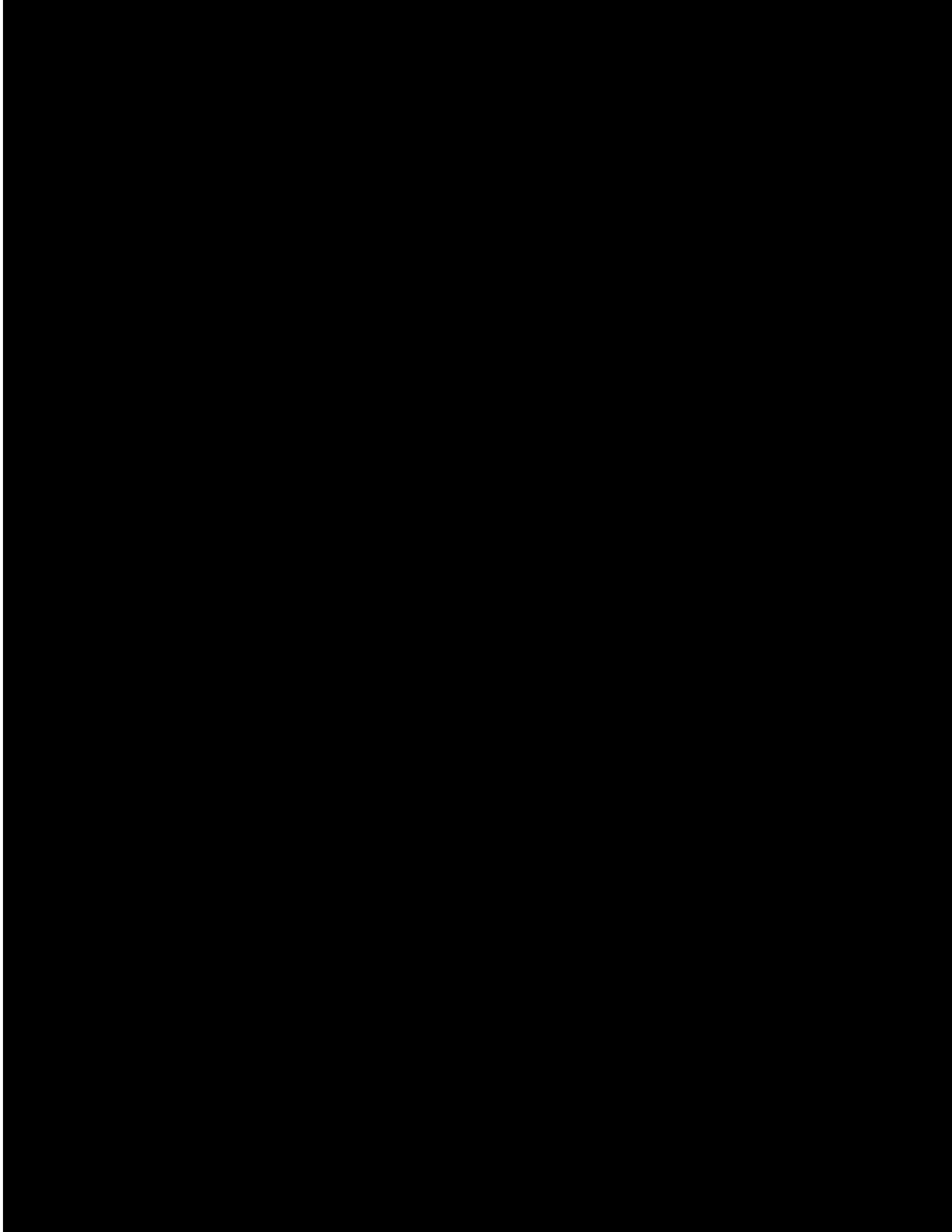


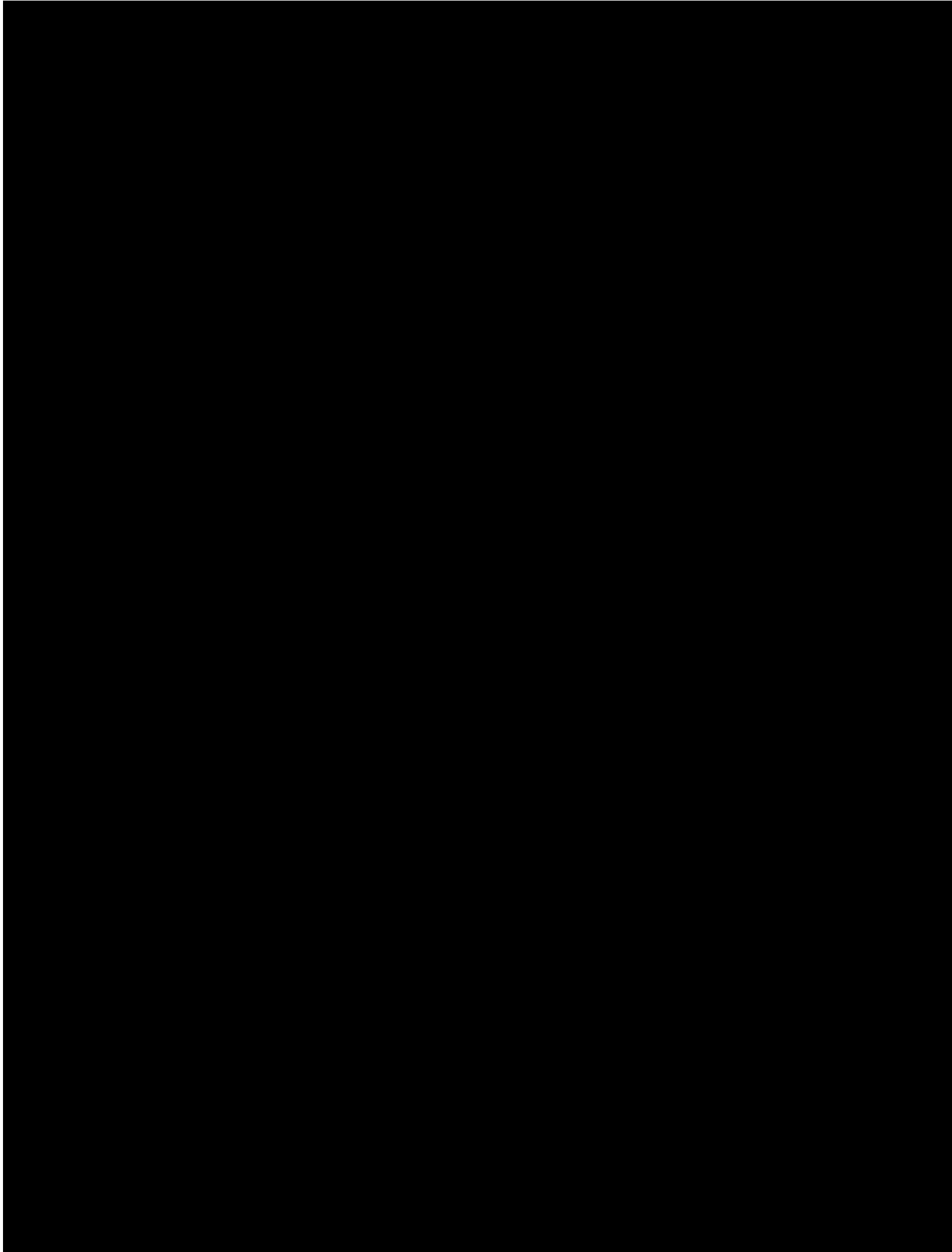
PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

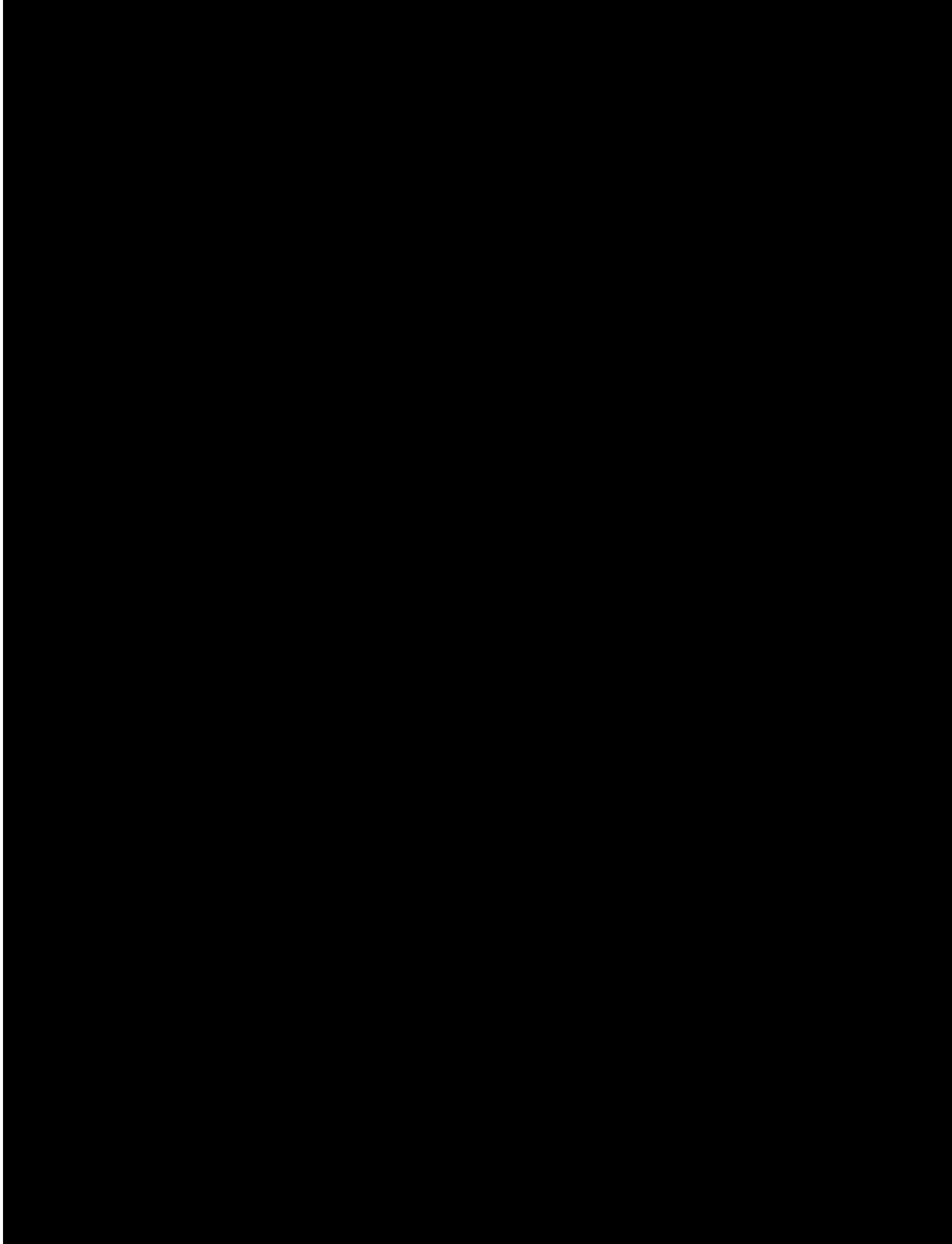
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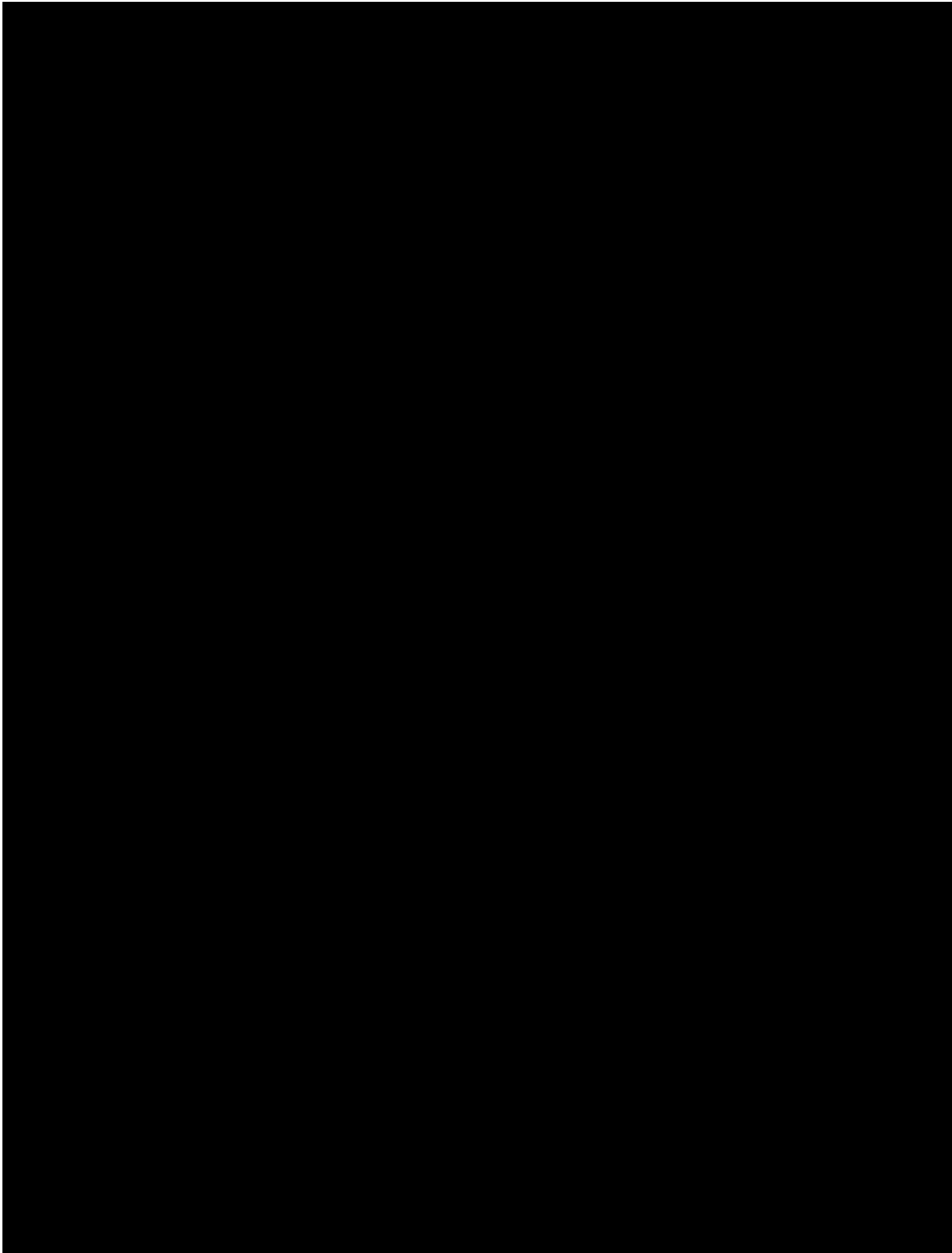
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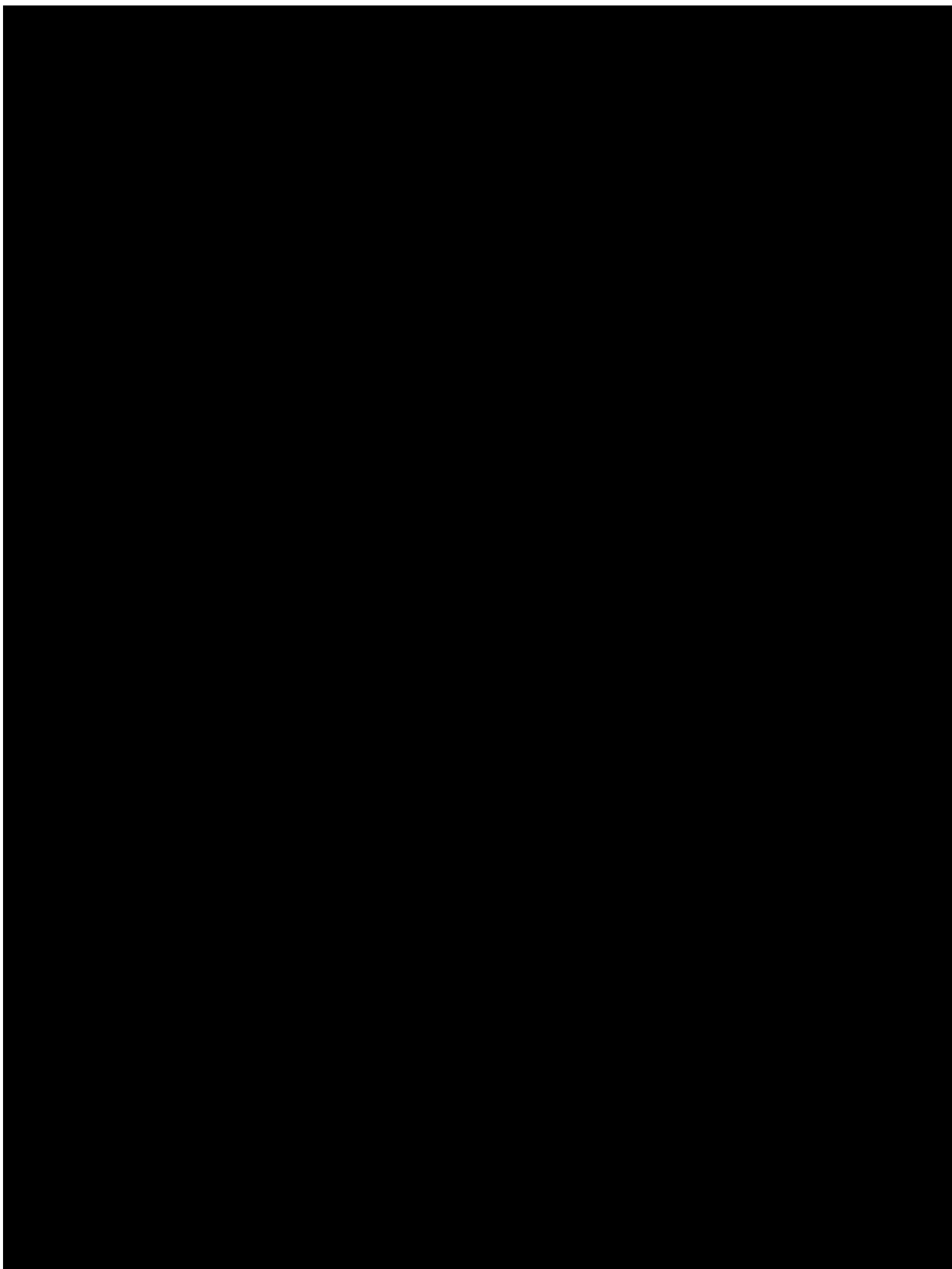
Steve Sohn
 Chief Administrative Officer

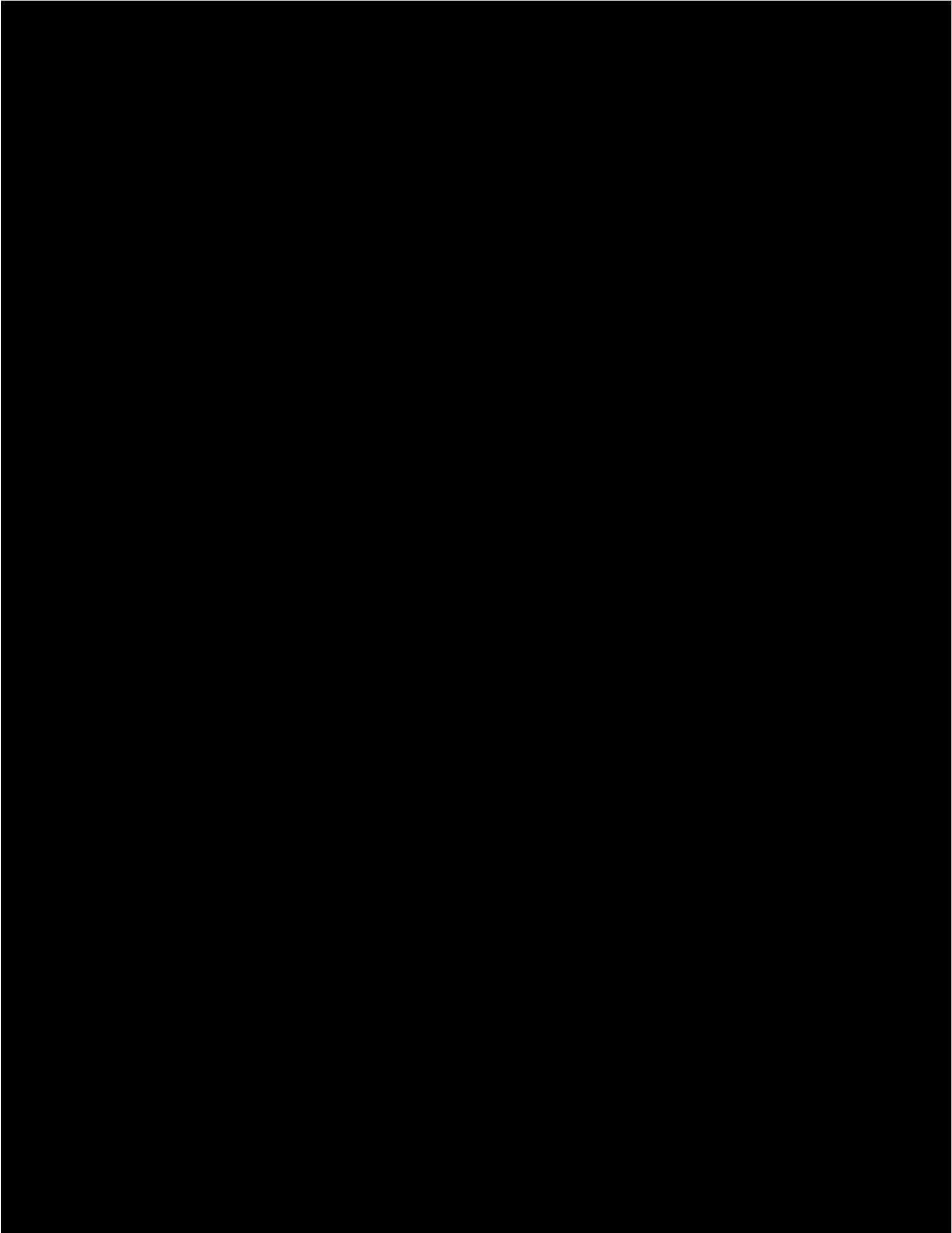


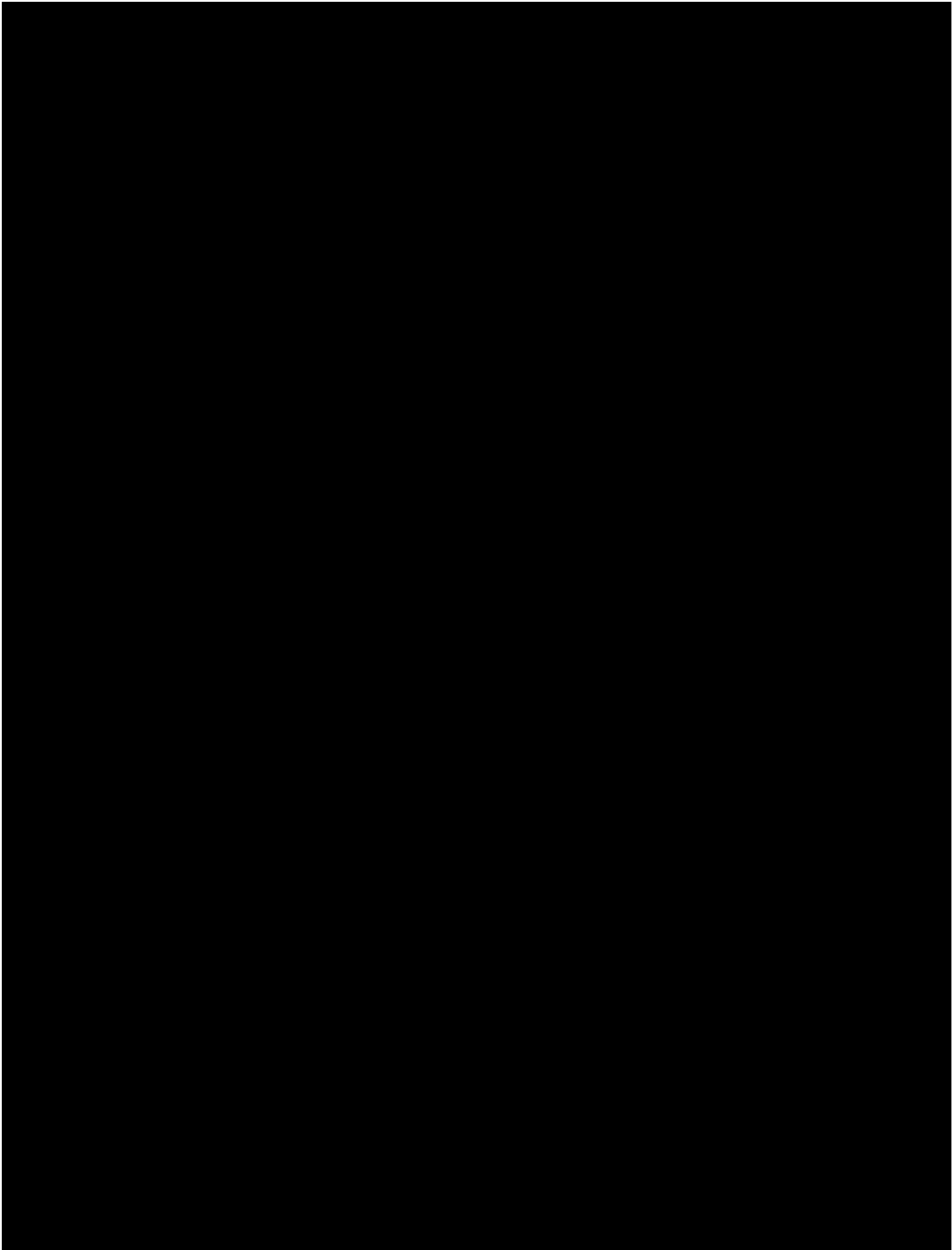


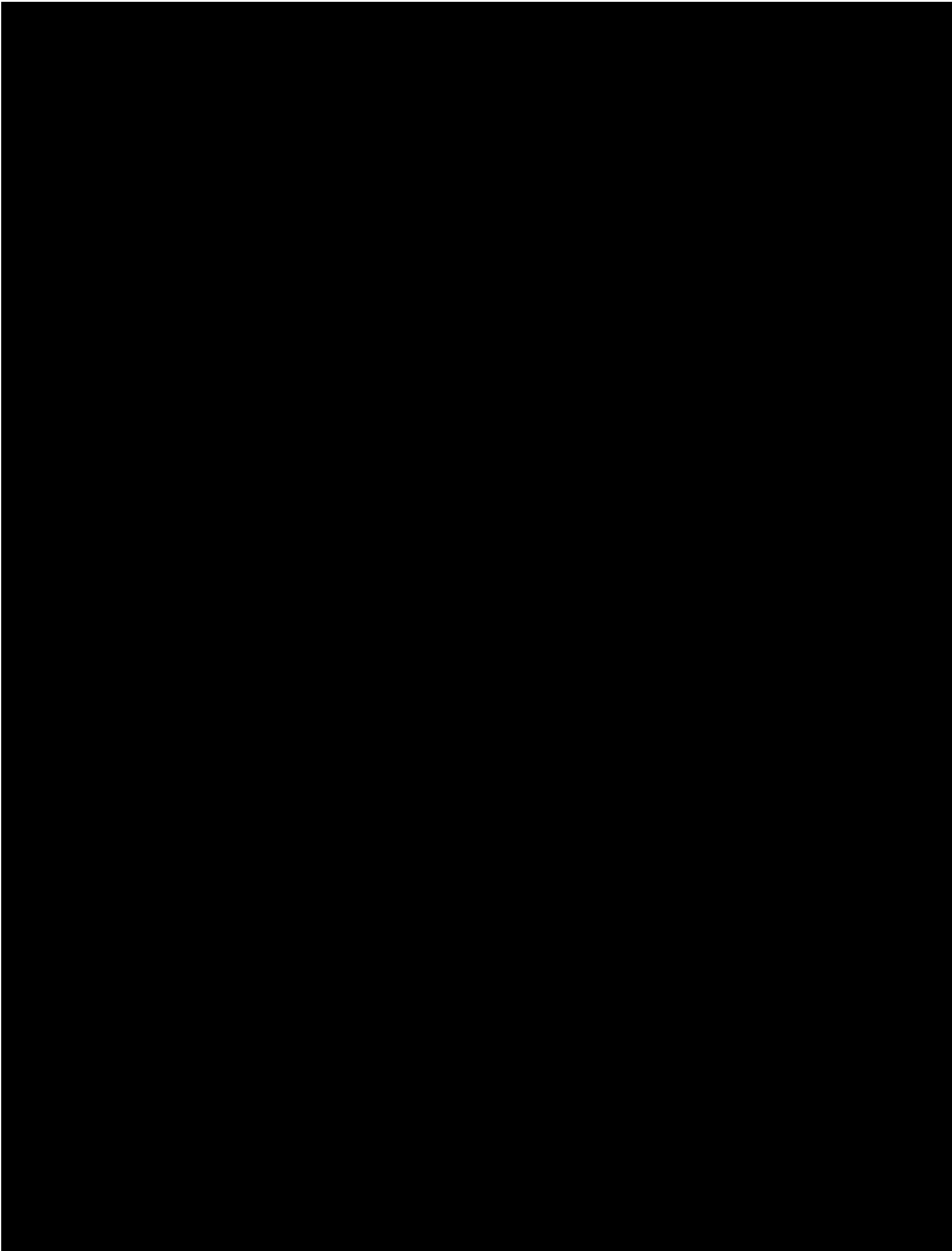


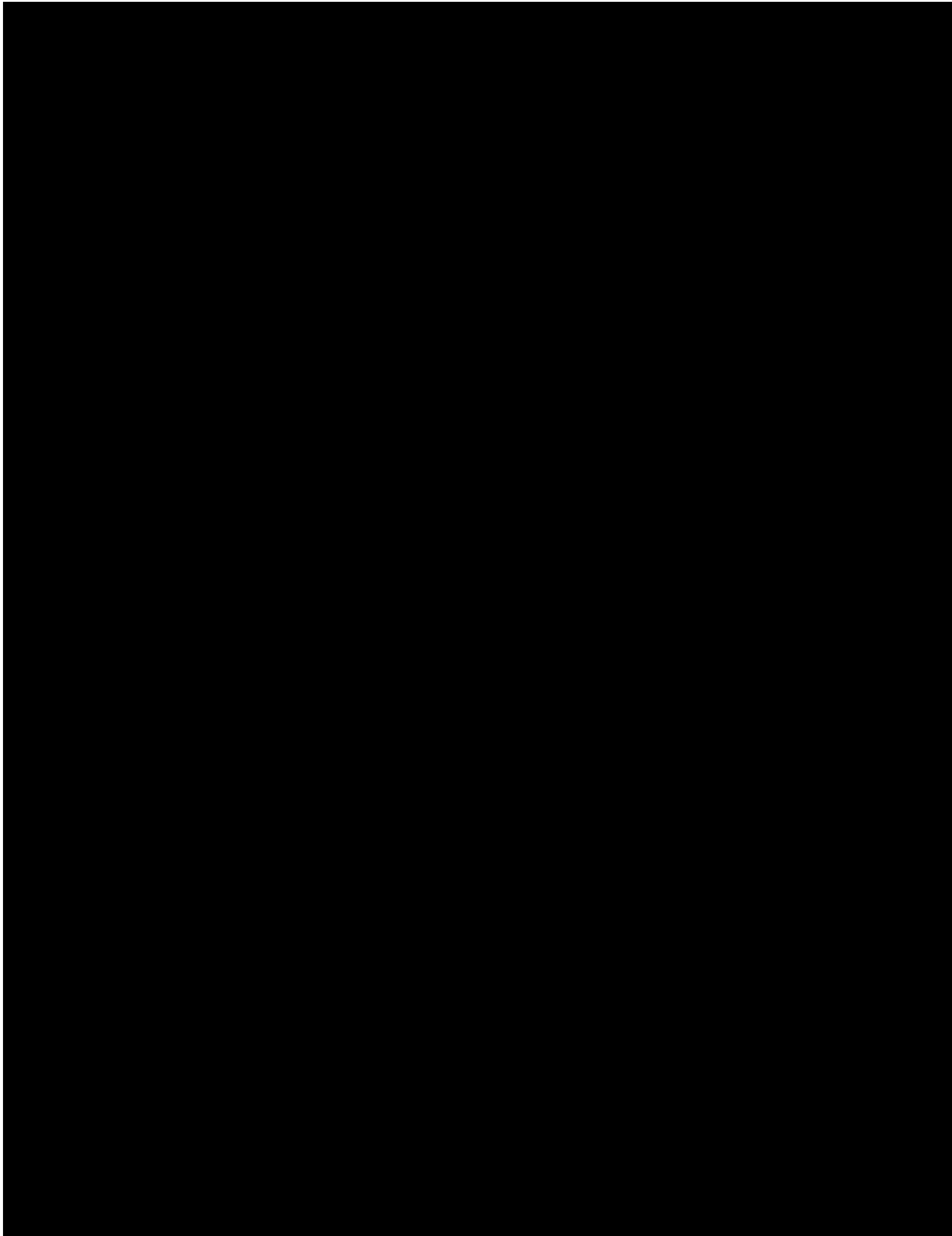


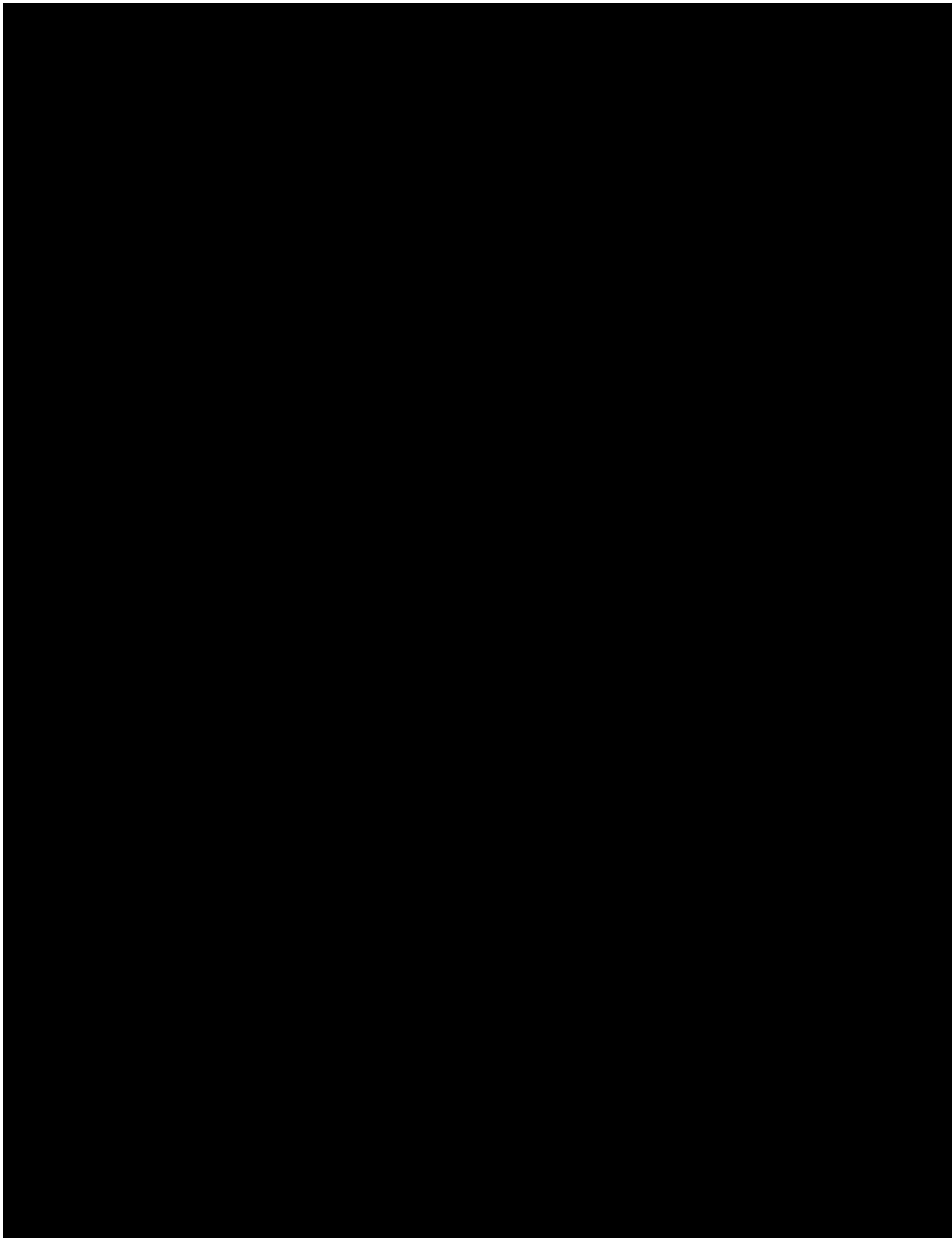


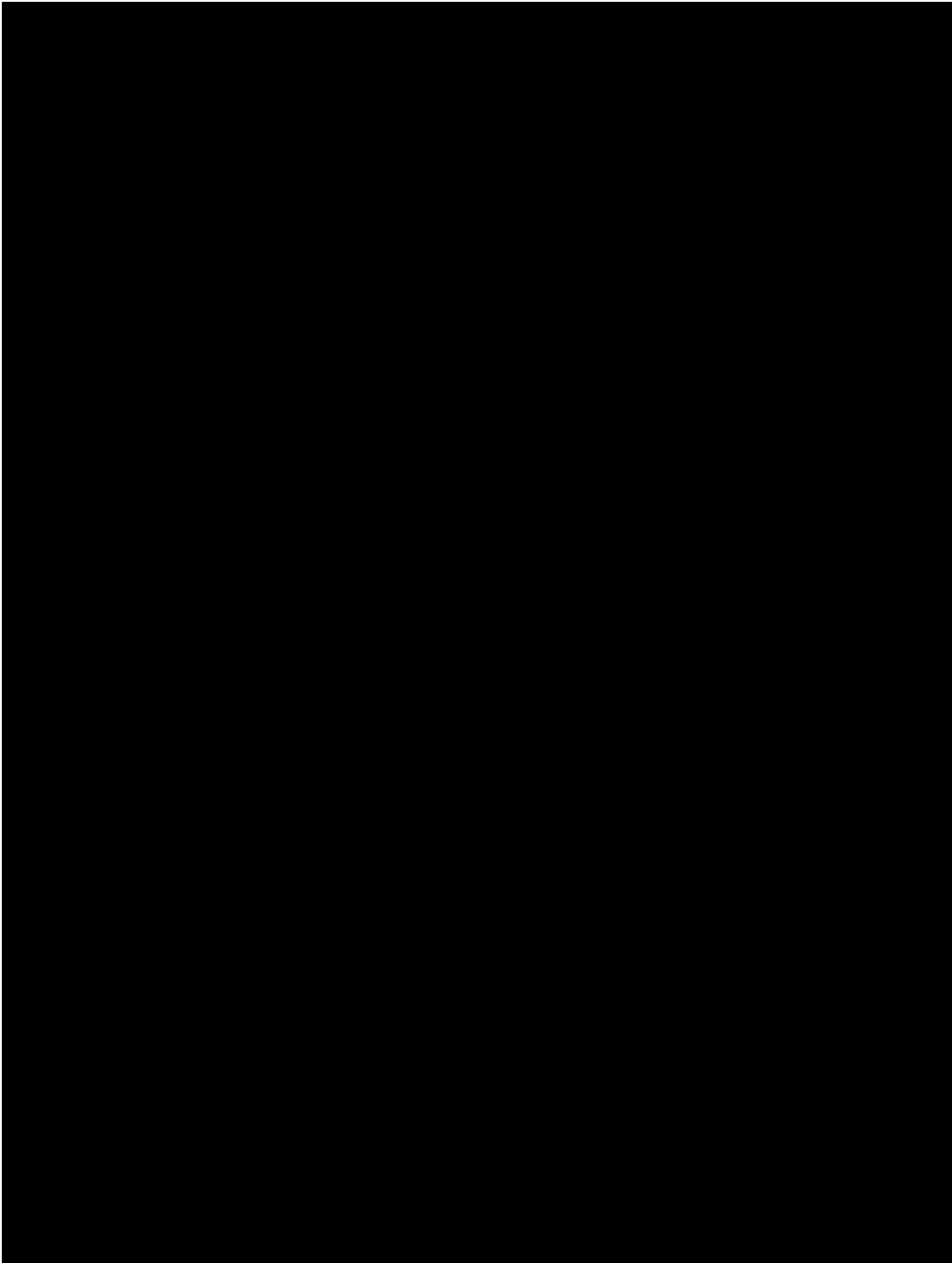


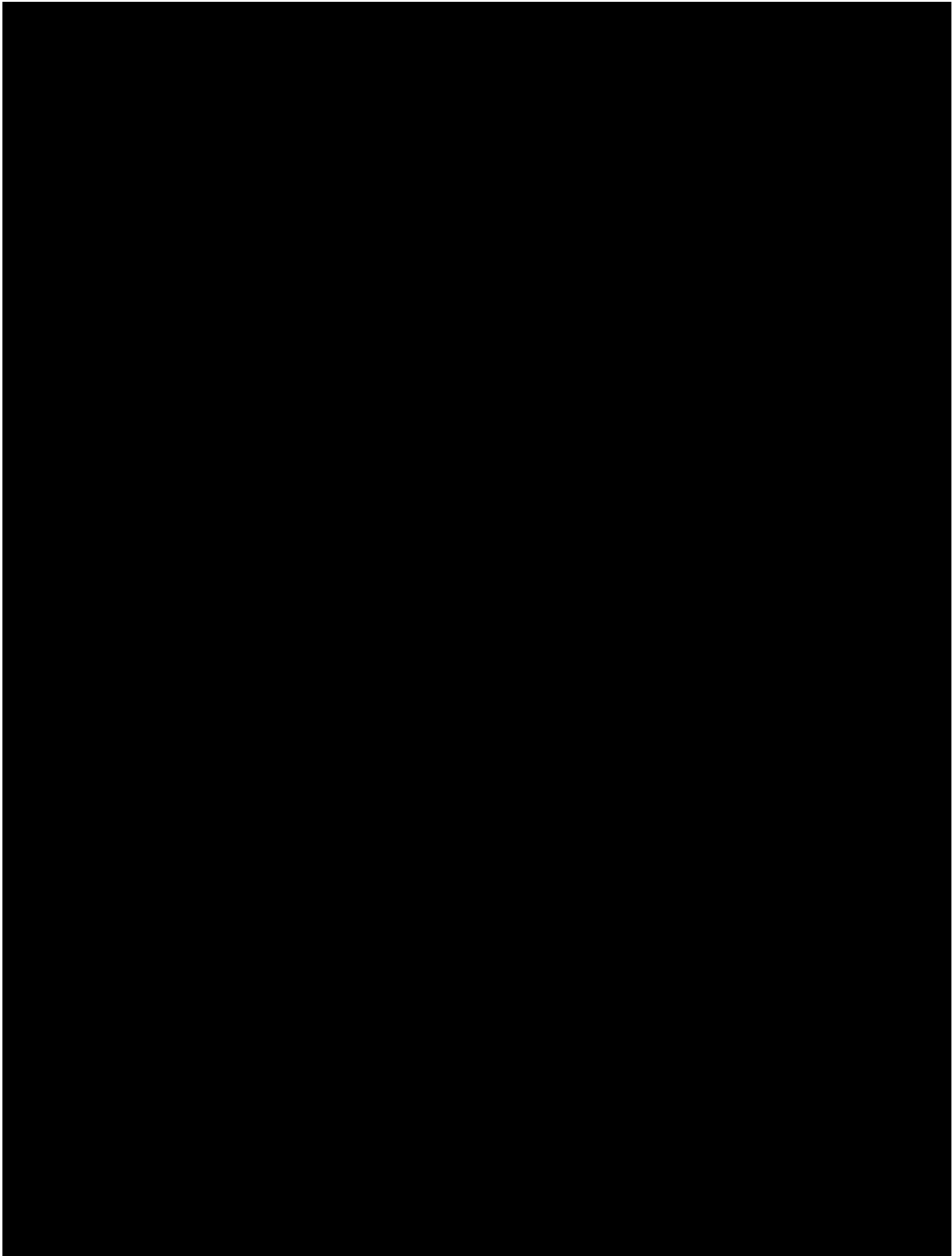


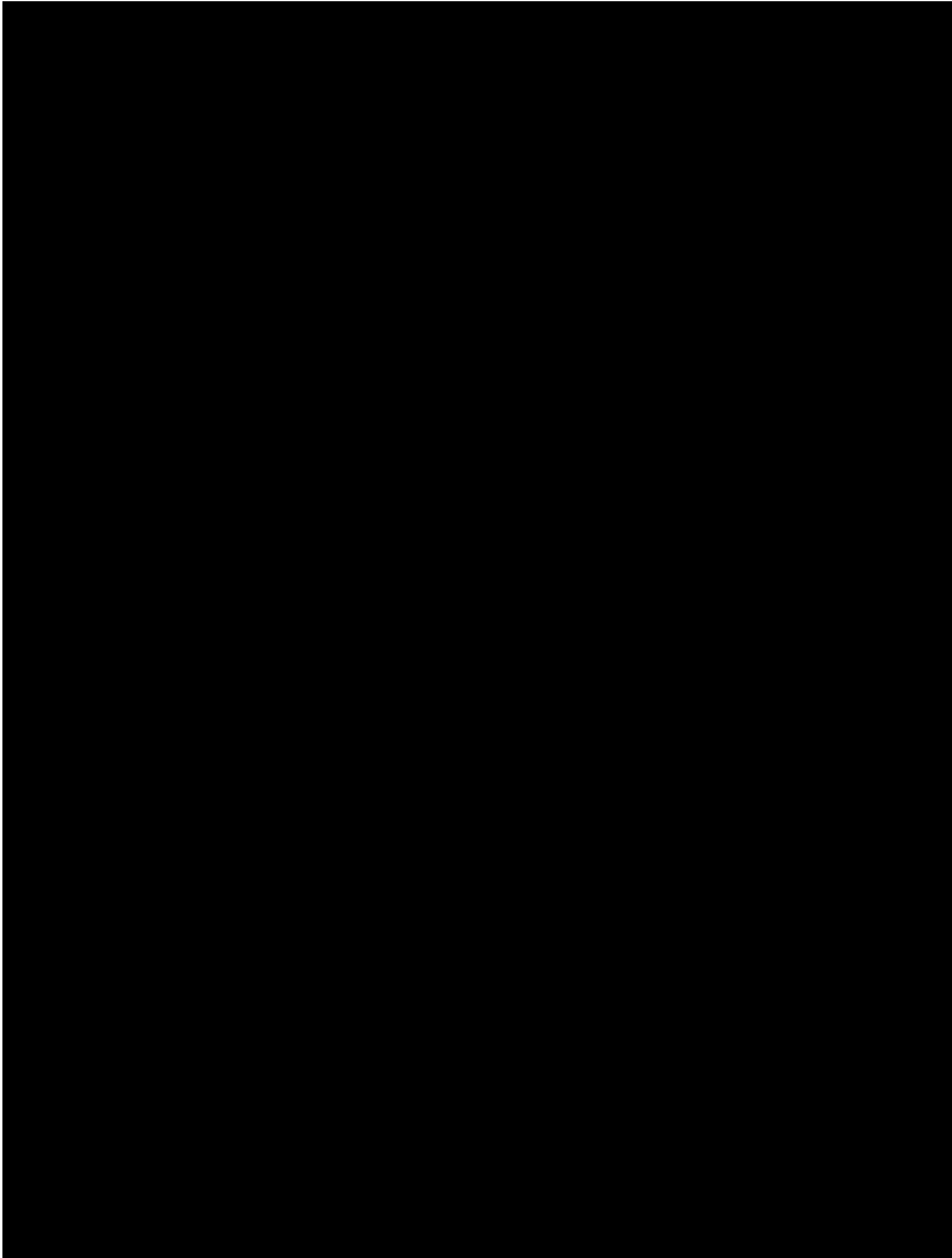


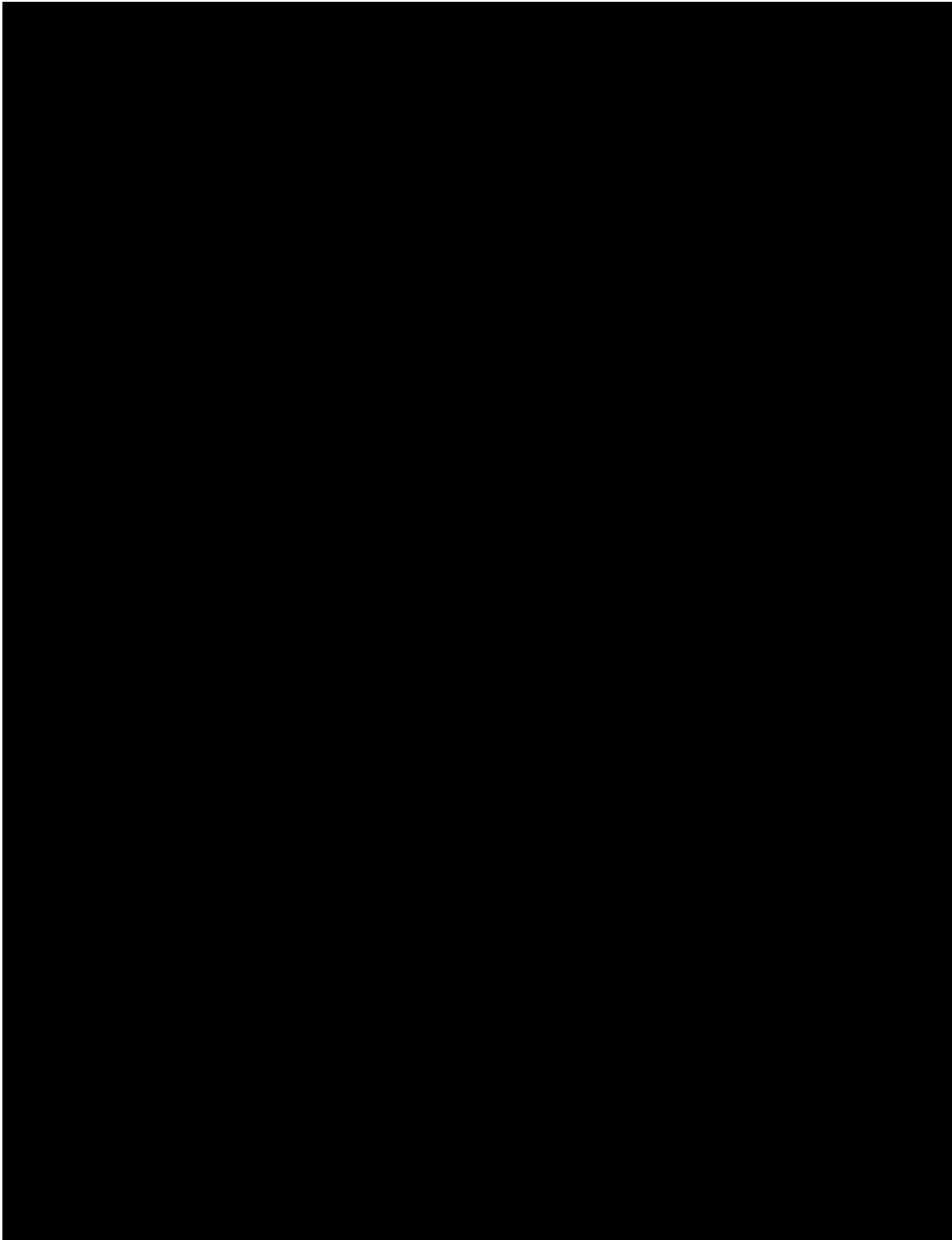


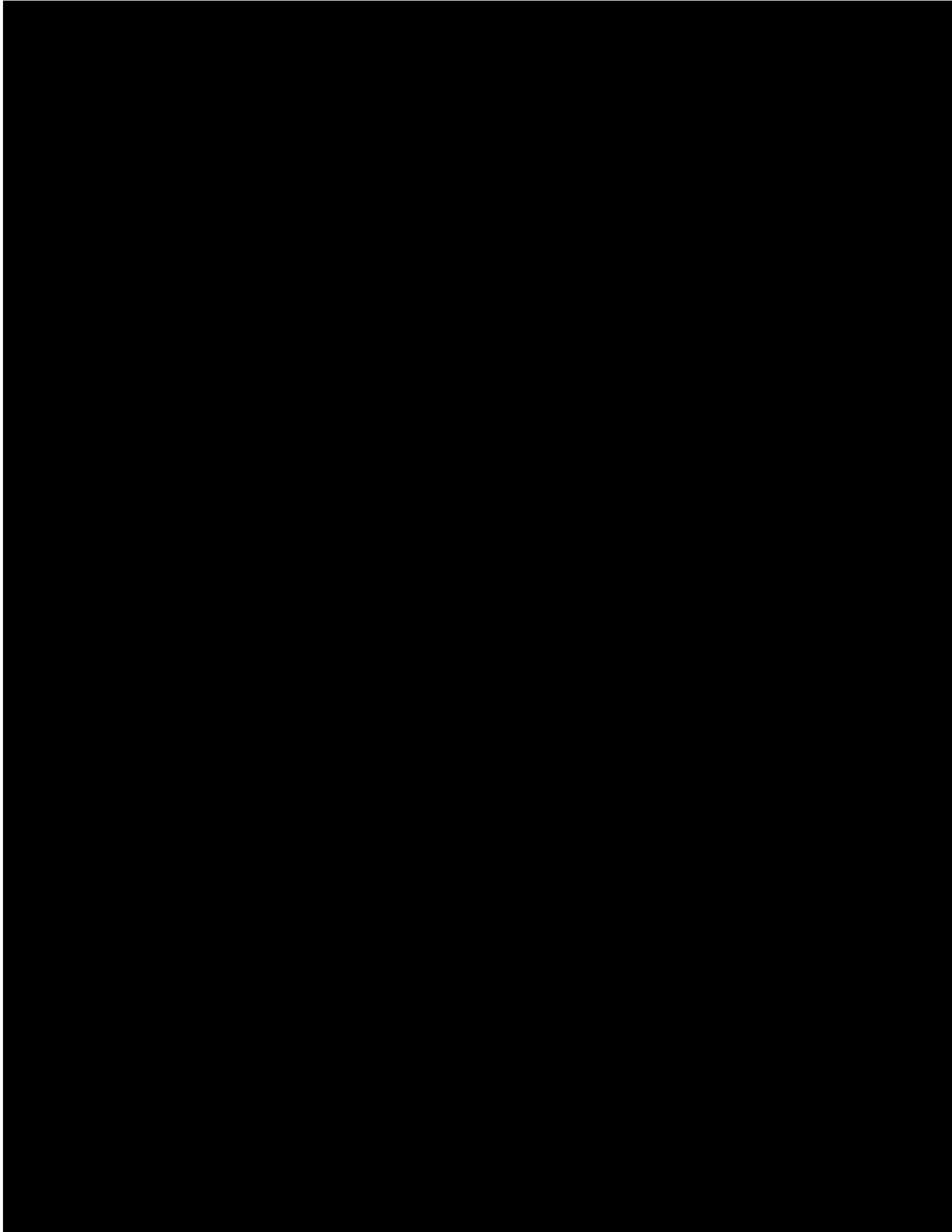


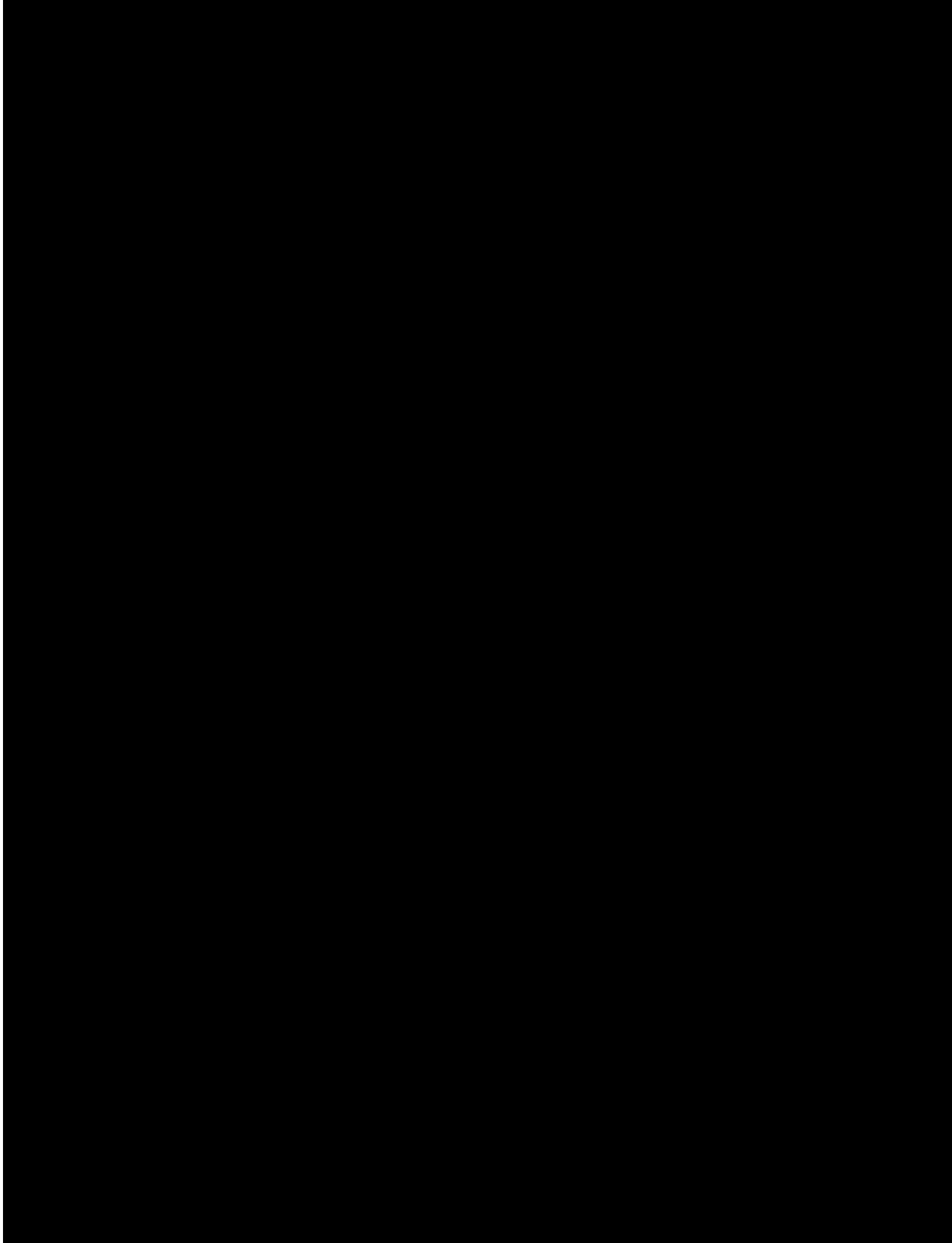


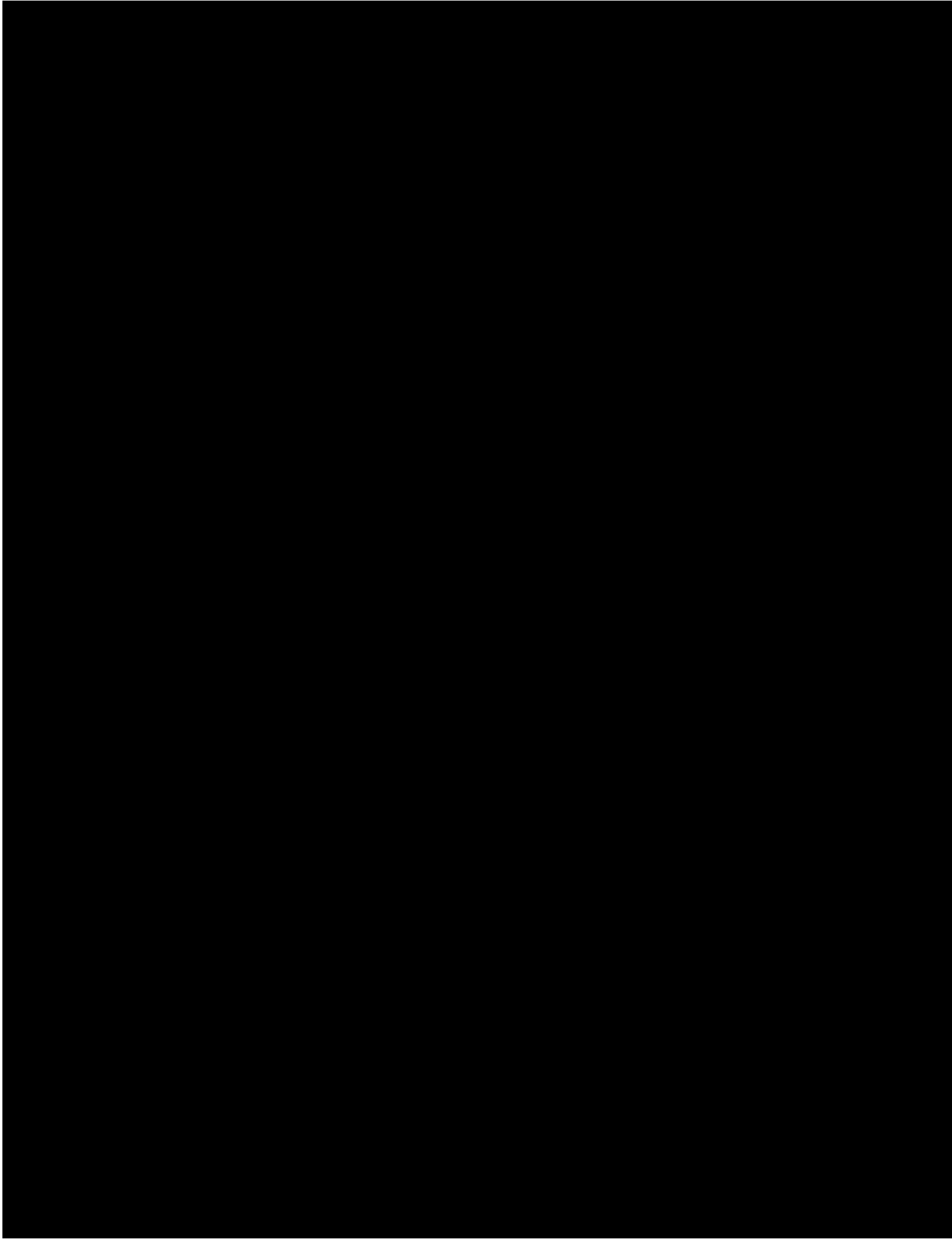


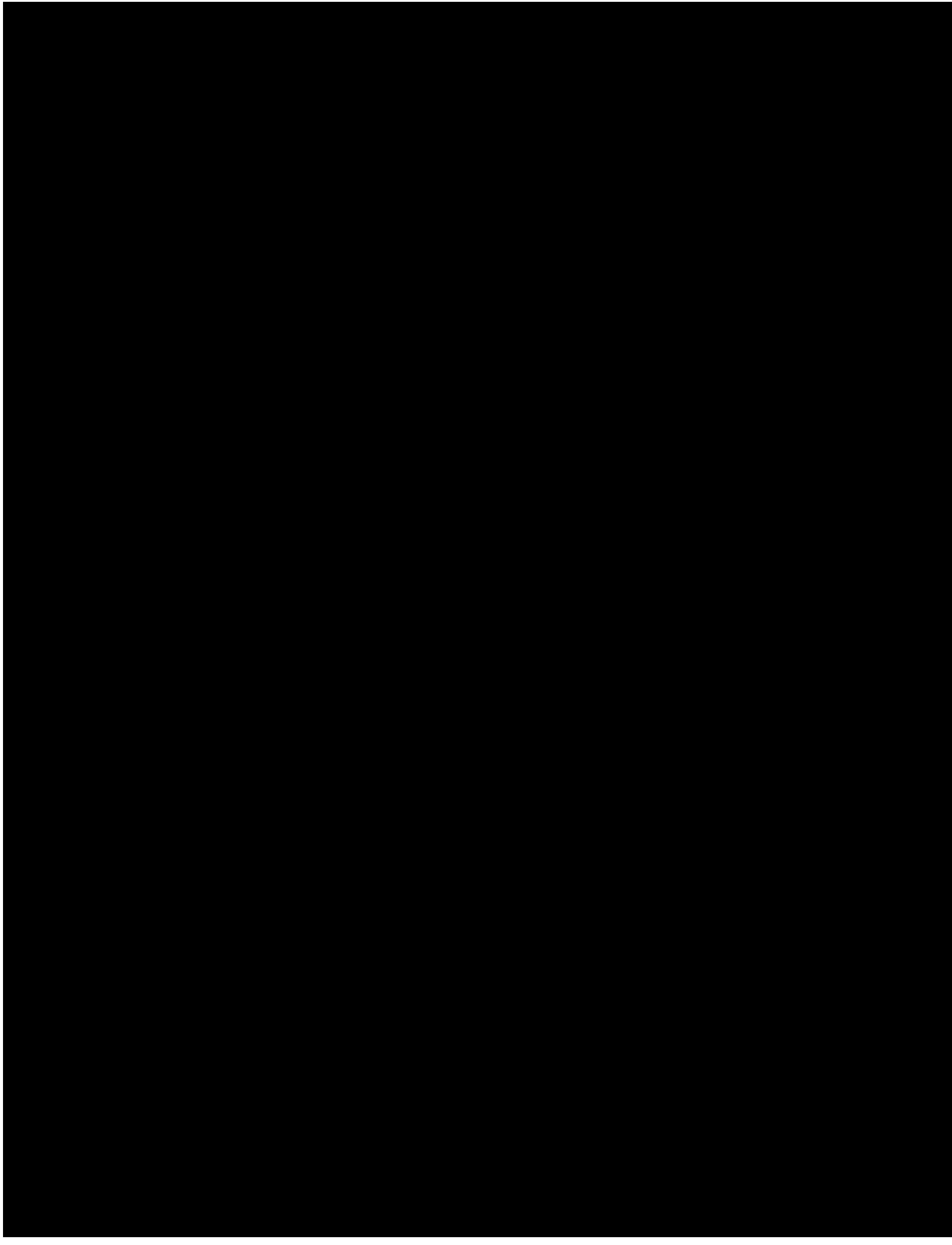


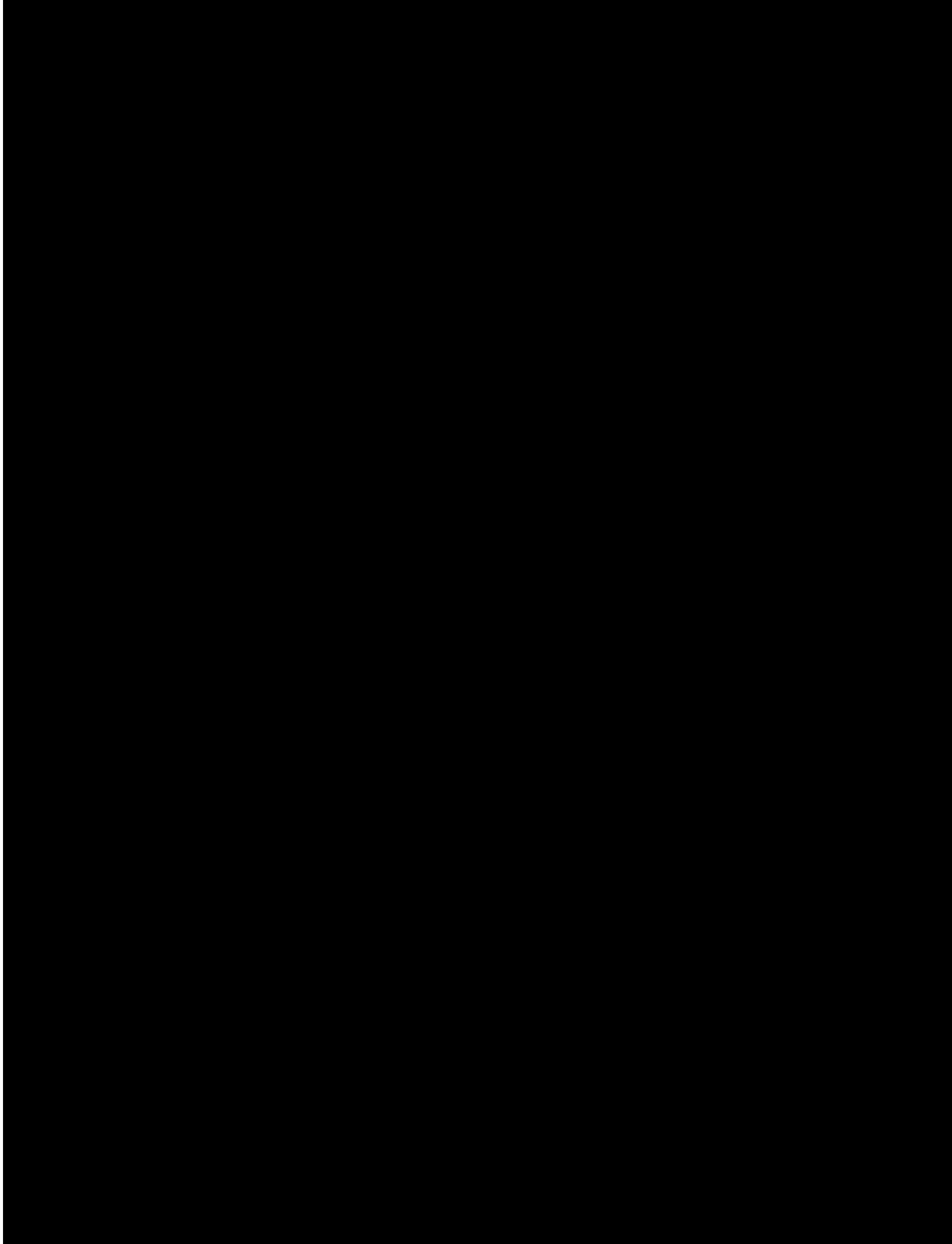


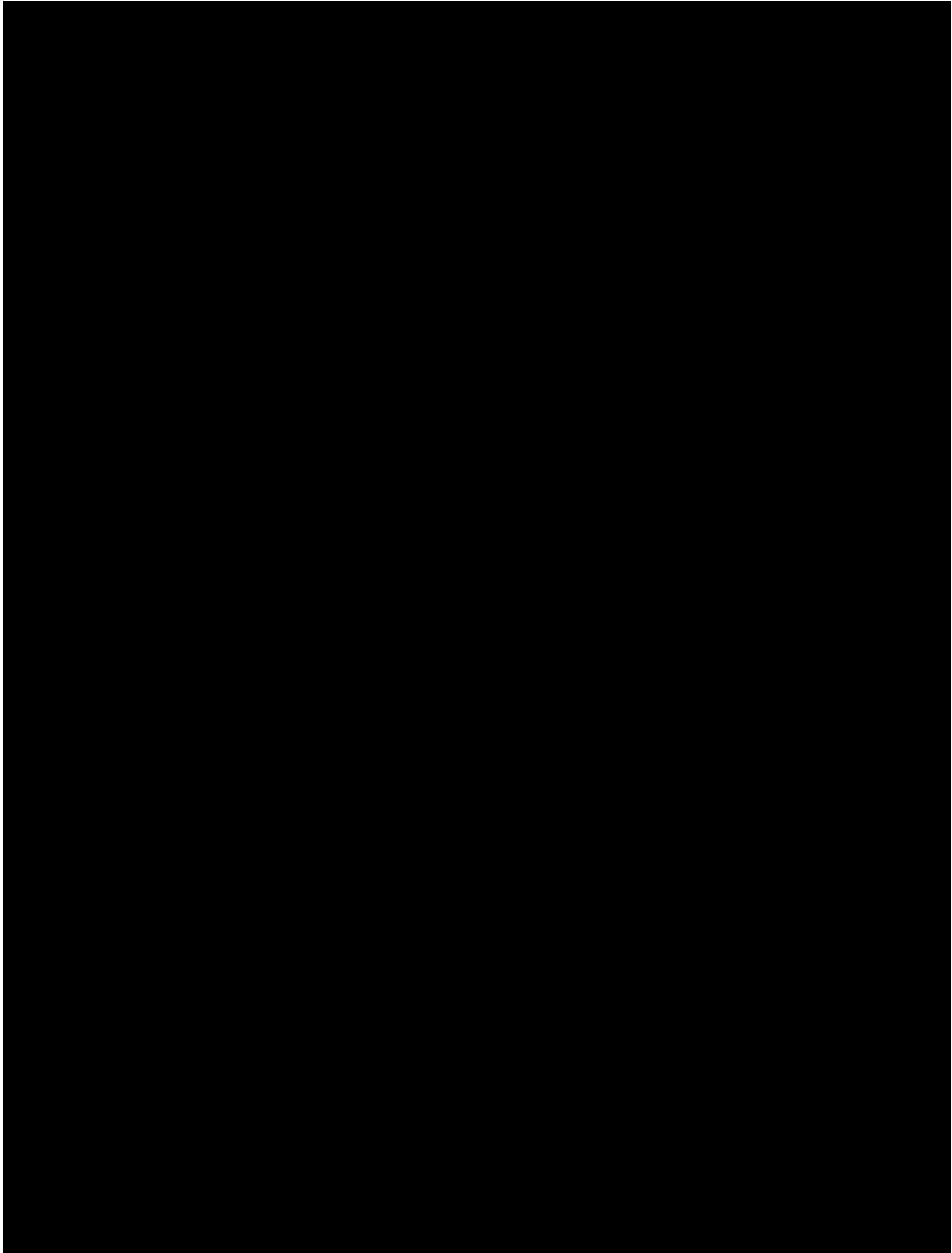


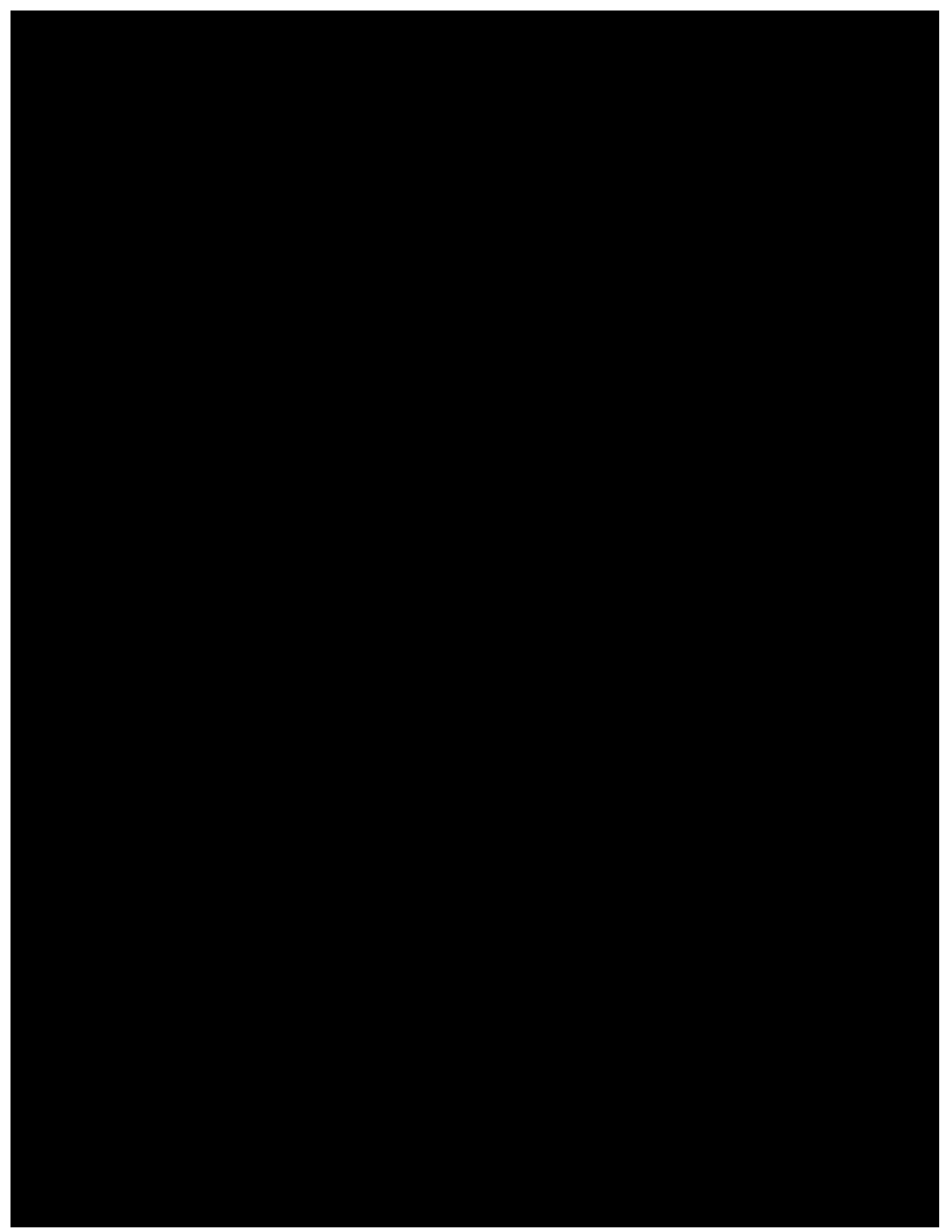


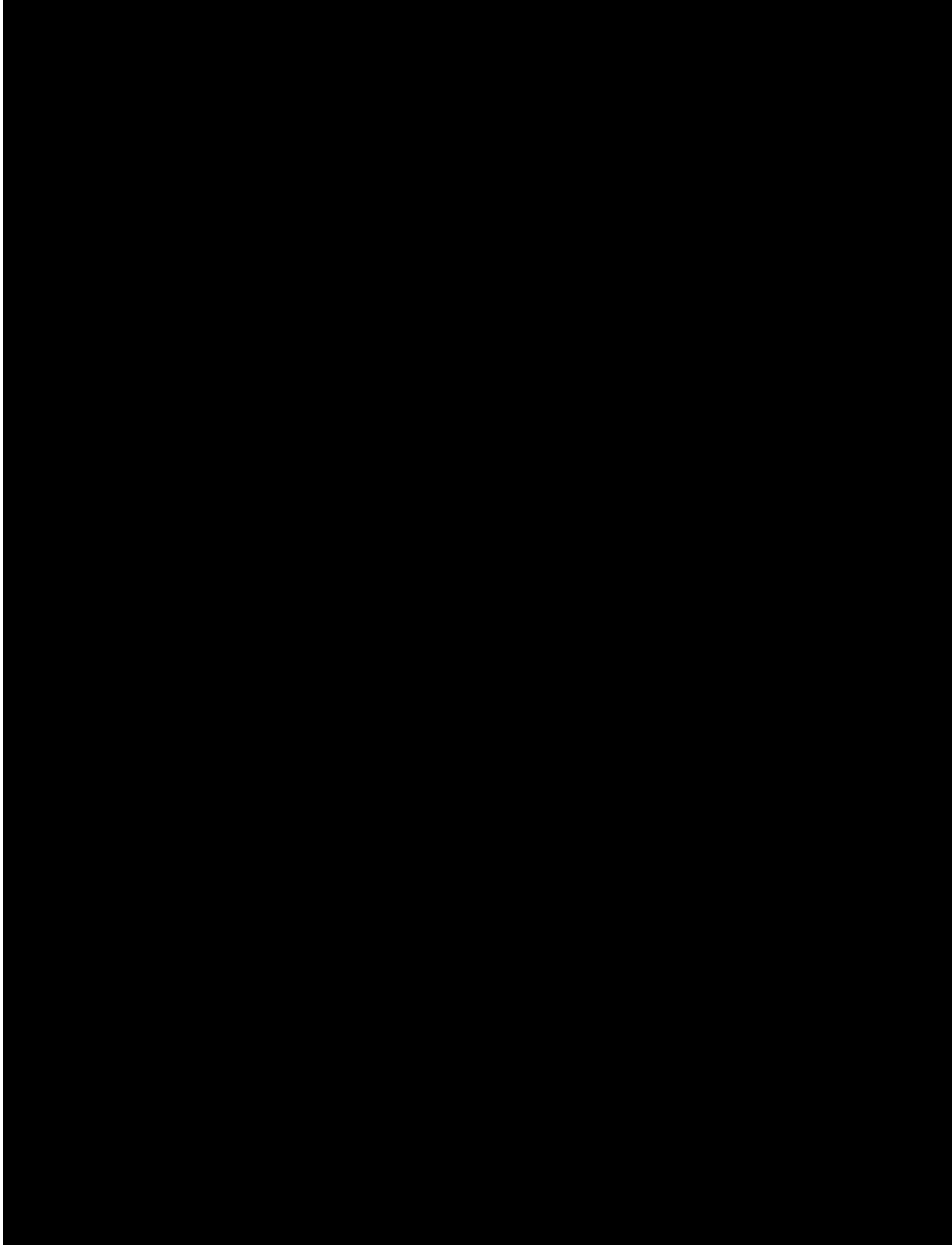


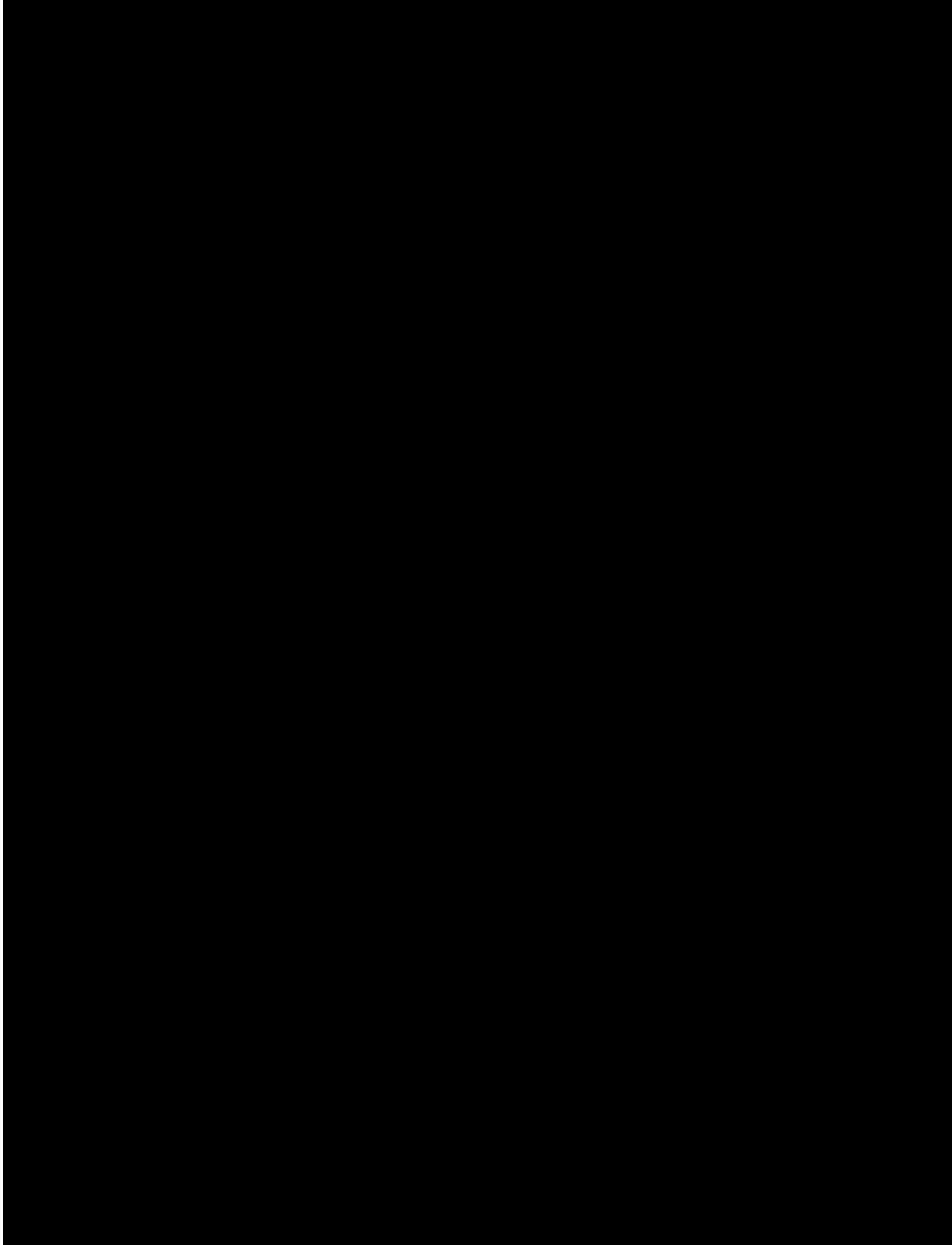


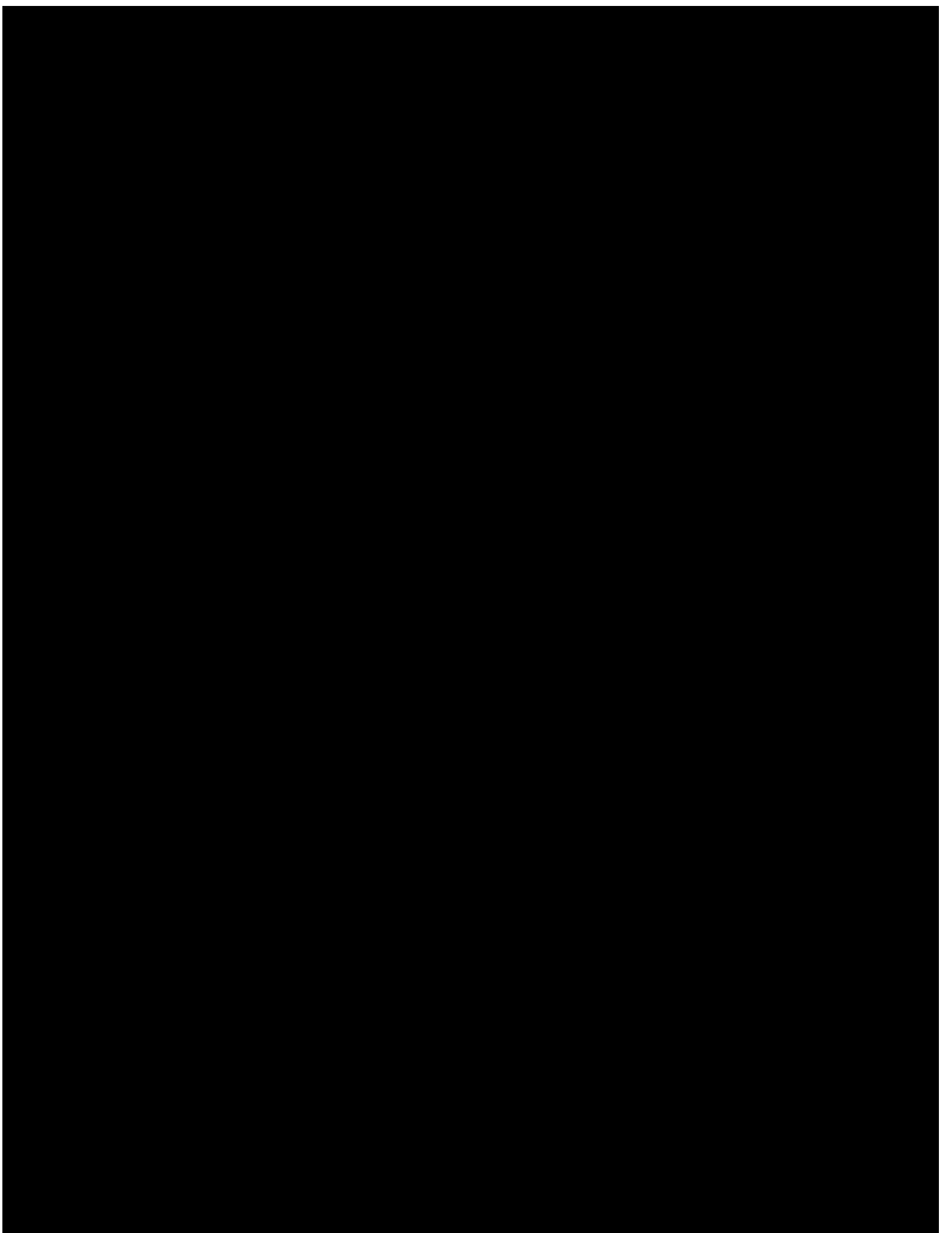












ATTACHMENT D. SUBMISSION REQUIREMENTS, ADHERENCE TO FEDERAL REQUIREMENTS.

I, Steve Sohn, Chief Administrative Officer of LIBERTY Dental Plan of Arkansas, Inc. (“LIBERTY”), and its parent company, LIBERTY Dental Plan Corporation (“LDP CORP”) certify the following:

1. I confirm LIBERTY and LDP CORP’s ability to adhere to all applicable federal requirements listed in the Arkansas Department of Human Services Request for Proposal for Dental Managed Care, Solicitation #710-23-0081.

LIBERTY Dental Plan of Arkansas, Inc.

DocuSigned by:
Steve Sohn
E037617E052240F...

By: Steve Sohn
[NAME] Steve Sohn
[TITLE] Chief Administrative Officer
[Date] 11/6/2023

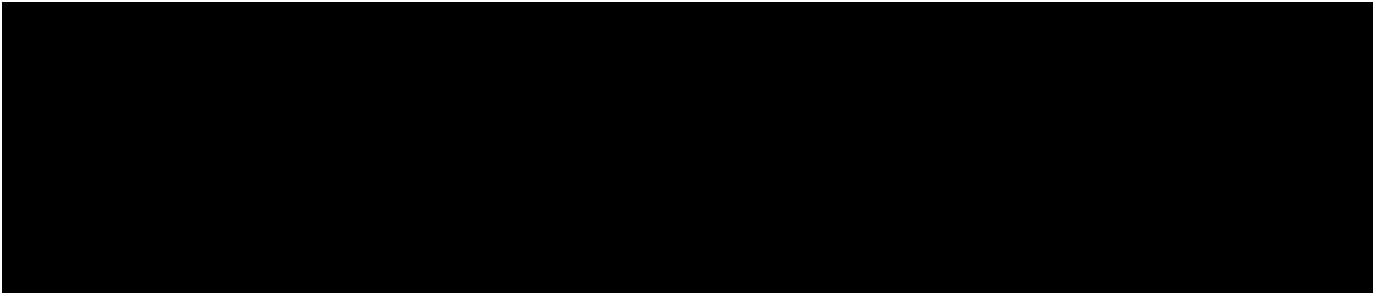
RFP SECTION 2.3 MINIMUM QUALIFICATIONS

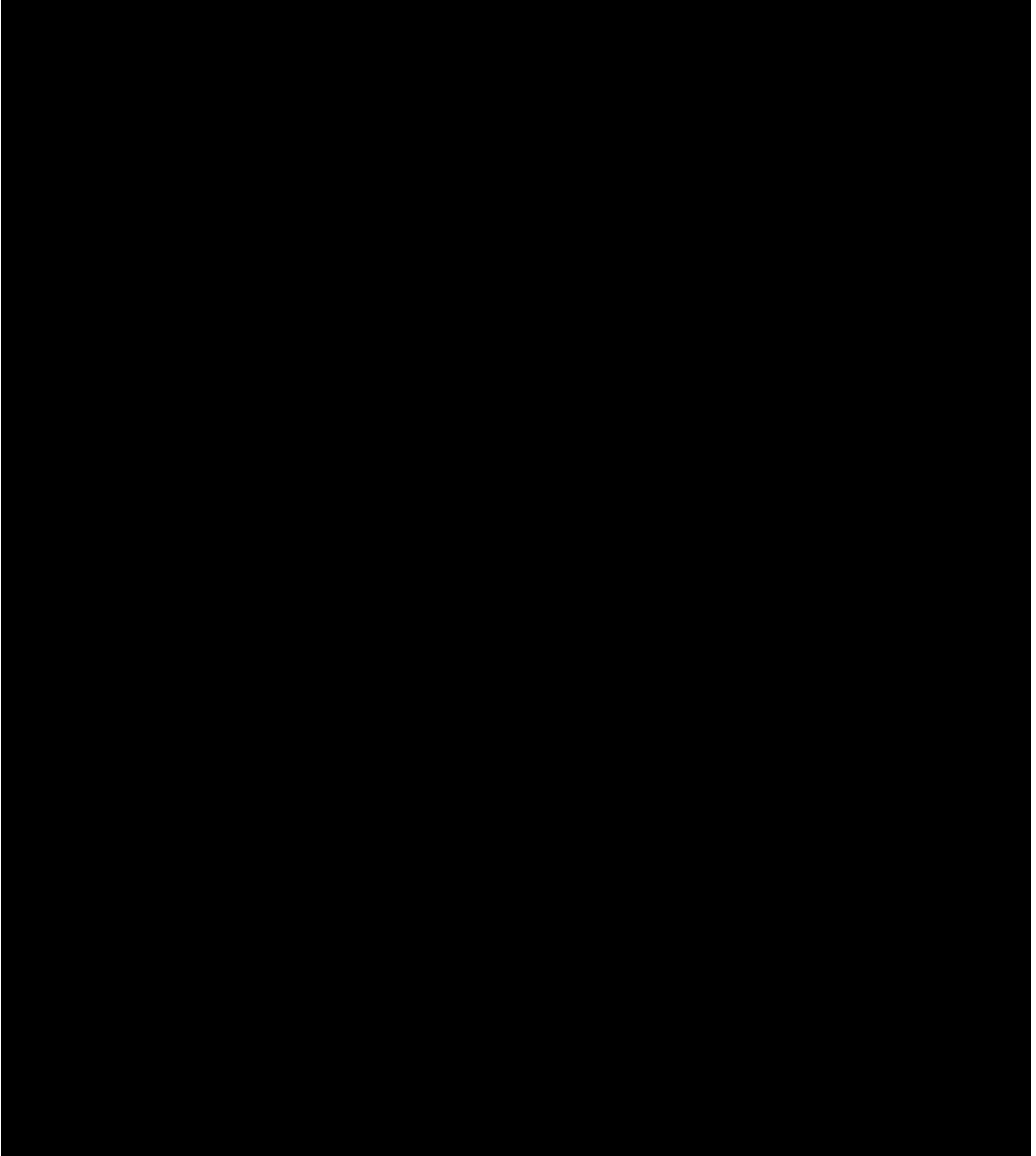
I, Steve Sohn, Chief Administrative Officer of LIBERTY Dental Plan of Arkansas, Inc. (“LIBERTY”), and its parent company, LIBERTY Dental Plan Corporation (“LDP CORP”) certify the following:

- A.** As requested in RFP 710-23-0081, **Section 2.3 Vendor Qualifications, A.**, LIBERTY is registered and in good standing to do business in the State of Arkansas. LIBERTY has included supporting documentation from the Secretary of State of the State of Arkansas in **Attachment 2.3-A**.
- B.** As requested in RFP 710-23-0081, **Section 2.3 Vendor Qualifications, B.**, LIBERTY has included a copy of all required licensure and certification documents in our response to this solicitation. Please note, LIBERTY Dental Plan of Arkansas is currently in the process of applying for an HMO license with AID. We are confident that we will have an HMO license to administer the Medicaid business by go-live.
- C.** As requested in RFP 710-23-0081, **Section 2.3 Vendor Qualifications, C.1.**, LIBERTY Dental Plan Corporation and its subsidiaries, collectively referenced as LIBERTY Dental Plan, has 15 years of experience administering Medicaid and CHIP projects on behalf of states and health plan clients, including projects similar to this Department of Human Services (DHS) engagement as defined in **Attachment N Client History Form** using the following criteria:
 - Size: 500,000-650,000 Members;
 - Scope: Full-risk dental managed care with comparable delegated functions to this RFP;
 - Member populations: Medicaid children and adults and the Children’s Health Insurance Program (CHIP) population;
 - Longevity: At least five years; and,
 - Recency: Within the last 8 years.

LIBERTY Dental Plan began providing Medicaid dental benefit administration in 2008 and today we serve 4 million Medicaid Enrolled Members across five states. We have experience with capitated full-risk arrangements to serve Medicaid and CHIP Enrolled Members in California, Florida, Nevada, New Jersey, and New York, including through direct state contracts and on behalf of health plans. In these programs, we serve children and adults, and provide comprehensive services, including preventive, diagnostic, restorative, endodontic, periodontal, prosthodontic, orthodontic, oral and maxillofacial surgery benefits.

In the past eight years, LIBERTY Dental Plan has administered comprehensive dental managed care programs for more than 500,000 Medicaid Members in Nevada and Florida (through a direct contract in which LIBERTY serves as the prime contractor), and in Florida and New York (through a subcontract), as detailed in **Table VQ.C-1** and in **Attachment N**. Additionally, LIBERTY Dental Plan has been awarded a contract and will be administering a comprehensive dental managed care program for Medicaid Members in Oklahoma. While the total number of Medicaid Members in the state is approximately 1.1 million, LIBERTY Dental Plan has not yet received its assigned membership to provide an exact number of Members served in this market. **Table VQ.C-1** and **Attachment N** summarize LIBERTY Dental Plan’s experience according to these criteria for direct and subcontractor agreements.





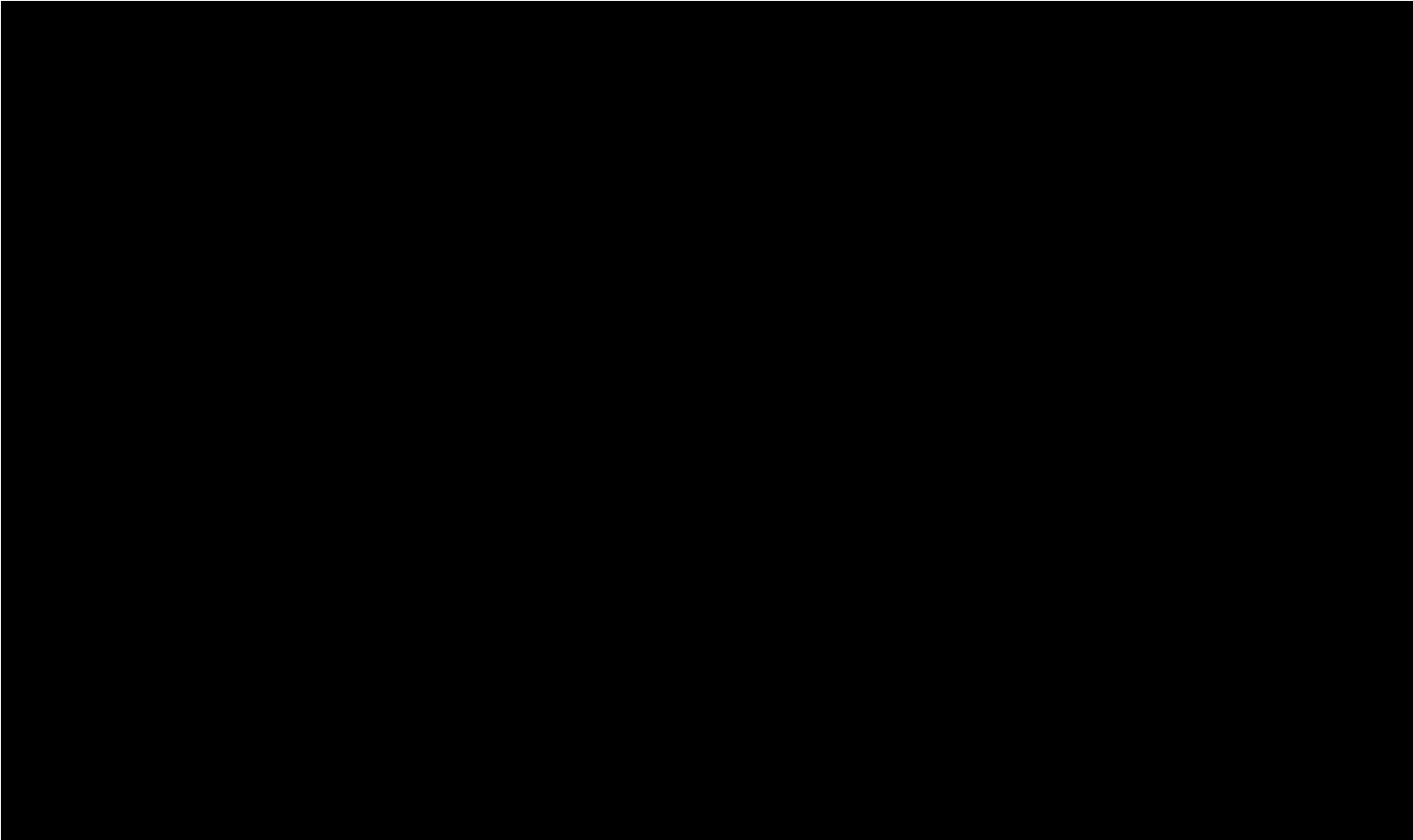
Description of a Project Comparable to the Scope of this RFP

LIBERTY Dental Plan of Nevada, Inc., an affiliate of LIBERTY, has administered a carve-out, full-risk dental managed care program for Medicaid and Nevada Check Up (CHIP) Members in Clark and Washoe Counties (the state’s only managed care service areas) since January 1, 2018. LIBERTY’s contract was re-awarded in 2022 and went live on January 1, 2023. Over the duration of the contract, LIBERTY:

- Worked in collaboration with the Nevada Division of Health Care Financing and Policy to implement a new standalone dental managed care program;
- Supported Members and Providers in implementing our Dental Home model;
- Strengthened our general and specialty provider network, including through recruitment of specialists with limited Medicaid access in Northern Nevada;
- Served successfully a Membership that grew from approximately 500,000 to 700,000, peaking during the public health emergency;
- Partnered with the Provider community throughout and following the COVID-19 pandemic to stabilize and support the network, offer accessible care to Members, and create meaningful solutions to increase utilization; and,
- Drove dental delivery system transformation with the implementation of our industry-leading “BRUSH” value-based program, which includes over 130 participating offices and is available to 235,000 children.

C.2 As requested in RFP 710-23-0081, **Section 2.3 Vendor Qualifications, C.2.**, LIBERTY Dental Plan has experience with, and demonstrated ability to establish and maintain, a Provider Network that can accommodate more than 700,000 Enrolled Members, including primary care dentists and specialty providers. We have built comprehensive statewide Medicaid networks successfully in short implementation timeframes.

Experience: We have a broad range of experience in establishing Provider networks, across payers, markets and population types. This includes direct experience developing networks serving Membership of similar size and scope to the Arkansas Medicaid program, as illustrated in **Table 2.3 Vendor Qualifications C-2.**



Establishing a Network: LIBERTY has a proven network development strategy to recruit, credential and train Providers who will serve our Members. This process is implemented by our experienced Provider Relations team, related efforts to LIBERTY Dental Plan of Arkansas, Inc.
Arkansas Medicaid Dental Managed Care Services, Solicitation 710-23-0081

develop an Arkansas-based Provider network are being led by Michelle Eubanks, our Director of Provider Relations with more than 20 years of operational experience, and will be supported by two Arkansas-based Network Managers. Our approach to establishing large, statewide Provider Networks is:

- **Data-Driven:** We begin our network build based on our analysis of GeoAccess maps and our assumptions of Member locations. This enables us to prioritize Providers, Provider groups, and areas to focus our network development efforts.
- **Proactive:** LIBERTY uses the pre-implementation period to proactively engage with and recruit Providers. We identify where we have non-Medicaid contractual relationships with Providers in the state and leverage those contracts to include Medicaid participation, as agreed to by the Provider. For example, Table VQ.C-3 illustrates how quickly we have expanded Medicaid access points and contracted Providers building on our established Medicare Advantage network in the Tulsa area and expanding statewide. Access points account for all locations serviced by Providers who work out of multiple offices to reflect the full scope of network geographic coverage.

- **Targeted:** LIBERTY maintains a recruitment list, prioritizing top performing Providers based on network access needs to meet contract compliance to monitor progress on recruitment targets. We continually review this list against the State's access standards and projected enrollment using GeoAccess mapping to ensure its adequacy and address gaps. For Arkansas, this includes a focus on rural areas and the Delta Region, which have fewer available Providers and lower utilization.
- **Diverse:** LIBERTY analyzes the racial/ethnic and linguistic profile of expected membership and develops a recruitment strategy to ensure diversity. For Arkansas, we are prioritizing the recruitment of Spanish-speaking Providers, based on the understanding that Spanish is the most commonly spoken language in addition to English and that Spanish-speaking Members live throughout the state. We monitor our results through the Cultural and Linguistic Competency Committee on a quarterly basis to ensure we have sufficient providers to serve our Membership.
- **Localized:** As part of our process to establish a network, LIBERTY works to develop relationships with local Provider organizations, an important conduit to engaging with Providers throughout the state and understanding their needs and priorities. We conduct Provider listening sessions and other engagement to identify barriers to participation in the Medicaid program and key pain points that we can make meaningful commitments to address as part of our network development strategy.

Maintaining Provider Network:

- **Recruiting:** We use a targeted recruitment strategy that includes ongoing efforts to specialists and a focus on Provider shortage areas. We also work on contracting with out-of-network Providers. LIBERTY works proactively to strengthen our network through ongoing Provider outreach, including telephone calls, emails, and recruitment letters that introduce LIBERTY and express our desire to contract with them. In addition to existing commitments and contracts, we keep a roster of Providers who declined to participate initially with whom we will re-engage.
- **Credentialing:** LIBERTY offers multiple options to initiate the contracting process, including use of our Provider Online Enrollment (POE) Tool, which offers a streamlined, paperless approach to contracting, while giving Providers transparency on the status of their application.
- **Enrolling:** We build on our established Provider credentialing process to facilitate Provider enrollment and activate Provider participation in our network in a timely manner.

C.3 As requested in RFP 710-23-0081, **Section 2.3 Vendor Qualifications, C.3.**, LIBERTY Dental Plan has no resolved (including by settlement), pending, or threatened litigation, administrative or regulatory proceedings, or similar matters related to the subject matter of the services sought in this RFP, to disclose.

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

We confirm there were no findings.

C.4 As requested in RFP 710-23-0081, **Section 2.3 Vendor Qualifications, C.4.**, LIBERTY has completed and signed **Attachment N- Client History Form.**

D. As requested in RFP 710-23-0081, **Section 2.3 Vendor Qualifications, D.**, LIBERTY has included supporting documentation to validate the selected criterion as described:

LIBERTY is in the process of meeting the requirements of **Criterion 1** as follows:

- LIBERTY Dental Plan of Arkansas is currently in the process of applying for an HMO license with AID. We are confident that we will have an HMO license to administer the Medicaid business by go-live. As part of our Certificate of Authority application, we are submitting audited financials for LIBERTY Dental Plan of Arkansas, Inc.
- Upon award, LIBERTY will maintain AID certification through the entirety of the contract period including all extensions as required.

LIBERTY meets the requirements of **Criterion 2** as follows:

- LIBERTY has attached a parental guaranty, to demonstrate assurances to the State against the risk of insolvency Beneficiaries. We acknowledge and understand that the State will not be liable for LIBERTY's debts in the case of insolvency. LIBERTY Dental Plan of Arkansas will gladly provide any additional documentation and/or certification to assure the State that LIBERTY's provision against risk of insolvency if adequate.
- Upon award, LIBERTY's assurances will run for the entirety of the contract period, including all extensions.

LIBERTY Dental Plan of Arkansas, Inc.

DocuSigned by:
Steve Sohn
E037617E052240F

By: _____
[NAME] Steve Sohn
[TITLE] Chief Administrative Officer



Arkansas Secretary of State John Thurston

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

LIBERTY DENTAL PLAN OF ARKANSAS, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office July 29, 2021.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.

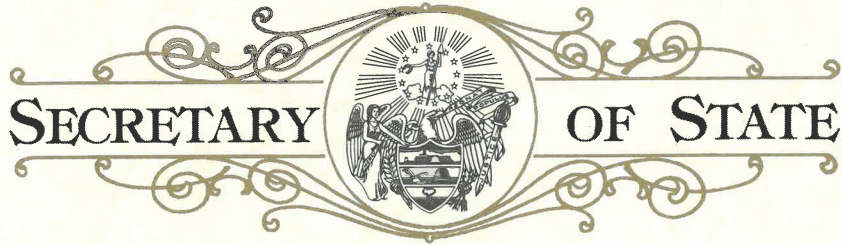
In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 1st day of November 2023.




John Thurston
Secretary of State

Online Certificate Authorization Code: 6248bb0ed448872
To verify the Authorization Code, visit sos.arkansas.gov

STATE OF ARKANSAS



John Thurston
ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, John Thurston, Arkansas Secretary of State, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

Articles of Incorporation

of

LIBERTY DENTAL PLAN OF ARKANSAS, INC.

filed in this office
July 29, 2021.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 29th day of July, 2021.

John Thurston

Arkansas Secretary of State



Arkansas Secretary of State

John Thurston

1401 W. Capitol, Suite 250, Little Rock, AR 72201
501-682-3409 • www.sos.arkansas.gov

ARTICLES OF INCORPORATION

(PLEASE TYPE OR PRINT CLEARLY IN INK)

The undersigned acting as incorporators of a corporation under Act 958 of 1987 and the Arkansas Code Annotated § 4-27-202, adopt the following Articles of Incorporation of such corporation:

1. The Name of the Corporation is: LIBERTY DENTAL PLAN OF ARKANSAS, INC.
Must contain the words "Corporation", "Incorporated", "Company", "Limited", or the abbreviation "Corp.", "Inc.", "Co.", or "Ltd." or words or abbreviations of like import in another language.

2. The number of shares which the Corporation shall have the authority to issue is:
1000 share(s). The par value of each share is \$0.001000
The designation of each class, the number of shares of each class, or a statement that the shares of any class are without par value, are as follows:

Number of Shares	Class	Series (if any)	Par Value Per Share Or Statement That Shares Are Without Par Value
<u>1000</u>	<u>Common</u>		<u>\$0.001000</u>

3. The name and street address of initial registered agent: PARACORP INCORPORATED
300 SOUTH SPRING STREET, STE 900, LITTLE ROCK, AR 72201

4. The name and address of each incorporator is as follows:

Name	Address
<u>STEVE SOHN</u>	<u>340 COMMERCE, SUITE 100</u>
	<u>IRVINE, CA 92602 USA</u>

5. The name and title of at least one corporate officer: (attach additional page, if needed)

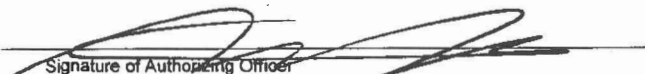
Name	Title (President, Vice President, Secretary, Treasurer, Controller, etc.)
<u>AMIR H. NESHAT</u>	<u>DIRECTOR</u>

6. The nature of the business of the corporation and the object or purposes to be transacted, promoted or carried on by it, are as follows:

- The primary purpose of the Corporation shall be to engage in any lawful act or activity for which corporations may be organized under the laws of Arkansas
- To conduct any business enterprise not contrary to law.
- To exercise all of the powers enumerated in A.C.A § 4-27-302 of the Arkansas Business corporation Act.

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Executed this 20th day of July, 2021


Signature of Authorizing Officer

STEVE SOHN, INCORPORATOR
Authorizing Officer and Title of Officer (Type or Print)



July 29, 2021

Arkansas Secretary of State
Business Services – Corporations
1401 W. Capitol, Suite 250
Little Rock, AR 72201

Re: **LETTER OF AFFILIATION**
LIBERTY Dental Plan of Arkansas, Inc.

To Whom It May Concern:

The undersigned, on behalf of LIBERTY Dental Plan Corporation, hereby consents to the use of the name **LIBERTY Dental Plan of Arkansas, Inc.** in the State of Arkansas in connection with the attached Articles of Incorporation submitted by Incorporator Steve Sohn.

LIBERTY Dental Plan Corporation

By

A handwritten signature in black ink, appearing to read 'Steve Sohn', written over a horizontal line.

Steve Sohn
Secretary

PARENTAL GUARANTEE

This Parental Guarantee (this “Guarantee”), dated November 6, 2023, is made by LIBERTY Dental Plan Corporation, a Delaware corporation (the “Guarantor”), in favor of Arkansas Department of Human Services (the “Department”).

WHEREAS, Guarantor is the parent company of LIBERTY Dental Plan of Arkansas, Inc. (“LIBERTY”);

WHEREAS, LIBERTY is currently responding to the Department’s requests for Proposals, Number 710-23-0081, (the “RFP”) for LIBERTY to administer Dental Managed Care in the State of Arkansas;

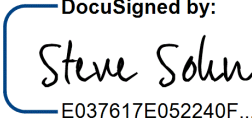
WHEREAS, pursuant to the RFP and the awarded contract therefrom (the “Medicaid Contract”), the Department will pay LIBERTY on a prepaid capitation basis for services provided by providers who have entered into a participation agreement with LIBERTY; and

WHEREAS, Guarantor desires to guarantee the obligations of LIBERTY to pay its participating providers under for the Medicaid Contract.

NOW, THEREFORE, Guarantor hereby guarantees the obligations of LIBERTY to pay its participating providers in accordance with the terms set forth in the Medicaid Contract and LIBERTY’s agreements with its participating providers, and Guarantor agrees that this Guarantee shall remain in full force and effect unless and until the termination of the Medicaid Contract.

Executed in Tustin, California, on the date set forth above.

LIBERTY DENTAL PLAN CORPORATION

By:  Steve Sohn
Chief Administrative Officer

Attachment N
Client History Form
Arkansas Medicaid Dental Managed Care
RFP # 710-23-0081

Attachment N

Arkansas Dental Managed Care Client History Form

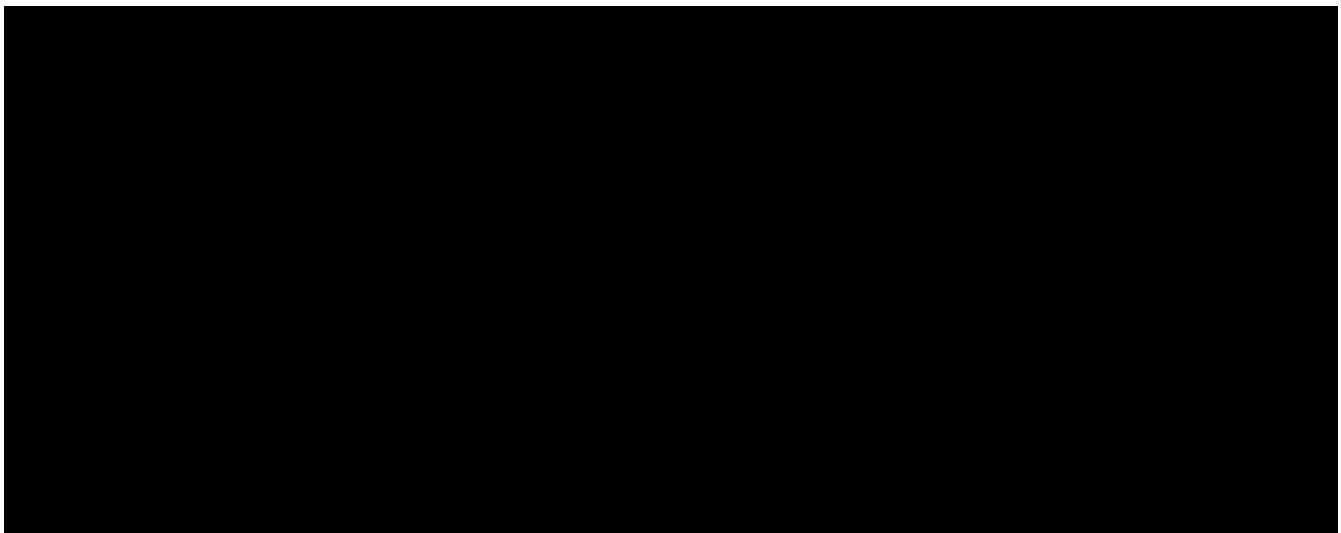
Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's Dental Managed Care Organization (DMO) experience. This form must be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this RFP, Arkansas's DHS will be the client. For each listed client, Respondents may (but are not required to) provide the contact information for a person at the client entity who is knowledgeable of the named project. The State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Proposal Signature Page.

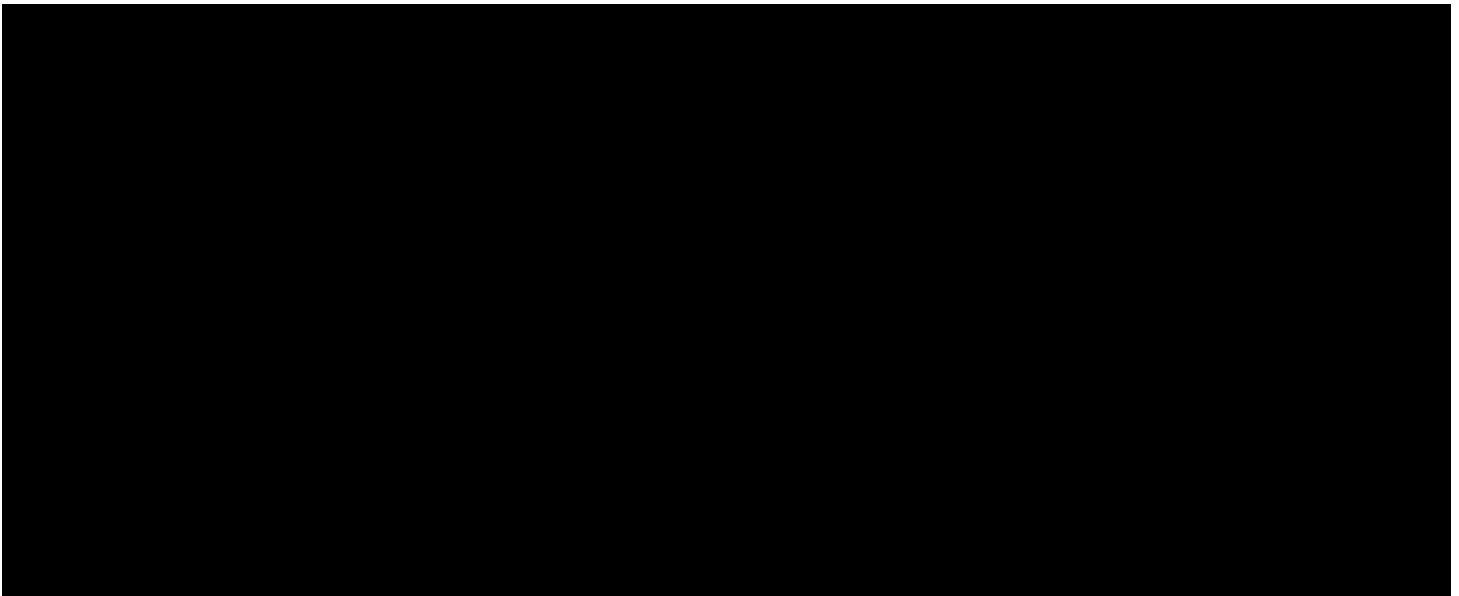
1. Please list every client state, tribe, or county where you (the prime contractor only) **served as the prime contractor** for administering a comprehensive dental managed care program for 500,000 or more Medicaid Beneficiaries in the past eight (8) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."



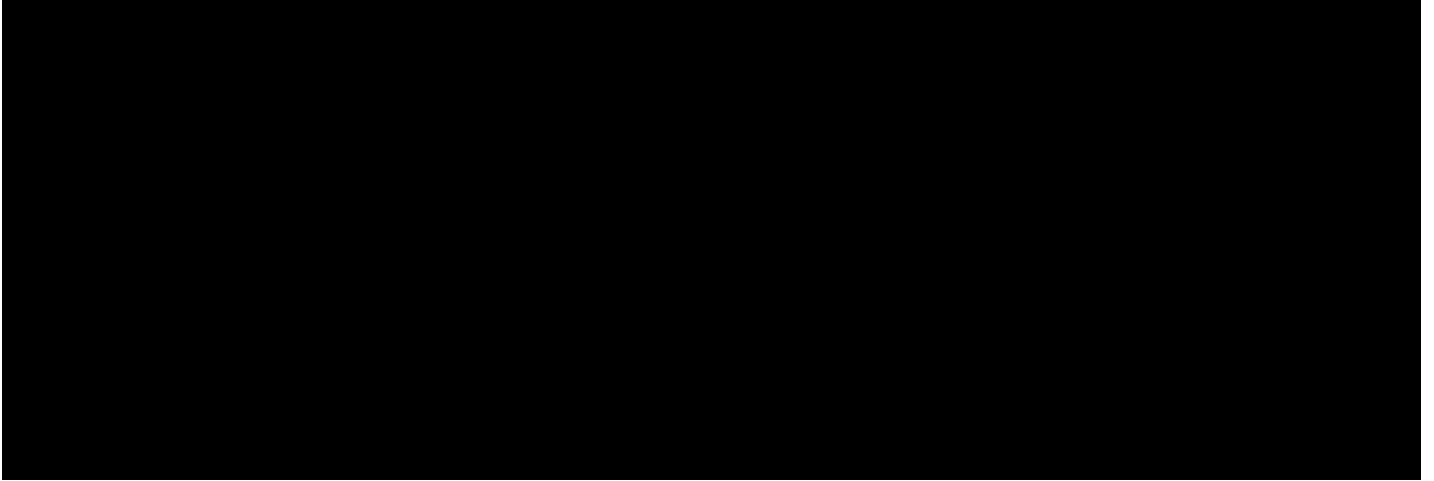
2. Please list every client state, tribe, or county where you (the prime contractor only) **served as a subcontractor** for administering a comprehensive dental managed care program for 500,000 or more Medicaid Beneficiaries in the past eight (8) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract and the role you specifically served in relation to the broader contract. If there are no contracts which meet this definition, please state "none."



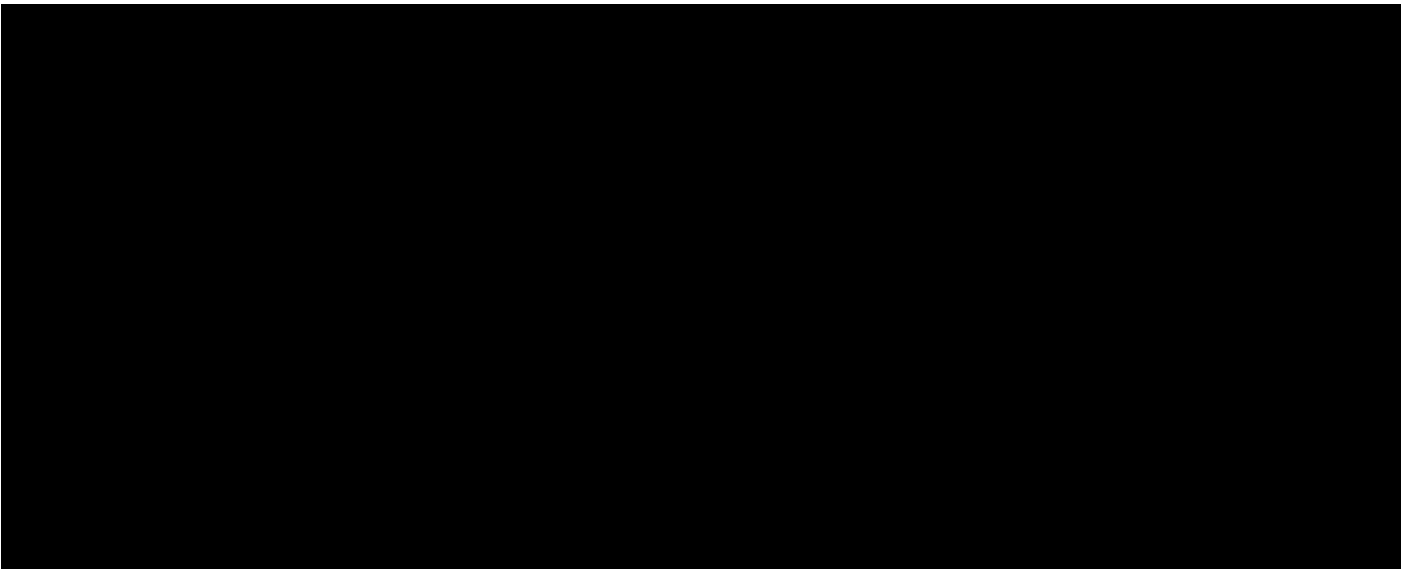
3. Please list every client state, tribe, or county where a **proposed subcontractor served as the prime contractor** for administering a comprehensive dental managed care program for 500,000 or more Medicaid Beneficiaries in the past eight (8) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."



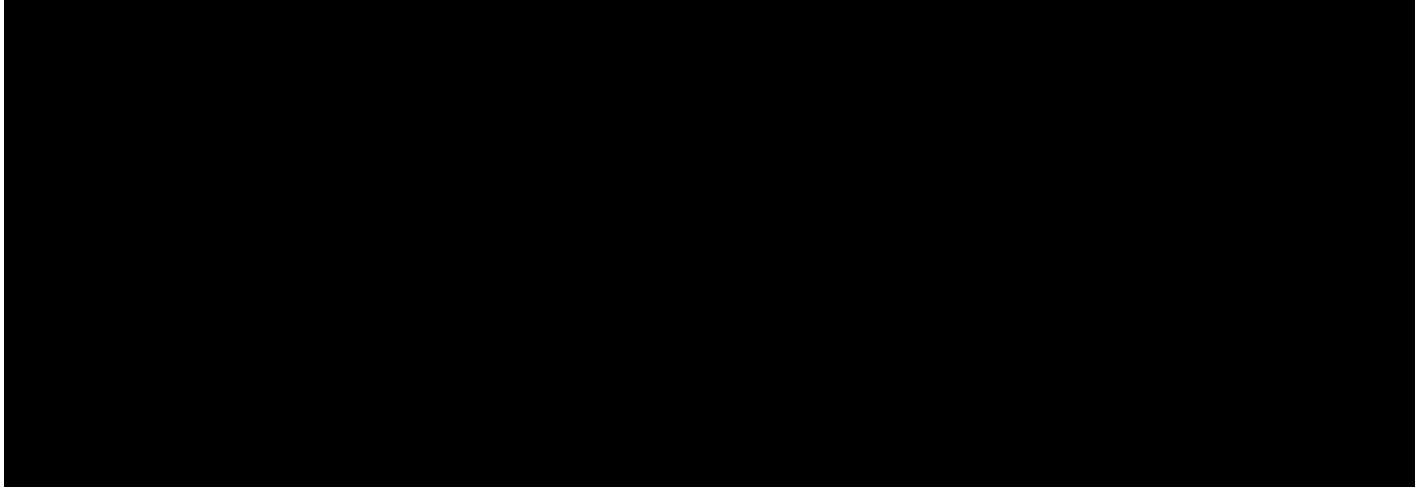
4. Please list every client state, tribe, or county where you (the prime contractor only) **served as the prime contractor** for establishing and maintaining a Provider Network to effectively accommodate 650,000-700,000 Beneficiaries within the last eight (8) calendar years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."



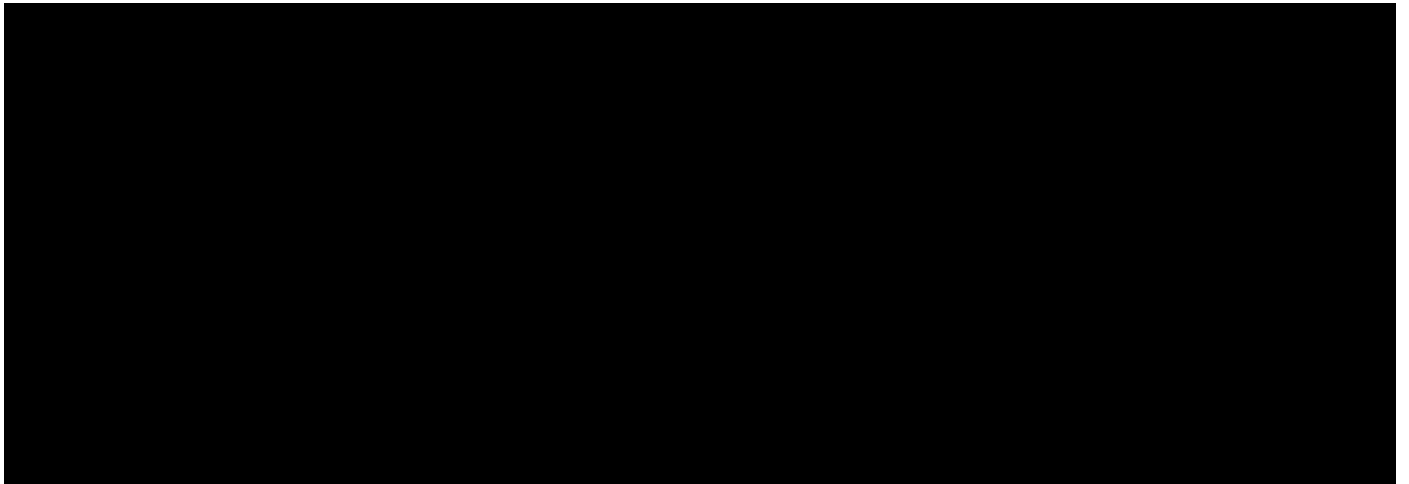
5. Please list every client state, tribe, or county where you (the prime contractor only) **served as a subcontractor** for establishing and maintaining a Provider Network to effectively accommodate 650,000-700,000 Beneficiaries within the last eight (8) calendar years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."



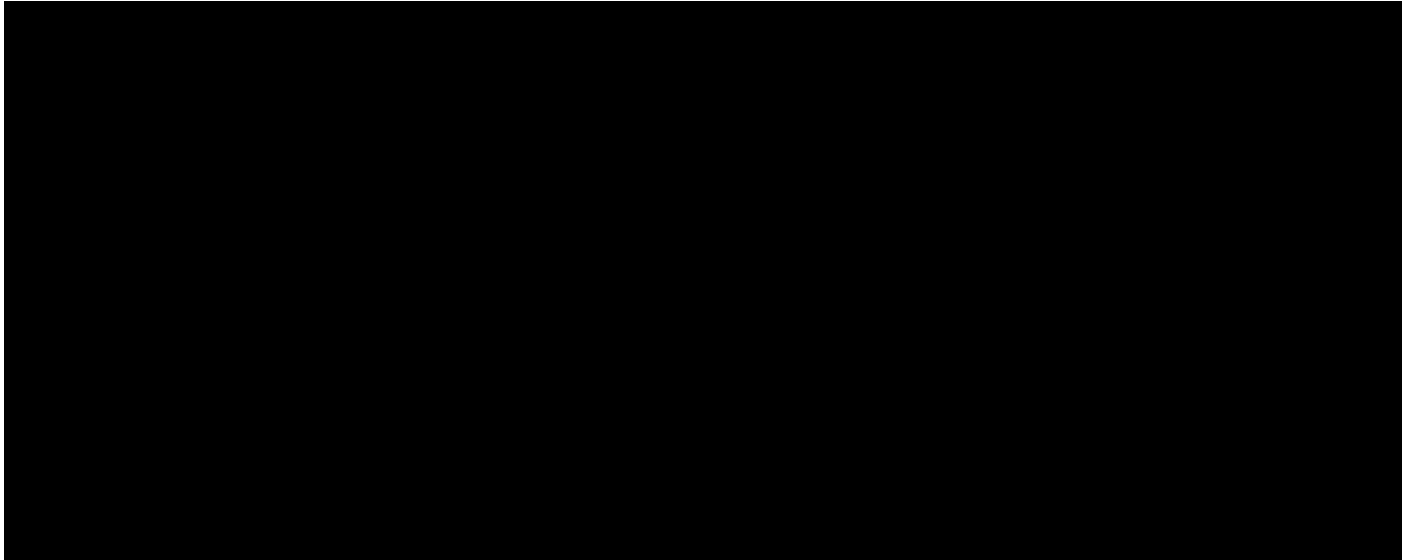
6. Please list every client state, tribe, or county where a **proposed subcontractor served as the prime contractor** for establishing and maintaining a Provider Network to effectively accommodate 650,000-700,000 Beneficiaries within the last eight (8) calendar years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."



7. Please list all history of litigation relating to the management of a DMO including without limitation, on-going litigation and any litigation that has been resolved (including by settlement) for all clients served in the last (5) years. Please briefly describe the litigation. Please briefly describe the litigation.



8. Please list all history of State Departments of Insurance market conduct examinations and findings for all State Medicaid managed care program clients served in the last (5) years.



Authorized Signature: Steve Sohn **Title:** Chief Administrative Officer
Use Ink Only. DocuSigned by: E037617E052240F...
Printed/Typed Name: Steve Sohn **Date:** 11/6/2023

Attachment Q Supplemental Disclosure Form

The Contractor, as well as its Subcontractors, and any Network Providers shall comply with all federal requirements (42 CFR Part 455) on disclosure reporting, including but not limited to business transaction disclosure reporting (42 CFR § 455.104) and certain criminal convictions (42 CFR § 455.106) and shall further provide any additional information necessary for the DHS to perform its own exclusion status checks pursuant to 42 CFR § 455.436 if requested.

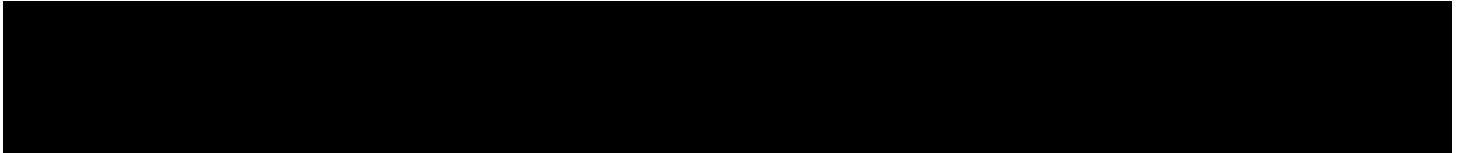
Any Provider failing to disclose in accordance with these requirements (or any Provider which otherwise fails any requirement of 42 CFR Part 455) shall not be part of the Contractor's Network.

The Dental Managed Care Organization (DMO) and its subcontractors must disclose the information required in Section 2.12 Administration and Management and at the following times:

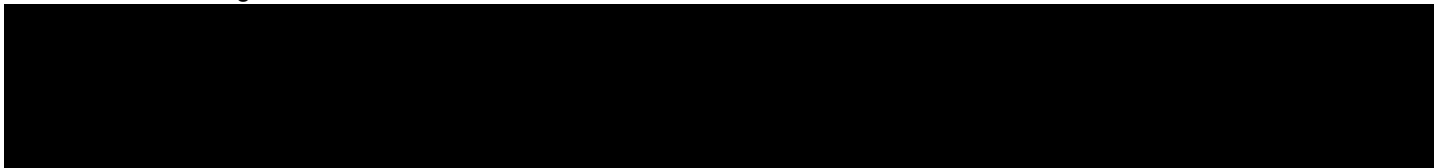
- When the DO submits a proposal in accordance with DHS's procurement process
- When the DMO executes the Agreement with DHS
- When DHS renews or extends the Agreement
- Within thirty-five (35) calendar days after any change in ownership of the DMO

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients must be listed. Omission of a client will constitute a failure to complete this form.

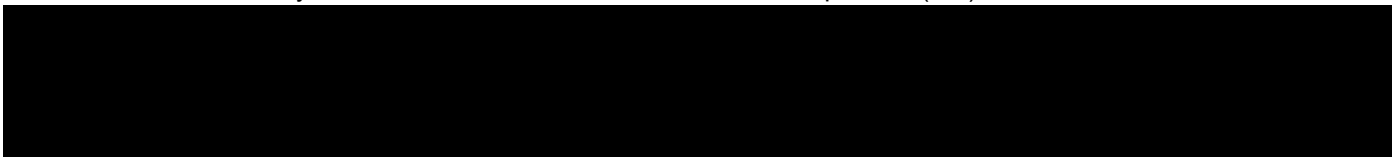
1. Provide the name and address of all persons (individual or corporation) with an ownership or controlling interest in the DMO or its subcontractors. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box.



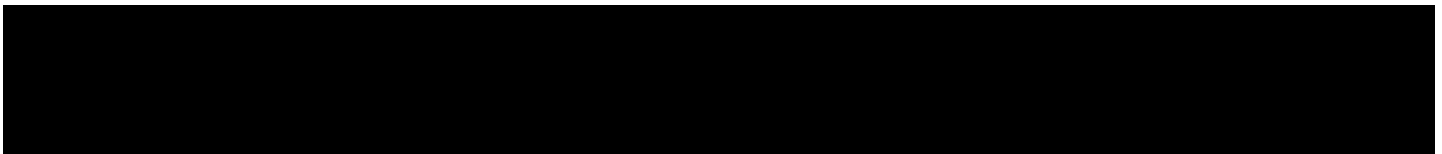
2. Provide the date of birth and Social Security Number (SSN) of any individual with an ownership or controlling interest in the DMO or its subcontractors.



3. Provide the tax identification number(s) of any corporation with an ownership or controlling interest in the DMO; and any subcontractor in which the DMO has a five percent (5%) or more interest.



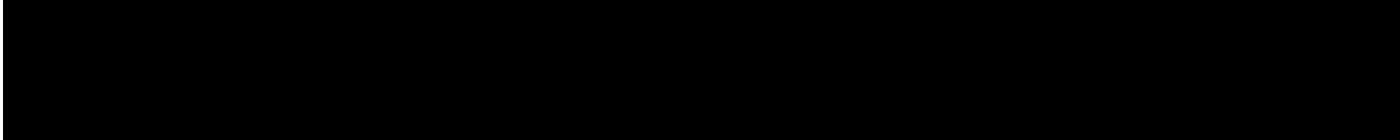
4. Provide all information on whether an individual or corporation with an ownership or controlling interest in the DMO is related to another person with ownership or controlling interest in the DMO, such as a spouse, parent, child, or sibling.



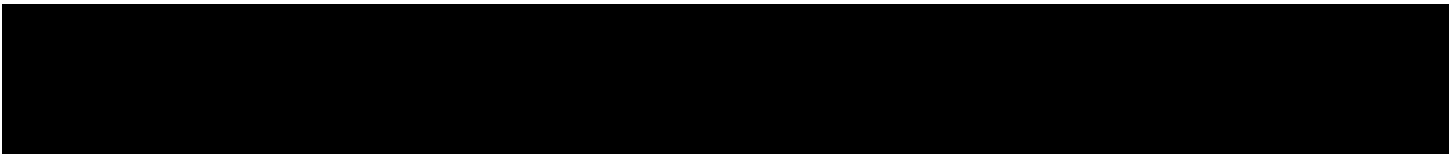
- 5. Provide all information on whether a person or corporation with an ownership or controlling interest in any subcontractor in which the DMO has a five percent (5%) or more interest is related to another person with ownership or control interest in the DMO, such as a spouse, parent, child, or sibling.



- 6. Provide the name of any other disclosing entity in which an owner of the DMO has an ownership or controlling interest.

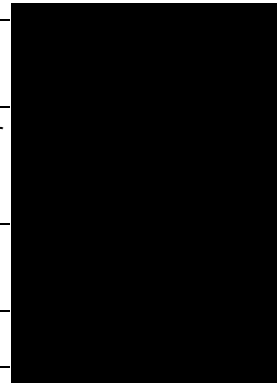


- 7. Provide the name, address, date of birth, and SSN of any managing employee of the DMO.



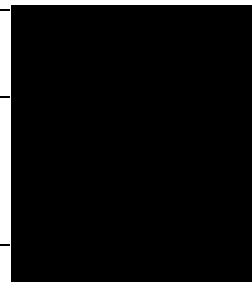
The DMO and its subcontractors must disclose to DHS, any persons or corporations with an ownership or controlling interest in the DMO. Please check "Yes or No" whether any of the forementioned entities:

1. Have direct, indirect, or combined direct/indirect ownership interest of five percent (5%) or more of the DMO's equity
2. Own five percent (5%) or more of any mortgage, deed of trust, note, or other obligation secured by the DMO if that interest equals at least five percent (5%) of the value of the DMO's assets.
3. Serve as an officer or director of the DMO, if the DMO is organized as a corporation.
4. Serve as a partner in the DMO, if organized as a partnership.

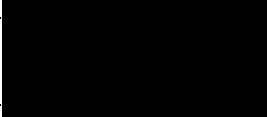


The DMO must report to the Arkansas Department of Human Services (DHS), Office of the Medicaid Inspector General (OMIG), and, upon request, to the Secretary of the Department of Health and Human Services (DHHS), the Inspector General of the DHHS, and the Comptroller General a description of transactions between the DMO and a party in interest (as defined in Section 1318(b) of the Public Health Service Act). Please provide the following information.

1. Has there been any sale or exchange, or leasing of any property between the DMO and such a party?
2. Has there been any furnishing for consideration of goods, services (including management services), or facilities between the DMO and such a party, but not including salaries paid to employees for services provided in the normal course of their employment?



3. Has there been any lending of money or other extension of credit between the DMO and such a party?



The DMO must annually: measure and report to DHS on its performance, using the standard measures required by DHS; submit to DHS specified data that enables DHS to calculate the DMO's performance using the standard measures identified by DHS in Attachment C Performance Based Contracting; OR perform a combination of these activities as required by 42 CFR § 438.330(c)(1) and (2).

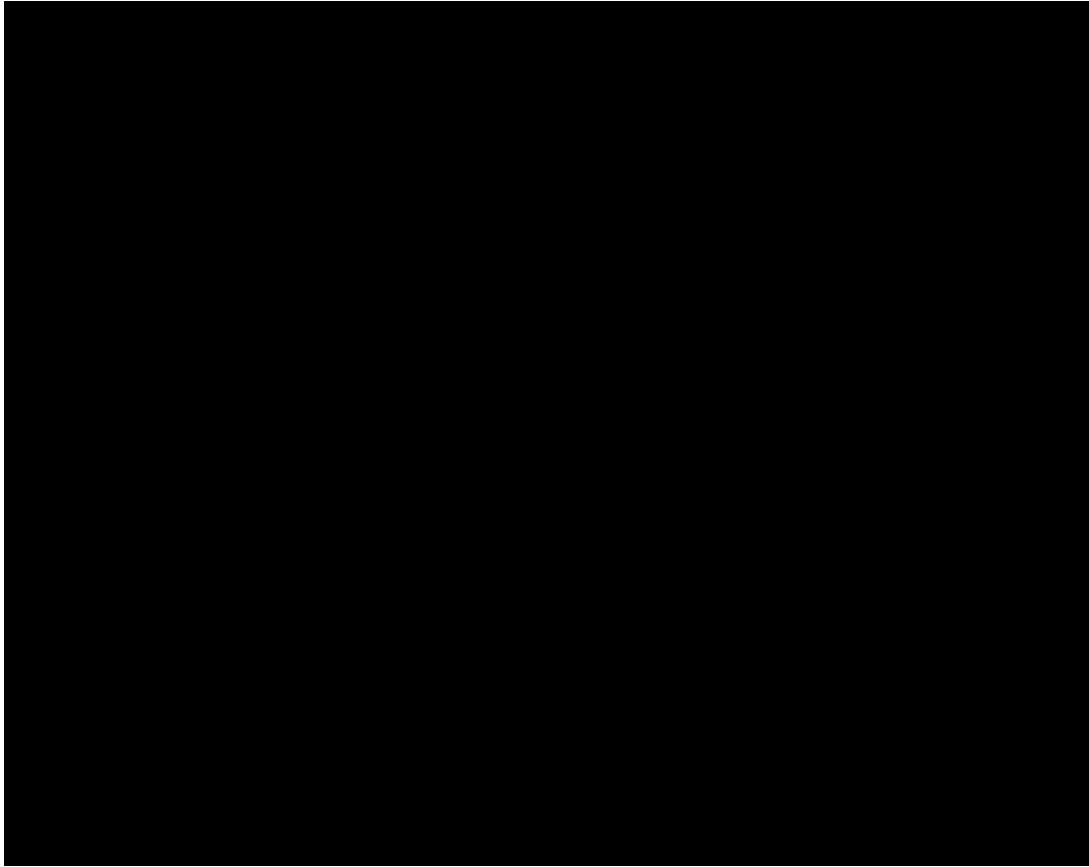
The DMO must retain, and require subcontractors to retain, as applicable, the following information: Enrolled Member Grievance and Appeal records in 42 CFR § 438.416, base data in 42 CFR § 438.5(c), MLR reports in 42 CFR § 438.8(k), and the data, information, and documentation specified in 42 CFR §§ 438.604, 438.606, 438.608, and 438.610 for a period of no less than ten (10) years.

DocuSigned by:
Authorized Signature: Steve Sohn **Title:** Chief Administrative Officer
Use Ink Only. E037617E052240F...

Printed/Typed Name: Steve Sohn **Date:** 11/6/2023

ATTACHMENT Q SUPPLEMENTAL DISCLOSURE FORM

1. Provide the name and address of all persons (individual or corporation) with an ownership or controlling interest in the DMO or its subcontractors. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box.



7. Provide the name, address, date of birth, and SSN of any managing employee of the DM



State of Arkansas
Department of Human Services
Division of Medical Services
Solicitation No. 710-23-0081
Attachment G - DHS Standard Security Requirements

For each requirement there are two green cells which require completion as part of a Respondent's proposal. Please indicate (using the drop-down menu in the applicable cell) whether that requirement is available "meets," "configurable," "customizable," or "not available." In making this determination for a requirement, please utilize the definitions below this Instructions box.

Also for each requirement please provide either:

-Description of how the requirement is met.

- if "Not Available" is selected, an explanation of why this requirement is not needed or alternately addressed, as applicable

Description on how the requirement is met by the Vendor's proposed solution.

If "Not Available" is selected- an explanation of why this requirement is not needed or alternatively addressed

Responses	Response Descriptions
Meets	The Respondent's solution provides the requirement as an existing component of
Configurable	The requirement can be created in Respondent's proposed solution using built-in
Customizable	The Respondent's solution does not meet the requirement with any level of
Not Available	The Respondents proposed solution does not meet the requirement with any

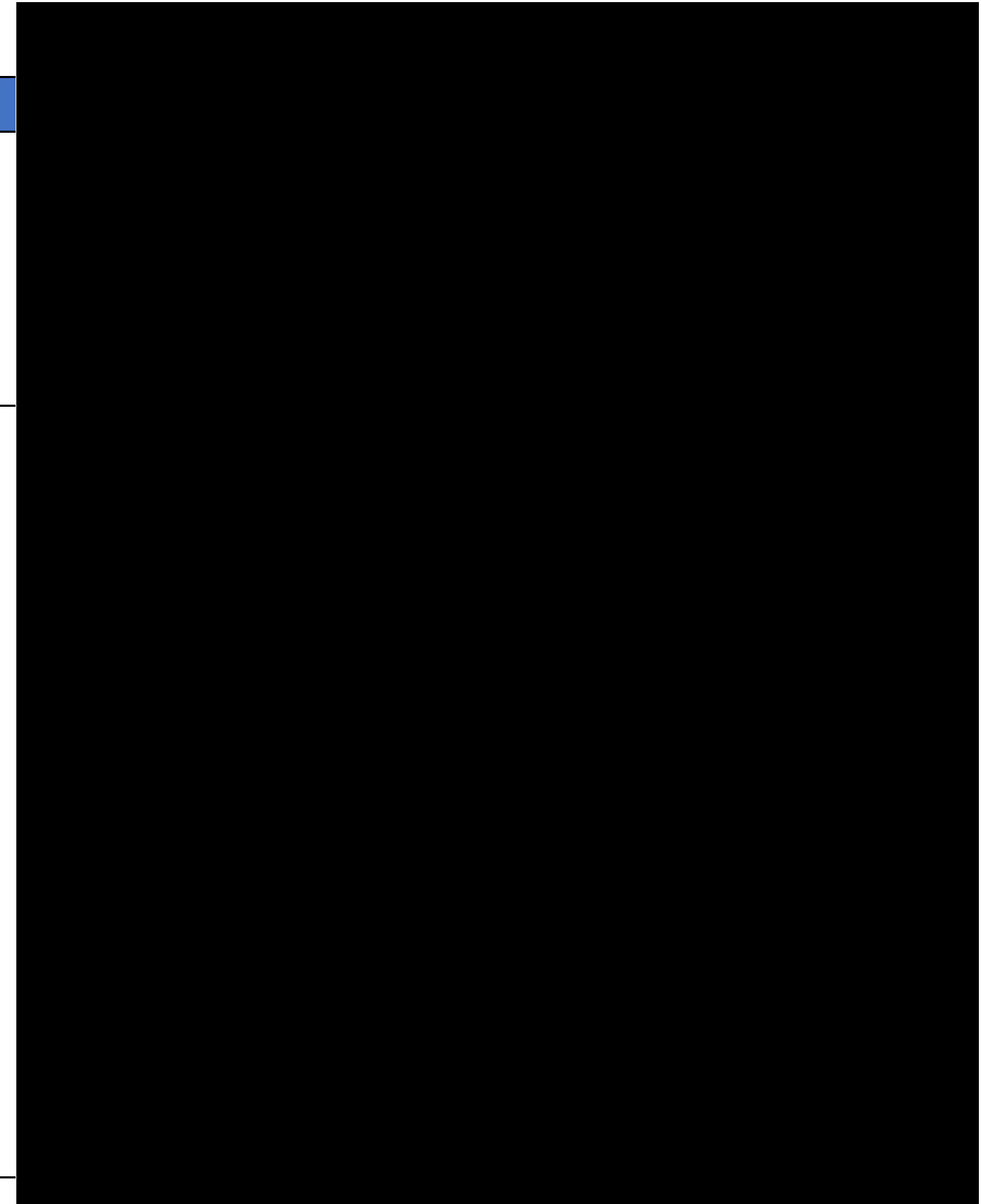
Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC1	System Compliance and Security	Standards	Vendor shall establish Security and Privacy Plan audits, institute best-practice processes that ensure that security and privacy measures address all federal and State policies, procedures, reporting and compliance training. Access will be verified before "go-live" and annually with the Disaster Recovery testing.			
SC2	System Compliance and Security	Standards	Vendor shall establish guidelines for the possible vulnerability of breach, and stipulate conditions requiring assessment by an independent 3rd party, including the Security and Privacy Plan. Vendor shall allow, at State's discretion, access to the systems for a third party or State audit.			
SC3	System Compliance and Security	Standards	Vendor shall ensure that none of the Vendor's services are performed outside the continental United States, Alaska, or Hawaii.			
SC4	System Compliance and Security	Standards	Vendor shall ensure that security measures are in place to maintain confidentiality of sensitive data, as coordinated with State federated services, as specified under 42 CFR Part 2.			



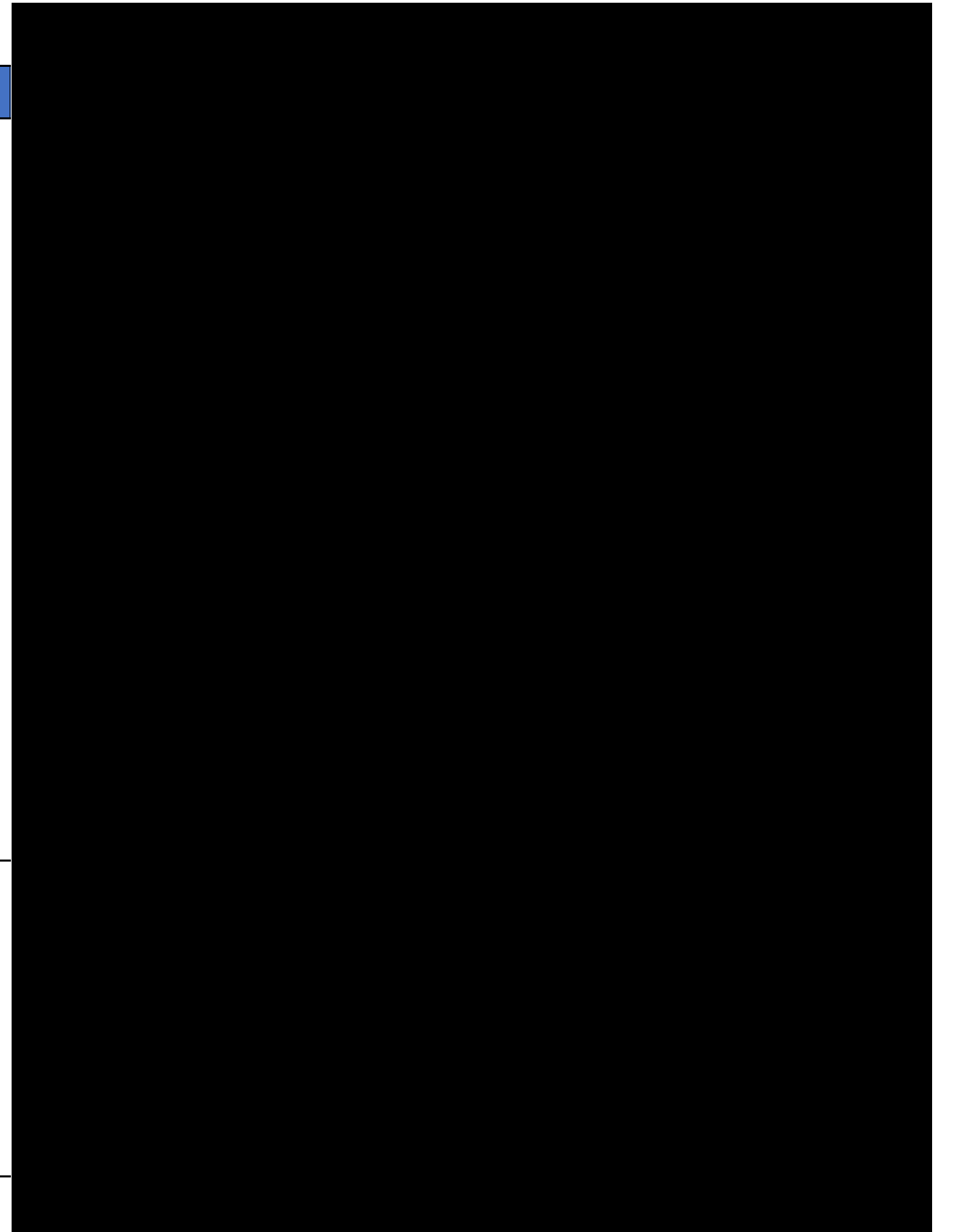
Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC5	System Compliance and Security	Standards	Vendor shall provide technical support to State users on State and Federal compliance and build on the current State IT effort to achieve a higher maturity standards for enabled Decision Support, Program Integrity, and Program Management functions.			
SC6	System Compliance and Security	Standards	Vendor shall comply with DIS and the State standards and policies relating to information systems, information systems security, physical security, confidentiality, and privacy. (https://www.transform.ar.gov/gis-office/gis-board/standards/)			
SC7	System Compliance and Security	Standards	Vendor shall support individual rights specified in the HIPAA privacy regulations.			
SC8	System Compliance and Security	Standards	Vendor's system must support appropriate confidentiality rules for requests for confidential communications (45 CFR 164.522(b)), within the confines of Federal and State laws and standards.			



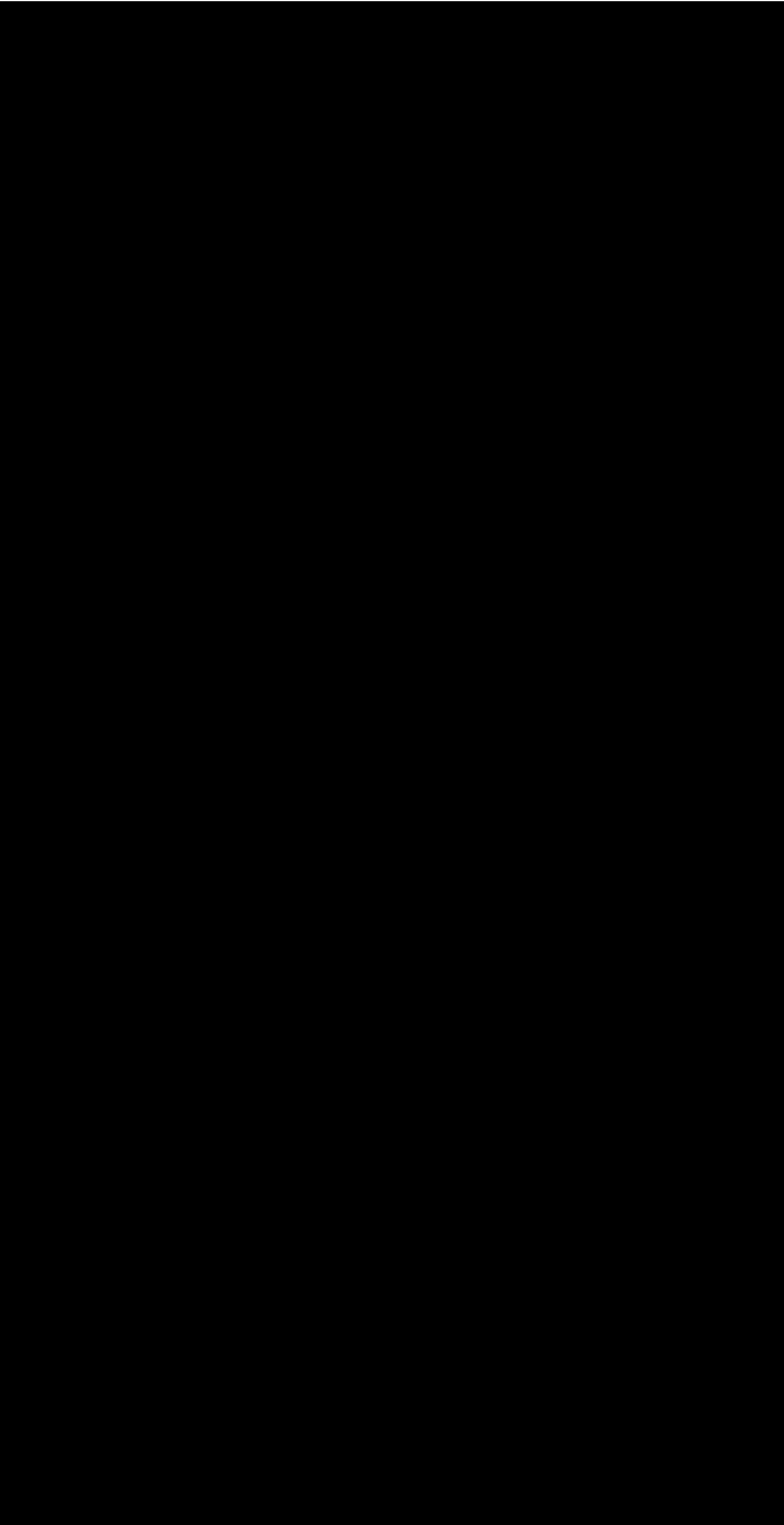
Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC9	System Compliance and Security	Standards	Vendor's system must apply security across the Internet (e.g., user profiles and passwords, level of encryption, certificates, firewalls, etc.) that meets or exceeds the current HIPAA/MARS-E (current version) privacy and security regulations, FIPS 140-2 (FIPS 140-3 starting January 2026), NIST 800-53 v5 (or current version) as well as Health Information Technology for Economic and Clinical Health Act (HITECH) rules.			
SC10	System Compliance and Security	Standards	Vendor shall implement policies and procedures, approved by the State, to limit physical access to its electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed, in accordance with (45 CFR Part 164.306). These policies and procedures must prevent, detect, contain and correct any security violations.			



Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC11	System Compliance and Security	Security and Privacy Plan	Vendor shall obtain and incorporate input from the State and specified Stakeholders, with respect to the Security and Privacy Plan, the State's Data Center and all other applicable operations facilities, workspaces, and offices, including County Operations.			
SC12	System Compliance and Security	Standards	Vendor's system must support protection of confidentiality of all Protected Health Information (PHI) delivered over the Internet or other known open networks via encryption using Advanced Encryption Standard (AES) and an open protocol such as Transport Layer Security (TLS), supported ciphers, Secure Sockets Layer (SSL), Internet Protocol Security (IPsec), XML encryptions, or Secure/Multipurpose Internet Mail Extensions (S/MIME) or their successors. The Vendor's system must be subject to external Audit checks.			



Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC13	System Compliance and Security	Security	<p>Vendor shall implement the following security and compliance measures:</p> <ol style="list-style-type: none"> 1. Security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level to comply with Title 45 CFR 164.306(a). 2. For risk analysis, an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held by the covered entity (State and Vendor). 3. Apply appropriate sanctions to workforce members who fail to comply with the security policies and procedures of the covered entity. 4. Procedures to review records of information system activity, such as audit logs, access reports, and security incident tracking reports, on a frequency determined by the State. 5. Assigned security officer who is responsible for the development and implementation of the policies and procedures required by this subpart of HIPAA. 6. Security awareness and training program for all members of Vendor's workforce. 7. Procedures for guarding against, detecting, and reporting malicious software. 8. Identify and respond to suspected or know security incidents, mitigate, to the extent 	Yes	<p>One hundred percent (100%) of the time the Vendor shall meet the described service criteria. The Vendor must notify the State within 4 hours of any known improper or unauthorized attempt at modification of ePHI.</p>	<p>One thousand dollars (\$1000) per instance one of the metrics are not followed.</p>
SC14	System Compliance and Security	Access	<p>Vendor's system must provide an Electronic Data Processing (EDP) environment (including that portion controlled by Vendor and that portion controlled by the State) that accompanies the following activities:</p> <ol style="list-style-type: none"> 1. Log and report any privacy or security incident to the appropriate State personnel and/or Incident Reporting Site: IRIS (https://arkdhs.sharepoint.com/sites/dhs-oit/SitePages/IncidentReporting.aspx.) 2. Establish a limit of unsuccessful access log-on attempts after which a user will be disconnected. 3. Disconnect any user for whom the log-on attempt limit has been reached. 4. Automatically log-off a user if a key is not depressed/entered within a time established by the State. 5. Provide role-based access for each application and system. Roles are to be assigned and managed by state. Ideally a single tool will be provided by the Vendor to manage these roles for all applications. 6. Log and report to the appropriate Vendor or State staff all unauthorized attempts to access the system. 7. Complete masking of all passwords and identification numbers used by Vendor and State employees. 	Yes	<p>Monthly Reporting: Any/all reports determined to be "monthly" in nature are due within five state business days post month end, unless otherwise directed by the State.</p>	<p>Two Hundred Fifty Dollars (\$250) per State business day the Scheduled report is not received or is unacceptable to the State.</p>
SC15	System Compliance and Security	Security	<p>Vendor's system must include the same security provisions for all testing environments as those used in the production environment except those provisions implemented specifically to protect confidential information (e.g., PII)</p>			



Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC16	System Compliance and Security	Security	Vendor shall notify DHS within one (1) hour of identifying any potential or actual physical or system security incident and work to plan and implement corrective action to mitigate the security incident. (The one (1)-hour notification requirement overrides the twenty-four (24)-hour notification requirement for security incident reporting found in the Business Associate Agreement [BAA] and Data Sharing Agreement (DSA). All Security Events that require evaluation for incident or breach notification will be reported within five (5) business days.	Yes	An occurrence is considered to be any instance the Vendor fails to notify DHS of a potential or actual physical or system security incident and work to plan and implement corrective action within one (1) hour of incident identification/discovery. Damages are applicable to every singular instance of an occurrence.	One percent (1%) of monthly invoice per incident and an additional one percent (1) of month invoice per every one (1)-hour period succeeding initial noncompliance. Assessed Monthly
SC17	System Compliance and Security	Standards	Vendor's software, systems, components, and JAR files, including code frameworks, must be maintained to version N-2 and be within Vendor support. Vendor shall submit quarterly reports to the State showing full compliance. Vendor shall be up to date with version compliance (end of life, end of support, and current software version, etc.) throughout the life of the contract. Vendor shall demonstrate version compliance throughout the Maintenance and Operations (M & O) phase. Items that are non-compliant shall be tracked on the Plan of Action & Milestones (POA&M). Vendor shall track End of Life components as a HIPAA non-compliance issue.	Yes	An occurrence is any instance the Vendor fails to deliver, maintain, and/or operate systems in compliance with HIPAA and State Information Technology Security Manual (may be contingent upon a thirty (30)-day notice-to-cure, CM discretion, and any other DHS-agreed-upon stipulations and timeframes to bring the system(s) into compliance).	One percent (1%) of monthly invoice per noncompliance incident. Assessed Monthly
SC18	System Compliance and Security	Standards	Vendor's system must operate within a Role Based Access Control infrastructure conforming to ANSI INCITS 359-2004, American National Standard for Information Technology – Role Based Access Control.			
SC19	System Compliance and Security	Reporting Management	Vendor shall support color-coded status and progress indicators as defined by the State.			
SC20	System Compliance and Security	Reporting Management	Vendor shall provide the functionality to configure thresholds and automatically send alert notifications to the State for all SLA targets that are missed, as defined by the State.			

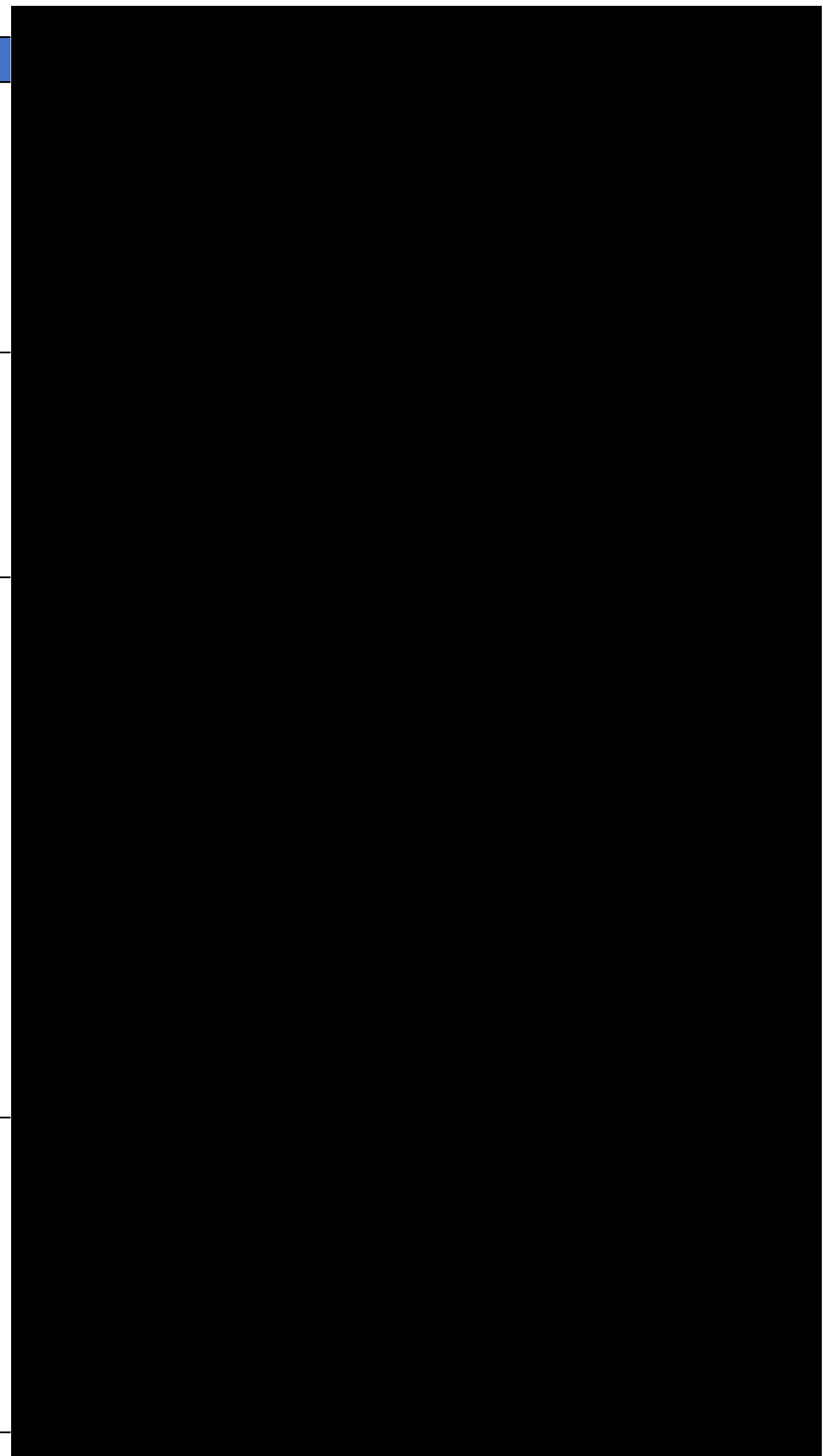
Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC21	System Compliance and Security	Reporting Management	Vendor shall establish and document Security and Privacy monitoring criteria, thresholds, benchmarks, and alerts with respect to an operationalized Systems and Services environment. Vendor shall submit a report detailing criteria and any findings to the State, as directed.			
SC22	System Compliance and Security	Reporting Management	Vendor shall track all Scan Findings as "issues" and resolve in a timeline per MARS-E 2.2 (or current version) resolution guidance. Vendor shall track using a Plan of Actions and Milestones (POA&M). All security and vulnerabilities must be reviewed during a weekly meeting.	Yes	An occurrence/finding is considered to be any instance the Vendor fails to track and resolve a Scan Finding per MARS-E 2.0 (or current version) resolution guidance. Damages are applicable to every singular instance of an occurrence.	One-half percent (.5%) monthly invoice per noncompliance. Assessed Monthly
SC23	System Compliance and Security	Deliverables	Vendor shall produce all system scans, code scans, system hardening scans, and vulnerability scans, unedited and in full, and be delivered within two (2) business days for review by DHS upon request for certification, audit, and incident management purposes. Upon Vendor contract execution date, a State resource will be identified for managing and validating all security compliance.	Yes	An occurrence is any instance the Vendor fails to complete a CIS Hardening Scan with no findings prior to server acceptance and/or annually or fails to deliver a CIS Hardening Scan Level 1 to DHS with the monthly SLA Report (when applicable). Damages are applicable to every singular instance of an occurrence. Partial time periods succeeding initial noncompliance are rounded up to the nearest two (2)-business-hour increment and prorated.	One percent (1%) of monthly invoice for failure to deliver a full, unedited scan to DHS within two business days of request and an additional one percent (1%) of monthly invoice per every two (2) business-day period succeeding initial delivery noncompliance. Assessed Monthly



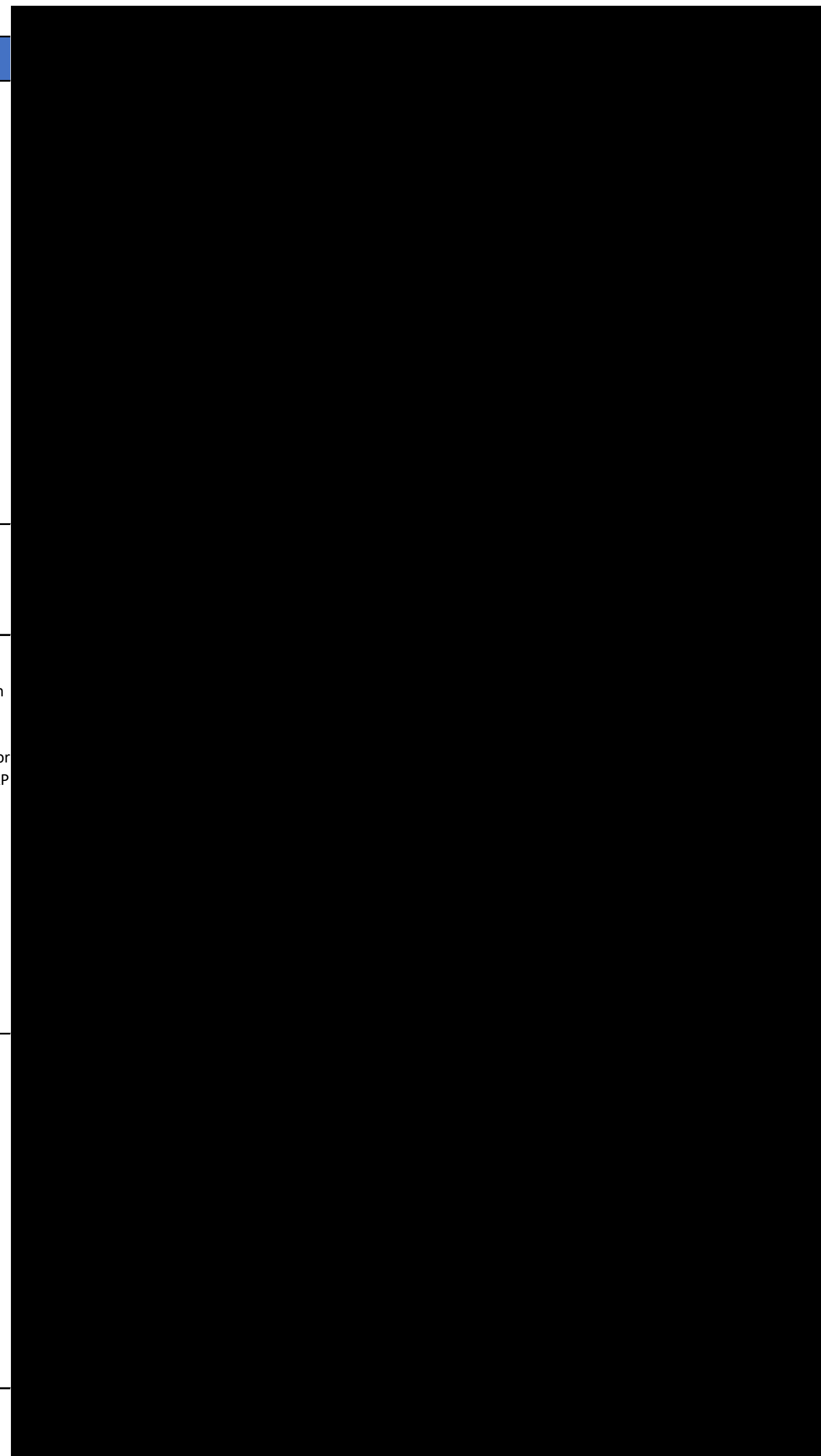
Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC24	System Compliance and Security	Deliverables	Vendor shall produce Center for Internet Security (CIS) Hardening Scans Level 1 and complete before server acceptance with no findings and reevaluated annually. CIS Hardening Scans Level 1 must be delivered to DHS with the monthly report, when applicable.	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	One-half percent (.5%) of monthly invoice for failing to complete a CIS Hardening Scan Level 1 before server acceptance with no findings or failing to reevaluate annually, one-half percent (.5%) of monthly invoice for every CIS Hardening Scan Level that is not delivered to DHS with the monthly report (when applicable), and an additional one-half percent (.5%) of monthly invoice for every one (1)-business-day period succeeding initial delivery noncompliance. Assessed Annually and prior to server acceptance
SC25	System Compliance and Security	Alerts	Vendor shall alert appropriate State staff authorities of potential violations of privacy safeguards, such as inappropriate access to confidential information per DHS and HHS policies.			
SC26	System Compliance and Security	Deliverables	Vendor shall maintain compliance with NIST 850-53 published standards throughout the life of the contract. Compliance Vulnerability Scans for current version of NIST SP 800-53 must be completed quarterly and upon major system change. The results of these scans must be delivered to DHS with the monthly report ,when applicable. This requirement is applicable throughout the life of the contract.	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	One percent (1%) of monthly invoice for failing to complete a Compliance Scan during an annual quarter or upon a major system change, one percent (1%) of monthly invoice for every Compliance Scan that is not delivered to DHS with the monthly report (when applicable), and an additional one-half percent (.5%) of monthly invoice for every one (1)-business-day period succeeding initial delivery noncompliance. Assessed Quarterly and upon major system changes.
SC26	System Compliance and Security	Access	Vendor shall use State email account for all Dental Managed Care related business. State email and access to the State's system requires staff to submit their social security number for their user profile.			



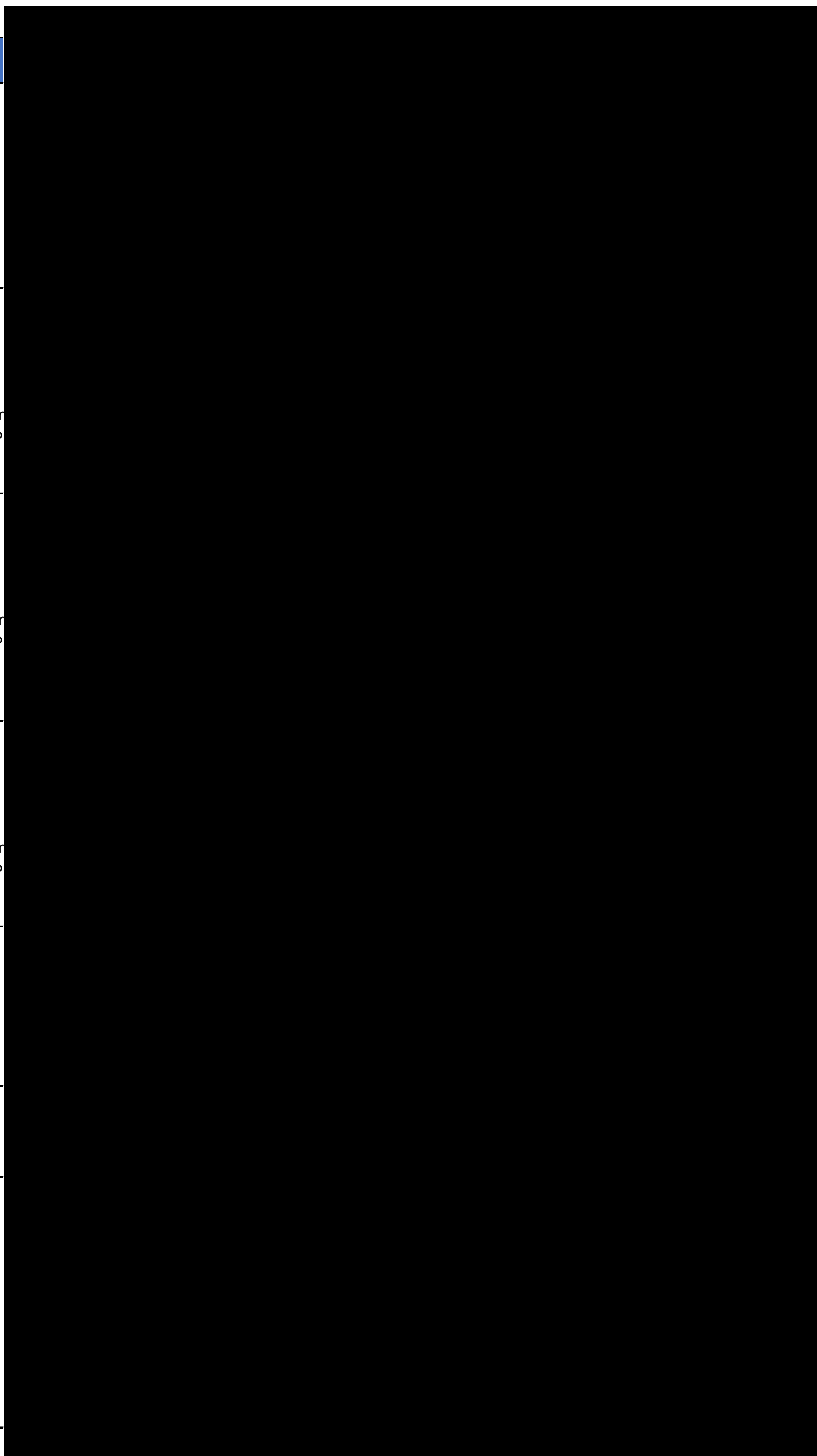
Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC27	System Compliance and Security	Security	Vendor shall encrypt Dental Managed Care claims and eligibility data during transit and when stored following the current MARS-E guidelines.			
SC28	System Compliance and Security	Deliverables	Vendor shall provide the documented statements of the Data Center's ability to provide the following capabilities and assurances: 1. SSAE 16 Type II Audits (Statement on Standards for Attestation Engagements) 2. Information Technology Infrastructure Library (ITILv3) Best Practice Standards 3. Vendor shall provide security level with certificate (i.e., gov or FEDRAMP)			
SC29	System Compliance and Security	Security and Privacy Plan	Vendor shall establish Security and Privacy Plan governance structures designed to assess the audits and make recommendations to improve the Security and Privacy Plan obligations.			
SC30	System Compliance and Security	Security	Vendor shall ensure that all data being stored or exchanged outside of the direct Vendor's System-certified data center and cloud solutions are either encrypted or de-identified so that all protected health information (PHI) data is protected from accidental disclosure, in accordance with current MARS-E requirements. This includes, but is not limited to, offsite backup media; desktop/laptop disk drives; and data exchanges between any Stakeholders, including State data centers. Any determined need for "live" program data for supporting testing phases must be approved in writing by the State's Contract Administrator.			



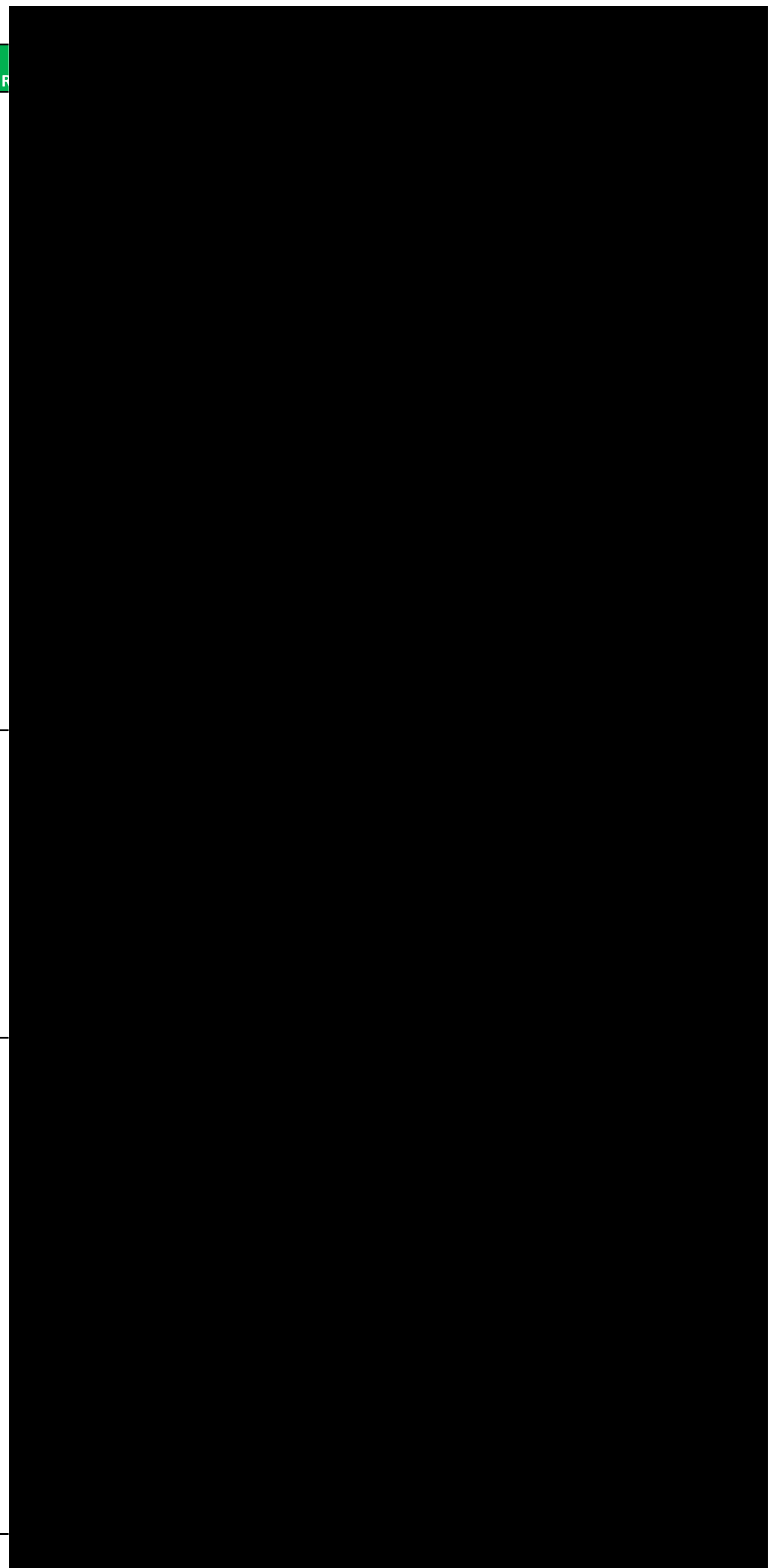
Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC31	System Compliance and Security	Security	Vendor shall implement and maintain procedures for removal/ destruction of ePHI from electronic media before the media are made available for reuse according to current MARS-E (current version) guidelines.			
SC32	System Compliance and Security	Access	Vendor shall support configuration of permissions so that State Contract Administrator approval is required for the permissions or access of users to print certain items using the "Screen Print" function.			
SC33	System Compliance and Security	Reporting Management	Vendor shall notify DHS within four (4) hours of identifying any potential or actual security incident. Vendor shall provide an initial written report to the Department within 24 hours following the identification of any Security Incident, detailing all actions taken concerning the incident. "Security incident" does not include pings, port scans, unsuccessful log-on attempts, denials of service, other broadcast attacks on our firewall, and any combination of the above, so long as such incident event did not result in unauthorized access, use or disclosure of PHI, or system unavailability; this includes communications to a defined list of personnel at the State (tied to COOP/DR). The State staff shall approve the Vendor's response plan, including specific steps and timeframes for resolution or indicate that it is continuing to investigate.	Yes	Vendor shall initiate communications with State staff during an incident and ongoing communications will be hourly and progressive.	One thousand dollars (\$1000) in which notification has not been received within four (4) hours, and then \$1,000 per State business day for each additional day a CAP is not submitted to the State.
SC34	System Compliance and Security	Security	Vendor shall implement a Security Incident and Event Management System for analysis and reporting activities, on an independent server and provide client specific information (log files, data extracts) to State and other state-authorized Stakeholders in the event of a security event. The Vendor shall provide a dedicated security contact for all points of contact.			



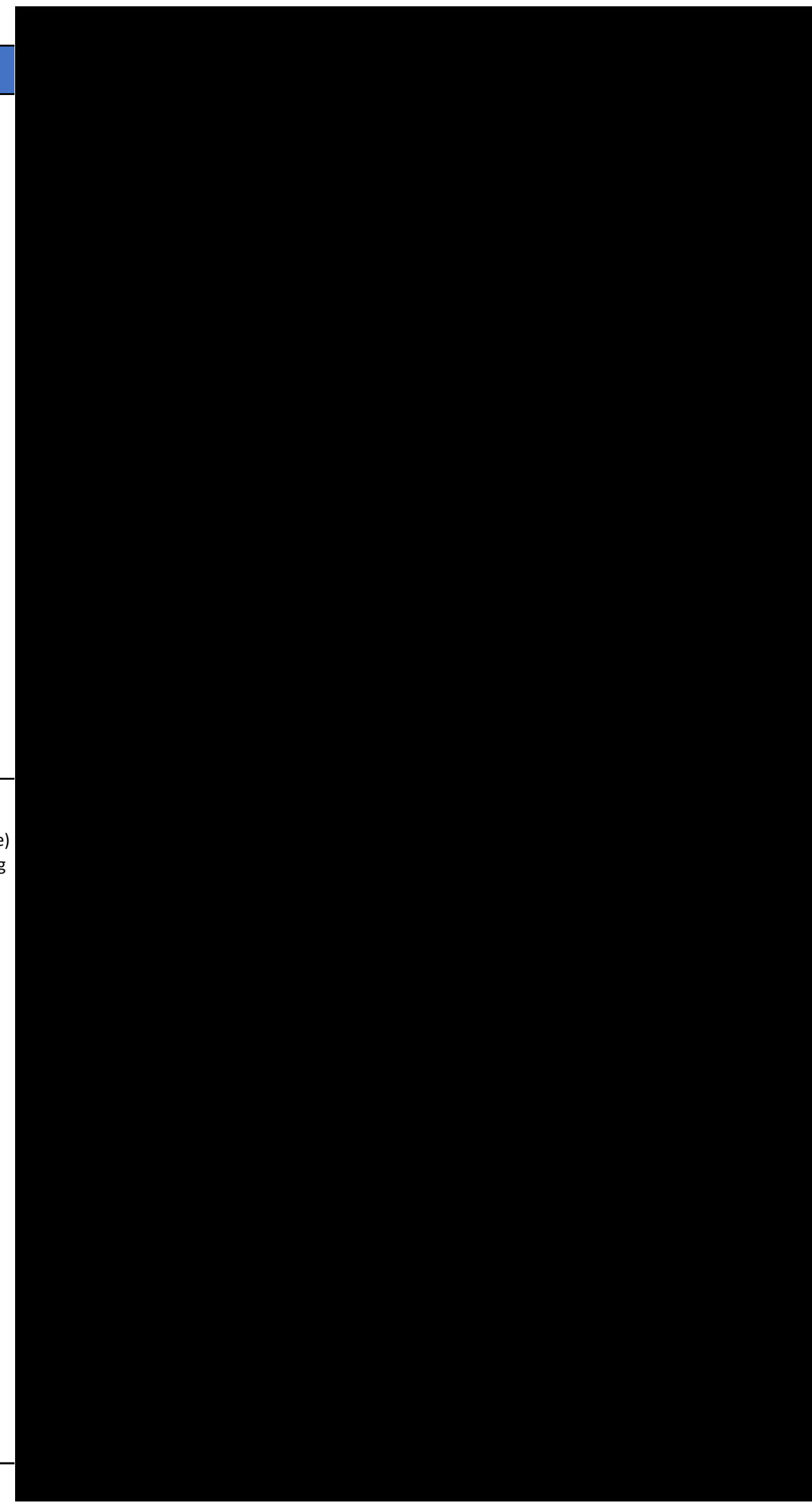
Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC35	System Compliance and Security	Standards	Vendor shall ensure the system(s) maintains compliance with current and future applicable security, privacy, accessibility, and certification laws (State and Federal), throughout this RFP. Where any of these overlap, the Vendor shall ensure that the system(s) must always strive to attain the more stringent policy. Vendor shall retain responsibility for all modifications to the system(s) to maintain compliance.			
SC36	System Compliance and Security	Standards	Vendor shall ensure the confidentiality, integrity, and availability of Electronic Protected Health Information (ePHI). Further, the Vendor shall ensure the system supports integrity controls to guarantee that transmitted ePHI is not improperly modified without detection. Vendor shall report any confirmed attempts of improper modification of ePHI to State contact immediately.	Yes	Vendor shall notify the State within 4 hours of any known improper or unauthorized attempt at modification of ePHI.	One thousand dollars (\$1000) in which notification has not been received within four (4) hours, and then \$1,000 per State business day for each additional day a CAP is not submitted to the State.
SC37	System Compliance and Security	System, Tools and Technical Capabilities	Vendor shall implement policies and procedures for guarding, monitoring, and detecting malicious software (e. g. viruses, worms, malicious code, ransomware, etc.), implement controls based on trends, and immediately report confirmed attempts or incidents to State.	Yes	Vendor shall notify the State within 4 hours of discovery of malicious software.	One thousand dollars (\$1000) in which notification has not been received within four (4) hours, and then \$1,000 per State business day for each additional day a CAP is not submitted to the State.
SC38	System Compliance and Security	Security	Vendor shall propose, for State approval, and implement system controls to ensure system security during software program changes and promotion in any environment that contains regulatory data. Vendor shall immediately report any confirmed security breaches during the software change or promotion.	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria. The Vendor shall notify the State within 4 hours of identification of any successful security breach	One thousand dollars (\$1000) in which notification has not been received within four (4) hours, and then \$1,000 per State business day for each additional day a CAP is not submitted to the State.
SC39	System Compliance and Security	Security	Vendor shall provide a network infrastructure solution that will be self-contained and in its own security perimeter. In securing the perimeter of the Vendor's network, the use of current and supported International Computer Security Association (ICSA) compliant firewalls are required.			
SC40	System Compliance and Security	Standards	Vendor shall provide a flexible solution that is positioned to effectively meet the requirements of future changes to HIPAA regulations throughout the life of the contract.			
SC41	System Compliance and Security	Security	Vendor shall provide a solution that delivers logical isolation and segregation of State data from other Vendor's customers to prevent the access of State data from unauthorized parties. All access requests will be approved by designated State staff. Vendor's proposed solution must comply with all court ordered or warranted requests for data access.			



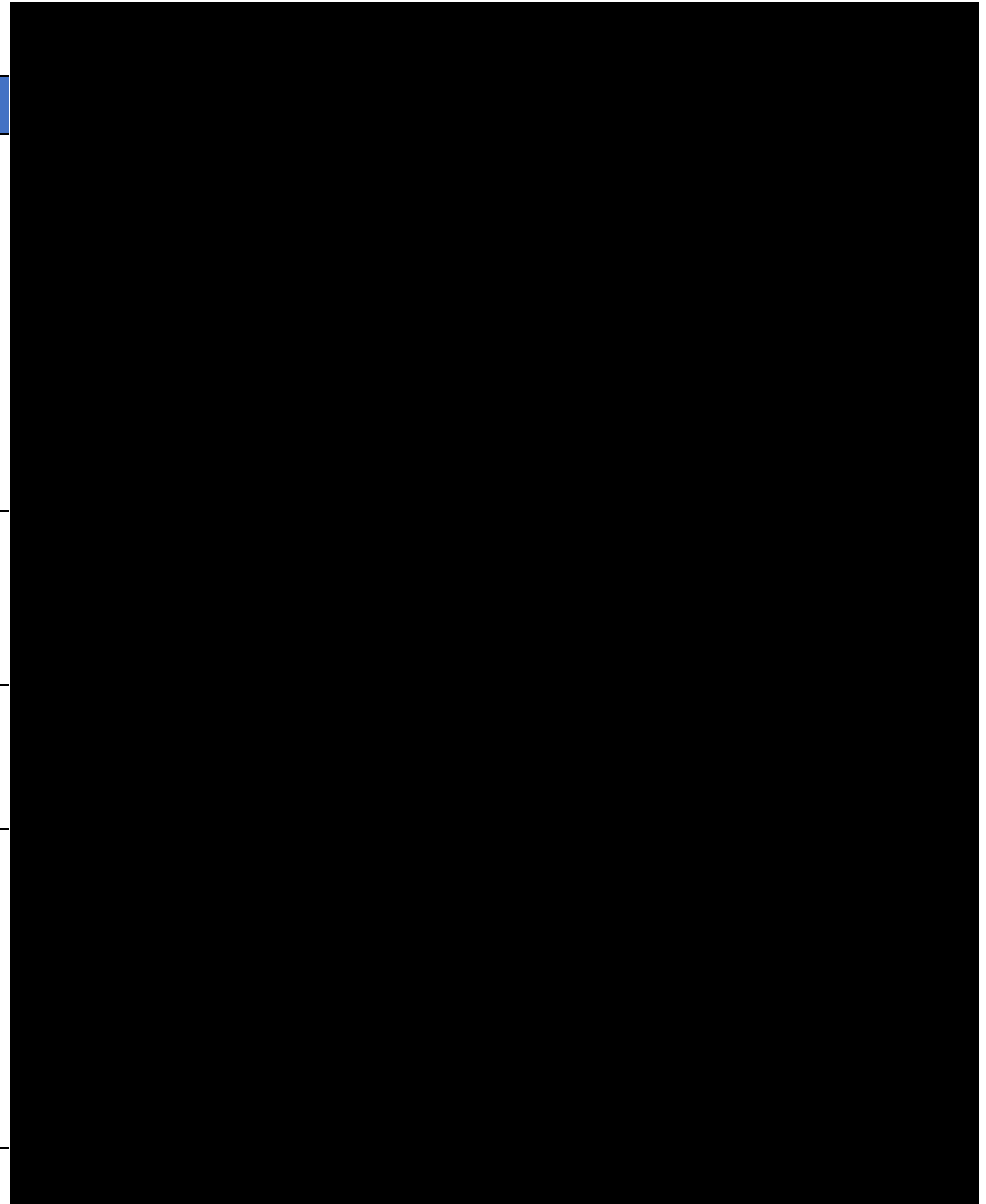
Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC42	System Compliance and Security	Security	Vendor shall provide internet security functionality to include the use of firewalls, intrusion detection/intrusion prevention (IDS/IPS), https, encrypted network/secure socket layer (SSL), security provisioning protocols, and Internet protocol security (IPSEC), as well as provide data loss prevention tools (DLP) and use supported certificates.			
SC43	System Compliance and Security	Access	Vendor shall maintain system and access log files for all system(s) / database(s) on a timeframe when requested designated by the State. These log files must contain a complete accounting of all activity for a given system, tracking all security, or access request and approval documentation, as required by the most stringent relevant Federal regulation (CMS, NIST, MARS-E (current version). Vendor shall provide State-authorized Stakeholders' access to all logs in a State approved format.			
SC44	System Compliance and Security	Security	Vendor shall lead the coordination and management of all security processes for the system. Vendor shall ensure that all sub Vendors that have access to protected health information/confidential data, sign and comply with a Business Associate Agreement (BAA) or other Data Sharing agreement (DSA) documentation as required, which contains all requirements mandated by the BAA on file between the Vendor and State and comply with HIPAA regulations for such agreements. The required standards can be found under Title II, Subtitle F, Sections 261 through 264 of the HIPAA, Pub. L. 104-191. Further, the Vendor shall ensure that all individuals having access to the confidential data will agree in writing to abide by State and Federal rules and policies related to confidentiality at the time of initial contracting and annually.			



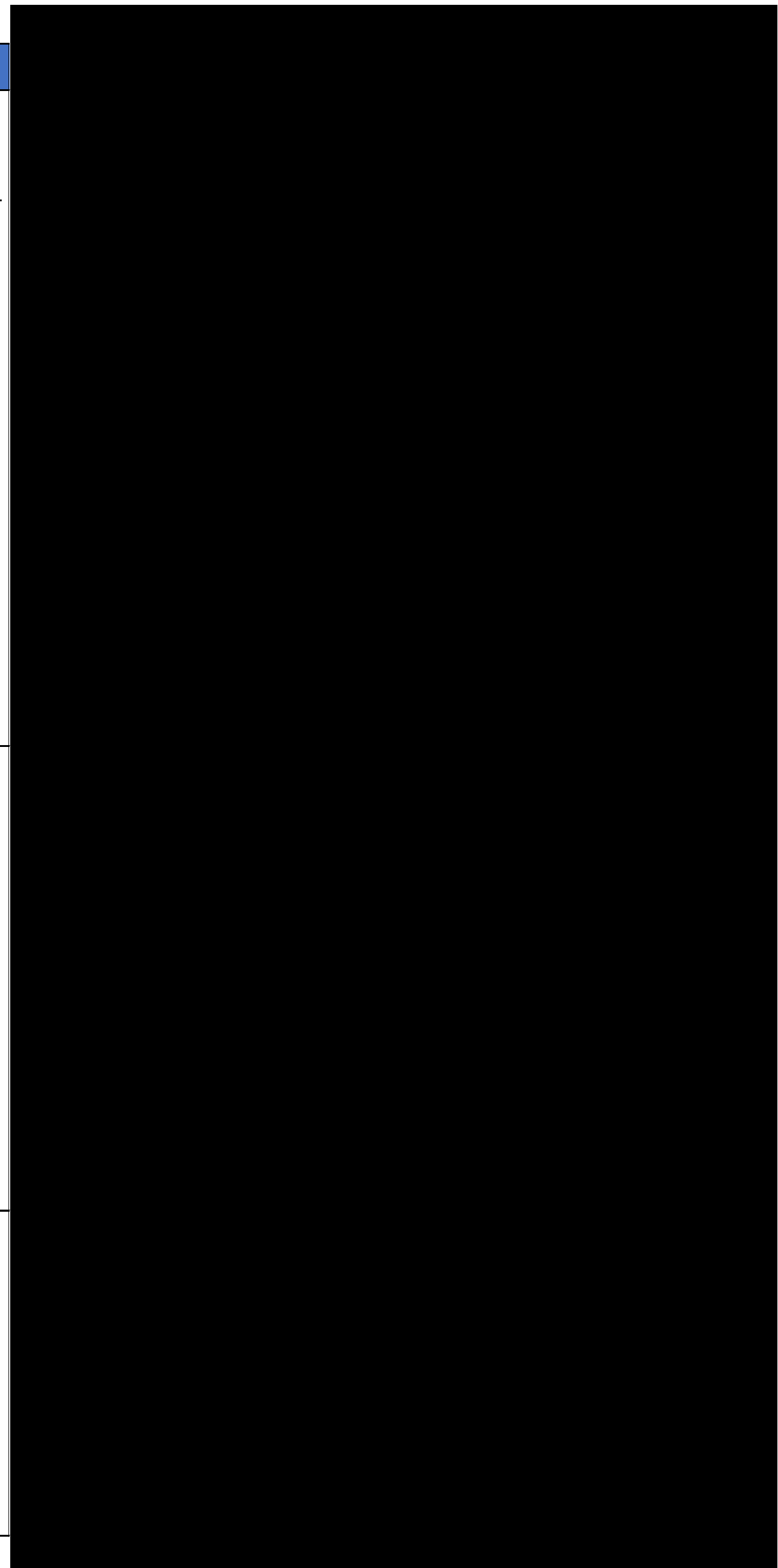
Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC45	System Compliance and Security	Security	Vendor shall implement and maintain a secure environment providing secure file encryption and transfer processing, such as the MOVE-it application, meeting the most current version of FIPS 140 standards as recommended by CMS and enabling all reporting of testing and review activities available to State. Vendor shall ensure full compliance with FIPS 140-3 required by January 2026 or per future guidance by CMS. FIPS 140-2 was made obsolete in March 2019 but the is accepted with migration plan to FIPS 140-3.			
SC46	System Compliance and Security	Standards	Vendor shall ensure that the system(s) provides three (3) types of controls to maintain data integrity: 1. Preventive Controls: controls designed to prevent errors and unauthorized events from occurring 2. Detective Controls: controls designed to identify errors and unauthorized transactions which have occurred in the system 3. Corrective Controls: controls to ensure that the problems identified by the detective controls are corrected. Vendor shall ensure the controls must be in place at all appropriate points of processing to comply with current federal and state standards; should the proposed solution not meet these standards; the State may assess performance penalties accordingly. Compensating controls, approved by State, and will be implemented.	Yes	Failure to be in compliance with a state audit of outlined and approved controls.	One thousand dollars (\$1000) if not in compliance within 5 (five) business days after being notified by the state of noncompliance.



Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC47	System Compliance and Security	Standards	Vendor shall implement and maintain a secure environment for real time access to Arkansas Medicaid data, using a fully functional and documented security software package for all environments. This secure environment must not include the use of http. The use of code review software and secure file encryption and transfer must meet the most current version of FIPS 140 standards as adopted by NIST; enabling all reporting of testing and review activities available to State.			
SC48	System Compliance and Security	Security	Vendor shall provide to the State their solutions to de-identify data, along with the provision of HIPAA Compliant statistical certification on the de-identification of data.			
SC49	System Compliance and Security	Staffing	Vendor shall designate a full time privacy and security officer to ensure and maintain current compliance with HIPAA, NIST, MARS-E, and other Federal and State privacy and security standards.			
SC50	System Compliance and Security	Training	Vendor shall provide training to Vendor staff and authorized users in the use of the security management system for both initial implementation and ongoing operations. In addition, the Vendor shall provide workforce security awareness through such methods as security reminders (at log on or screen access), training reminders, online training capabilities, and/or training tracking. If users fail to complete required trainings, access to the system will be denied.			



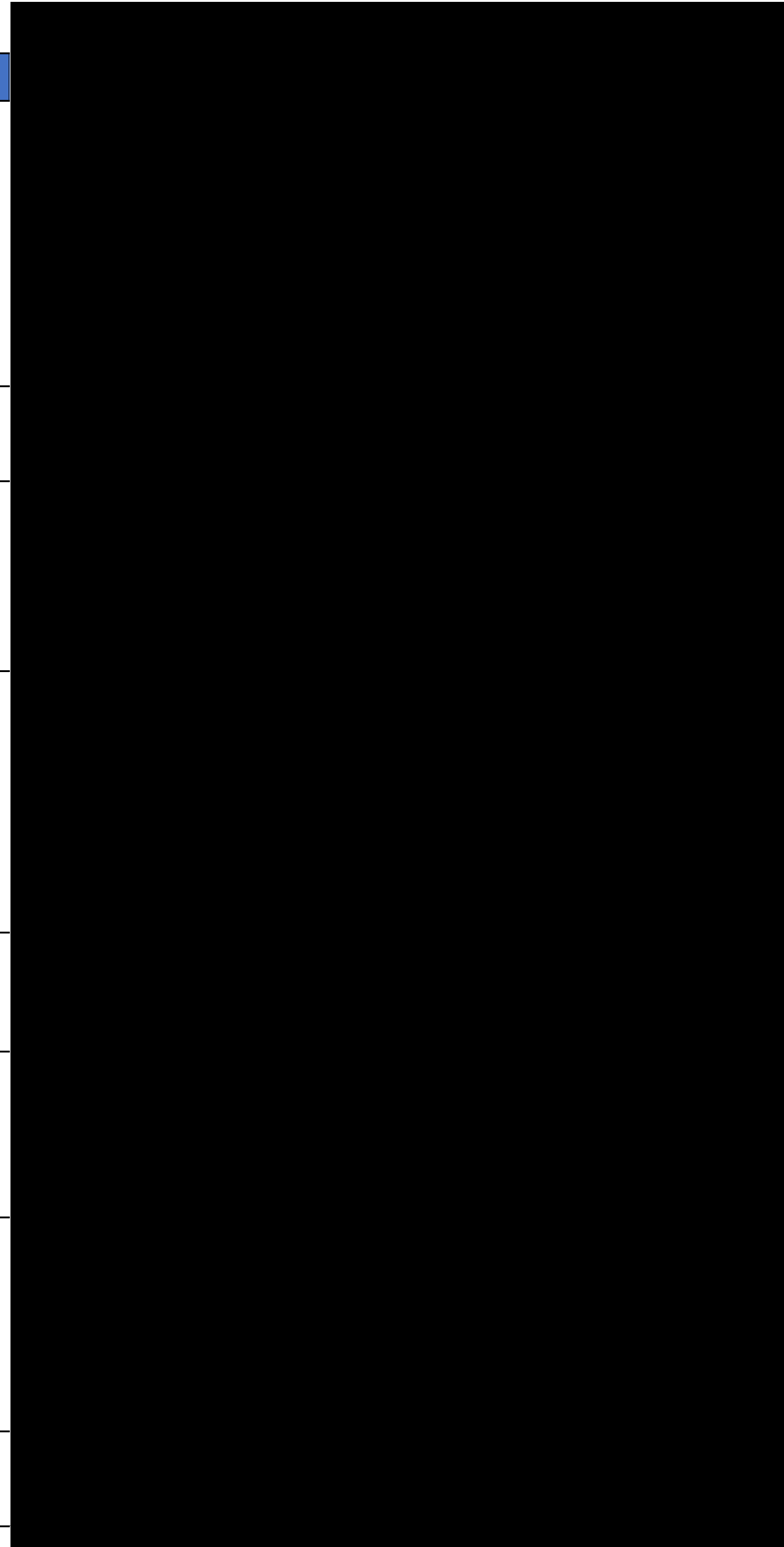
Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC51	System Compliance and Security	Access	Vendor shall conduct a review , and update (as applicable) access rights for all, quarterly or upon request of State. The Vendor will provide a workflow process for review of user activities and actions. System will also provide auditing capabilities for approved audit resources, such as CMS requests to audit access rights and user ids. Vendor shall supply this information to the State on a quarterly basis, broken down by department, and shall be submitted for State review and approval. All such documentation will be maintained a minimum of ten (10) years, per current HIPAA requirement.	Yes	Calendar quarterly audit review and reporting must be provided to the state.	Two Hundred Fifty Dollars (\$250) per business day the scheduled report is not received or is unacceptable to the State.
SC52	System Compliance and Security	Deliverables	Vendor shall propose a security access and management plan which ensures the system performs , at a minimum, the following functions: 1. Verifies the identity of all users and denies access to invalid users 2. Supports a user security profile that controls user access rights to data categories and system functions 3. Maintains a list of authorized users and their security profiles, including updating security files with State-approved additions of new staff and changes to existing security profiles and staff terminations. 4. Provides two-factor authentication that is scalable and aligns with federal guidelines 5. Initially grants users accounts with no access rights and builds each user's security rights profile based on user role and approved security access.			
SC53	System Compliance and Security	Security	Vendor shall review all security patches relevant to the environment and classify the need and speed in which the security patches should be installed as defined by security policies as outlined in MARS/NIST as critical, high, medium, and low.			



Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC54	System Compliance and Security	Reporting Management	Vendor shall provide a documented process for evaluating security alerts from OS and application vendors, shielding systems from attack until patched, and installing security patches and service packs as outlined in MARS/NIST as critical, high, medium, and low.			
SC55	System Compliance and Security	Security	Vendor's solution must provide Multi-factor authentication (MFA), as prescribed by the State (i.e., Vendor's UI systems), for achieving and maintaining compliance and reduce the risk of system penetration by unauthorized login attempts using the current State approved product (e.g., Azure). Vendor shall develop and document a process for Third Party Penetration testing that has been reviewed and approved by the State. This testing must be completed at least annually and the raw results and final reports will be provided to the State.	Yes	An occurrence is considered to be any instance the Vendor fails to provide MFA for any UI access.	State may assess up to \$500 in liquidated damages for each failure to provide MFA for UI access.
SC56	System Compliance and Security	Security and Privacy Plan	Vendor shall conduct an annual Security and Privacy Plan risk analysis to identify system security policies, procedures, and controls (e.g., administrative, physical, technical, and identity management).			
SC57	System Compliance and Security	Access	Vendor shall permit State designated officials to set and modify user security access profiles.			



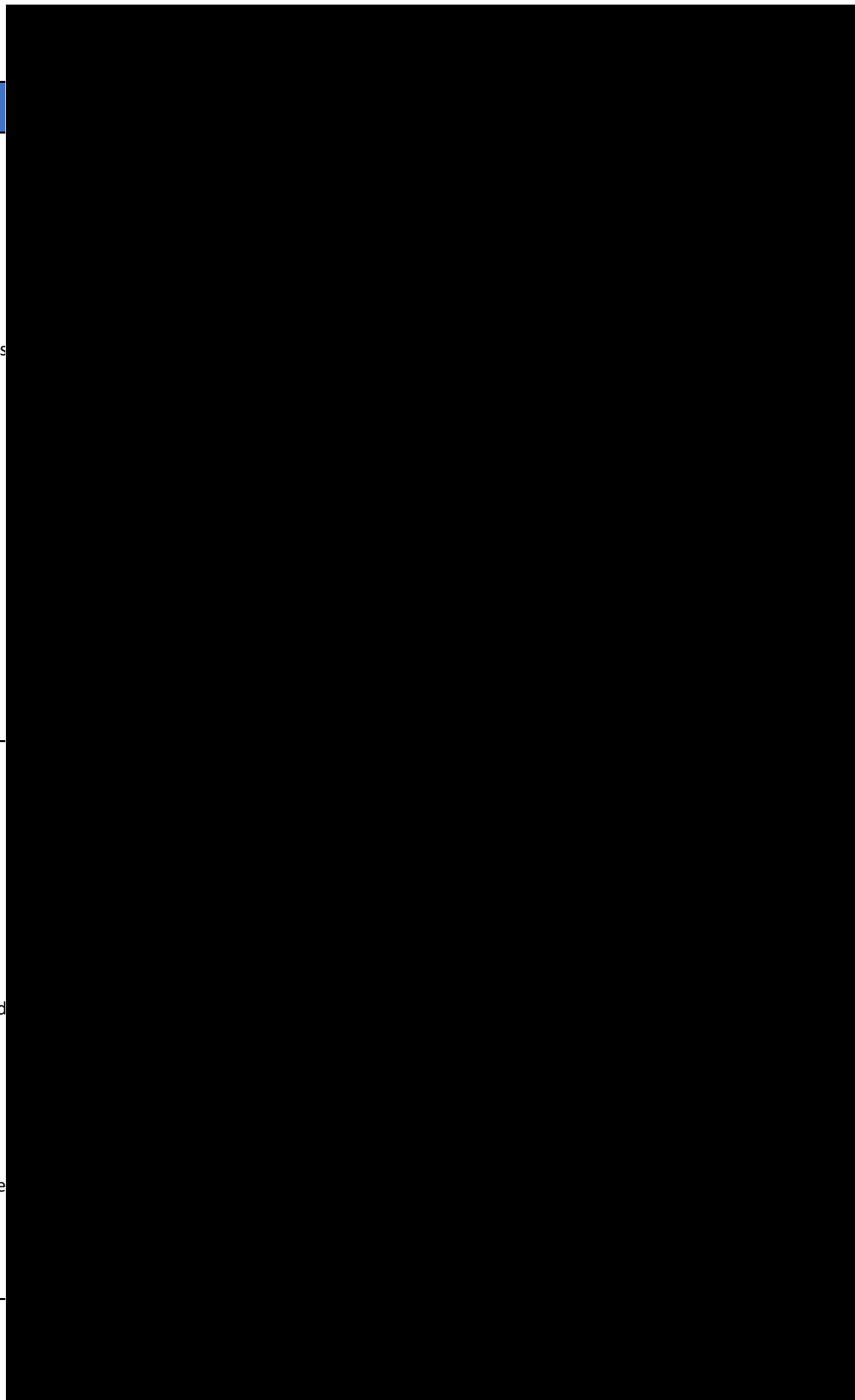
Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC58	System Compliance and Security	Access	Vendor shall assign a unique name or number for identifying and tracking user identity.			
SC59	System Compliance and Security	Standards	Vendor shall comply with State computer application and network security policies (e.g., Active Directory authentication, data encryption, bandwidth, etc.).			
SC60	System Compliance and Security	Standards	Vendor's solution must meet current MARS-E (current version) compliance standards to ensure secure handling of Personally Identifiable Information (PII), Protected Health Information (PHI), and Federal Tax Information (FTI) of US Citizens. MARS-E is based on the National Institute of Standards and Technology (NIST) Special Publication (SP) 800.53.R5.			
SC61	System Compliance and Security	Security and Privacy Plan	Vendor shall collaborate with DHS to provide a Security/Privacy Management Plan (SMP) that, at a minimum, documents the Vendor's plan to comply with State and Federal Security and Privacy rules, regulations, and guidelines, and sufficiently addresses the challenges represented within a multi-Vendor, integrated systems solution. DHS will initially approve the Security/Privacy Plan and will conduct audits/evaluations of the Plan established by the Vendor at least annually.			
SC62	System Compliance and Security	Contract Management	Vendor shall conduct a weekly security meeting with DHS CISO, Privacy, Vendor's team, operations, and others as defined to update, plan and determine remediation strategy of all findings.			
SC63	System Compliance and Security	Reporting Management	Vendor shall support DHS in producing security related activities such as report development, controls documentation, HIPAA compliance activities, performing security audits, etc. Upon Vendor contract execution date, a State resource will be identified for managing and validating all security compliance.			
SC64	System Compliance and Security	Security	Vendor's solution must provide network-based intrusion detection systems (NIDS), which aggregates and analyses the security events from various sources. NIDS should monitor network traffic by sniffing (capturing) network packets and analyzing the traffic data according to intrusion detection rules.			
SC65	System Compliance and Security	Deliverables	Vendor shall complete all required state and federal security documents including, but not limited to, System Security Plan, Risk Assessment and Contingency Plan.			



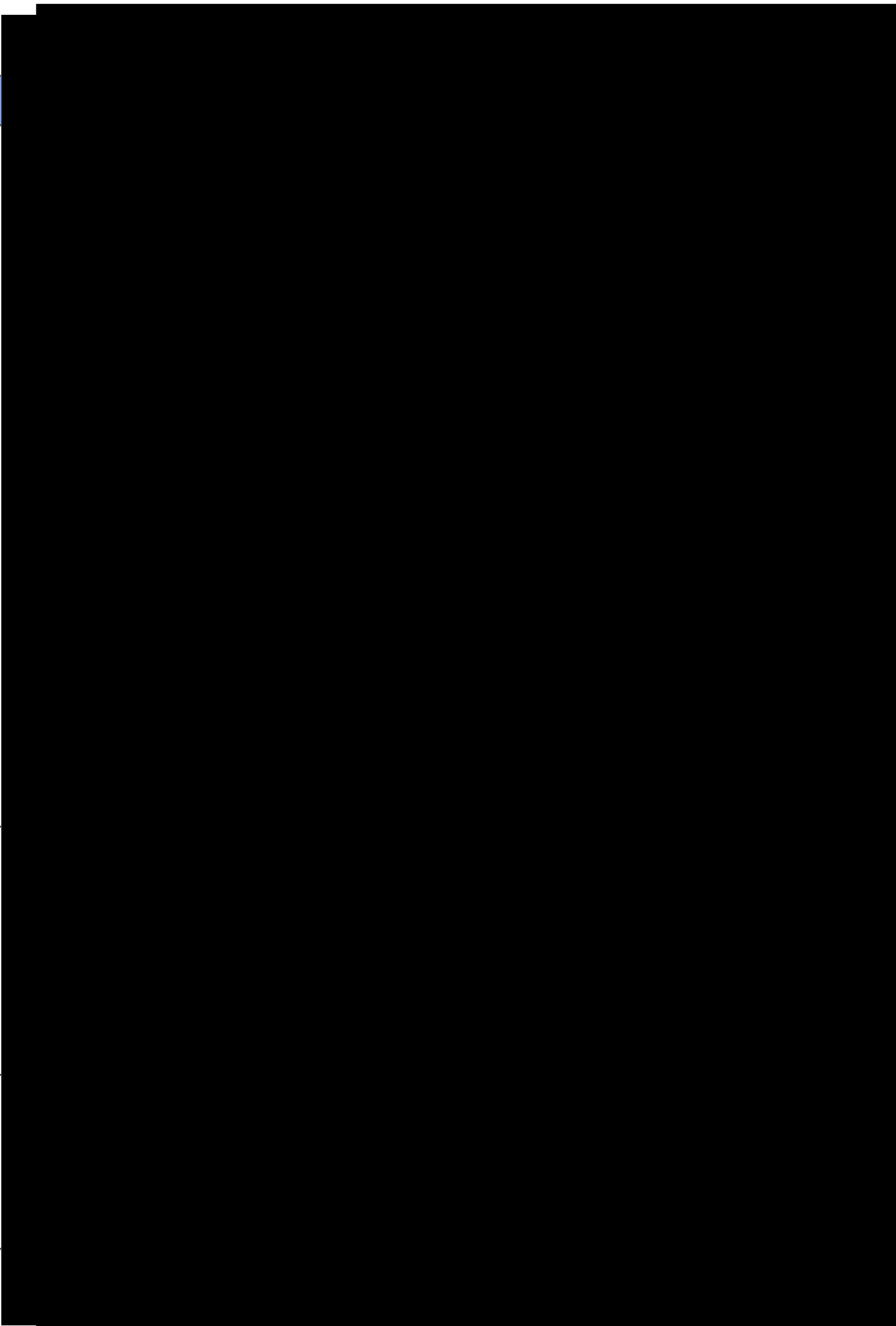
Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC66	System Compliance and Security	Deliverables	Vendor shall provide planning deliverables as defined in the SOW (e.g., Security plan, Capacity plan etc.) using Microsoft software products and/or pdf. The software version to be used must match the State's approved standards and be approved by the State. The software version must be no less than a version still available on the common market and that is still supported by the manufacturer. The State will work with Vendor in approving specific versions to assure that the application is synchronized with the State standards and any broader State plans and schedules.			
SC67	System Compliance and Security	Standards	Vendor's system must adhere with the sub-parts of Section 508 of the Americans with Disabilities Act (ADA) guidelines, and any other appropriate State or Federal disability legislation (https://www.section508.gov/). Vendor shall provide the State with their Voluntary Product Accessibility Template (VPAT) explaining how their products meet (conform to) the Revised 508 Standards for IT accessibility. Vendor shall document how any relevant Change Requests will be certified ADA 508 compliant. Vendor shall also coordinate with any State Third Party ADA 508 compliance vendor and provide access to the system for testing purposes.			
SC68	System Compliance and Security	Security	Vendor shall allow DHS to perform independent Vulnerability Scans.	Yes	An occurrence is any instance the Vendor fails to complete a Vulnerability Scan during a calendar month or fails to deliver a Vulnerability Scan to DHS with the monthly SLA Report. Damages are applicable to every singular instance of an occurrence. Partial time periods succeeding initial noncompliance are rounded up to the nearest two (2)-business-hour increment and prorated.	One percent (1%) of monthly invoice for failin to deliver a full, unedited scan to DHS within two (2) business days of request and an additional one percent (1%) of monthly invoice per every two (2) business-day period succeeding initial deliver noncompliance. Assessed Monthly
SC69	System Compliance and Security	Security	Vendor's system must follow MARS-E (current version) standards and Vendor shall provide the State with updates weekly.			



Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC70	System Compliance and Security	Testing	Vendor shall work with a 3rd party vendor for Penetration testing which must be completed forty-five (45) calendar days prior to operational readiness, upon major System changes, and on an annual basis. Penetration testing results must be delivered to DHS within ten (10) business days of completed testing. Any issues resulting from the Pen testing must be corrected by Vendor within ten (10) business days	Yes	An occurrence is any instance the Vendor fails to complete Penetration Testing forty-five (45) calendar days prior to Go-Live, upon a major system change, and/or annually or fails to deliver Penetration Testing results to DHS within ten (10) business days of completion. Damages are applicable to every singular instance of an occurrence. Partial time periods succeeding initial noncompliance are rounded up to the nearest business-day increment and prorated.	\$5,000 penalty for failing to complete Penetration Testing forty-five (45) calendar days prior to Go-Live, upon a major system change, and/or annually; one percent (1%) of monthly invoice for Penetration Testing results that are not delivered to DHS within ten (10) business days of completion; and an additional one-half percent (.5%) of monthly invoice for every ten (10)-business-day period succeeding initial noncompliance. Assessed annually, upon major system changes, and forty-five (45) calendar days prior to Go-Live.
SC71	System Compliance and Security	Security	Vendor shall transfer in full or in part, upon request of the state, all State-owned/specific data in a format usable by the state and without special support. Vendor shall respond with the amount of time required to perform the transfer and or format change within 24 hours.	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	Three hundred dollars (\$300) per request per State business day or any part of a State business day (past the allowable three (3) State business days) for failure to produce requested records. If, upon review, the records fail to comply with the contract Standard Terms and Conditions, Sections 26 and 27 of the replacement RFP, the Vendor agrees to pay the same amount for each State business day or part of a State business day the Vendor fails to correct the records to the satisfaction of DHS.



Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC72	System Compliance and Security	Documentation Management	Vendor shall provide online access to log data for ninety (90) calendar days, or as prescribed by the most current version of MARS-E (current version).	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	One percent (1%) of monthly invoice per incident of non-compliance of online access to log data. Assessed Monthly
SC73	System Compliance and Security	Documentation Management	Vendor shall maintain the three (3) most recent calendar years, or as prescribed by the most current version of MARS-E (current version), of logged data.	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	One percent (1%) of monthly invoice per incident. Assessed Monthly
SC74	System Compliance and Security	Documentation Management	Vendor shall retain all logs related to security incidents for ten (10) calendar years, or as prescribed by the most recent version of MARS-E (current version).	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	Five percent (5%) of monthly invoice per incident of unretained logs. Assessed Monthly



Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty
SC75	System Compliance and Security	Documentation Management	Vendor shall develop and maintain all documentation required for quarterly security audits and internal control and control testing in compliance with all dates and directions in accordance with all State and Federal regulations.	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria. Vendor shall not fail to be in compliance with a state audit of outlined and approved controls.	One thousand dollars (\$1000) if not in compliance within 5 (five) business days after being notified by the state of noncompliance.



EXECUTIVE SUMMARY

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) is pleased to submit a proposal to the Arkansas Department of Human Services (DHS) to serve Enrolled Members (Members) of the Healthy Smiles Program. LIBERTY's parent company, LIBERTY Dental Plan Corporation (LDP Corp.), has operated in Arkansas since 2009, serving Medicare Advantage Members through our directly contracted and credentialed network of [REDACTED]

LDP Corp. and its affiliates (collectively, LIBERTY Dental Plan) is a Medicaid-focused organization, Medicaid Members currently represent approximately two-thirds of our nationwide Membership. Our staffing, information systems, and business processes are all tailored to serve Medicaid Members optimally, and to flex to the specific needs of each state that we serve. Our Medicaid operations rest on industry best practice accreditations. LIBERTY Dental Plan has earned URAC's dental plan accreditation and the National Committee for Quality Assurance (NCQA) accreditation for Credentialing and Utilization Management (both three-year accreditations; for more information on the in-scope elements of the accreditation, visit www.urac.org and www.ncqa.org).

Our knowledge of the Arkansas dental delivery system and our understanding of opportunities within the Healthy Smiles Program, obtained through months of direct stakeholder engagement, is reflected within our proposal response. DHS has established a strong Dental Managed Care program. As the State continues to offer a dental managed care carve-out model, LIBERTY is *the* partner capable of building on the State's foundation and elevating the program to achieve higher degrees of integration of services and cost savings. LIBERTY Dental Plan has proven experience in achieving greater cost containment and improved quality outcomes for Members. We offer unique and innovative programs specifically customized to Arkansas. We will achieve this through the implementation of our innovative dental home model, industry-leading BRUSH value-based program, and Dental Care Management, which includes a comprehensive provider profiling education program, and peer-to-peer interventions.

Listening and Learning Campaign

In preparation for this procurement, we have engaged key Arkansas stakeholders throughout the State to listen, learn and understand the specific needs and opportunities that exist to improve oral health in Arkansas. This engagement has included: [REDACTED]

In addition to meeting with the Arkansas State Dental Association, we conducted five focus groups with dental Providers across the State, including rural dental and medical Providers in the Delta Region. Several of the entities we consulted referenced that this was the first time a dental managed care plan sat down and listened to their needs and had been offered some of the resources we provide, such as oral health kits.

From these discussions, we heard unequivocally about the need for a dental vendor to be:

- Locally based and committed to serve all Members, including persons residing in under-resourced areas such as the Delta Region;
- Collaborative with established Arkansas community partners who are engaged in innovative work serving Arkansas' diverse Medicaid populations, with opportunity to further medical-dental integration by providing investments to incorporate oral health into existing programs;
- Skilled in operations such as timely payment of claims, expeditious authorization approval, and offering simple self-service digital tools and operational processes which reduce Provider administrative burden; and
- Able to drive greater value (cost and quality) to the dental program through increased use of preventive services, implementation of value-based programs, and effective utilization management and program integrity activities.

Based on this feedback and the successful experience of LIBERTY Dental Plan in other Medicaid states, we offer a model that performs well in these areas and a commitment to tailor our programs and processes to deliver a high quality Dental Managed Care plan to the state, Providers, and Members. We are committed to creating a continuous improvement process that allows for the voice of Members, Providers, and stakeholders to inform our operations, through our Member and Provider advisory committee meetings and other opportunities for stakeholder engagement.

Commitment to Local Arkansas Presence



Our approach for our Medicaid programs begins with building an experienced local team, which is essential in engaging Members and Providers and remaining accountable and responsive to our State partners. We know that health care is local and empower our local teams to make clinical and programmatic decisions that best support our Members and Providers in each market. We have already assembled an Arkansas team including our **Project Manager John Harrington, Dental Director Rodney Griffin, DDS, and Provider Relations Director Amanda Vickers; as well as secured an office in Pulaski**

County. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

We will continue to add qualified staff to the team who will be mentored and trained by our experienced LDP Corp. staff through implementation and readiness review. We commit to hiring:

- [REDACTED]
- [REDACTED]
- [REDACTED]

Commitment to Local Collaboration

LIBERTY Dental Plan’s approach to entering Medicaid programs begins with community engagement. Our hyper-local approach is collaborative and unique to each of our state programs. We work with established leaders in the communities we serve, and seek to strategically invest in the expansion of effective local programs, in place of imposing a “one-size-fits-all” approach. [REDACTED]

In speaking with many of these groups, one theme that consistently emerged was the opportunity to further medical-dental integration in Arkansas by incorporating greater oral health resources into other programs that reach the Healthy Smiles population. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Driving Greater Medical-Dental Integration

For more than 20 years, LIBERTY Dental Plan has championed medical-dental integration because many physical health conditions have oral health manifestations. Consistent preventive oral health care can improve overall health and reduce both dental and medical costs. We have developed a variety of programs and reimbursement strategies to further medical-dental integration. Some examples of how LIBERTY proposes to improve Member health outcomes in Arkansas include:

- Our case management program interfaces with health plans and other case management teams to serve Members with complex conditions and chronic diseases, such as diabetes, heart disease, and obesity. We make referrals based on the needs of the Member, collaborate on cases, and share data among other efforts. Through a whole-person lens, our care coordination approach minimizes duplication and improves Member outcomes. We will use this approach to support engagement with Provider-Led Shared Savings Entities (PASSE) Care Coordinators and other case management staff at key health care Provider facilities in Arkansas, such as Mercy Hospital or Baptist Health Hospital.
- We will deploy our Outreach Staff in the community, partnering with medical providers, WIC clinics, schools, faith-based organizations, and many other groups to support oral health education, screenings, and the navigation of non-utilizing Members to their Dental Homes. [REDACTED]
- We will use a combination of LIBERTY clinical staff, network Providers, and mobile programs to bring preventive services, such as fluoride varnish and sealants into the communities where are Members are. LIBERTY Dental Plan often partners with health plans and County Health Departments who conduct immunization events or mammograms to incorporate dental services and screenings, and will leverage this approach in Arkansas as well. We will work with Community Health Centers, especially those without dental services, to explore ways to offer some dental services through dental hygienists and mobile units.
- Non-emergent dental use of the Emergency Department (ED) is costly for state Medicaid programs. [REDACTED]

Improving Maternal Health



Pregnancy increases the risk of oral health problems such as gingivitis, which can cause pre-term birth and poor birth outcomes such as low birth weight. We have vast experience serving pregnant women in multiple state Medicaid programs and have developed programs not only to improve oral health during pregnancy, but also to connect young children to a dental home by age one. LIBERTY Dental Plan has specialized outreach programs, community partnerships, and case management interventions to support maternal health in all our Medicaid states, and this experience has shaped our Arkansas model

in conjunction with our local stakeholder engagement efforts.

Our engagement with stakeholders throughout Arkansas reinforced our understanding of the need for a multi-faceted maternal health strategy. [REDACTED]

[REDACTED]

Commitment to Optimal Provider Partnerships



LIBERTY is currently collecting letters of intent from our statewide Arkansas Medicare Advantage network to create a Medicaid network for Healthy Smiles Members. We have approximately 115 letters collected and we have relationships with 21 FQHCs as well as the largest dental services organization in Arkansas. We are confident in our ability to develop a comprehensive network by Go-Live based on our success in similar implementation periods in other states, including Nevada, Missouri, New Jersey, New York, and Oklahoma. We will invest in enhanced fees to recruit specialists for targeted specialty types and in rural and underserved areas, as needed. In addition to building our network, we will bring access innovations including Teledentistry and mobile dental programs to improve access to rural and underserved communities. In every Medicaid market where we operate, we partner with mobile providers. Following Contract Award, LIBERTY will identify mobile providers, particularly those serving the Delta region and other provider shortage areas, to provide financial assistance to support expansion of their capacity. We anticipate using a “hub and spoke” approach to introduce dental services to places like the UAMS East Regional Center and [REDACTED]

As a company founded by a dentist and through our more than 20 years of experience managing Provider networks (15 years of that being with Medicaid networks), we have built a strong value proposition to Providers based on reduced administrative burden and excellence in our business processes, including timely claims payment through:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Commitment to Driving Value to Help DHS Realize the Full Benefits of Dental Managed Care



LIBERTY Dental Plan is a fiscally responsible partner that works proactively to manage our clients’ program costs. We accomplish this by increasing Member use of cost-effective, preventive dental services through the expansion of our network and effective assignment of Members to a Dental Home, and implementation of value-based programs, as well as offering high-impact, tailored value-added services to support optimal Member outcomes. LIBERTY’s commitment to Arkansas includes the following strategies:

Increasing Preventive Utilization through the Dental Home



Implementation of our dental home model is essential in holding Providers accountable for the care their patients receive and in transforming a dental delivery system from being transactional to being outcomes driven. Our dental home is not a place, but a model of care we share with Providers and Members. This model ensures services are accessible and available, promotes coordination and collaboration, and offers culturally/linguistically appropriate services, and helps Members address barriers to care. We consider this model to be foundational for our service of Medicaid and CHIP populations. While we do not expect specialty Providers to serve in this capacity, we do invite Primary Care Dentists (including pediatric dentists) to become dental homes. [REDACTED]

[REDACTED]

Driving Cost-Containment through Provider Profiling and Utilization Management



[REDACTED]

[REDACTED]

Delivering Cost-Effective and Quality Care through Value-Based Programs

Another way we drive value is through our proprietary and industry-leading BRUSH Value-Based Program, which offers Providers enhanced payments for reducing or maintaining the caries risk of assigned patients. Benefits and Rewards for Utilization of Services for Healthy Outcomes [REDACTED]



[REDACTED]

[REDACTED]

Supporting Members through Impactful Value-Added Services

LIBERTY is committed to furthering the State’s goals through offering meaningful value-added services (VAS) that match the needs of Members. The roster of benefits we have crafted include:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

LIBERTY’s Commitment to Arkansas

LIBERTY Dental Plan is experienced in large-scale Medicaid and CHIP implementations and has never missed a Go-Live due to failing a readiness review. Our national implementation team has more than 10 years of experience and has supported over 50 implementations across all lines of business, onboarding over 4 million Members successfully. We have a proven methodology that we will leverage to support DHS in this transition, assuring continuity of care for Healthy Smiles Members, and offering reduced administrative burden to Providers. From our local Arkansas staff up to **LDP Corp.’s CEO, Marti Lolli, President of State Markets, Heather Stearns, and Vice President of State Markets, Lisa Gifford**, our organization stands ready to support DHS at every step of this implementation process to deliver on the commitments and innovations outlined in this proposal response. Inclusive of our CEO, our team will be an accessible, accountable, responsive, and active partner for DHS.

E.1 COMPANY INFORMATION AND EXPERIENCE

A. List of Accreditations

LIBERTY Dental Plan Corporation (LDP Corp.) has received accreditations through URAC and the National Committee for Quality Assurance (NCQA). Our URAC Dental Plan and NCQA accreditations for Utilization Management (UM) and Credentialing apply to all LDP Corp. affiliate plans, including LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY). As required by the Arkansas Department of Human Services (DHS), LIBERTY will authorize the accrediting entities to provide DHS with a copy of the most recent accreditation reviews.



URAC

LDP Corp. first earned the URAC accreditation for Dental Plans in 2019. URAC is the independent leader in promoting health care quality by setting high standards for clinical practice, consumer protections, performance measurement, operations infrastructure, and risk management. For more information on the in-scope elements of the accreditation, visit www.urac.org. By achieving this status, LDP Corp. demonstrates a commitment to quality care, enhanced processes, patient safety, and improved outcomes. Though we first obtained this accreditation in 2019, in 2022, we obtained accreditation for all LDP Corp. plans, across all lines of business. Our current accreditation is effective through July 1, 2025. During the comprehensive survey evaluation, LDP Corp. successfully satisfied all must-pass criteria and was awarded dental plan accreditation. The evaluation process identified the need for LDP Corp. to document training in current URAC standards as appropriate to job function within personnel files. While there was no follow-up required by URAC, LDP Corp. has taken proactive steps to enhance its processes, ensuring full compliance with all requisite standards. LDP Corp. will seek reaccreditation beginning in 2024 that will include its Arkansas subsidiary.



NCQA

LDP Corp. was awarded NCQA accreditation for UM and Credentialing under the Health Plan Accreditation. NCQA's UM accreditation helps guarantee that organizations making UM decisions are following objective, evidence-based best practices to ensure that patients have the proper care and required services without overusing resources. Further, NCQA's Credentialing Accreditation helps improve credentialing and protects consumers by ensuring a consistent and effective credentialing process. For more information on the in-scope elements of the accreditations, visit www.ncqa.org. LDP Corp. satisfied all criteria for these accreditations, receiving a score of 100 out of 100; no corrective action plans were issued. As these accreditations apply to LDP Corp.'s national organization, Arkansas Healthy Smiles program operations will be included in this scope. The accreditation is effective through February 2025. As we are currently working to achieve in other state markets, LIBERTY will also obtain NCQA accreditation for Health Equity as part of our commitment to ensuring the delivery of high-quality services for Enrolled Members (Members) in Arkansas. Upon Contract Commencement, LIBERTY will take the necessary steps to add Arkansas to our accreditation scope and bring these same standards and best practices to serving Arkansas Healthy Smiles Members.



B. Company Description, Subcontractors, and Roles

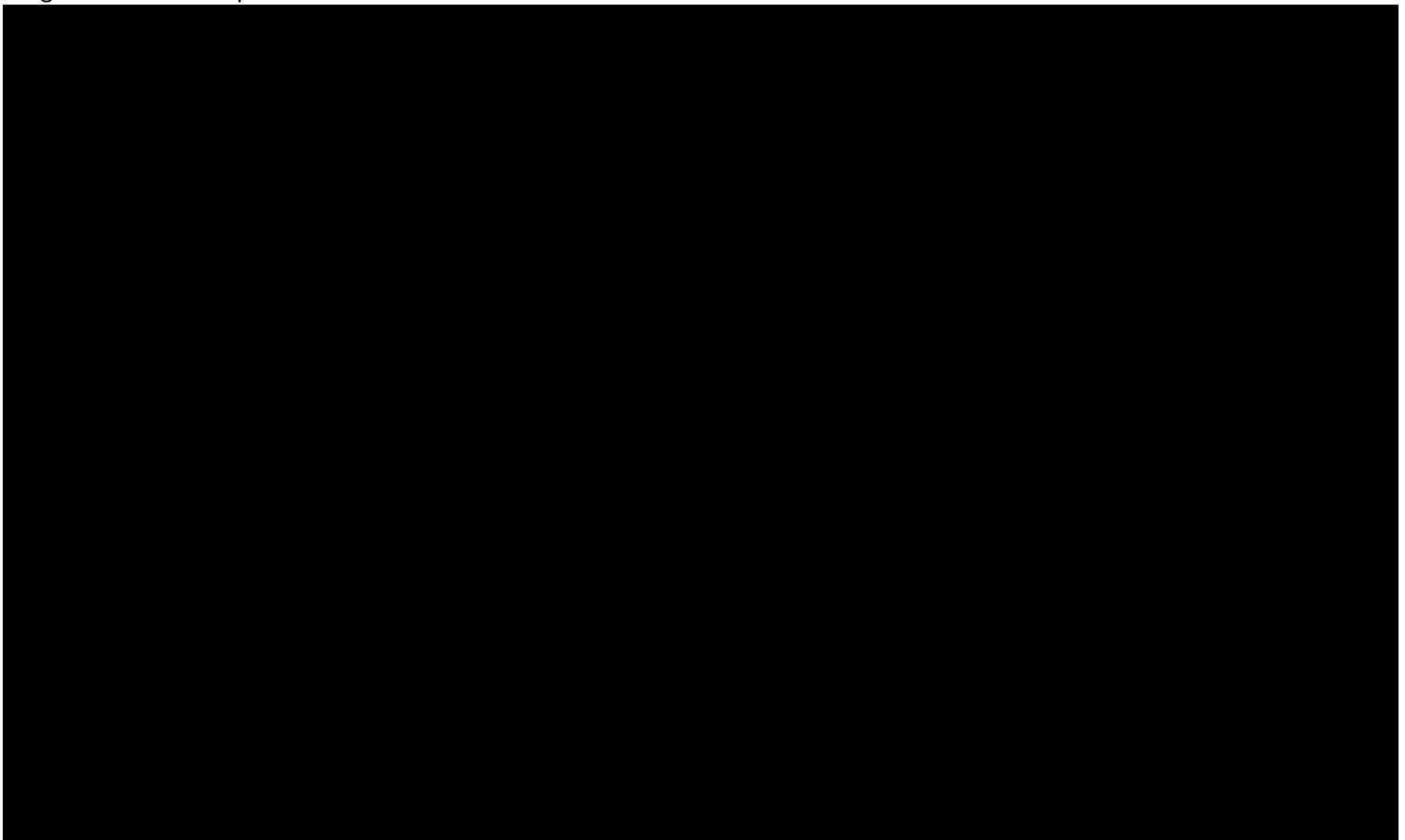
LIBERTY will be a stable and dependable contractor for the State of Arkansas. For 15 years, LDP Corp. has improved quality outcomes for Medicaid Members, increased overall utilization of preventive services, and created programs to increase dental Provider adherence to nationally recognized treatment guidelines. LDP Corp. has never exited a state Medicaid program contract, and we have consistently won re-procurements in our existing markets, including, for example, Nevada, where the state awarded LIBERTY Dental Plan of Nevada, Inc. as the sole contract following the re-procurement process in 2022. To serve the Arkansas Healthy Smiles program, LIBERTY is building upon our established financial, administrative, and operational infrastructure, including our existing Arkansas Medicare Advantage experience. We will bring our experience and expertise to the Healthy Smiles program to enhance the delivery of dental services for Members. In alignment with the State's goals for Dental Managed Care, LIBERTY's approach in Arkansas will include implementing our successful dental home model, our proven value-based care program, and our proprietary Dental Case Management

program, which enables us to ensure appropriate utilization and improve the quality and cost-effectiveness of dental care through Provider profiling and peer-to-peer counseling.

Role of Subcontractors

LIBERTY Dental Plan performs our core operational functions in-house. We view this to be the best model for ensuring reliable, high-quality, and cost-effective services. When using subcontractors, they are first fully vetted for their experience, quality of work, and compliance with applicable regulations. LDP Corp. engages national vendors for economies of scale and reliability; once a vendor is selected, that vendor is generally deployed to each of our markets. This practice includes bringing in our tested vendors into the Arkansas market. We craft our subcontractor agreements to reflect the specific functions delegated to the subcontractor. We establish a schedule of ongoing oversight, monitoring, and evaluation; our reporting expectations; and LIBERTY's remedies if the subcontractor's obligations are not met. We conduct ongoing oversight of each of our subcontractors, including monthly and quarterly reporting, annual audits, and Joint Operation Management meetings on a rolling basis.

Relevant subcontractors and a description of the delegated function are provided in **Table E.1-A-1**. LIBERTY currently has signed contracts in place with each of these subcontractors.



E.2 PERFORMANCE STANDARDS, CONTRACT SERVICE AND COORDINATION OF NON-CAPITATED SERVICES

A. Meeting the Performance Standards in Attachment C and Complying with Changes

Across LIBERTY Dental Plan Corporation (LDP Corp.) and its subsidiaries (collectively referred to as LIBERTY Dental Plan), we currently serve over [REDACTED]. We are a valued partner to Medicaid agencies and managed care health plans in California, Florida, Nevada, New Jersey, New York, and will begin serving Oklahoma where Go-Live is scheduled for February 2024. For each of our dental plans, we have developed tailored policies and procedures to meet Performance Standards and requirements of that state's contract. [REDACTED]

[REDACTED] We have effectively tailored our policies and procedures to meet the State-specific requirements of each program and maintained compliance with performance standards.

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will leverage LDP Corp.'s successful cross-functional, collaborative approach to risk governance. This approach, which combines individual business latitude with centralized tools, systems, and executive oversight, will provide the framework for ensuring Enrolled Members (Members) receive all Medically Necessary Covered Services offered through the Healthy Smiles program, in compliance with all applicable Arkansas and federal statutes, regulations, and policies. This includes **Title VI of the Civil Rights Act of 1964**; **Title IX of the Education Amendments of 1972**; the **Age Discrimination Act of 1975**; the **Rehabilitation Act of 1973**; the **Americans with Disabilities Act of 1990** as amended; and **Section 1557 of the Patient Protection and Affordable Care Act**. LIBERTY has a high qualified Team with the experience and local expertise to operate a Dental Managed Care Plan in Arkansas that will fulfill the State's requirements and provides our Members with high-quality and medically necessary oral health services.

Plan for Meeting Performance Standards

With more than 20 years of operational experience, including 15 years of operating Medicaid Dental Programs, LDP Corp. has the expertise and knowledge to comply with the performance-based standards listed in **Attachment C, Performance Based Contracting**. Leveraging our proven systems and processes used in our other Medicaid programs will provide the operational functionalities and capabilities needed to meet all performance standards. While our LDP Corp. team will support some operational functions and serve as a leader to LIBERTY staff, LIBERTY will have a core local presence in Arkansas, especially in Member and Provider functional areas. We commit to hiring Arkansas-based Network Managers, Outreach & Education Coordinators, Call Center Member Services Representatives, a Grievance and Appeals analyst, and a Quality Assurance analyst within 45 days of Contract Award. Our Arkansas Project Director, **John Harrington**, who will maintain a physical office in Pulaski County, will lead our dedicated Arkansas Team, which combines the knowledge of our existing LDP Corp. staff along with the local expertise of our Arkansas-based staff. Our staffing strategy was designed to build the best operational team for meeting and exceeding set Performance Standards.

We fully understand that Performance Standards can evolve throughout the life of a contract, due to legislative changes, CMS required changes, or changes on the part of the State or local stakeholders and advocates. While it often takes time to change systems and update policies and procedures for new performance expectations, we will work closely with DHS to implement any new performance standards in a timely and efficient manner.

LIBERTY Staffing Strategy for Ensuring Compliance with Performance Standards

LIBERTY Dental Plan employs a collaborative, team-based approach to ensure compliance in our Medicaid markets. LIBERTY's Compliance Officer will serve as a central internal point of contact for all operational units on performance monitoring. **Wanda McClatchy** will serve as the Arkansas Interim Compliance Officer. LIBERTY is committed to recruiting a local Compliance Officer within 45 days of Contract Award. The Compliance Officer will be responsible for ensuring that metrics and reports collected across the organization meet contractual standards and will work in close collaboration with



our Quality Assurance Coordinator and Program Integrity Lead Investigator. Our Arkansas Project Director, **John Harrington**, will serve as the primary point of contact and liaison between LIBERTY and DHS.

For more than 20 years of operation across all lines of business, LIBERTY Dental Plan has incorporated performance monitoring activities into each business unit to assess how well we are performing in each functional area throughout all phases of our contracts. We use proven protocols that clearly define roles, responsibilities, and performance expectations and enable performance tracking. Each business unit has a designated individual accountable for reviewing key performance standards regularly, reporting where the unit stands in meeting standards, and escalating identified performance issues to business unit management for timely resolution.

Implementation and Readiness Periods

LIBERTY Dental Plan’s implementation team has experience implementing more than 50 clients. We have a 100% record for on-time implementations and have never failed a readiness review. In anticipation of our participation in the Healthy Smiles Program, LIBERTY initiated an analysis of each requirement of the RFP and identified where we stand with meeting compliance, how the standard is different, or is more or less stringent than other affiliate plans. We are confident in our ability to flex our processes to achieve compliance.

Based on our thorough analysis, we will ensure the staff, systems, processes, and tools are all in place to successfully implement all requirements. **(See E.11-A and E.11-B for detail on our Readiness Review process.)** For new Arkansas-based staff, we will hire, onboard, and train employees within 45 days of the Contract Award. Our LDP Corp. leaders will support implementation and readiness review and stay engaged as long as necessary to ensure a seamless transition, especially for the State, Providers, and Members. Upon initiation of the implementation and readiness periods, we will reassess the full set of requirements in **Attachment C of the RFP** and formalize our strategy for implementing each new requirement by the contract commencement date. Based on our thorough analysis, we will ensure the staff, systems, processes, and tools are all in place to successfully implement all requirements. **(See E.11-A and E.11-B for detail on our Readiness Review process.)**

Centralized Functions for Monitoring Performance

LIBERTY’s risk governance model will leverage the team-based approach that has been successfully used by our affiliate plans. The model empowers our business units with centralized, data-driven tools to monitor, report on, and quickly remediate any concerns regarding performance standards and contract compliance. LDP Corp. also conducts an enterprise-wide annual risk assessment and audit to proactively identify early concerns and mitigate risk. In addition to providing effective tools, we find that clearly defining staff expectations and responsibilities minimizes the risk of non-compliance. Through strong leadership and management within each business unit, we ensure staff receive the training and guidance necessary for meeting performance standards, response times, and other important requirements linked to their functional role. **Table E.2-A-1** details our centralized governing forums accountable for actively monitoring performance.

Table E.2.A-1: LIBERTY’s Risk Governing Forums

Centralized Governing Forums	Forum Focus
Board of Directors	The Board of Directors is responsible for overseeing program performance. Its mission is to provide a structured, comprehensive forum to facilitate and oversee all critical activities, including financial governance, policies, compliance activities, and quality management.
Monthly Arkansas Market Meeting	This internal monthly, executive-level, cross-functional meeting will be led by our Vice President of State Markets, Central Region, Lisa Gifford. This meeting focuses on contractual performance, compliance, and risk mitigation.

Centralized Governing Forums	Forum Focus
Compliance Committee	This Committee focuses on compliance monitoring, oversight, and risk-mitigation. It is comprised of cross-functional leaders including the Compliance Officer and Program Integrity Lead Investigator. Co-chaired by our Arkansas Compliance Officer, the Committee will report into LIBERTY Corp.’s Regulatory Compliance Committee (which is accountable to LIBERTY Corp.’s Board of Directors) and includes our: Fraud, Waste, and Abuse Committee; Privacy and Security Committee; New Requirements Committee; and Delegated Vendor Oversight Committee.
Quality Assurance and Performance Improvement Committee (QAPIC)	This Committee reviews, oversees, and works toward improving the Quality Assurance and Performance Improvement (QAPI) Program. It has an established method for identifying patterns or trends that require correction promptly, before becoming a deficiency. The Committee reports to the Board of Directors, is chaired by our Arkansas Dental Director, and includes: Access and Availability Committee; Cultural and Linguistic Competency Committee; Appeals and Grievances Committee; Credentialing Committee; Dental Advisory Committee; Member Advisory Committee; Peer Review Committee; Special Patient Care Advisory Committee; and Utilization Management Committee.

Table E.2-A-2 describes the key tools for monitoring performance and efficiency across the organization, used by LIBERTY Dental Plan and will be used to support our Arkansas operations.

Table E.2-A-2: LIBERTY Dental Plan’s Data-driven Tools for Monitoring Contract Compliance

Monitoring Mechanism	Tools and Programs Used to Monitor Performance
Executive Dashboard	Our corporate dashboard across all states and lines of business that contains all internal requirements by business area with status of all contractually required performance and compliance metrics.
State Dashboard	A dashboard that contains all internal requirements, by business area, with status of the performance and compliance metrics. For Arkansas, this dashboard will reflect all requirements in Attachment C, Performance Based Contracting.
Annual Risk Assessment and Audit & Monitoring Workplan	A formal, enterprise-wide process for proactively inventorying and mitigating program risks. The annual risk assessment tool identifies key priorities and is used to develop an Annual Audit & Monitoring Workplan which will be formally presented to, approved by, and centrally monitored by our Arkansas Compliance Committee and Board of Directors.
QAPI	Our data-driven program that proactively monitors and addresses performance issues across functional areas through detailed reporting provided through operational subcommittees
Quality Management Workplan	The Quality Management Workplan includes measurable objectives, timetables for completion, and incremental goals.

Established Reporting and Monitoring Process

LIBERTY will use a data-driven risk management program built on transparency and accountability at every level of the organization. LDP Corp.’s established protocols require that every activity performed in support of our Dental Plan contracts be readily reportable to facilitate oversight of contractual compliance. Using the tools described in detail previously, performance metrics will be monitored daily by business units and LIBERTY’s Compliance Officer, and be formally reported to executive leaders during our Governing forums. We allocate significant resources to ensure our systems and infrastructure generate accurate, on-demand reporting, including our:

- **Management Information System (MIS).** LIBERTY Dental Plan is capable of reporting on all data stored in our MIS warehouse and generating reports in multiple formats, including standard or custom reports and ad-hoc queries.

Most of our reports are automated to meet market requirements and to ensure we comply with our service level agreements.

- **Compliance Central System.** LIBERTY Dental Plan’s proprietary Compliance Central System provides a centralized platform for tracking and reporting on all audits, corrective action plans (CAPs), new requirements, and delegated oversight activities. The system includes a dashboard displaying compliance performance in real-time across metrics, such as date, market, business area, and type of activity. Program-specific, weekly compliance snapshots are issued to each functional and state leader to promote visibility and facilitate oversight.
- **Incident Management System.** Our proprietary Incident Management System provides a centralized platform for identifying, processing, and reporting on potential privacy and security incidents in real-time. As evidenced by our HITRUST Certification, this system is designed in accordance with industry best practices.
- **Compliance Reporting and Tracking System (CRTS).** Our proprietary system, CRTS, provides an enterprise-wide, centralized platform for tracking external reporting and licensing activities. CRTS monitors whether all reporting requirements are met, ensures reports are timely and accurate, and that approvals are provided by designated leaders. CRTS also archives previously submitted reports to allow for ease of access to historical data and maintains reports in accordance with regulatory requirements.

Compliance with Changes to Performance Standards

Because LDP Corp. understands that performance standards change based on CMS guidance, state priorities, Dental Managed Care Organization (DMO) plan performance over time, we regularly monitor the Federal and State landscape for regulatory and policy changes. We understand that changes in performance measures and requirements must be implemented accurately and timely to prevent the risk of non-compliance and potential disruption in services to Members. We are confident that our established Governing Forums and the resources, staff, and tools available will enable us to implement modifications in performance standards in a compliant and timely manner. LDP Corp.’s systems and processes were designed with the flexibility needed to adapt to changes quickly and nimbly. When there are changes based on guidance from DHS or federal agencies, we will initiate actions like those described in our Implementation and Readiness process. (See E.11-A and E.11-B). This includes identifying changes needed to our systems, processes, and policies, developing a comprehensive Implementation Plan to track progress, train staff, release guidance, and successfully operationalize the new requirements within the required timeframe.

B. Responding to Cited Insufficiencies Related to Performance Standards

LIBERTY Dental Plan is confident in our ability to deliver high-quality covered services and comply with the required performance-based standards listed in **Attachment C, Performance Based Contracting**. We have established workable contingency planning and risk management processes to correct insufficiencies as quickly as possible, understanding that occasionally, standards may be missed.

A top priority for addressing discovered insufficiencies related to performance standards is direct and immediate communication with our State and Federal regulatory agencies and clients. DHS will have direct contact with LIBERTY Dental Plan of Arkansas, Inc.’s (LIBERTY’s) Compliance Officer, and will immediately inform DHS about any issues regarding Performance Standards to promptly initiate actions to rectify the issue. Performance issues are formally tracked in our Compliance Central System and are reported to our Compliance Committee from discovery through resolution. When a Corrective Action Plan (CAP) is established, it identifies the responsible business owner and contains a root cause analysis, action items, and remediation timeframes. We will promptly provide written responses to all CAPs, which will include remediation goals and timelines. [REDACTED]

[REDACTED] Through our Centralized Governing Forums, we are able to heighten our monitoring in a cited area to ensure those standards are again met or exceeded going forward.

C. LIBERTY's Ability and Plan to Provide Medically Necessary Covered Services to Beneficiaries



LDP Corp. has more than 20 years of experience delivering high-quality dental benefits to its Members in all our markets, as well as 15 years in our Medicaid Programs supporting Members' oral and whole-person health. We will have the staff, Provider Network, and systems, to support our high-touch Member and Provider engagement needed to deliver all Medically Necessary Covered Services to our Arkansas Members as defined in **Scope of Work (SOW) 2.8.6-A**. We are firmly committed to and confident in our ability to succeed, given LDP Corp.'s success in providing the range of required covered services within our other Medicaid Dental Markets.

LIBERTY Dental Plan of Arkansas, Inc.'s (LIBERTY's) staffing strategy is designed to establish a local presence throughout the State and ensure we are able to provide the full range of Medically Necessary Covered Services. We have spent considerable time traveling across the State, including to the Delta region, in preparation for participation in the Healthy Smiles contract. We met with Providers, organizations serving Healthy Smiles Members, and key community stakeholders to identify gaps in access and pain points in different communities. Our staffing plan is designed to address these concerns and ensure access to quality dental care for our Members. For example, we plan to locate key positions in the Delta Region to meet the unique challenges Members in this region face. Please see our response to **E.9, Administration and Management**, for more detail on our staffing strategy and plans to hire dedicated Arkansas staff.

Data-Driven Strategy

LIBERTY Dental Plan uses a data-driven approach to understand our Members' needs and to inform our network development strategy. Our data-driven approach analyzes publicly available information such as demographics, utilization trends, and cultural and linguistic needs to identify oral health needs and disparities. LIBERTY also engaged with local leaders for greater insight into the volume and need for the range of covered services included in the Healthy Smiles contract. With this knowledge, we will identify and address community gaps, disparities, and inequities in accessing and utilizing high-quality dental care. Using a local approach, we can establish a strong awareness of where barriers exist and their root causes.

LIBERTY Dental Plan overlays our network development strategy into our data review to build and improve Member access points. Our Provider Relations and Case Management teams work collaboratively to design programs that engage Members in preventive dental care. Our Outreach and Education Team and Member Services Digital Support Team conduct in-person and digital Member outreach and engagement focusing our efforts on improving outcomes and increasing utilization of preventive dental services.

LIBERTY Dental Plan uses data mined from State eligibility files, internal databases, and access analytics captured by the findhelp.org (formerly Aunt Bertha) platform and engages and partners with community-based organizations to support our program initiatives. On an ongoing basis, we review emerging trends and make appropriate changes to improve access to all medically necessary dental covered services.

Monitoring and Expanding Our Network

Per contract requirements, LIBERTY will meet 95% network access at contract commencement. We are continuing to build our statewide Arkansas network with a focus on recruiting Providers in underserved communities throughout the State. LDP Corp. currently has a well-established Medicare Advantage Provider Network in Arkansas, which LIBERTY will leverage and use to build our base Medicaid Provider network, where Providers are willing. We are reviewing our existing Medicare network to identify Providers who also serve Medicaid and CHIP Members today, to contract with them for our Healthy Smiles program at the time of Contract Award. [REDACTED]

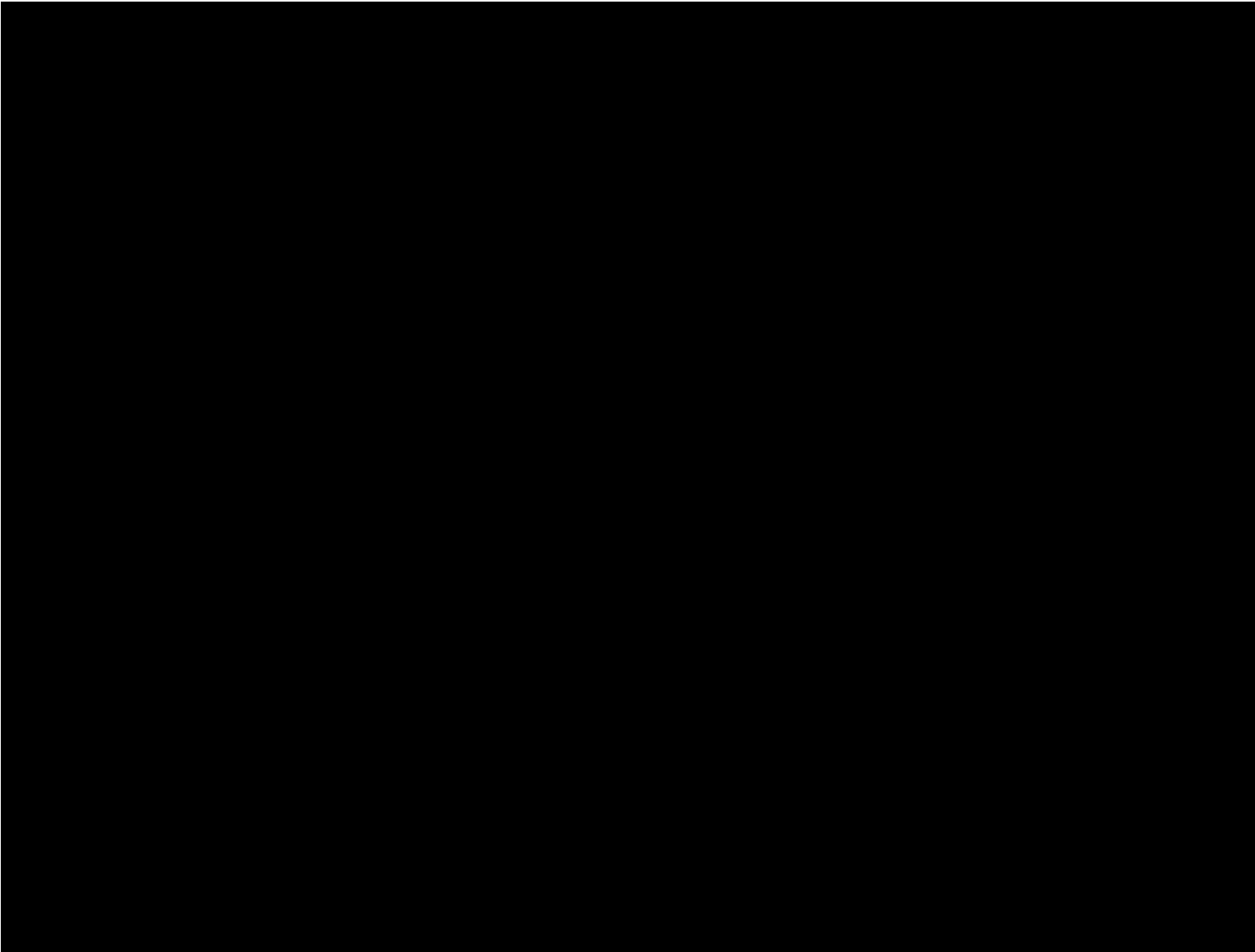
[REDACTED]. Upon award, we will work with DHS to assess and analyze existing and historical utilization data to identify high-volume Providers to ensure that dentists who provide the most dental care to the Medicaid population participate in our network. This promotes continuity of care and preserves the Primary Care Dentist (PCD)-Member relationship.

As part of our Network Plan, we will regularly review our network, using our data and population knowledge to design strategies that address identified care gaps. LIBERTY will continuously monitor network adequacy to ensure statewide availability and contract compliance. Our Provider Relations team will proactively and responsively engage our network, monitor quality of care, and conduct outreach to all offices not meeting standards. Our team will offer Providers professional development, data sharing, enhanced Provider Portal capabilities, recognition and rewards, and Value-Based Programs. The Team will also provide timely response and resolution to any incoming Provider questions and concerns.

LDP Corp.'s Access and Availability Committee, a cross-functional body will oversee and monitor LIBERTY's Provider network to ensure Geo-Access standards of accessibility are met. They will also monitor the timeliness in which Members are able to obtain appointments for preventive visits and emergency care visits; how long they wait in a Provider's office; and whether they can access after-hours and emergency dental care when needed.

Strategies to Expand Timely Access to Quality Dental Care

LIBERTY Dental Plan uses innovative modalities to support greater access to dental care to our Members and addresses short- and long-term access improvements. **Table E.2-C-1** outlines LIBERTY's solutions to expand timely access to quality dental care.



Engaging Arkansas Members in Preventive Dental Care

An important element of our strategy is educating and empowering Members to care for their dental care needs, focusing on accessing preventive services and reducing unnecessary Emergency Department utilization. Our Member engagement approach uses broad outreach to provide oral health education and increase Members' awareness of Covered Services.

We conduct targeted activities to meet Members' individual needs within priority subpopulations, such as pregnant women, Members with chronic diseases, or those with limited English proficiency. We identify these Members through State eligibility files our proprietary risk stratification model, and ongoing data analytics.

D. Prohibiting Discriminatory Behavior and Selection

LIBERTY Dental Plan does not tolerate discriminatory practices among staff, our contracted Providers, or any other contractors at any time. LIBERTY Dental Plan Corporation (LDP Corp.) maintains policies and procedures to ensure that Members are not discriminated against in the delivery of health care services consistent with the benefits covered in their plan. We also have policies and procedures to ensure that all employees and Providers work in an environment free from unlawful harassment, discrimination, and retaliation. These policies and procedures are enforced on all our affiliate plans and are customized to meet additional requirements of State contracts. Through staff and Provider trainings and Member materials, we enforce LDP Corp.'s adherence with all applicable State and Federal civil rights laws that prohibit the discrimination of Members based on race, color, ethnicity, national origin, religion, sex, age, gender identity, mental or physical disability, sexual orientation, genetic information, health status, or source of payment per **SOW 2.8.6.A.5**. This includes **Title VI of the Civil Rights Act of 1964**; the **Age Discrimination Act of 1975**; the **Rehabilitation Act of 1973**; and **Titles II and III of the Americans with Disabilities Act**.

LIBERTY Dental Plan's Anti-Discrimination Policy prohibits discrimination against Potential Members eligible to enroll on the basis of health status or need for health care services. We do not deny, limit, or condition the coverage or furnishing of benefits to individuals eligible to enroll in our plan based on any factor related to health status, such as medical condition or medical history, claims experience, receipt of health care, genetic information, evidence of insurability, and disability. Our Policy states that all Members including those with Limited English Proficiency or those with disabilities have equal access and ease of navigation to written Member materials in a culturally and linguistically competent manner that does not discriminate on the basis of race, color, national origin, age, disability, or sex, per **SOW 2.7.4 OO and PP**. Other relevant policies and procedures include those involving Cultural and Linguistic Competence (CLC) Staff Training, Quality Management (QM) Anti-Discrimination Policy, and QM Member Rights and Responsibilities.

We emphasize our strong stance and policy against discriminatory practices through staff and Provider trainings, Member materials, and our Provider Agreement.

Staff Training. Upon hire and then on an annual basis, all LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) staff will be trained in our Anti-Discrimination Policy and on CLC as part of corporate compliance training. Staff also are required to sign an attestation that they will adhere to our Code of Conduct, which emphasizes our zero tolerance for discriminatory actions.

Civil Rights Coordinator. Our LDP Corp. Quality Committee maintains a Civil Rights Coordinator to review all potential issues regarding discrimination. This includes review of Member complaints, grievances, and any reports to the civil rights inbox. Staff will be trained to immediately report any instances of alleged discrimination to the Civil Rights Coordinator.

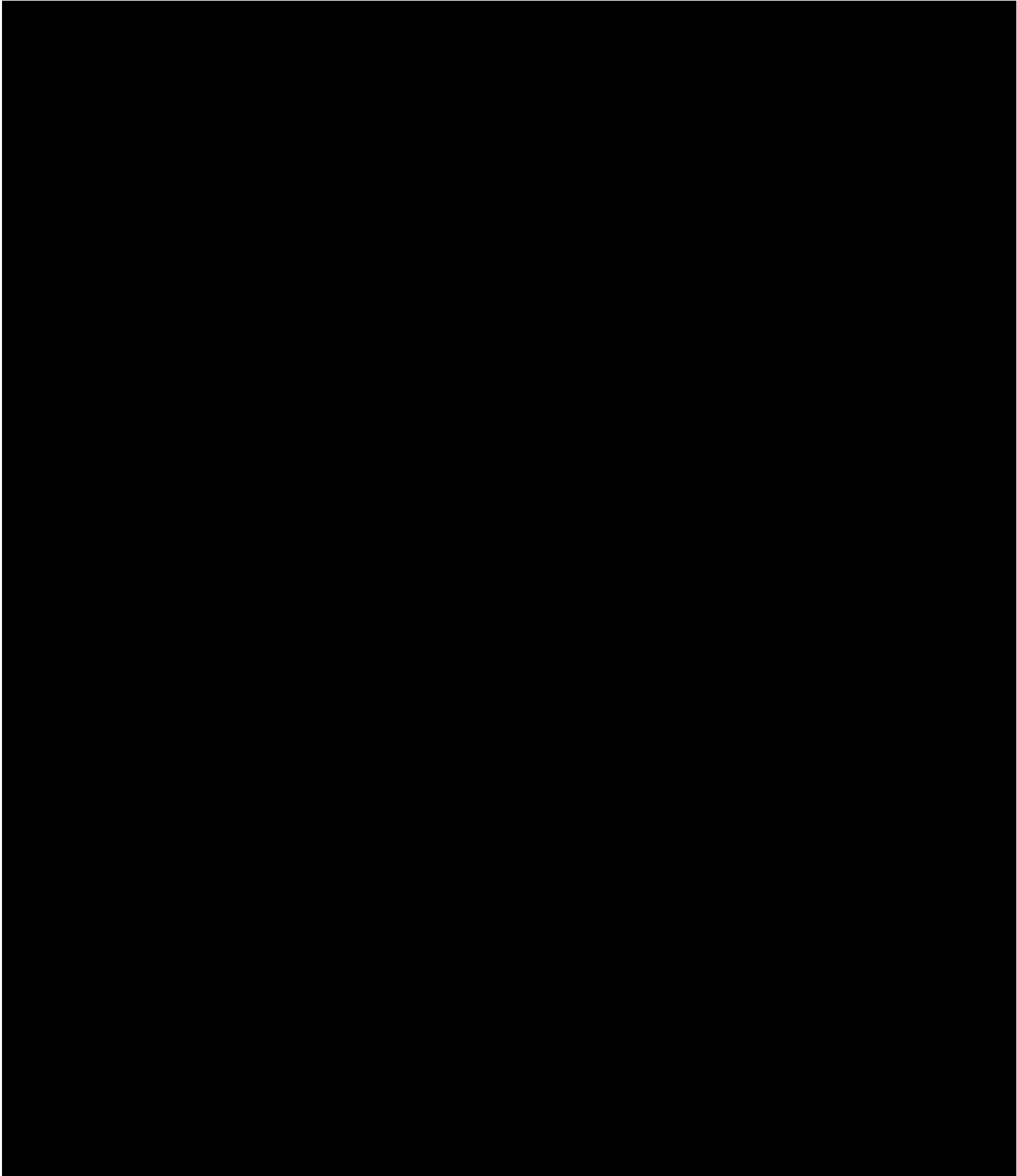
Provider Education and Contractual Agreement. Our Provider agreement includes a clause prohibiting discrimination "on the basis of race, color, national origin, ancestry, place of origin or residence, sex, age, religion, sexual orientation, disability, medical condition or health status, marital status, membership in a Dental Plan or program, source of payment, or any other class or status protected by applicable federal and/or state discrimination laws." All Providers receive training on the

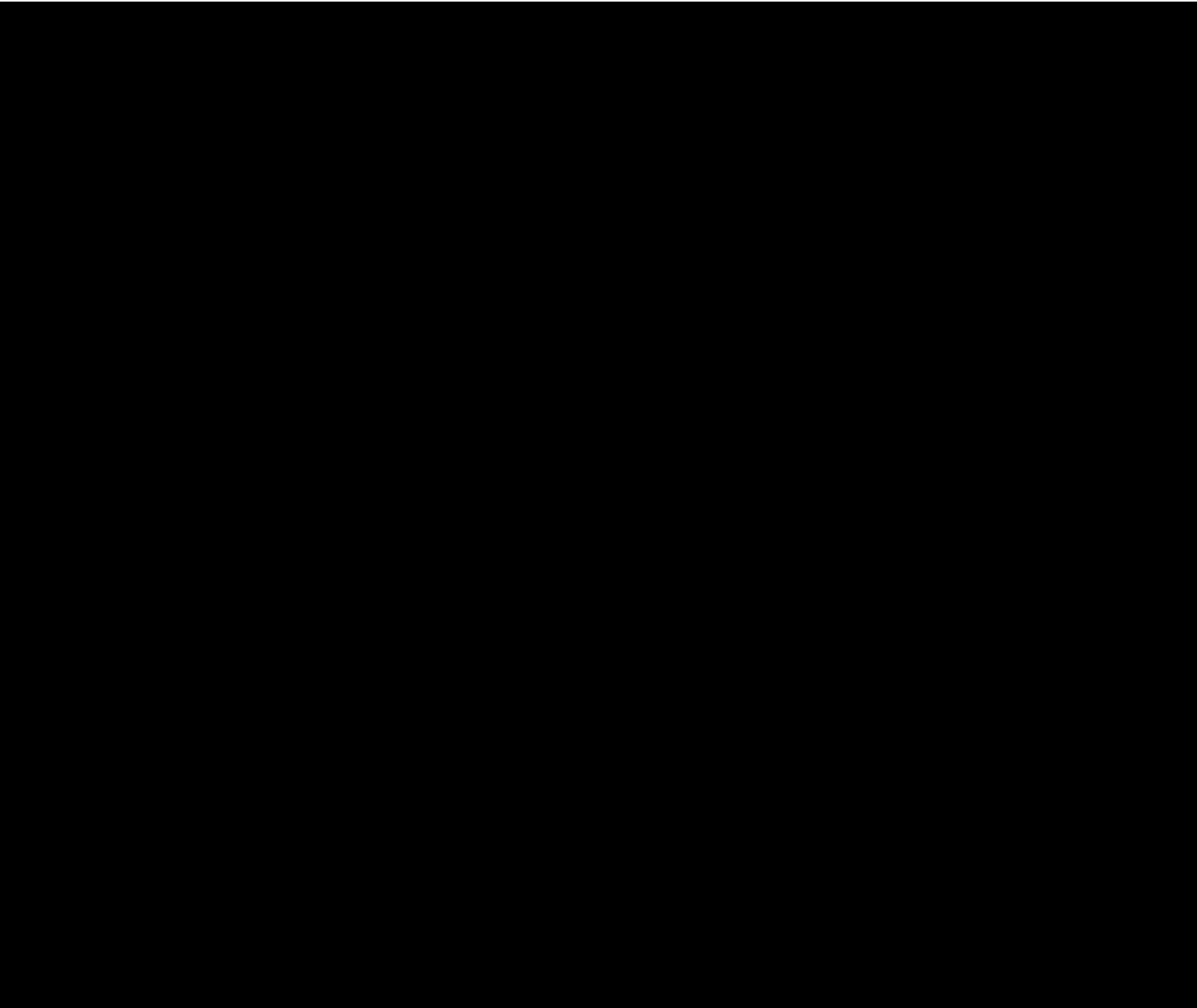
anti-discrimination, privacy, confidentiality, and cultural competency requirements at their initial onboarding and annually thereafter. Our Provider Manual (Provider Reference Guide) includes content on these requirements.

Member Materials. Our Member Handbook contains LIBERTY's non-discrimination policy, language assistance notices, instructions for reporting accessibility, and discriminatory claims, per **SOW 2.7.4.8**.

E. LIBERTY's Value-Added Services

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) is committed to furthering the State's goal of enhancing the delivery of dental services by offering meaningful Value-Added Services (VAS) to match the needs of each Enrolled Member (Member). We developed our VAS based on our understanding of Member needs from Provider listening sessions and our outreach to Arkansas communities over the past year to determine the appropriate benefits. We will offer all VAS at no cost to DHS, Members, or Providers. We acknowledge and understand that LIBERTY will not receive additional compensation for any VAS offered and that VAS costs will not be factored into rate setting.





F. Notifying Providers and Beneficiaries About Availability of Value-Added Services

Based on our market understanding, LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) has developed a set of strategic benefits to enhance the base Medicaid benefits available to Enrolled Members (Members), to expand access to care, and improve health outcomes. Some of these offerings include our Healthy Behaviors Program (a Member-incentive program); Brushing for Two (prenatal program); Connect Program (for adults with a diabetes diagnosis); Beyond the Benefit (for youth aging out of benefits); and access to Teledentistry for all Members. As we do in our affiliate plans, LIBERTY will conduct outreach efforts to notify both Providers and Members about the availability of Value-Added Services (VAS) we offer to promote understanding and utilization. Our goal is to increase Member access to and utilization of preventive services; we use our VAS as a vehicle to promote access. Our outreach strategy is designed to educate Members and Providers on available services and simplify the process of accessing these services. LIBERTY's proposed VAS are designed to empower Members to access services in the right setting, at the right time, and how to facilitate navigation to needed services and other supports.

Provider Outreach and Education

LIBERTY Dental Plan uses multiple touchpoints to educate Providers on available VAS and how they can be used to support and increase Member engagement in their oral health care. Over the past several months, LIBERTY has developed a deeper understanding of the oral health needs of Arkansas through stakeholder engagement, including our multiple Provider listening sessions. We have met with Providers and community-based organizations (CBOs) such as University of Arkansas for Medical Sciences (UAMS), and the Hunger Relief Alliance to identify opportunities to promote understanding of and access to oral health services.

LIBERTY’s Director of Provider Relations will assign a Network Manager for each office and Provider. Our Network Managers will educate Providers on available VAS during the onboarding process. As in other affiliate plans, assigned Network Managers are responsible for conducting bi-annual service contacts which include providing ongoing direction and answering questions about the additional Medicaid and LIBERTY VAS available to Members. To respond to identified needs in Arkansas, LIBERTY has committed to providing several new VAS for Members, including for priority populations like pregnant women. **We commit to providing group training sessions before the contract start date to inform Providers about these additional services available.** These efforts will be reinforced by, and updates shared through, Provider alerts (via fax and through our Provider Portal), and LIBERTY’s Provider Manual (also known as LIBERTY’s Provider Reference Guide) which is distributed to all offices at the time of their initial orientation.

Member Outreach and Education

LIBERTY Dental Plan has designed data-driven, innovative outreach initiatives with a proven track record of improving the oral health of the vulnerable communities we serve. Our comprehensive outreach and education program is designed to ensure that Members understand their benefits, how to access care, and the importance of periodic and ongoing dental care. Our approach includes targeted mailings, text messaging, health fairs, educational videos, social media campaigns, and outbound call campaigns conducted by Member Service Representatives (MSRs), which all encourage the timely receipt of preventive care according to Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) periodicity. Our data-driven outreach activities includes analytics, reporting, and targeted Member engagement, and are supported by our Core Management Information System (MIS) for. We generate monthly reports to measure the successes of our new Member outreach activities and to ensure that they produce desired results and make adjustments as necessary.

We bring more than 15 years of experience serving Medicaid Members and understand the importance of making initial contact with new Members. Ensuring we have an accurate telephone number is essential to our initial and ongoing Member engagement efforts. We have made meaningful investments to improve our rates of contact and developed a comprehensive approach that is customized to the unique features of our State programs and reflects a steady cadence of communication. This begins with an initial mailing and multiple phone contact attempts and continues with data-driven, individualized outreach for Members that have not utilized their benefits, providing reminders about oral health awareness and utilization.

In addition to education that is provided during Member interactions, through our Member Services Representatives and other teams, LIBERTY Dental Plan proactively outreaches to Members to promote awareness of available VAS. We will notify Members regarding the availability of VAS through our welcome materials, Member Handbook, targeted text campaigns, and during key Member touchpoints with our Member Services Representatives, Case Management team and others. As we do in other markets, LIBERTY will tailor our outreach and education approach based on the VAS offered and the eligible Membership. [REDACTED]

[REDACTED]



[Redacted]

Monitoring VAS Utilization

As we do in other markets, LIBERTY will monitor and evaluate the utilization of VAS through our Quality Assurance and Performance Improvement Program (QAPI) under the oversight of our Arkansas Dental Director and Quality Assurance Coordinator. These team members are responsible for reporting on the utilization and efficacy of these benefits in our Quality Assurance and Performance Improvement Committee (QAPIC). LIBERTY will solicit Members and Provider feedback on the administration of our VAS, as applicable, through our Member and Provider Advisory Committees.

G. Identifying and Submitting Value-Added Services in Encounter Data

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) shares DHS’ goals of increasing Member access to essential services to achieve optimal oral health outcomes, including through the development of innovative Value-Added Services (VAS) models. Monitoring the delivery of VAS to Members, including through encounter data, is critical to achieving these goals and we are an experienced and able partner in supporting these efforts. LIBERTY understands that encounters must be submitted to DHS for all services provided to Members, including VAS as required by the Managed Care regulations in **42 CFR 438.818**. As we do in other markets, LIBERTY will provide complete and accurate encounter data that will follow the format and include the data elements described in the most recent version of the HIPAA-compliant X12 837D Health Care claim: Dental Companion Guides and Encounters Submission Guidelines. We will look to the Companion Guide to determine where LIBERTY should identify VAS as there is no standard location for a VAS indicator. All encounter data, paid fee-for-service claims or \$0 paid capitated claims are processed in the same claims system and will be cataloged in the encounter files. [Redacted]

[Redacted]

[Redacted] As these benefits are not claims or encounter data, we will communicate these to DHS during annual financial reports and other reporting mechanisms as requested by DHS.

H. Identifying and Forwarding Improperly Received Claims to MMIS

LIBERTY Dental Plan has successfully implemented a time-tested methodology to ensure compliance with claims payment, accuracy, and timeliness standards. Our claims adjudication process is highly customizable and is configured per all State requirements for claims payment. Our approach has been highly effective and complies with the requirement to pay all claims for covered services for eligible Members in accordance with **SOW 2.8.6**.

Identifying Improperly Received Claims

Occasionally, LIBERTY Dental Plan receives claims improperly via the claims submission processes.; such claims are broadly categorized as “misdirected.” Misdirected claims are identified in several ways through edits and other claim validation processes in which the Core Management Information System (Core MIS) applies during adjudication.



It is the policy of LIBERTY Dental Plan to identify and forward all misdirected claims to the proper financially responsible party, including the appropriate MMIS vendor. We currently work with Gainwell, Arkansas’ MMIS

vendor, in other states such as Florida and Oklahoma. After the adjudication process, the accounts payable system will generate a remittance advice (RA) to the Provider informing them that their claim was forwarded to Gainwell for processing. A copy of the misdirected claim will be kept for LIBERTY's records. The original claim and all attachments will then be mailed to Gainwell the day that the claim is processed.

Forwarding Improperly Received Claims

LDP Corp. and its subsidiaries have experience working with clients who want certain types of claims forwarded to them. We use a variety of methods to do so, including sharing files via Secure FTP, a standard 837, or via the US Mail. LIBERTY will work closely with DHS to design a mutually-agreed process for LIBERTY to forward these claims as required, in the manner requested. In cases where the Analyst identifies that the claim includes a service that is not a Covered Service, such as a claim for a medical service, the Analyst shall forward such claims to DHS, as per the above-designed process.

I. Coordination with Providers Delivering Non-Capitated Services and Coordination of Dental Surgeries

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will coordinate and cooperate with all Providers and health care professionals who deliver non-capitated health services to Enrolled Members (Members). We have championed the delivery of coordinated care for the last 20 years, knowing from extensive experience that integration is essential to the delivery of whole-person health care and the realization of quality outcomes.

Coordinate Care with other Medicaid Payer Organizations, Contractors, and Providers

LIBERTY Dental Plan brings significant experience supporting Members and Providers in the process of coordinating dental care with medical and behavioral health benefits through the experience of our parent company, LIBERTY Dental Plan Corporation (LDP Corp.) and our affiliate plans. LIBERTY Dental Plan's commitment to coordinating services across the spectrum of physical, behavioral, and oral health care begins with our leadership. Under the direction of our Chief Dental Officer, **Rosa Roldan, DMD, MD**, we closely monitor the coordination of care provided to our Members, ensuring that needed services are accessible and provided. **Dr. Roldan brings more than 15 years of experience as both a physician and dentist**, providing critical insight and expertise to LIBERTY's approach to medical and dental coordination. Our multi-faceted approach ensures that we are facilitating effective coordination across key Member touchpoints and our operational functions. Dr. Roldan will work directly with **Dr. Rodney Griffin, DDS**, our LIBERTY Dental Director, to ensure that our national case management (CM) model is strategically implemented in Arkansas to bring these services to Members with the most complicated and urgent needs.

Our CM program is the primary strategy used to coordinate the delivery of services with other organizations, contractors and Providers. LIBERTY Dental Plan uses a data-driven approach to identifying Members who need assistance with coordinating health care services to achieve optimal health outcomes. Our risk stratification model combines data to identify the dental, physical, behavioral, and other needs of our Members to identify who may need care coordination and/or CM support. In addition to the data on the State's enrollment file, we review available claims, pharmacy, utilization data, risk assessments and other screenings and/or assessments, referral information, and census or other geographic data. We use our risk stratification model to identify Members with the highest needs and the most significant risk factors to facilitate engagement with our CM program, detailed in **Table E.2-I-1**.

LIBERTY Dental Plan supports the coordination of services through our CM program, based on Member's needs. Our nurse-led CM program promotes the integration of physical and dental health to ensure clinical expertise throughout the CM process. Our Case Managers must be licensed vocation/practical nurses, registered nurses, or dental clinicians with a minimum of 1-3 years of clinical experience in care management, public health, acute care, or home health care.

Comprehensive Assessment Process. LIBERTY will apply our proven model and best practices from other markets to meet the needs of the Arkansas Healthy Smiles program. As we do in other markets, LIBERTY’s Case Managers will conduct a comprehensive assessment of enrolled Member needs and develop an individual service plan in collaboration with the Member or the Member’s designee, their Primary Care Dentist, Specialist, medical Providers, community supports, and other coverage entities, such as Arkansas Health and Opportunity for Me (ARHOME) Insurers, as appropriate. LIBERTY will provide CM support to children and adults with special health care needs, pregnant women, children in foster care, and enrolled Members with low or no utilization, and other Members with complex needs, as appropriate. We understand the importance of taking both a data-rich and data-informed approach to supporting coordinated care. As additional clinical data, such as ICD-10 codes, is made available to dental managed care organizations (DMOs), LIBERTY will leverage this information to identify additional opportunities to coordinate medical and dental services.

As part of this process, our Case Managers will also work with Provider-Led Arkansas Shared Savings Entities (PASSE) and PASSE Care Coordinators to coordinate the delivery of dental services with medical and ancillary care services for Members with complex behavioral health conditions, intellectual disabilities, and developmental disabilities. We will attempt to ensure data-sharing agreements with PASSE’s to facilitate, as well as train their Care Coordinators and other Member-facing team members, on navigation to the Member’s dental home. We will further establish protocols for bi-directional referrals into our CM program.

Facilitating Referrals for Needed Services. Our CM team facilitates referrals to needed Providers and community supports to address identified needs. They also follow up to ensure the delivery of appropriate services. We will also support referrals through our Referral Coordinators within our Utilization Management (UM) team. They coordinate specialty referrals and dental care for complex and special needs cases, such as for sedation or complex oral surgery. This team will work in conjunction with the State Dental Director or State Medical Director to coordinate the delivery of care across Providers and care settings.

Coordinating with Providers and Healthcare Professionals

LIBERTY Dental Plan works closely with our Provider network and proactively engages with medical Providers and other healthcare professionals to facilitate integrated, seamless care delivery. As required by DHS, LIBERTY will require our Providers to cooperate with other health professionals delivering non-capitated health care services to Members. LIBERTY Dental Plan positions ourselves as a liaison between Dental Providers and Primary Care Providers (PCP). We aim to include PCPs as part of the team working to ensure the “whole-person” health of our Member and to further medical-dental integration.



Sharing Data with Providers. We have developed processes within other markets that we will leverage to effectively cooperate with other Providers and health care professionals serving Members. Gathering medical and dental records is part of our CM workflow and we work to ensure that we have a comprehensive understanding of each Member’s needs

to effectively inform coordination efforts. We share data in the form of risk assessments, treatment plans, and other identified needs. We engage dental and medical Providers and facilities in this process of data sharing through interdisciplinary care teams as well as pre- and post-appointment engagement by our CM team to ensure the Provider and/or specialty Provider has the information needed to render services.

Ensuring Appropriate Payment. As a fiscally responsible partner for the State, LIBERTY will also leverage our established infrastructure and processes to ensure that we are effectively coordinating payments for non-capitated services. If we receive a claim for a service, such as a medical service, that is not a covered service, we will identify and forward those claims to the State's Medicaid Management Information System (MMIS) for processing and payment. As required by **SOW 2.10.3**, LIBERTY will also implement procedures to coordinate the provision of and payment for services provided by other insurance providers, health plans, and Medicaid in the fee-for-service environment.

Process to Coordinate Dental Surgeries

LIBERTY Dental Plan's approach to coordinating dental surgeries with a Member's medical coverage and the hospital is cross-functional and collaborative. As required by DHS, LIBERTY will coordinate with other provider types as needed to provide complete execution of a Member's dental treatment plan. This includes, as needed, medical Providers, inpatient hospitals, and outpatient surgical centers. Coordination efforts will be led by our CM team who work closely with the Member and their Providers to facilitate complete execution of a Member's dental treatment plan. Once our UM team receives an authorization request from the Provider, our UM team will review the case and refer it to our CM team, then send the authorization request to the State's UM program. The LIBERTY CM team will work directly with the State's UM team to ensure all covered services requiring authorization are approved, our Dental Director will be available if any questions arise as to the appropriateness of the dental services. Once the request is approved, our team sends the approval onto the requesting Provider, as well as all other Providers involved in the surgical intervention as well as to the State to ensure that each Provider involved in the case are aware of the approved dental procedure and to enable scheduling of any needed anesthesia or hospital component of the care. Members undergoing dental surgery will automatically receive LIBERTY CM support. This ensures coordination with the State, Member, Provider(s), facilities, and the UM process. Both LIBERTY's UM and CM teams report to our Chief Dental Director to ensure ongoing clinical oversight of these processes.

These efforts will be a focus area for ongoing quality improvement activities. LIBERTY will closely monitor our processes, outcomes, and Member and Provider experiences related to necessary oral surgeries and offer a data-driven approach to measuring and assessing our compliance with related requirements, as well as future performance standards developed by DHS.

E.3 ELIGIBILITY, ENROLLMENT, AND DISENROLLMENT

A. LIBERTY's Enrollment System to Accept and Process Eligibility Files

LIBERTY Dental Plan Corporation (LDP Corp.) maintains a Core Management Information System (Core MIS) in full compliance with the **Scope of Work (SOW) 2.12.3**, section 6504(a) of the Affordable Care Act (ACA), Section 1903(r)(1)(F) of the Social Security Act, the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and all other applicable State and Federal laws and regulations. LDP Corp.'s Core MIS supports receipt and processing of incremental eligibility files, as well as full replacement files from DHS, per **SOW 2.7.1**.

LDP Corp. and its subsidiaries, collectively referred to as "LIBERTY Dental Plan," currently accepts eligibility and enrollment data via standard 834 electronic file transactions and/or client-specific proprietary formats. Our system can store and cross-reference multiple Member identifiers to ensure smooth interfaces between inbound and outbound file processes. The Core MIS maintains Member, claim, utilization management (UM), Provider, demographic, benefit, custom attributes, and all other data elements for dental benefits administration. Our system can manage multiple sets of business rules to process Membership, claims, UM, workflow, Encounters, and all other nuances of administering dental benefits, such as allowing additional services for our Enrolled Members (Members) who are pregnant. Our systems are also capable of accommodating the intricacies of providing zero-cost benefits for specific populations and tracking and applying cost-share amounts, when applicable. Our system also allows for custom logic of the adjudication engine to manage customer- and population-specific requirements. LIBERTY Dental Plan can seamlessly deploy its Core MIS program to immediately support eligibility processing for Arkansas, in compliance with all requirements.

Accepting and Processing Eligibility Files

LIBERTY Dental Plan receives electronic eligibility files daily and retrieves them within one business day, typically within four hours. The files are then processed and loaded into the Core MIS. The experienced Eligibility and Enrollment Team is responsible for the enrollment and disenrollment of Members in accordance with contractual requirements noted in **SOW 2.7.1** and will accept all Arkansas Members transmitted to us in the DHS eligibility files as Members. In addition to maintenance of all Member records in our system and loading electronic files from group clients, the primary activities the team manages are:

- **EDI Batch Loads:** Our EDI is used to batch load electronic eligibility files, perform eligibility reconciliation, and assist with implementation for new clients, including testing.
- **Eligibility:** We conduct manual eligibility processing. This review supports emergency term requests, address changes, and corrections to eligibility time slices.

Eligibility and Enrollment staff correct all errors and are responsible for reviewing processed data and validating the accuracy of the Member load. If an unexplained variance in membership occurs, this or other irregularities may warrant contacting DHS for verification that electronic data is correct. This final step should occur within two business days of receipt of the electronic file. Upon loading, all files leave an electronic time stamp that includes the operator's name; each affected Member record is updated with these data elements as well. All original raw data files are archived after 12 months; until then, they are retrievable on demand.

When LIBERTY Dental Plan receives a full replacement data file, a complete file-to-system reconciliation is performed to ensure that all Member records submitted into the electronic file has been accurately processed in the Core MIS. Any records that we cannot ingest are flagged as discrepancies. We will notify the State of all discrepancies in a timely manner and work to intake updated files.

Implementation Plan

LIBERTY Dental Plan understands the importance of thorough MIS testing prior to Go-Live. Based on our experience of our affiliate plans, our implementation team is well-prepared to work with DHS to test all processes related to building the baseline Membership and processing all file types from DHS into the Core MIS. As per **SOW 2.12.3**, the full-cycle and performance testing will be complete for a start-up date no later than 30 days prior to the Go-Live date.

Contract Commencement

To prepare to manage the Arkansas Membership, the initial Membership is set by accepting and loading a full file of Member eligibility data from DHS. These files are uploaded into our system to update and maintain accurate membership eligibility records. Inbound eligibility files are uploaded and processed within 24 to 48 hours of receipt.

B. Determining When a Person Requesting Assistance or Prior Authorization is Eligible for the Service

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) understands the importance of, and has proven processes to, confirming an Enrolled Member (Member)'s eligibility for callers requesting assistance and/or for whom any prior authorizations are sought, as per **SOW 2.7.1**.

Real-Time Eligibility Authentication

LIBERTY's Core Management Information System (Core MIS) and broader technology ecosystem connects Member eligibility to all integrated systems, [REDACTED]. This interactive voice response (IVR) system integrates with our Core MIS in real-time to support authentication of Members who call into Member Services. The IVR system will alert the Member Services Representative (MSR) who answers the call if the caller's eligibility cannot be verified. Our MSRs are trained to help Members confirm available and exhausted benefits and eligibility. When the caller's eligibility is unconfirmed, or if the Member has lost eligibility, the MSR will help the caller understand options to contact DHS regarding potential eligibility and/or for other assistance pertaining to their eligibility.

Confirming Eligibility for Prior Authorization

Utilization Management (UM), including Prior Authorization (PA), is an essential component of managed dental care to ensure delivery of medically necessary care. LIBERTY Dental Plan supplies coverage for all dental benefits following specific plan/program requirements, frequency limitations and exclusions, and including specialized benefits. Our UM Processor uses the specific plan/program schedule of benefits for applicable benefits, limitations, and exclusions, including details on services that require PA.

LIBERTY's Core MIS connects Member eligibility, plan/program specific dental benefits, frequency limitations, cost-sharing requirements and accumulators, exclusions, PA requirements, and Member dental history data to allow for comprehensive and proper benefit determinations by both UM Processors and Dental Consultants. In addition, we use programming and algorithms to aid in the development of customized streamlined review processes based on each plan's need. The Core MIS also supports customized adjudication rules set up against each plan/program coverage and guidelines, to find which service requests are subject to clinical review or administrative review.

Eligibility data is loaded into our Core MIS timely and is available to our MSRs and other key staff to access to confirm eligibility during key processes, such as processing PA requests. When a PA request is submitted but eligibility is unconfirmed, the request is returned to the Provider with the notation that the Member is not eligible for the requested service.

C. Verifying Eligibility on Date of Service During Claims Adjudication

LIBERTY Dental Plan's claims adjudication processes are supported by our highly configurable, scalable claims Core Management Information System (Core MIS) that pays claims accurately, promptly, and with complete adherence to DHS' claims payment rules. Our process validates the Enrolled Member (Member) was eligible for the received services on the

date of service. This seamless infrastructure allows us to systematically review and apply all relevant information during claim adjudication, such as eligibility, pursuant to Arkansas Medicaid policies and **SOW 2.7.1**.

Verifying Eligibility Prior to Claim Payment

Once entered into our Core MIS, claims are systematically routed through workflows to the appropriate departments within our organization such as Claims, Provider Relations, or Eligibility.

Our adjudication system has built-in edits and system flags that include: eligibility validation for the claim's date of service; Provider status and eligibility for payments; Allowed amounts by code; Member dental history; Member dental benefits that include cost-sharing requirements, limitations, and exclusions; Duplicate claim denials; high dollar claims; and Coordination of Benefits and Third-Party Liability (COB/TPL).

These edits are designed to confirm, amongst other edits, the Member's eligibility status, deny duplicate claims, flag claims over a certain dollar-amount thresholds, and enforce filing deadlines. If the Member's eligibility date does not correlate to the date of service, or if during adjudication the claim edits do not agree with configured rules, the claim will systematically deny. On the Provider's remittance advice, the applicable denial code is included to instruct the Provider why the claim was denied.

Claims that cannot auto-adjudicate due to conflicting edits or other issues with the claim submission are flagged for manual processing with instructions to the processor called Action Codes. Action Codes explain why a claim did not auto-adjudicate to the Processor and what next steps should follow. When the claim review is complete, the processor will pay/accept or deny the claim, as appropriate.

D. Approach to Marketing-Type Activities, Including Marketing and Advertising Materials

LIBERTY Dental Plan Corporation (LDP Corp.) has a dedicated Marketing Team, led by our Vice President of Marketing and Sales Support, **Deb Franko**, and is overseen by our cross-functional Marketing Committee. This Marketing team supports all LDP Corp.'s subsidiaries dental plans and ensures that all Member-facing materials are developed correctly within literacy and formatting requirements, including accessibility requirements, pursuant to **SOW 2.8.1** and associated regulatory guidelines.

Developing Marketing Materials

Our Marketing Team and Marketing Committee collaborate to develop marketing materials. All marketing materials will be tailored to the Healthy Smiles program to support LIBERTY of Arkansas, Inc. These materials may include printed materials such as flyers, digital transmissions and posts on our websites, social media posts for platforms such as Facebook and Instagram, and educational materials for our Enrolled Members and Providers. The following is a summary of key considerations we account for in the design of our materials:

- We ensure that all written material complies with all accessibility requirements and brand usage requirements.
- We ensure that all public-facing materials sent to Providers are branded for purposes of transparency and to avoid confusion.
- We develop all materials at the DHS readability requirements with appropriate taglines in the prevalent non-English languages and ensure the font size is at least 12-point font (with larger fonts or alternate formats available upon request).
- We ensure **Section 508 of the Rehabilitation Act and the American with Disabilities Act** compliance for our written and digitally distributed materials.

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will submit any marketing and advertising materials referencing the services it is providing on behalf of DHS for approval at the time of Readiness Review or at least 30 days prior to intended use, whichever is sooner. All marketing material developed after Contract Award will be submitted for DHS approval at least 30 days prior to intended use.

Establishing a Marketing Committee for Oversight and Approval

LDP Corp.'s Marketing Committee tailors the approach and materials based on each State contract's requirements and monitors LIBERTY Dental Plan's marketing practices nationwide. A cross-section of staff is included in the development, review, and internal approval of Member, Provider, and client and general public-facing communications collectively referred to as marketing materials. Standing members of the committee include **Dr. Cherag Sarkari, DDS**, National Dental Director, Quality Improvement and Clinical Innovation who provides clinical review for Member-facing content.

LDP Corp.'s approval process includes a review of all marketing materials by our CLC Committee for appropriate grade level readability, and to ensure that the materials are culturally and linguistically appropriate. Materials are translated into the appropriate threshold languages. Following internal approval, LIBERTY submits the material to DHS for approval. LIBERTY will seek approval from DHS at the time of Readiness Review, or at least 30 calendar days prior to intended use. After the Contract Go-Live, LIBERTY will seek approval of any newly created marketing materials before said materials are placed into circulation.

Marketing Goals and Objectives

LDP Corp. uses a data-driven, systematic approach understanding how to reach our Members. LIBERTY's goals and objectives in our Arkansas marketing plan that we will be designing are:

1. To outreach and enhance awareness to potential Members, particularly in hard-to-reach communities, by providing information about the Arkansas Healthy Smiles program and its benefits, as well as distributing educational information about the importance of oral care to reach and maintain an overall healthy quality of life;
2. To provide timely access to quality and appropriate dental care services; and
3. To enhance participation and utilization in the Program.

As an example, our LIBERTY Dental Plan of Oklahoma, Inc. uses the flyer presented in **Figure E.3-D-1** to promote education and awareness about oral health within the Black community. The flyer includes information on how to reach out to LIBERTY to obtain more information, including how to get help with scheduling appointments and arranging transportation.

Figure E.3-D-1 – LIBERTY Health Plan of OK Education Flyer on Oral Health in the Black Community




Oral Health in the Black Community

The nation's oral health has improved, but not all Americans have equal access to quality care. Some groups have worse oral health because of the social determinants of health—conditions in the places where people are born, live, learn, work, and play. For example, some groups of people:

- Cannot afford to pay out of pocket for dental care
- Do not have private or public dental insurance
- Cannot get time off from work to get dental care
- Live in communities where they do not have access to school sealant programs, healthy foods, or public transportation

Due to the history and trend linked with oral health in minorities, the black community is less likely to trust health care providers. It is common for people to be afraid of the dentist. But when you add in factors such as money, access to care and discrimination to pain, individuals will avoid oral care.

E. Developing and Distributing Materials During Enrollment and Re-Distribution, When Needed

LIBERTY Dental Plan Corporation (LDP Corp.) and its subsidiaries, collectively referred to as “LIBERTY Dental Plan” has established processes to provide written information to all new Enrolled Members (Members) and potential Members, upon request. These materials provide critical details to Members regarding their enrollment, covered services, service limitations, available Providers, and information about their rights, in full compliance with **SOW 2.8.1** and **42 CFR 438.10**. Our overall approach, supported by established policies and procedures, ensures that the written information we provide our Members is timely and accessible. When information is supplied to new Members electronically, LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will comply with all accessibility requirements per **SOW 2.8.1**.

Welcoming New Members

Our Member Welcome journey begins with Member onboarding strategies that welcome, educate, and engage new Members through a combination of traditional and digital communication strategies. LIBERTY Dental Plan strives to reach new Members through their preferred communication modality, including mail, telephone, and text messaging. Once LIBERTY receives the Member eligibility file, our Member Services team communicates with Members within 10 days to welcome them to our plan and distribute plan information on rights, responsibilities, and how to utilize their Covered Services.

Welcome Call. Enrolled Members will receive a phone call from LIBERTY within 45 days (and 60 days from Go-Live during the new contract implementation) to introduce them to LIBERTY and the services and supports available to them. These calls welcome the Member to our Plan and offer instructions on how to find more information online. During the scripted call, Members will have the option to connect directly with our MSR. In addition to this welcome call, we provide outreach to target groups in compliance with **SOW 2.8.1-J**. Our MSRs will attempt to reach Members in these target groups telephonically twice within 10 days of their enrollment with LIBERTY (and 60 days for those Members on the initial eligibility file on the Go-Live date), with the calls occurring at least two days apart. If the contact is unsuccessful, we will also provide a written notice within ten days of the second phone attempt. We will target these efforts specifically to children and adults with special health care needs, pregnant women, children in foster care, and those Enrolled Members who have not seen a dentist in the last 12-months.

All calls are documented within our call system with the time and date of the attempted contact, the individual who made the call, and the result of the attempted contact. This data is available to report back to DHS in the preferred format at the preferred schedule.

Text Messaging. In addition to the Welcome Call described above, we also use a Welcome SMS Text messaging journey. This journey includes a series of SMS text messages to promote dental home utilization, acclimate our Members to our digital tools, and remind Members to take advantage of their benefits. We implemented a new messaging platform in 2022 which allows us to personalize content based on Member characteristics (e.g., pregnant Members, Member with special needs, Members in Foster Care, and Members identified as under-utilizers), and embed individual-level data such as the name and telephone number of the Member’s dental home.

Providing Timely Information to Members

LIBERTY continues the New Member Journey with the Member Orientation packet. [REDACTED]

[REDACTED] Key components in the Member orientation packet are as follows:

Welcome Letter. The Welcome Letter will welcome Members to our Plan and includes information on accessing online resources, such as the Member Handbook and Provider Directory; instructions to request printed copies of each are also included. It also informs the Member

Timely Welcome Process

For the last 12 months (rolling average), our affiliate plans achieved 100% timely compliance with Welcome Packet distribution in our California, Florida, and Nevada Medicaid programs.

how to choose and access a Primary Care Dentist (PCD). Links and QR codes are included to help Members change their PCD and complete an Oral Health Risk Assessment (OHRA).

ID Card. The ID Card will include LIBERTY’s Call Center toll-free number, our website URL, and the Healthy Smiles customer service number. It will include the Member’s unique identification number. The ID Card will also clearly identify the selected or matched PCD and dental home as well as their contact information. The Member ID Card will also include a QR code to direct Members to our Arkansas website.

Member Handbook. LIBERTY’s Member Handbook complies with, and includes all, elements required as per **SOW 2.8.1** and all requirements set forth in **42 CFR 438.10(e)**. LIBERTY will submit the Member Handbook to DHS for approval at least 10 days prior to use and on an on-going basis, as defined by DHS. The print size, readability, and understandability of text comply with all requirements contained in the contract. We will use the Member Handbook to educate Members on how to access LIBERTY’s Member Handbook online as well as how to request a printed version.

In addition to all required elements, our Member Handbook includes education about the dental home with an explanation of the relationship between the Member and Primary Care Dentist (PCD), the importance of maintaining the relationship, and methods to select and change a PCD. The Member Handbook is also a source of health education information regarding the importance of regular dental services and good oral hygiene, including how and when to brush and floss. It also includes:

- Procedures for accessing services and the appropriate schedule;
- Covered benefits and available services, including how to obtain emergency services;
- Information about LIBERTY’s value-added services and how to access them;
- Procedures to obtain transportation services;
- Explanation that covered services are available at no cost and without cost-sharing responsibilities, except in certain instances for those covered by ARKids; and
- Information regarding the Healthy Smiles customer service line.

Provider Directory. We educate Members on how to access the Provider Directory online as well as how to request a printed version. The online directory includes an active, accurate listing of current Providers in LIBERTY’s network, including Primary Care Dentists (PCDs), Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Indian Health Care Providers (IHCPs) and provides all the information required in the DHS Contract and in accordance with **42 CFR 438.10(h)**.

LIBERTY will submit the Member Handbook and identification card template to DHS for approval prior to Readiness Review, and annually, or when changes are made thereafter. When changes are made, the online versions are updated in real-time. LIBERTY will ensure the re-distribution of materials as needed and appropriate on an ongoing basis. Members receive notification of material changes within 30 calendar days of the effective date.

[Providing Accessible Written Information to Members](#)

LIBERTY Dental Plan’s approach to providing information to our Members takes into consideration the diverse membership served by our Medicaid plans. We acknowledge Arkansas Medicaid and CHIP Members have Limited English Proficiency, diverse cultural/ethnic backgrounds, and hearing or visual impairments or other disabilities. All written materials will adhere to all requirements specified by **SOW 2.8.1**. All written materials are designed to enable Members to understand their covered services, processes, and ensure their ability to make informed dental health decisions. To accomplish this, LIBERTY’s written materials will be provided to Members at a sixth-grade reading level, **translated into Spanish and Marshallese**, and available in alternative formats, such as large-font and Braille.

Members can request printed copies of all documents through our webpage, and upon request through Member Services. When a Member contacts Member Services and requests materials to be sent, the Member Services Representative (MSR) submits this request immediately to our fulfillment team to complete. This process includes requests for large print,

documents translated into the Member’s preferred language, and for Braille. The MSR also informs the Member of where to find the documents that are available online for a Member to download, and a Member can submit a request through LIBERTY’s “Contact Us” webpage at any time.

F. Plan for Providing Access to and Maintaining an Online and Written Provider Directory

LIBERTY Dental Plan Corporation (LDP Corp.) recognizes the importance of maintaining an accurate Provider Directory and the extent to which Members and potential Members depend on the information contained therein. LDP Corp. has developed processes and procedures to provide all Members with access to a Provider Directory, and to ensure our Provider Directory is as current and accurate as possible, pursuant to all requirements in **SOW 2.8.1** and **42 CFR 438.10(h)**. We will share our list of network Providers with DHS to support the Member enrollment process with the State, and LIBERTY will submit the Provider Directory to DHS for approval prior to Go-Live.

As part of their Member Orientation Packet, the Member will receive information on how to access the Provider Directory online, as well as how to request a printed Provider Directory. If Members call into Member Services with questions about available Providers, MSRs will also educate the Member regarding online request options. All Members may request a printed Provider Directory, which always reflects the most up-to-date information available. Our printed Provider Directory includes the exact hyperlink to our online Provider Directory and also directs Members to our toll-free telephone number to receive support to access information included in our online Provider Directory.

Proactively Maintaining Provider Directory Information

We quickly incorporate changes into our web-based and printed directories. To make updates as simple and convenient as possible, our Providers can make updates to their directory information directly through their Directory Information Verification (DIV) Portal as well as other mechanisms, such as submitting the update for LIBERTY’s staff to maintain. We require Providers to review and update their information quarterly (or attest that no changes are required) and encourage them to do so whenever there is a significant change to their practice demographics and office practices. Once the data is updated, our web-based Provider Directory reflects the change in real-time; our print directory is updated within five business days of the notification. Urgent changes are made within two business days.

Accommodating Members with Disabilities

LDP Corp. collects relevant information on accessibility as required by the ADA, including, but not limited to, wheelchair accessibility, accommodations to equipment and physical space, availability of sign language interpreters, scheduling flexibility, and Providers’ ability to support Members’ physical, intellectual, and developmental needs. We monitor ADA compliance using site visits to confirm the accuracy of accessibility information in our directory. Our online and printed Provider directory indicates Providers who offer additional ADA-accessibility considerations to make it easy for our Members to identify Providers who meet ADA accessibility standards.

Searching for a Provider

Our online search features are designed to facilitate tailored searches and enable Members to view criteria such as specialty type, language, accessibility, office hours, specialty, gender, race, ethnicity, cultural competency training attestations, special needs indicator, disability accessibility, and a link to the Provider’s website to help ease Member apprehensions. Additionally, LIBERTY Dental Plan offers a mobile app that allows Members to easily access and search our directory. Members can review Providers for compatibility based upon proximity, experience, race, ethnicity, and ADA accommodations. Members can always contact LIBERTY Dental Plan directly to obtain Provider directory information that meets their unique needs. **Table E.3-F-1** shows the fields presently displayed in the Provider Directory.

Table E.3-F-1: LIBERTY Dental Plan's Provider Directory Displayed Data

Fields	Print Directory	Web-based Directory
Address/Distance from Current Location		✓
General or Specialist NPI	✓	✓
Provider License #	✓	✓
Accepting new Members	(* indicates the Provider is not accepting new Members.)	✓
Ages Seen		✓
Days and Hours of Operation	✓	✓
Teledental Service	✓	✓
Web Address URL		✓
Languages	✓	✓
Special Needs		✓
Public transportation available within half mile		✓
Special Training**		✓
Annual Compliance and Cultural Competency Training		✓
Disability Accessibility	✓	✓
Hospital Privileges		✓
** 'Special Training' indicates general dentists who have taken some specialized training/coursework and are able to perform additional services (such as a general dentist who has taken some orthodontic classes). This does not reflect that they have completed a certificate or specialty program.		

G. Outreach Program and Partnerships to Serve Underserved or Hard-to-Reach Populations

LIBERTY Dental Plan Corporation (LDP Corp.) and its subsidiaries, collectively referred to as "LIBERTY Dental Plan," are experienced in designing and implementing outreach and education programs that meet the needs of local communities. Over the last year, the LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY's) Team has developed a deeper understanding of the oral health needs of Arkansans not only through LDP Corp.'s operation of our existing Medicare Advantage business, but also through comprehensive stakeholder engagement efforts to understand the needs of Medicaid Members and Providers, and the issues they face in navigating dental managed care. We will use our understanding of the Arkansas landscape and deep experience with Member outreach and engagement in other Medicaid markets to conduct targeted outreach and education activities for all covered Enrolled Members (Members). We will detail these activities in our annual Member Outreach and Education Plan.

Using Local Knowledge and Expertise to Design Member Outreach and Education Programs

To establish a local understanding, LIBERTY has hired and leveraged Arkansas-based staff resources and invested in local consultants to understand the landscape and engage with key partners and organizations. LIBERTY has been meeting with these organizations to inform our strategy and commitments to serve the Healthy Smiles program. One element of this strategy is focused on how we can best engage Members and to understand what is most effective. As a result of our understanding, and in recognition of the local nuances, we will hire Outreach and Education Coordinators with a strong local presence and with relevant experience. Our two Outreach and Education Coordinators will be based in and 100%

dedicated to Arkansas. These team members will be regionally based to provide locally-focused support and engagement; one of our Outreach and Education Coordinators will be based in the Delta region of the State.

Experience Implementing a Localized Outreach and Education Approach. Our affiliate plans have developed meaningful and successful long-term partnerships with community organizations to engage with the Members we collectively serve. Examples of these partnerships are detailed in **Table E.3-G-1**. We will leverage this experience and expertise building locally focused outreach and education activities to serve Arkansas Healthy Smiles Members.

Targeting Outreach and Education Activities

LIBERTY understands the importance of tailoring outreach and education activities to the Members we serve, including Members, who have barriers to accessing needed services, have been historically underserved, or may be difficult to contact.

Outreaching to Hard-to-Reach Members. The lack of or accuracy of telephone numbers is a challenge we encounter. Medicaid Members are more likely to change mobile phone numbers frequently or lack a permanent address due to housing instability or homelessness. As part of our strategy to engage with hard-to-reach Members, LIBERTY's Outreach and Education Coordinators and our Case Management team will train community partners to navigate Members to us or to their dental home.

We will also leverage the innovative approaches implemented in other state markets by our affiliate plans to identify opportunities to reach Members more effectively in the communities where they live. For example, in Sacramento County, California, LIBERTY Dental Plan of California, Inc. led an effort to create a mobile, school-based dental service as a strategy to identify and serve under-utilizing children and engage them in the continuum of care. The plan led a multi-dental plan effort to develop school-based services and dental navigation program in local schools called the Early Smiles program. Through this program, the dental managed care plans receive electronic referrals of their Members served. LDP Corp.'s Member Services Digital Support Team outreached to the parents of high-risk children to help them connect with their Dental Home and make an appointment. [REDACTED]

Outreaching to Underserved Members. Utilization data helps us identify populations or sub-populations, based on geography, language, race or ethnicity, and other demographic factors, who are under-utilizing services. This analysis informs interventions targeted to address specific populations and sub-populations. [REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

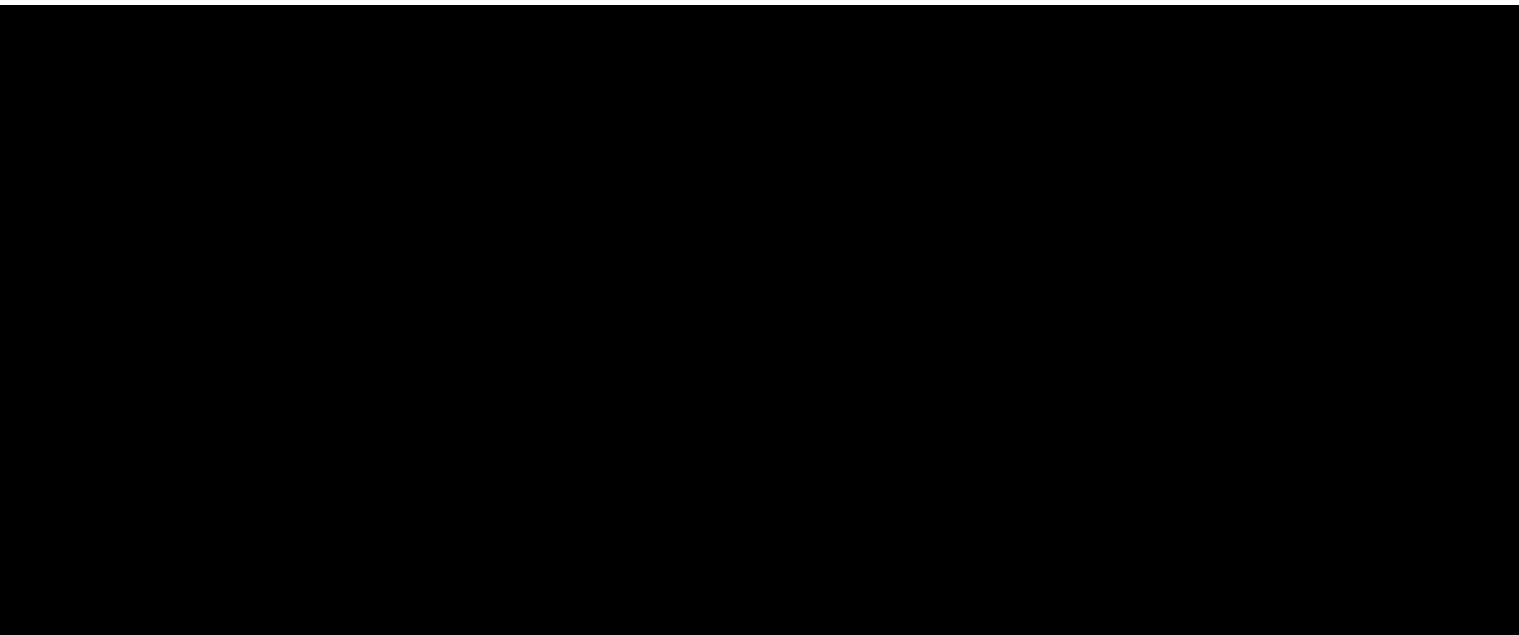
Our organization is experienced at taking a comprehensive approach to meeting the needs of specific subpopulations of our Membership. For example, LIBERTY Dental Plan of Oklahoma, Inc. has implemented a strategy specific to engaging with American Indian/Alaska Native Members. This strategy included quarterly meetings with Tribal Governments, delivering oral health education and dental kits at local health fairs, schools, and churches, participating in, and supporting cultural events, and coordinating efforts with state and local agencies. In Arkansas, LIBERTY will continue to establish partnerships and look for opportunities to collaborative with groups in the community serving Members, including local health department staff, Provider-Led Shared Savings Entities (PASSE) Care Coordinators, health care providers such as the Mercy Hospital or Baptist Health Hospital, and other community workers. As part of these collaborative efforts, our Outreach and Education team will provide education on the services and supports that LIBERTY offers. Additionally, as part of our local engagement this year, LIBERTY has donated oral health supplies to organizations operating in underserved areas, such as AR Rural Health Partnership and Mid-Delta Health Center.

On an ongoing basis, we will leverage quarterly Member Advisory Committee and Provider Advisory Committee meetings to solicit feedback and direction on our outreach and education activities. As we have learned in other markets, these Committees provide a critical source of local input and expertise to ensure that our approach is reflective of state-specific needs.

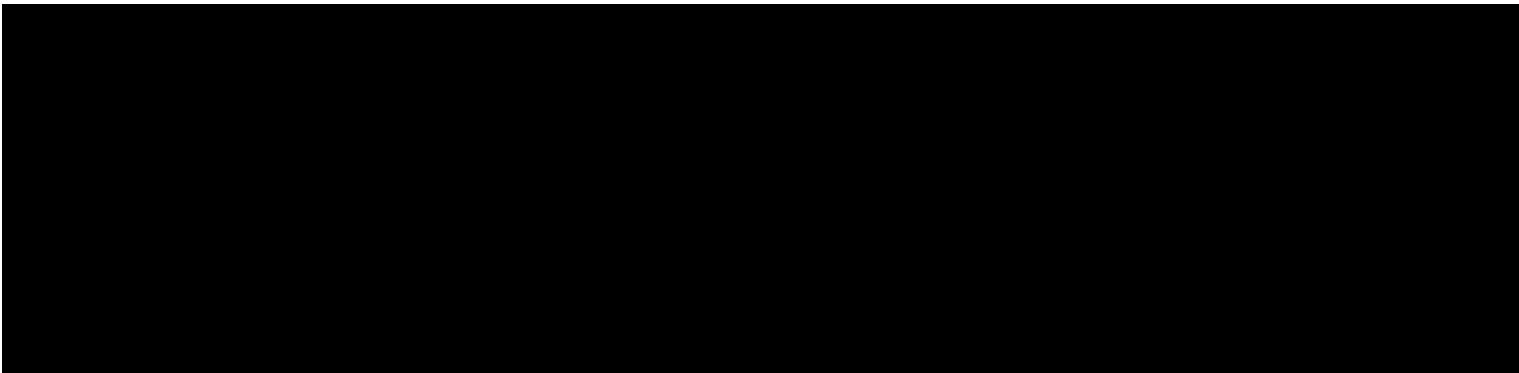
Partnering with Local Organizations

Recognizing that we are new to serving Arkansas Healthy Smiles Members, LIBERTY has made a strategic commitment to partner with local organizations because of our commitment to understanding the unique landscape of Arkansas and to improving outcomes for Arkansans. [REDACTED]

[REDACTED] As described in **Table E.3-G-2**, LIBERTY’s financial donations to local communities and organizations demonstrate LIBERTY’s commitment to helping educate Arkansans on the importance of oral health.



LIBERTY has developed meaningful partnerships with local organizations and other stakeholders to help achieve DHS’ goals for all Members. We have selected these partnerships based on our understanding of the State’s priorities and local needs.



Partnership to Support Maternal Oral Health

LIBERTY focuses its efforts on moving the needle on maternal mortality by establishing a strong outreach and education process with expectant parents about the importance of oral health and accessing dental care for themselves and their children.



[Redacted text block]

Reaching and Supporting Children

Arkansas ranks among the worst five states for childhood hunger, with one-in-three children facing food hardship.

[Redacted text block]

[Large redacted text block]

H. Increasing Awareness of Dental Services, Including within Specific Targeted Groups

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) has a multi-pronged strategy to increase awareness of and availability of dental care and to increase utilization of preventive dental services. Our strategy is designed to reduce unnecessary Emergency Department (ED) utilization and restorative services, where preventive care and access to routine appointments are more appropriate. As part of our strategy, we offer an accessible and comprehensive Member education and outreach strategy. The strategy leverages relationships within the community to facilitate a no-wrong door approach for Members as well as Provider collaboration to promote education and facilitate referrals to case management. Our comprehensive set of Value-Added Services (VAS) is designed to increase utilization of preventive services. We are aligned with and support DHS goals to improve both the quality of and access to dental services for Medicaid and CHIP Members, including those within targeted groups such as pregnant women, children and adults with special health care needs, and children in foster care.

Our approach leverages broad outreach to provide oral health education, to increase awareness of benefits and services, and to provide targeted activities to meet the needs of Members. We also closely monitor service utilization to identify and support Members who are not using their dental benefits and receiving critical preventive dental services. Our Arkansas-based Outreach and Education Coordinators will be responsible for developing and submitting the Outreach Plan to our Contract Manager on an annual basis and ensuring that it includes objectives and strategies designed to meet DHS goals for all Members, as well as quarterly outreach activities for target groups. We commit to coordinating our efforts with outreach projects conducted by DHS and other state agencies as requested by DHS.

Increasing Awareness of Dental Care

LIBERTY will leverage the significant experience of our parent entity, LIBERTY Dental Plan Corporation (LDP Corp.) and its affiliates, collectively referred to as “LIBERTY Dental Plan,” to increase awareness of oral health through oral health outreach and education. The goals of our outreach and oral health education programs are to allow for early intervention and preventive services, increase utilization, keep Members engaged in the continuum of care, allow for early intervention and preventive services, and reduce cost. LIBERTY’s local Outreach and Education team will collaborate with community-based organizations (CBOs), school districts, health care and dental Providers, and other community workers to conduct community outreach. Like our affiliate plans, LIBERTY will conduct specialized campaigns and create educational materials for specific populations. Previous campaigns have focused on young children, pregnant women, and members of groups with disproportionately low utilization. We take a data-driven, individualized approach to educate non-utilizing Members using telephonic, text, and mail outreach, which are rigorously evaluated to inform future initiatives.

Member Outreach and Education

LIBERTY will notify Members regarding the availability of benefits through our welcome materials, Member Handbook, and during key Member touchpoints with our Member Services Representatives (MSRs), Case Management team and others. As required by **SOW 2.8.1.J**, we will conduct outreach to Members in State-identified target groups on a quarterly basis, monitoring our outreach attempts to determine the most effective method of engagement for each identified population. We will further increase awareness of dental care through:

- **Website and Member Portal.** Our Member website will serve as the main source of information and communication with Members. It is here where Members can find their Member Handbook detailing information about available benefits, view their assigned Primary Care Dentist (PCD), access the most current Provider Directory, or request a new ID card.
- **Mobile App.** For Members who would rather use a mobile application than a traditional website and Member Portal, LDP Corp.’s smartphone application promotes Member self-service through 24/7 access to the same items available on the Member Portal, including a dental history and account information, a digital ID card, available benefits, and the Provider Directory.

innovative approaches to increase availability of and access to dental benefits. LIBERTY will leverage successes in other markets to offer the following in Arkansas:

- [REDACTED]
- [REDACTED]
- [REDACTED]

Increasing Utilization of Preventive Dental Services

LIBERTY will use a variety of levers to increase utilization of preventive dental services and meet DHS’ Utilization Goals. This includes implementing our dental home model to more effectively navigate Members to care and allow for the implementation of additional Provider performance and quality initiatives. Our Member Services Representatives (MSRs) will help Members access care by providing appointment assistance, including locating a Provider, and contacting the Provider’s office as needed. Our MSRs may also make necessary arrangements to get the Member to the appointment, including arranging transportation through non-emergency medical transportation (NEMT) vendors when appropriate.

LIBERTY Dental Plan leverages utilization data to target our Member outreach efforts, adjusting Member outreach based on the period of non-utilization, trying different modalities and frequencies. As in other markets, LIBERTY will partner with local community-based organizations, school districts, and health care and dental Providers to conduct oral health education and encourage early intervention and preventive services. LIBERTY will monitor and evaluate the utilization of services through our Quality Assurance and Performance Improvement Program (QAPI) under the supervision of our Arkansas Dental Director and Quality Assurance Coordinator. These team Members are responsible for reporting on the utilization and efficacy of these benefits in our Quality Assurance and Performance Improvement Committee (QAPIC). LIBERTY will also solicit Member and Provider feedback, as applicable.

Tailored Outreach to Target Groups

LIBERTY recognizes the importance of further tailoring these efforts to meet the unique needs of key subgroups of Members within the Healthy Smiles program. This includes children and adults with special health care needs, pregnant women, children in foster care, and those Members who have not seen a dentist within the past 12 months. As required by **SOW 2.7.J-5**, LIBERTY will provide a plan for Outreach and Education services tailored to most effectively engage with each identified population. We take a local, community-based approach to finding partners who serve our Members where they are. This approach includes food banks, WIC programs, Head Start and school-based programs, housing programs, faith-based organizations, and programs serving Members with Limited-English Proficiency. We will expand on these efforts noted above and provide additional support through our case management program, offering value-added benefits designed to provide supplemental support for Members with complex needs, and developing strategic community partnerships to expand the care and benefits available to these Members.

Case Management Program. Our Case Management program is an important tool to provide individual level support to Members with more complex needs. We proactively outreach to Members with higher levels of risk or need to comprehensively assess their needs and provide needed care coordination and other support. For example, in other states

we outreach to pregnant Members using telephonic or text-based outreach. Once a pregnant Member is identified, the Member is referred to our Care Management (CM) program for outreach and education on how to access dental services during and after pregnancy. [REDACTED]

Targeted Value-Added Services (VAS). LIBERTY is committed to furthering the State’s goals through offering meaningful VAS that match the needs of Members, including target groups. [REDACTED]

[REDACTED]

Strategic Community Partnerships. LIBERTY has proactively developed community partnerships across the State to support DHS goals, including increasing access to dental services. [REDACTED]

[REDACTED] These efforts are primarily focused on improving access in underserved areas as well as maternal health. We will continue to identify opportunities for partnerships to engage with community organizations and Providers serving these Members. LIBERTY will look to our affiliate plans’ experience in other states to identify best practices and opportunities to develop targeted initiatives based on our Arkansas’ Member needs. [REDACTED]

I. Addressing Time-Sensitive Information with Members, Outreach to Non-Compliant Members, Direct Messaging

LIBERTY Dental Plan strives to educate and empower Members to care for their health care needs, including focus on how to access preventive care. To comply with all requirements noted in **SOW 2.7**, LIBERTY Dental Plan is proactive in promptly reaching out to Enrolled Members (Members) to ensure that the Member has the information necessary to access covered benefits. Our Member outreach and engagement approach uses broad outreach to Members and Providers to provide oral health education and increase our membership’s awareness of benefits and services.

Timely Distribution of Dental Health Plan Member Materials

Within five days of enrollment, as demonstrated by **Table E.3-I-1**, we send a Member Welcome Letter with information about their ID card with the name of their assigned PCD, instructions to access the Member Handbook and Provider Directory online, and an embedded QR code to facilitate Members’ search efforts in selecting the dental home that best meets their needs. Care requirements and coverage information are also included in these materials. We also update our website with valuable information to keep Members up to date.



Outreach to Non-Compliant Members

Under-utilization and non-utilization are major drivers for our outreach activities. We identify Members who have not sought care in the previous 6, 12, 18, and 24+ months. We adjust types of outreach and frequency to achieve greater dental home utilization. We use escalating interventions up to and including offering the Member case management as the period of non-utilization increases, as demonstrated in **Table E.3-I-2**. As we do in other markets, LIBERTY will also explore how to most effectively leverage Teledentistry outreach to encourage engagement from non-compliant Members.

Table E.3-I-2 – Escalating Outreach and Engagement Strategies for Members with Under-Utilization

Period of No Utilization	Member Outreach
6 months	Utilization Management team identifies Members; our Member Services Digital Support Team deploys reminder SMS Text messages
12 months	Utilization reminder SMS Text messages
18 months	Utilization reminder SMS Text messages
24 months	Utilization reminder SMS Text messages. Care Coordinators also conduct telephonic outreach to Member to conduct Oral Health Risk Assessment and offer Case Management

In addition to direct Member outreach, we offer incentives to Members through our Healthy Behaviors Program VAS. **LIBERTY will offer Members who utilize services in a dental office or via Teledentistry by offering a nominal gift.**

LIBERTY routinely reviews utilization data by zip code and, when required, explores additional programs and incentives to increase utilization. For example, LIBERTY Dental Plan of Nevada, Inc. has implemented a HEDIS bonus to Providers when their Members who are not compliant with their dental care schedule are seen in the office.

Reaching Members Through Community Outreach

LIBERTY will proactively look for opportunities to reach our Members in community settings to increase awareness of the importance of timely dental care. The LIBERTY Team in Arkansas has been working over the past several months to establish these relationships and build partnerships that will help Arkansans strengthen their dental health. A small sample of these activities includes, but is not limited to:

- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

Reaching Members via Direct Messaging and Digital Outreach

LIBERTY Dental Plan’s direct communication tools for Members include our website, secure Member Portal, Smartphone app, and texting platform. These tools create 24/7 self-service opportunities, and empower Members to understand their benefits, how to access them, and how to reach us.

Member Website. LIBERTY Dental Plan’s website is user-friendly, easy to navigate on both desktop and mobile devices, is secure, and fully functional for Member engagement. This website serves as a key resource for Members, including the Member Handbook, Member Rights and Responsibilities, and Provider Directory. Our website content is tailored to meet the different needs of Members. For Arkansas, educational resources will be offered in English, Spanish, and Marshallese.

Member Portal. Through our secure Member portal, Members can access dental history, view and download an ID card, view cost-sharing requirements and current accumulators, view benefits utilization and cost-sharing information, use the Find a Dentist customized search, and access individual and plan level documents (e.g., letters).

LIBERTY Dental Mobile App. LIBERTY Dental Plan’s smartphone application is designed to increase Member engagement and enables Members to access their account information 24/7. We regularly analyze the top reasons that Members contact our call center and update our mobile app functionality based on the most common feedback. Via our Mobile App, Members can:

- Access their dental history;
- View their digital ID card;
- View dental benefits, including benefits utilization, treatment, or limitations;
- Find a dentist;
- Request a dental home transfer; and
- Frequently Asked Questions.

Social Media Channel. We use our social media channels to educate Members about preventive services and inform them about community-based events and provide oral health education. Our content is designed based on our analysis of the unique needs of Members (e.g., oral health and wellness tips in Spanish and resources for Black Members).

Texting Platform. LIBERTY Dental Plan sends SMS text messages to share important information with Members and to act as a conduit for Member engagement. We send outbound text messages to welcome Members, provide appointment reminders and educational materials, and deliver information about care gaps.

J. Plan for Coordinating with Public Health Entities

LIBERTY Dental Plan Corporation (LDP Corp.) emphasizes whole-person health and has championed medical-dental integration for more than 20 years. LIBERTY Dental Plan, which is inclusive of LDP Corp. and its subsidiaries, has often served as the catalyst for collaboration in our communities. We routinely work with public health entities and have extensive experience establishing strong partnerships with state agencies across our Medicaid markets. LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will build on the relationships our team has achieved over the last year with State and local partners, including the Arkansas Department of Health, local health departments, and Federally Qualified Health Centers (FQHCs), as well as other organizations already providing important services to Members. [REDACTED]

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will offer processes, teams, and initiatives to support a collaborative and integrated approach with public health entities throughout Arkansas. Upon award and regularly thereafter, LIBERTY will meet with DHS to identify ways to support Healthy Smiles Members. Our Arkansas Project Director, **John Harrington**, will serve as the liaison with State agency officials, and our operational teams will work closely with State agencies and their staffs to further coordinate services. We will promote early effective prevention in coordination with our community partners, coordinate to meet Member transportation needs, and work closely and cooperatively with the wide range of [REDACTED]

entities who are working on behalf of Members to ensure access to needed services and supports.

Promote Early Effective Prevention

The goals of LIBERTY’s outreach and oral health education programs are to allow for early intervention and preventive services, promote utilization of these services, keep Members engaged in the continuum of care, and reduce costs. Our multi-faceted approach in Arkansas will include our local Outreach and Education Coordinators, who will lead our efforts to collaborate with community-based organizations, school districts, health care and dental Providers, including Indian Health Care Providers and FQHCs, to conduct community outreach. LIBERTY has been engaging with agencies, CBOs, Community Health Clinics, and other public health entities throughout the State to understand the unique needs of Arkansans and develop meaningful partnerships that will address their unique needs.

[Redacted text block]

School-based Health Centers

LIBERTY Dental Plan has 15 years of experience facilitating access to school-based Medicaid services. For example, LIBERTY Dental Plan of California, Inc. established a school-based screening and navigation program, working with other dental plans. LIBERTY Dental Plan of Florida, Inc. has collaborated with a variety of Head Start and pre-school programs. LIBERTY Dental Plan of New York, Inc. currently contracts with school-based Providers. Schools play a critical role in bringing dental services to Medicaid children and helping families overcome barriers to care, such as transportation and lack of parental leave to attend appointments. LIBERTY will support existing and develop new school-based programs to provide screenings and preventive services.

[Redacted text block]



In many states, we engage with school nurses and provide education and resources for the schools regarding oral health. We also provide oral health education, screenings, dental kits, and sponsor other events to further promote early and effective preventive dental services and good oral hygiene. A sample of LIBERTY’s efforts to coordinate with our community-linked early childhood dental programs is provided in **Table E.3-J-1**. We will collaborate with schools across Arkansas to provide oral health education, wellness promotion, and screening events.

[Redacted text block]

Collaborative Campaigns to Promote Early Intervention

As we have successfully done in other markets, we will conduct outreach to parents, guardians, and Providers on the importance of routine, preventive, and specialty care between zero and one. [REDACTED]

Coordinate with Non-Emergency Medical Transportation

As we do in other markets, LIBERTY will coordinate with Non-Emergency Medical Transportation (NEMT) brokers throughout the State to ensure our Members receive the NEMT services for which they are eligible. Removing barriers to access, including transportation, is an important way to promote the delivery of cost-effective preventive care. We will support this process through multiple Member touchpoints. Our Member Services Representatives (MSRs) receive training on dental and other benefits for which Members may be eligible, so they can respond to Member questions accurately and timely. Our MSRs will also help Members connect with their Providers to schedule appointments, including Network and Out-of-Network Providers. As part of this process, our Call Center staff will also ensure that all necessary arrangements have been made, including transportation through NEMT brokers. LIBERTY will also coordinate the provision of NEMT through our Customer Care Analysts (CCA) and Care Management (CM) teams who provide direct support in helping Members understand how to access NEMT. Our MSRs, CCAs, and CM team are training to identify and resolve transportation issues for Members. LIBERTY staff will reach out to the State's NEMT brokers with the Member on the phone to ensure the appointment gets scheduled and the Member is comfortable with the arrangement.

Cooperate with Entities Supporting Enrolled Members

LIBERTY takes a highly localized approach to Member engagement and service delivery. We recognize that Members are served and supported by a range of Providers, support staff, community-based organizations (CBOs), and agencies. LIBERTY Dental Plan has experience working with a wide variety of CBOs, faith-based organizations, schools, after-school programs, childcare centers, WIC Clinics, and health and dental Providers to reach our Members. As in other markets LIBERTY Dental Plan serves, our Outreach Coordinators will live in the communities where they serve, understand local needs, and collaborate with relevant CBOs to develop unique programming. Our coordination efforts are targeted based on local needs and subpopulations of Members who would benefit from additional engagement, particularly Members who are not utilizing their benefits. We understand that a failure to coordinate service delivery with health care Providers and other Providers can result in duplication of services or unmet needs. By working together, we can expand our collective impact.



Community Engagement and Outreach. We use a data-driven approach to identify and coordinate with Providers, focusing on connecting Members with available services that empowers them to access the care they need. For example, we employ

data on Member-executed searches on our community resource platform, Community Smiles, to identify how needed services correlate with specific geographic areas. We also leverage our Utilization Dashboard to identify geographic concentrations of non-utilizers to inform our partnerships and outreach. As LIBERTY Dental Plan does in other Medicaid states, we will use local Outreach and Education Coordinators to conduct in-person outreach and education through partnerships with community organizations that serve Medicaid and Children's Health Insurance Program (CHIP) Members, including parents and young children. LIBERTY commits to hiring two Arkansas-based Outreach and Education Coordinators, having one Coordinator based in the Delta region of the State. We have experience developing custom infant/pregnant women dental kits and outreach materials for use with partners like WIC and home visitation programs in other states and have already started to partner with Arkansas entities serving Members.

Care Coordination Activities. LIBERTY Dental Plan's CM Team collaborates with other relevant Case Managers serving each Member, including the medical Providers, State agencies, and representatives from CBOs, as relevant and allowed. Delivering joint case management is part of LIBERTY's commitment to provide coordinated, integrated care for all Members. Our CM processes include engagement with the full range of Providers serving our Members, including Out-of-Network Providers. As appropriate, we invite Providers and other Case Managers to participate in our Member's interdisciplinary care team, contribute to our joint clinical rounds, and share data. In instances when our Case Managers identify that a Member would benefit from Case Management from their medical Provider and/or plan, we will proactively outreach to our counterparts and work to facilitate those additional supports. Our CM team also proactively engages with community partners to facilitate coordination. For example, LIBERTY Dental Plan of California, Inc.'s Case Management team, including LDP Corp.'s Associate Vice President of Case Management, **Janet Musto**, engages with county agencies and community partners to provide training on care coordination and case management support to facilitate referrals and help them understand how we can support coordination between dental and other services for Members with complex needs. Establishing similar processes will enable LIBERTY Dental Plan of Arkansas, Inc. to follow up with Members regarding any issues or needs communicated, in coordination with other supporting entities, as required by **SOW 2.8.1.K**.

Engaging with Providers. LIBERTY appreciates the wide range of Provider types and organizations that are working on behalf of Members to secure access to needed services. We have proactively engaged with Providers and clinics across the State to better understand how we can collaborate with and support their work. LIBERTY's Project Director, **John Harrington**, has been working to understand the needs and priorities of Arkansas Providers. We have already held five listening sessions to facilitate these discussions and identify opportunities for cooperation and collaboration.

E.4 GRIEVANCE AND APPEAL SYSTEM AND QUALITY ASSURANCE AND IMPROVEMENT

A. LIBERTY's Process for Recording, Investigating, Resolving, and Analyzing Grievances and Appeals

LIBERTY Dental Plan of Arkansas, Inc.'s (LIBERTY's) parent entity, LIBERTY Dental Plan Corporation (LDP Corp.), and its subsidiaries (collectively called, "LIBERTY Dental Plan") have more than 20 years of experience handling Enrolled Member (Member) grievances and appeals effectively and efficiently. Our comprehensive and systematic Grievances and Appeals system has the capabilities to manage and resolve all Member and Provider grievances and appeals in alignment with all contract requirements set forth by **Scope of Work (SOW) 2.8.4**, including expedited review of urgent grievances and facilitation of the State Fair Hearing process for Members wishing to escalate their appeals. LIBERTY will implement this system which features established policies, procedures, report mechanisms, and an advanced infrastructure that facilitates the timely recording, submission, investigation, resolution, and oversight of grievances and appeals. Our effective system and workflow processes ensure that Grievances and Appeals data will be efficiently woven throughout LIBERTY's



Quality Assurance and Performance Improvement (QAPI) Program as an essential metric in understanding our Member and Provider experience, as well as driving the development of Performance Improvement Projects (PIPs) and interventions to reinforce continuous quality improvement.

Intaking and Recording Grievances and Appeals

Our Grievances and Appeals system is designed to be simple and easily accessible to all Members, Authorized Representatives, and Providers. We use a "no wrong door" approach and will inform and educate Members and Providers about the many ways that are available to file a grievance, appeal, or State Fair Hearing. This includes verbally with a Member Services Representative (MSR) or Customer Care Analyst (CCA); in writing through Arkansas Department of Human Services (DHS) approved Member Handbooks; electronically via LIBERTY's website; in writing via fax, mail, or email; and/or in person at an in-network Provider's office.

The first point of contact for Grievances and Appeals is generally through our Member Call Center. When a Member calls and voices a concern, our MSRs work with that Member to understand their issue and will decide whether they can first resolve the matter themselves informally. If so, MSRs will provide the Member with a response during that initial call. If not, the MSR will inform the Member that they will call them back with a response by the close of business of the next day. Additionally, our CCAs are available to support our Members in navigating escalating and complex grievances and appeals. The CCAs are trained in all aspects of care coordination and Grievances and Appeals management, should there be issues beyond the scope of what the MSR can support. For non-clinical cases that remain unresolved after the first encounter with our MSRs, the Member is referred to our CCAs and can expect to receive a call back with additional follow-up on their case and next steps within two business days.

LIBERTY's MSRs or CCAs triage all Member grievances and appeals and assign them to our Grievances and Appeals department and qualified Grievances and Appeals Analysts. If a written grievance is received by fax, mail, email, or our online form, the Member's grievance is routed directly to our Grievances and Appeals department and bypasses the MSR/CCA process. Our Grievances and Appeals Intake Analyst will record all data necessary to track the case in our HSP Core Management Information System (Core MIS). Our Core MIS generates dashboard-style reports to track inventory and direct cases from receipt to closure. Each step is tracked against key data elements including assigned user, date, time stamp of receipt, case type, category, and subcategory. The Intake Analyst also sends a dated and postmarked letter of acknowledgment to the Member, as required by the State. We will use the DHS-approved template for all Member

notifications, including the letter of acknowledgment. The letter advises the Member that the grievance was received, includes the date of receipt, and provides the name and contact information for the Grievances and Appeals Analyst responsible for the case. LIBERTY will ensure the Member receives a fully translated notice whenever applicable, as required by the State.

Investigating and Resolving Grievances and Appeals

At the time a grievance or appeal is logged, LIBERTY automatically generates records request letters, which are then faxed and/or mailed to all dental Providers named in the grievance and/or appeal. Once the records request has been generated, the case is assigned to a Grievances and Appeals Analyst. To ensure fair and independent review, our Grievances and Appeals staff are not involved in or subordinate to any individual involved in any previous level of review or decision-making. Only an Arkansas-licensed staff Dentist can decide on an appeal of a denial based on lack of medical necessity, a grievance regarding denial of expedited resolution of an appeal, or any grievance or appeal that involves clinical issues. For administrative cases, our trained Grievances and Appeals Analysts can make case decisions utilizing our Resolution Matrix and, if needed, initiate an internal escalation process for leadership support. As discussed in more detail in **E.4.B**, for emergency, clinical cases, per **SOW 2.8.4.P**, the timeframe for resolution is within 24 hours of receipt or by the close of the next business day.

LDP Corp. has an established national Resolution Matrix vetted by our Grievances and Appeals Committee (GAC) and approved by our QAPI Committee (QAPIC) that LIBERTY will implement in Arkansas. The Matrix includes the remediation and applicable escalation(s) required by case category/subcategory, case severity, and outcome for individual case-level remediations. This Matrix ensures that Grievances and Appeals Analysts offer appropriate resolutions and that Clinical Reviewers consistently apply case remediations. Member case remediations may include claim payment, service authorization(s), reimbursement, benefit reinstatement, coordination of care, or office transfer. Provider remediations may include issuing a Member refund, Provider education, peer-to-peer counseling, and referral to our Peer Review Committee. Internal remediations may include system enhancements/corrections, policy and procedure updates, and staffing-related Corrective Action Plans (CAPs). LDP Corp.'s Associate Vice President of Quality Improvement, **Jennifer Flores**, will work with our Dental Director, **Dr. Rodney Griffin, DDS** to oversee all grievances and appeals activity.

Additional Actions Taken to Investigate and Resolve Appeals

Our Grievances and Appeals team is dedicated to making timely decisions, particularly when the Member's condition requires expedited or time-sensitive decision-making. We review and resolve Member appeals in a fair and timely manner consistent with the Member's dental condition, and provide access to State Fair Hearings when appropriate, in compliance with all requirements outlined in **SOW 2.8.4-Q**. For any notice of Adverse Benefit Determination that results in a termination, suspension, or reduction of previously authorized covered services,

LIBERTY provides at least 10-days notice to the Member. Following the issuance of an adverse determination, Members or their legal representatives have 60 days to file an appeal. Our procedures for managing appeals are provided below:

- LIBERTY's Grievances and Appeals Analyst will make administrative case determinations based on established benefits, summarize case issues and outcomes in our database, and issue a written response to the Provider in accordance with contract, State, and/or Federal regulations. The Analyst supporting the Member collects all necessary information to evaluate the appeal properly, including (as applicable) a written statement from the Provider, dental records, X-rays, chart notes, and benefits, exclusions, and limitations. The Analyst prepares a comprehensive file for review and provides it to the Dental Director or a licensed clinician who was not involved in the previous determination on the case. The reviewing clinician may request a second opinion in certain instances.
- The Intake Analyst sends a dated and postmarked letter of acknowledgment to the Member, as required by the State. The letter advises the Member that the appeal was received, including date of receipt, and provides the

name and contact information for the Grievances and Appeals Analyst responsible for the case. LIBERTY will ensure the Member receives a fully translated notice wherever applicable.

- LIBERTY Dental Plan's Potential Quality Issues (PQI) Unit reviews any appeals and grievances which demonstrate a potential or confirmed quality of care concern. This unit takes action to make corrections or resolve verified quality issues. Corrective actions may include referrals to the Peer Review Committee, Special Investigation Unit, or Utilization Management Committee; additional Provider clinical or non-clinical counseling, re-orientation, education, or office counseling; closure to new Members; and/or consideration for termination.

Expediting the Grievances and Appeals Process for Emergency Clinical Needs

A Member or a Provider, as the Member's Authorized Representative, may request expedited review at any time in the Grievances and Appeals process. Per **42 C.F.R. § 438.404(b)** and in coordination with DHS, our notices for Adverse Benefit Determinations will detail the conditions in which a Member may request an expedited appeal process and how the Member may make one. Additionally, all LIBERTY staff, including MSRs, CCAs, and Grievances and Appeals staff, are trained to canvas for keywords (e.g., pain, bleeding, infection) or other risk factors that would meet the criteria for an expedited review, even if an expedited review has not been requested. Our staff will refer a grievance or appeal case for expedited consideration based on a Member's request or as prompted through staff assessment of risk factors. Expedited cases include a time of day and date stamp and are placed in a separate queue that is closely monitored by the Leadership Team. The elapsed time spent on expedited cases is based on hours, not days, to ensure rapid compliance with all timeliness requirements outlined in **SOW 2.8.4-Q** and **SOW 2.8.4-R**.

Analyzing Grievances and Appeals to Ensure Continuous Process Improvement

We consider grievances and appeals an invaluable source of Member and Provider feedback and a leading indicator of dissatisfaction, so we continuously monitor any Grievances and Appeals data to identify and act on opportunities to improve operations. For example, Grievances and Appeals data are used to inform various PIPs, initiatives, and activities as a key indicator of adequate internal processes and Member satisfaction.

Case Study Demonstrating Grievances and Appeal Data Analysis to Promote Process Improvement

Through monitoring our grievances and appeals activities across the markets we serve, our GAC identified opportunities to improve our reporting on our analysis of disparities between population groups across geographic areas. We leveraged our quality oversight system to identify specific activities to improve results. These included:

- *Implementing demographic reporting into our state reporting to create a better analysis of possible disparities between population groups and grievances; and,*
- *Implementing regional reporting into our state reporting to provide a breakdown of grievances related to access issues, with rural and urban separators to compare, to better identify network gaps and needs.*

We ensured appropriate follow-up of actions to address opportunities for improvement through our QAPIC and GAC. Accountable team members reported on the status of the activity to the Committees until the activity was completed and the activity considered closed.

The GAC is responsible for tracking and trending Grievances and Appeals activity, identifying trends, screening for improvement opportunities across all areas, and ensuring timely and appropriate decisions. In addition, the GAC checks for the adequacy of corrective action decisions and may implement additional internal and external CAPs or reeducation as needed, including recommendations for internal quality or PIPs. Each subcommittee, including the GAC, reports to the QAPIC with trends identified, analysis, and actions taken, including grievances and appeals activity related to their scope.

B. Process for Maintaining Staff Capable of Handling Grievance and Appeals within Timeframes

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will leverage the established Grievances and Appeals system from our parent company, LIBERTY Dental Plan Corporation (LDP Corp.) and our affiliate plans, collectively known as “LIBERTY Dental Plan,” to ensure we have a team in place to effectively identify, investigate, and resolve grievances and appeals for our Arkansas Healthy Smiles Members and Providers. This process ensures Members and Providers are connected to our highly dedicated and attentive staff with the experience, training, and insight required to navigate their grievance, appeal, or State Fair Hearing. All staff members who support our Grievances and Appeals system are trained on our grievances and appeals policies and procedures upon hire and routinely thereafter, including timeliness standards and State-specific requirements, and how to distinguish between grievances and appeals, in alignment with **SOW 2.8.4**.

Maintaining Staff Capable of Identifying, Investigating, and Resolving Grievances and Appeals

██████████ This team will receive comprehensive training and guidance materials about the DHS Healthy Smiles Program, benefits, Arkansas Administrative Codes, regional nuances, and contract requirements to allow for case overflow. In addition to our dedicated Grievances and Appeals Analyst located in Pulaski County who will be the primary staff member to handle Healthy Smiles grievances and appeals, we will staff an Arkansas-licensed clinical reviewer to support our Dental Director, and ██████████

██████████ We will also leverage additional LDP Corp. staff as necessary including a Grievances and Appeals Supervisor, CCA, and additional Analysts to support grievances and appeals identification, investigation, and resolution. To ensure compliance with contractual requirements and State timeliness standards, we will use the daily-generated Grievances and Appeals aging reports to assign staff resources and balance caseloads to prioritize focus on aging inventory.

Staff Supporting Grievances and Appeals Identification and Intake. Our Grievances and Appeals and Call Center staff will support Members and Providers through every step of the grievance submission and resolution process and will ensure access to auxiliary aids and services, including interpreter services and accessible toll-free numbers. Our MSRs and CCAs are equipped with the education, tools, references, and infrastructure to help navigate Member and Provider inquiries and concerns, including issues relating to dissatisfaction or to dispute pending appeals’ resolution timeframes.

Member Services Representatives (MSRs). Our MSRs are tasked with completing the verbal intake process and then document the information captured directly in the Member’s electronic record via pre-defined, questionnaire-style prompts. During these calls, the MSR explains the Grievances and Appeals system to the Member or Provider, including acknowledgment and resolution process and timeframes, assistance available to them, how to provide supporting details and evidence, and the need to follow-up in writing for standard verbal grievances and appeals.

Customer Care Analysts (CCAs). Our CCAs will support MSRs by handling complex cases and assisting Members with the submission of verbal, electronic, or written grievances and appeals. For the cases that remain unresolved after the first encounter with our MSRs, the Member will be elevated to our CCA and can expect to receive a call-back within two business days with additional follow-up information on their case along with next steps.

Grievances and Appeals Intake Analysts. Our Intake Analysts are primarily responsible for grievances and appeals triage and will identify the case type, initiate the appropriate workflow, send the required and dated acknowledgment notices, request any records needed, and then transfer the case to the assigned Grievances and Appeals Analyst. The Intake Analyst ensures that a Grievances and Appeals Analyst is not assigned to a case where they conducted an initial review.

Staff Supporting Grievances and Appeals Investigation and Resolution. To ensure fair and independent review, our Grievances and Appeals staff are not involved in or subordinate to any individual involved in any previous level of review or decision-making. Only a Licensed Staff Dentist can decide on an appeal of a denial based on lack of medical necessity, a grievance regarding denial of expedited resolution of an appeal, or a grievance or appeal that involves clinical issues. For administrative cases, our trained Grievances and Appeals Analysts can make case decisions utilizing our Resolution Matrix and, if needed, an internal escalation process for leadership support.

Grievances and Appeals Analysts. Once assigned by our Intake Analysts, our Pulaski County-based Grievances and Appeals Analyst will work to research the case, conduct case preparation, review all administrative cases, and resolve administrative grievances and appeals. Our Grievances and Appeals Analyst will be qualified to resolve a wide range of grievances and appeals, except for those involving a determination of Medical Necessity. In such cases, the Grievances and Appeals Analyst prepares a comprehensive file for review and will be responsible for ensuring that the case is reviewed by our Dental Director and/or Arkansas-licensed clinical reviewer.

Dental Director and/or Clinical Reviewer. For emergent and non-emergent clinical cases, our Dental Director, **Dr. Rodney Griffin, DDS**, and/or our Arkansas-licensed Clinical Reviewer will conduct a clinical review of the quality of treatment to the Member and determine Medical Necessity. In certain cases, the reviewing clinician may request a second opinion.

Staff Supporting Grievances and Appeals Reporting and Oversight. Our Grievances and Appeals Supervisor and Dental Director will oversee all Grievances and Appeals activity under our QAPI Program. Our LDP Corp. Chief Quality and Experience Officer and Associate Vice President of Quality Improvement have ultimate responsibility for the timely resolution of all cases across our Medicaid programs and will intercede if a case is at risk for non-compliance.

Maintaining Grievances and Appeals Timeliness Standards

LIBERTY Dental Plan's average resolution timeframes for grievances and appeals provide strong evidence that we are capable and effective at determining and implementing staffing plans for grievances and appeals that meet and exceed State timeliness standards. Our current Grievances and Appeals system adheres to all Federal timeliness standards for timely filing, acknowledgment, standard resolution, and extensions for Member grievances and appeals as well as those for expedited cases and State Fair Hearings. As outlined in **Table E.4-B-1**, our average resolution timelines for appeals and non-clinical grievances between 2022 and year-to-date (YTD) in 2023 across all of LIBERTY Dental Plan's Medicaid programs demonstrate that we will adhere to and exceed the timeliness requirements set forth by DHS.

Building upon this success, we will ensure that we maintain staff who are trained to investigate and resolve all grievances within the timelines outlined in **SOW 2.8.4**:

- **Emergency, clinical issues:** within 24 hours of receipt or by the close of the next business day.
- **Non-Emergency clinical issues:** within five business days of receipt.

C. Implementing and Maintaining an Electronic Grievance and Appeals System

LIBERTY Dental Plan's electronic Grievances and Appeals system is designed to be comprehensive and streamlined to effectively record, notify, investigate, track, and resolve all Member and Provider grievances and appeals. As a configurable

platform, housed within our Core MIS, our Grievances and Appeals electronic system integrates all program-specific requirements to ensure compliance with all requirements outlined in **SOW 2.8.4**, including all applicable Federal and State laws.

Implementing and Maintaining an Electronic System for Grievances and Appeals

Our Grievances and Appeals electronic system includes a state-of-the-art tracking and notification system that ensures all timeframes and notification requirements are met. All grievances and appeals are logged into our Core MIS by our Grievances and Appeals Intake Analysts through a pre-defined, step-by-step workflow that integrates program-specific requirements and dashboard-style reports. Through this workflow, our Grievances and Appeals staff track issues, investigations, and resolutions from receipt to closure. A complete description of the issue, investigation, resolution, and Member notification are housed within our Core MIS and this Grievances and Appeals workflow. Our Core MIS houses data accessed at all levels of LIBERTY's organization and serves as an electronic repository to hold all scanned documentation relating to grievances and appeals cases, including documentation obtained during research and analysis and the final resolution letter.

Each step of the Grievances and Appeals system is tracked against key data elements including assigned user, date, and time stamp of receipt, case type, category, and subcategory. Our grievance database warehouse was developed to simplify our data extraction capabilities through Access, SQL, and the Microsoft PowerBI dashboard. This allows our Grievances and Appeals team to track and trend data against a diverse range of focal points, such as the types of services being appealed, issues by region, ethnicity, language, or office/Provider specifics, and clinical review components. Currently, our database provides more than 170 reportable elements.

Reporting Grievances and Appeals Data to the State

Through various reports and dashboards, we monitor and track cases for multiple purposes, including daily aging reports that identify case inventory against days aging and decision due date. These reports are used to aid in process improvements, including the development of quality improvement project ideas. Additionally, we will leverage our national LDP Corp. Quality Improvement Report Analysts, who will use our electronic system to aggregate, analyze, and prepare comprehensive quarterly Grievances and Appeals reports under the direction of our LDP Corp. Manager of Quality Improvement and Associate Vice President of Quality Improvement. On a monthly basis, we will provide a report to the Contract Manager and DHS on all grievances and appeals data received that will include information such as Member name and Medicaid ID number, subject of the grievance/appeal, date received, date resolved, and Provider name. These reports will be separated by complaint classifications including emergency clinical, non-emergency clinical, and non-clinical complaints.

D. Developing and Implementing a Quality Assurance Improvement Program



Quality improvement is embedded within every aspect of LDP Corp.'s organization. As a result, LDP Corp. has developed QAPI programs that are designed to systematically monitor and address access, availability, and utilization of services, Member and Provider satisfaction, Provider network adequacy, and other functional areas throughout our affiliate plans in California, Florida, Nevada, and Oklahoma. LIBERTY Dental Plan's QAPI programs have consistently improved dental utilization among Members since the onset of the COVID-19 pandemic, an example of which is demonstrated by our year-over-year child Annual Dental Visit (ADV) utilization rates displayed in **Figure E.4-D-1**.

Across these dental programs, our successful QAPI program has achieved full URAC Dental Plan Accreditation and National Committee for Quality Assurance (NCQA) Utilization Management and Credentialing accreditation and has undergone regular state examinations and ongoing client reviews. Each of these evaluations has allowed us to improve our program and provides our teams with the experience to anticipate emerging issues and trends. For more information on the three-year URAC and NCQA accreditations obtained by LDP Corp., and the domains included in the accreditations, visit www.urac.org and www.ncqa.org.



In Arkansas, LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will leverage our expertise in developing successful and compliant QAPI Programs to execute our structured, planned, and systematic process to build and implement a QAPI program to improve clinical and non-clinical processes and outcomes for our Healthy Smiles Members. Under the direction and expertise of our Dental Director, Dr. Rodney Griffin, DDS, and our local Quality Assurance Coordinator, LIBERTY will build a comprehensive QAPI Program that ensures we provide high-quality dental services to our Members. We will utilize a data-driven approach to ensure continuous quality assurance and improvement.



[Developing the QAPI Program](#)

As an experienced dental plan, LIBERTY will leverage LDP Corp.'s established and robust QAPI Program that is in accordance with the standards set forth in **42 Code of Federal Regulations (CFR) Section 438.330 and 438.340** and aligns with all contract requirements as outlined in **SOW 2.12.1-H**. Our QAPI Program's day-to-day functions will be directed with clinical expertise by our Dental Director, facilitated by our local Quality Assurance Coordinator, with overall QAPI Program oversight by our LDP Corp. Associate Vice President of Quality Management and Chief Quality and Experience Officer. LIBERTY's QAPI processes are designed to work harmoniously together to ensure that our performance is continuously measured against professionally recognized standards and that problems are identified and corrected. This includes ongoing monitoring of compliance to ensure a constant process of quality improvement across our operations, encompassing both clinical and non-clinical functions. LIBERTY's existing QAPI Program includes PIPs, the collection and submission of performance measurement data, mechanisms to detect over- and under-utilization, and mechanisms to assess the quality and appropriateness of care furnished to our Members with Special Health Care Needs.

Developing the QAPI Strategic Plan

At least 90 days prior to Contract Commencement, we will provide our Strategic Plan to DHS, encompassing measurable goals and objectives addressing clinical and non-clinical aspects of care, planned interventions, responsible committees and team members, and frequency of reports for our QAPI Program to the Contract Manager for approval. Following receipt of DHS's feedback, we will make all required changes within 10 days and resubmit our finalized plan for Contract Manager and DHS approval. Following the implementation period, we will submit our QAPI Strategic Plan annually for approval. Once Healthy Smiles membership data is available from the State, we will incorporate this into our Strategic Plan, including demographic and special needs groups, care settings, and types of services.

Implementing the QAPI Program

Upon implementation, our Strategic Plan will be the basis and blueprint for our QAPI Program in Arkansas. We will incorporate measurements for under-/over-utilization monitoring, PIP monitoring, all applicable State and Federal performance measurement data, and any additional metrics under direction and advisement by DHS. Quarterly, we will monitor and report on the goals and objectives in the Strategic Plan. For the first year of the Healthy Smiles contract, we will submit these reports to DHS monthly but will move on to quarterly submissions upon request by DHS. Annually, our Quality Assurance Coordinator and Dental Director will evaluate the QAPI Strategic Plan to assess the effectiveness of our initiatives. Our Associate Vice President of Quality Management and Chief Quality and Experience Officer are the individuals responsible at the LDP Corp. level for monitoring and managing the QAPI Program in Arkansas and across other LIBERTY Dental Plan Medicaid dental programs.

Meeting State Quality and Performance Requirements Through the QAPI Program

A key component of our QAPI Strategic Plan and Program will be to evaluate LIBERTY's performance against the Quality Measures as outlined in **Attachment F: Bidder's Library, Exhibit 2**, and develop a plan of action to address any performance deficiencies. LIBERTY is committed to meeting and exceeding the Performance-Based Contracting Standards and Quality Measures as set forth by the contract, and we will partner with the State to provide transparency and frequent reporting across our organization to monitor our compliance. We will determine our QAPI Program's effectiveness by analyzing the quality data and metrics collected throughout the year and comparing them against the State's requirements and the goals and objectives memorialized in our Strategic Plan. Any identified deficiencies will be swiftly addressed and remediated by developing and implementing targeted quality improvement interventions and/or PIPs.

Performance Improvement Projects (PIPs)

PIPs are an integral part of LIBERTY's QAPI Program and annual Strategic Plan, and we will implement a minimum of two clinical and one non-clinical PIP. LIBERTY Dental Plan has more than 20 years of experience working with several states, External Quality Review Organizations (EQROs), and populations to design, implement, monitor, and report on a variety of PIPs to improve dental care access, utilization, and outcomes, in accordance with **42 CFR §438.330(b)(1)** and **§438.330(d)(2)(i-iv)**. LIBERTY's PIPs will be designed to ensure cross-functional collaboration at every level of our organization. Our model ensures local leadership of PIPs, informed by national best practices and lessons learned from LDP Corp.'s previous projects and other states, such as those highlighted in **Table E.4-D-1**.



LIBERTY will leverage our reporting capabilities to identify improvement opportunities and sub-populations adversely impacted across a range of quality and utilization measures. When a negative trend is identified, additional research will be conducted to understand the populations affected and their underlying barriers to care. To design and implement targeted quality improvement interventions, we will leverage our data analytics to analyze Member data at the community or zip-code level or specific demographic information. Upon contract award, we will work with other awarded DMOs and DHS to conduct the State-required PIP focused on developing a coordination process and measures for the provision of dental services rendered in a non-dental setting. [REDACTED]

Provider Agreement Arrangements to Improve Quality



LIBERTY will reinforce continuous quality improvement through our Provider payment arrangements and recognize the significant value that value-based payment (VBP) arrangements bring to the Medicaid program. For example, LDP Corp.'s BRUSH Program was designed specifically for the child Medicaid population. [REDACTED]

[REDACTED] This program is a key strategy we use to reward Providers for delivering preventive care and provide incentives to prevent the "drill and fill" approach to providing recurring treatment services which is not focused on addressing the root causes of dental disease. LIBERTY will jointly work with Providers to identify new opportunities and gather feedback to improve and expand our various models. For example, we will regularly solicit Provider feedback and guidance on our VBP arrangements at our quarterly Dental Advisory Committee meetings. Gaining insight into our Providers' experience enables us to understand the support Providers need to transform their practice models and barriers that may exist to participation and engagement.

E. Identifying Opportunities for Quality Improvement and Corrective Action

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) strives to improve service delivery and quality of dental care provided to our Arkansas Members, and we have developed organizational objectives to reach our goals. Our QAPI Program will be designed to objectively measure our priorities against established quality measures, to evaluate how our improvement activities impact our dental care delivery system, and to identify opportunities for quality improvement and corrective action, when necessary.



Looking for Opportunities for Quality Improvement

Through our QAPI Program, LIBERTY will provide continuous identification, monitoring, measuring, and strategy documentation of established quality measures to evaluate the impact of our improvement activities on our Healthy Smiles Program. Our approach will be data-driven including adoption and utilization of the Institute for Healthcare Improvement's "PLAN, DO, STUDY, ACT" (PDSA) framework for quality improvement planning. Performance expectations will be defined using PDSA and data will be captured, trended, and analyzed to determine the root cause of underperformance. Reports will be disseminated to business area leaders and measurable interventions will be developed and implemented to improve performance.

LIBERTY Dental Plan's QAPIC provides organizational accountability and oversight for the implementation of all quality improvement activities, including those contained in our Strategic Plan. Annually, LIBERTY will conduct a formal evaluation of our Strategic Plan to determine areas of success, opportunity, and needed improvement. Each iteration of our QAPI Strategic Plan will include new measurable goals and objectives based on the prior year's assessment. During the first year of the contract, we will submit monthly Quality Metric reports to DHS to track our progress against our Strategic Plan and State performance requirements but will move to quarterly reports upon request by DHS. In addition to the opportunities for quality improvement found through these activities, we will continually seek improvement opportunities through additional methods including:

Dental Care Management (DCM) Program. LDP Corp.'s proprietary DCM program will also work in tandem with LIBERTY's



local quality efforts to detect over and underutilization of services. Our DCM program uses nationally recognized treatment guidelines to evaluate the necessity and appropriateness of dental care rendered by dental practitioners. We have achieved significant efficiencies including cost savings and quality improvement by identifying and correcting over-utilization, fraud, waste,

abuse, and potential quality issues. Our unique qualitative and quantitative approach uses analytics and subject matter expertise from dedicated clinicians to allow us to identify individual practice patterns, leverage our relationships with Provider practices to provide support, and help better align with established standards as prescribed by professional organizations such as the American Dental Association and the American Academy of Pediatric Dentistry.

Performance Improvement Projects (PIPs). PIPs are an integral component of LIBERTY's QAPI Program to continually evaluate the successes and areas of opportunity for our quality interventions and their impact on specific quality metrics. Across our Medicaid programs, LDP Corp. has extensive experience identifying quality and care issues and gaps through data analysis and root cause analysis. Utilizing this analysis, we develop, approve, implement, and operationalize PIPs through our QAPIC. LIBERTY will leverage this national expertise, best practices, and lessons learned to establish thoughtful project design and implementation for our PIPs in Arkansas. We will design targeted interventions to improve performance and measure the outcomes of our interventions by establishing a baseline and collecting data throughout the project. We will report on the outcomes of our PIPs through the QAPIC and ensure that successful interventions and controls are replicated throughout our programs.

Advisory Committees. We value the perspectives and experiences of our Members and Providers and recognize the significant role they play in identifying quality issues. Any opportunities for quality improvement that are identified through our periodic Member Advisory Committee (MAC) and Dental Advisory Committee (DAC) meetings will be referred to our QAPIC to ensure any feedback or issues are communicated to the correct business areas for follow-up.

Potential Quality Issues (PQIs). LIBERTY Dental Plan investigates PQIs identified through its routine operations. All business units involved in day-to-day operations, as well as Grievances and Appeals teams, will be trained annually on the

identification and referral of issues within their business units for evaluation and investigation of PQIs. As part of LIBERTY's commitment to ensure quality, business areas that review claims and utilization, clinicians who review patient dental records, MSRs, Network Managers who visit Provider offices, Grievances and Appeals Analysts, and Quality Assurance staff, will all have the ability to identify and refer PQIs for investigations to substantiate and resolve them.

Implementing Corrective Action

Upon identification of a quality issue, LIBERTY will take swift action to implement and issue a CAP to the relevant party to resolve the quality issue in an effective and timely manner. Subcontractor CAPs are tracked through our Vendor Oversight Program, while Provider CAPs are tracked through our PQI process, our Access and Availability Committee, and our Peer Review Committee. LIBERTY's formal CAP documents will include: (1) the root cause of the identified issue; (2) a mitigation plan detailing actions, owners, and timeline to address deficiencies; and (3) monitoring efforts to validate that the corrective actions are effective and sustained. For Provider quality issues with a high severity level, our Dental Director, **Dr. Rodney Griffin, DDS**, will have the authority to immediately initiate action including closing the Provider office to Members, if any imminent harm to our Members' health is determined as part of the

PQI review process. Based on repeated Provider quality issues, our Peer Review Committee determines whether further follow-up and CAPs are necessary including, but not limited to, continuing education courses, re-training, refund, or recoupment of any inaccurately collected monies, and telephone counseling by our Provider Relations team. Based on repeated subcontractor quality issues or unwillingness to correct a deficiency, our Vendor Oversight Program will consider additional measures, up to and including financial penalties and/or contract termination.

F. Developing and Designing Effective Committees and Soliciting Member Feedback

LIBERTY Dental Plan of Arkansas, Inc.'s (LIBERTY's) QAPIC is committed to providing our Healthy Smiles Members with the highest quality oral health care. We will work in partnership with our Members to improve our programs and develop initiatives that will help us achieve that goal, including encouraging participation in our QAPIC and soliciting feedback on other quality activities.

Further, as a plan founded by a dentist, **Dr. Amir Neshat**, LDP Corp.'s foundational principles were based on supporting Providers. **Dr. Neshat** is still an active participant on LDP Corp.'s Board of Directors and continues to emphasize the importance of incorporating the Provider's voice and perspective into our program design, which is reinforced through the engagement of clinicians at every level of LDP Corp.'s organization from our Chief Dental Officer at the national level, to State and regional Dental Directors, Clinical Reviewers, and Dental Hygienists and office staff at the local level. These values will be reflected in LIBERTY's Healthy Smiles operations. We have established numerous channels of engagement that we will share with our Provider partners to ensure that we hear their input and feedback and are offering the support they need to provide optimal, value-based care.

Developing Advisory Committees

Across LDP Corp.'s Medicaid subsidiaries in Florida, California, Nevada, and soon-to-be in Oklahoma, LIBERTY Dental Plan has extensive experience developing and maintaining Member and Provider Advisory Committees. We will leverage this experience and national best practices for gathering Member and Provider feedback to develop and implement similar committees in Arkansas as our Member Advisory Committee (MAC) and Dental Advisory Committee (DAC) recommends. In alignment with the requirements outlined in **SOW 2.12.1-H**, we will recruit at least ten representatives to each advisory committee that are representative of all geographic regions throughout the State within three months of LIBERTY's Healthy Smiles Go-Live date and upon approval by the Contract Manager.

Member Advisory Committee (MAC). Our MAC will provide a forum for Members to review quality metrics, activities, and the effectiveness of LIBERTY's interventions. The MAC will be responsible for disseminating the findings of the QAPI Program and providing a platform to engage Members to improve LIBERTY's operations. Upon contract award and assignment of LIBERTY's membership, we will fully establish our MAC.

Dental Advisory Committee (DAC). The DAC will be comprised of LIBERTY Providers who are responsible for offering input on the QAPI Program. Representatives will review activities and planned interventions to recommend improvements and communicate concerns that can be escalated to the appropriate business areas for follow-up, as needed.

Ensuring and Facilitating Regular Advisory Committee Meetings

At a minimum, the MAC and DAC will meet quarterly to establish frequent engagement with our Member and Provider representatives. Our in-person meetings will be held in a centralized location to encourage full participation. To support increased accessibility and participation and to support transparency, we will also offer dial-in/teleconferencing options for MAC and DAC meeting participation. Following each meeting, detailed written minutes will be posted on LIBERTY's website and made available to DHS upon request.

Encouraging Member Participation in the MAC

LIBERTY will actively recruit Members to our MAC by monitoring their utilization to help identify those who utilize their dental benefits regularly, tracking Member participation in our various text campaigns, observing Member portal activity, and seeking Provider recommendations. As LDP Corp. does within other markets, our Members will receive an invitation to join our MAC. To encourage Members across the socioeconomic and socio-geographic spectrum to participate in the MAC, we will remove barriers to and incentivize participation. [REDACTED]

[REDACTED] Additionally, we will reduce barriers to participation by holding meetings with electronic participation options.

Encouraging Provider Participation in the DAC

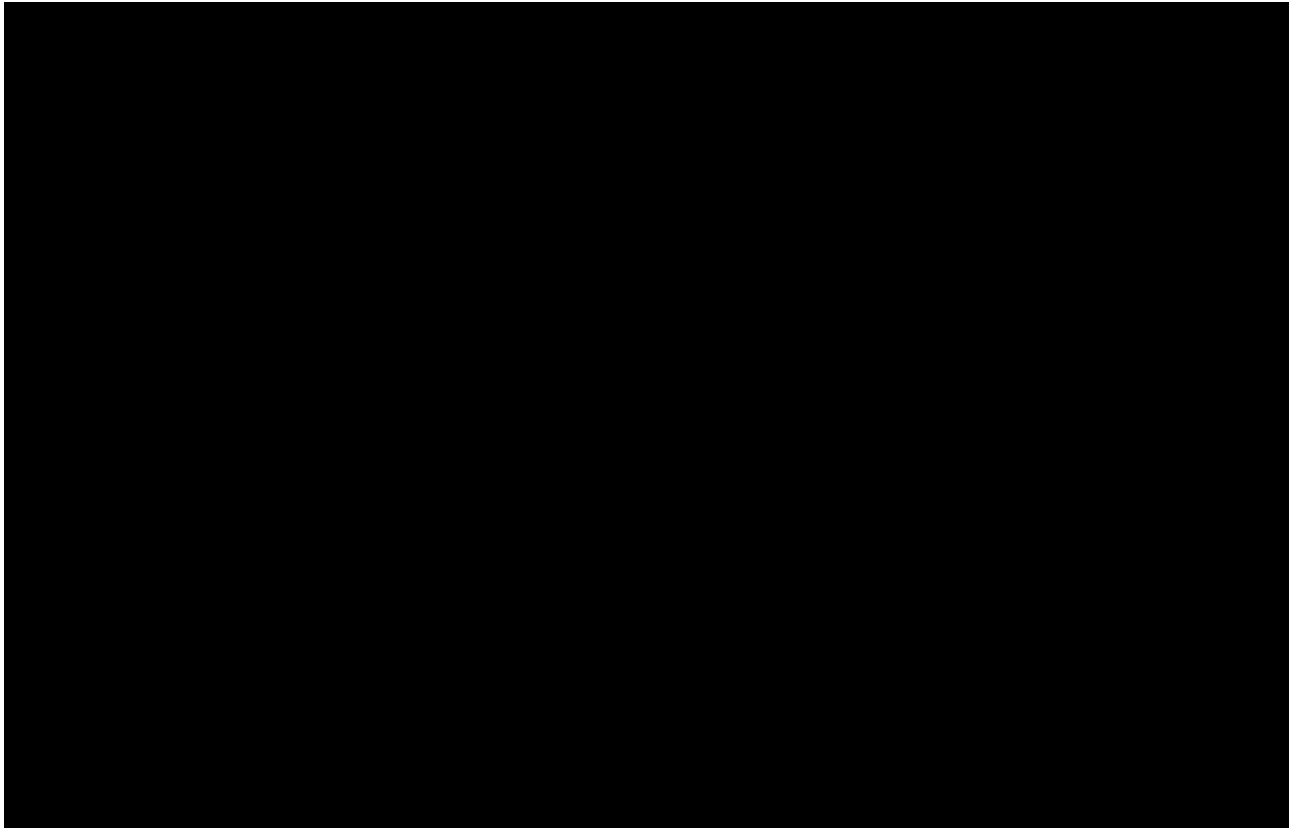
To promote Provider engagement in the DAC, LIBERTY will distribute the meeting materials in advance of the meeting to encourage participation and questions. LIBERTY is currently working with our LDP Corp. Provider Relations team to begin identifying willing Providers and targeting Providers who join our network to participate in the DAC. In addition to sending invitations to network Providers, we will provide an honorarium of \$100 for each Provider who attends a DAC meeting.

Evaluating and Incorporating Committee Feedback into LIBERTY Program Operations

Findings from MAC and DAC meetings will be incorporated into our annual QAPI Strategic Plan Evaluation to ensure that Member and Provider concerns, feedback, and recommendations are incorporated into our Healthy Smiles plan operations at every level. Any changes to program operations that result from MAC/DAC meeting findings will be shared in subsequent MAC/DAC meetings to promote program operational visibility to our Members and Providers.

Additionally, Member and Provider feedback gained from advisory committee meetings is referred to our QAPIC to ensure any feedback or issues are communicated to the correct business areas for follow-up, as outlined in **Figure E.4-F-1**.

LIBERTY's QAPIC will oversee all Subcommittee activities and functions and review reports and metrics from each Subcommittee. For all MAC and DAC activities and functions, our QAPIC will ensure that Member and Provider feedback is integrated into our Healthy Smiles Program across operational areas. The QAPIC will bring together representatives from across our organization including Quality Assurance, Utilization Management, and Provider Relations, to ensure that the Member and Provider feedback permeates every aspect of our operations.



[Additional Strategies to Increase Member Engagement and Feedback](#)

LIBERTY will proactively engage with Members to ensure they are involved in our operations and able to provide meaningful input and feedback on our programs, initiatives, and approaches. In addition to our regular MAC meetings, we will also solicit Member feedback through the following methods:

Member Satisfaction: We will conduct an annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and periodic internal surveys to gather Member feedback. We are implementing single rating questions to boost response rates, leaving the opportunity for open-ended comments to provide key insights for identifying and solving Member pain points.



Community Engagement: LIBERTY has been engaging with Arkansas community organizations, Providers, and health systems since early 2023 to understand the oral health needs of Medicaid and CHIP populations. As a result of this engagement, we are committing to a Outreach and Education Coordinator who will be located in the Delta Region to facilitate all Member engagement and education opportunities regionally throughout the State in addition to our Pulaski County-based Outreach and Education Coordinator. Through coordinated Statewide engagement, we are able to leverage multiple opportunities to engage with Members to solicit feedback and bring those insights back to our committee activities and discussions. Through our community events and targeted outreach efforts, we will have the opportunity to

engage directly with some of our most vulnerable Members and partner with the community organizations supporting them.

[Additional Strategies to Increase Provider Engagement and Feedback](#)

Active Provider participation is critical to maintaining clinical integrity within LIBERTY's QAPI Program. We believe all active, contracted Providers in our network have an essential role in our program's success. We will welcome and encourage input and feedback from active Providers because they can offer real insight into how our programs are functioning and their impact. We will offer multiple avenues for Providers to communicate and engage within our organization.

Provider Satisfaction. We will conduct and monitor the results of our Provider Satisfaction surveys that we send to all network Providers annually. We will contact every less-than-satisfied Provider and create action plans and follow-ups to demonstrate our commitment to partnership and resolve concerns. These activities will be overseen by our QAPIC.

Engagement with our Provider Relations Team. Providers can connect with them through email, phone, fax, or our Provider portal. We will also continuously monitor our systems for Provider disputes and actively engage with those Providers to resolve any issues. We will regularly send Provider newsletters and educational materials to our network Provider partners in which we elicit feedback for our program. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] For example, in these listening sessions, we learned that Arkansas Providers desire more timely payments from existing plans and more direct access to Provider Relations representatives to expedite questions or concerns. LIBERTY will support direct Provider engagement through bi-annual service contacts (at least one in-person) where our Network Managers visit with network Providers to provide support and gather feedback. These contacts will also occur on an ad hoc basis as needed. We will closely monitor a range of data sources, including claims and prior authorization data to identify Providers who would benefit from additional support and who may benefit from our DCM program.

E.5 SERVICES

A. LIBERTY’s Automated Distribution Call System and Call Center

Customer service is at the heart of operations at our corporate structure and emanating in our day-to-day operations and interactions across our affiliate health plans. LIBERTY Dental Plan Corporation (LDP Corp.) and its subsidiaries, collectively referred to as “LIBERTY Dental Plan,” successfully operates five call centers, serving both Enrolled Members (Members) and Providers, utilizing the [REDACTED]. Nationally, our team of Member Services staff currently serves [REDACTED]

[REDACTED] We ensure seamless interactions for all callers and no disruptions to service by using best practices accumulated across all our Call Centers. [REDACTED]

[REDACTED] LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will leverage these proven information technology and call management processes to serve Arkansas Healthy Smiles Members and Providers.

Operating Automated Distribution Call System (Call Center)

To support Members and Providers in Arkansas, [REDACTED] Through our recent implementation of a Call Center in Oklahoma, we understand the leadership, training, and resources required to address routine and escalated calls. Additionally, our Workforce Management Team uses a structured quality program and a continuous, data-driven service level monitoring process to ensure we meet contract performance standards.

Ensuring Sufficient and Adequately Trained Call Center Staff

LIBERTY’s Call Center team will offer personalized, one-on-one, focused assistance to Members in all interactions.



Sufficient Call Center Staff. [REDACTED] will begin recruiting Call Center staff upon notification of intent to award a contract to LIBERTY. [REDACTED]

[REDACTED] This team will be overseen by a Call Center Supervisor and further supported by a Customer Care Analyst, responsible for addressing escalated Member and Provider needs. Our Workforce Management Team uses Call Center staffing algorithms for service-level monitoring that consider multiple factors, including all performance guarantees, projected absenteeism and attrition, historical call arrival patterns including at implementation, and demographic data. In addition, we train new hires in advance of anticipated attrition to maintain staffing levels. Once operational, on a continuous daily basis, the team monitors inbound queues and makes immediate adjustments and allocation of resources at any sign of degradation in the service level.

[REDACTED]

Adequately [REDACTED] Staff. All our Call Center staff will be fully trained on our Call Center operations, in accordance with Arkansas’ contract requirements, including responding to questions regarding dental benefits, assistance with locating an in-network Provider, locating out-of-network Providers, handling both Member grievances and appeals, and when and how to transfer Members to Arkansas Department of Human Services’ (DHS’) eligibility system call center to resolve any eligibility issues. [REDACTED]

[REDACTED] This program imparts essential foundational knowledge to MSRs, ensuring they demonstrate proficiency in taking calls before assuming independent responsibilities.

Table E.5-A-1 lists the topics, modalities, and training resources used for our training program. We track training efforts in our database for auditing, reporting, and re-training purposes.

Quarterly, we conduct refresher training to reinforce program and procedural understanding, communicate updated policies and procedures, and introduce new requirements. On an ongoing basis, we identify the need for ad hoc training opportunities through our Quality Assurance (QA) processes, including live call monitoring, recorded call evaluations, leadership feedback, trending reports, and client feedback. This support is provided through on-the-job training and coaching by our Call Center Trainers and Supervisors.

Monitoring Call Center Operations

LIBERTY Dental Plan has established processes to monitor our Call Center operations and MSR performance. LIBERTY's QA Analysts and Call Center leadership will review a monthly sample of live and recorded calls per MSR and issue a scorecard. Across our affiliate plans, QA Analysts utilize a predefined scoring tool, with categories including compliance, accuracy, first-call resolution, soft skills, and documentation. Call Center Supervisors are notified of all scores and provide coaching to all MSRs. Our QA Analysts and each market's leadership team attend monthly calibration sessions to review the scorecards. [REDACTED]

Customer Relationship Management (CRM) Knowledgebase

LIBERTY has deployed an enhanced Knowledge Management System (KMS) which allows MSRs to easily find answers to common and challenging questions and to access all contractual requirements in a searchable database, supporting first call resolution.

LIBERTY Dental Plan's telephone system records all calls for quality assurance purposes and informs the caller that the call is being recorded. Our Member Services QA team provides monitoring of calls and evaluations to all MSRs throughout the month to ensure that our Members continue to receive the highest level of service. The recorded calls store the entirety of the interaction and are accessible through our interaction platform. Calls are recorded and saved on our servers for ten years, compliant with all regulatory requirements, with protocols documented in our retention and destruction policies and procedures.

B. Operating a HIPAA-compliant, Toll-Free Call Center for Beneficiaries and Providers

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will leverage the infrastructure of LIBERTY Dental Plan Corporation (LDP Corp.) and the experience of LDP Corp.'s subsidiaries across states to operate and implement a fully HIPAA-compliant Call Center to support program operations across our state markets.

Ensuring HIPAA-Compliant Operation

Through our training content and process, LIBERTY Dental Plan requires that all Call Center staff understand and are responsive to HIPAA requirements. HIPAA training is included in the first week of our MSR training. LIBERTY Dental Plan conducts this training in the classroom through peer-to-peer shadowing and hands-on system practice to help MSRs understand the scope and application of these requirements. Our staff are mindful of these requirements when interacting with Members and Providers and follow established protocols (e.g., verifying the caller's identity), which is a key component in our quality review to ensure continued compliance.

Operating a Fully Compliant Call Center

As required by **Scope of Work (SOW) 2.8.7**, LIBERTY Dental Plan ensures our Call Centers can accommodate all calls, including callers with Limited English Proficiency (LEP) and those requiring the use of interpreter services for the hearing impaired. We ensure Members are aware of our Call Center, including the toll-free number and services provided through our Member Handbook and other orientation materials, as well as the Call Center's toll-free number which will be included on the Member's identification card.

LIBERTY Dental Plan's approach to serving Members with LEP begins with recruiting multi-lingual staff in threshold languages, [REDACTED]. To meet the unique needs of Arkansas Members, LIBERTY commits to hiring MSRs that speak the threshold languages including at least one Arkansas-based Spanish-speaking MSR. For callers with LEP, LIBERTY Dental Plan's Interactive Voice Response (IVR) provides the option to select other prevalent non-English languages. We train MSRs to identify Members with LEP, capture language preference in our HSP Core Management Information System (Core MIS) and offer translation and interpretation services. We utilize a language vendor to support an additional [REDACTED] at no Member or Provider cost. MSRs are also trained to coordinate requests for interpretation at Provider offices with a telephonic or face-to-face interpreter fluent in American Sign Language. Members with hearing impairment can access the Call Center through (Teletype) TTY technology that enables instant direct written communication with a representative.

Operating a Combined Member and Provider Call Center

As LIBERTY Dental Plan does in other state markets, LIBERTY will support Arkansas Healthy Smiles Members and Providers through a combined Call Center to provide accurate and timely assistance. [REDACTED]

[REDACTED] Our Call Center Management staff oversees all Member and Provider calls, ensuring both populations receive consistent and efficient service.

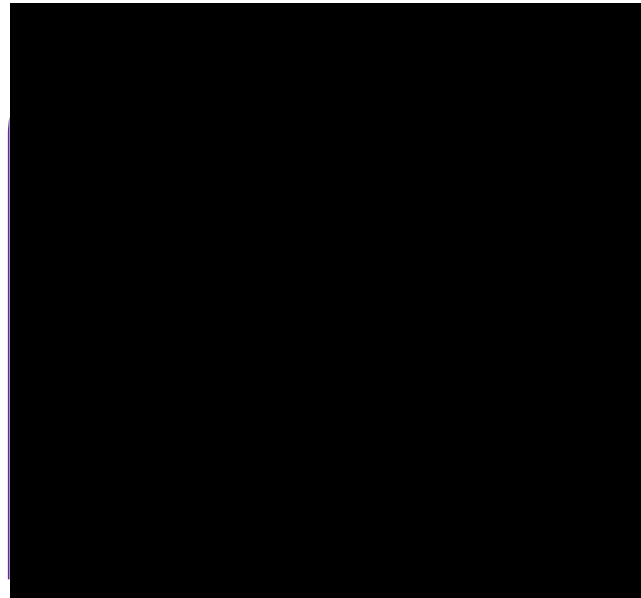
Our dedicated staff undergo an initial rigorous training program, ongoing refresher training, and have access to tools they need to answer Member and Provider inquiries in real-time. LIBERTY will also provide formal training on all DHS requirements and Arkansas referral sources, including "safety-net" Providers, teaching institutions, and facilities necessary to ensure that Members can access services not covered by Arkansas Medicaid. LIBERTY Dental Plan balances our Member-focused training with instruction on responding to Provider needs for receiving information on requirements and processes. Through our Call Center, Providers may request support with any aspect of program operations, obtain claim status, file a complaint or grievance, or request training or other needed support.

In addition, we offer support to both Members and Providers with more complex needs. Our MSRs are trained to know the proper protocols to follow when interacting with Members who might have special medical conditions or complex needs requiring special care coordination. These types of cases are referred to and carefully handled by our Case Management team.

Responsive IVR for Maintaining a Personal Member Experience

[Redacted text block]

[Redacted text block]



C. LIBERTY’s Process for Handling Calls Outside of Normal Business Hours

[Redacted], we have extensive experience and an established process for handling calls received outside of normal business hours including weekends and State-approved holidays. In Arkansas, LIBERTY will work with DHS and the Contract Manager to ensure our methods for handling calls received outside of normal business hours are approved. Our Arkansas-based staff will handle calls from 7:30 A.M. to 6:00 P.M., on weekdays (excluding holidays). **We will also provide live support through LDP Corp.’s coast-to-coast Call Center operations spanning time zones, enabling an additional hour of live MSR engagement.**

After-Hours Process

[Redacted text block]

D. LIBERTY’s Plan for Meeting and Exceeding Call Center Performance Standards

LIBERTY Dental Plan understands and can meet all service criteria and standards for acceptable performance throughout the contract term as determined by DHS, as defined in **Attachment C: Performance-Based Contracting Standards**. LIBERTY Dental Plan of Arkansas, Inc.’s (LIBERTY’s) plan for operating the Call Center in accordance with the Performance Standards in the RFP is multifaceted, ensuring that we have the needed staffing, resources, and processes in place to support Call Center operations.

Based on the experience of our corporate entity and its subsidiaries, LIBERTY Dental Plan has demonstrable experience meeting the Performance Standards requirements of this contract, as illustrated in **Table E.5-D-1**. We understand that failure to meet the minimum Performance Standards as specified may result in the assessment of damages.

[REDACTED]

[REDACTED]

[REDACTED] because our modern technology was built explicitly to ensure there are no lapses in service support.

Staff Training

LIBERTY Dental Plan's program and mechanisms in place for monitoring the quality of service in our Call Center begin first with a well-developed training program for MSRs. All Call Center staff in Arkansas will be fully trained on LIBERTY and Healthy Smiles program requirements. [REDACTED]

[REDACTED] This program imparts the essential foundational knowledge to MSRs, ensuring they pass all curriculum assessments and demonstrate proficiency in taking calls before assuming independent responsibilities.

Call Monitoring and Auditing

LIBERTY Dental Plan audits calls, providing critical insight into the quality, accuracy, and professionalism of our team. For example, we audit all MSRs monthly with a sample of calls. MSRs receive actionable feedback each month. This includes both real-time and retrospective analyses, allowing us to identify improvement opportunities and ensure that we meet all Call Center performance standards. [REDACTED]

Robust IT Infrastructure

LIBERTY Dental Plan automatically captures and stores key data related to Call Center calls, including all information required in **SOW 2.8.7**, enabling us to both track and analyze performance.

Ongoing Quality Oversight

LIBERTY Dental Plan uses a continuous, data-driven service level monitoring process to ensure we meet all contract performance standards. Our Quality Management Analysts utilize a predefined scoring tool, with categories including compliance, accuracy, first-call resolution, soft skills, and documentation to monitor and assess performance. We will also provide ongoing oversight through our Quality Assurance and Performance Improvement (QAPI) Program.

E. Technological Capability to Audit and Monitor Calls and Our Electronic System to Document Calls

LIBERTY Dental Plan conducts both real-time and retrospective Call Center monitoring across existing State Medicaid dental Plans, as described below. LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will use these processes to support Call Center operations serving Arkansas Healthy Smiles Members and Providers.

Real-Time Monitoring

We track call duration and Call Center staff activity in real-time. Our Call Center Supervisor has a continual sight line into answering times, current duration of each call, any queue that has formed regarding unanswered calls, and individual Call Center staff performance (e.g., amount and percentage of time on calls versus not on calls). When warranted, our supervisory team makes immediate adjustments (e.g., re-allocation of resources) at any sign of degradation in the service level.

Retrospective Monitoring and Analysis

LIBERTY Dental Plan's Providers have 24/7 self-service options available through our recently upgraded IVR system. The IVR allows Providers to hear claim status, obtain eligibility information for their patients, and to hear an overview of benefits. The IVR has been successful; for example [REDACTED]

We also statistically track our Call Center's (and Call Center staff's) activity and performance in an ongoing manner, using retrospective analysis. LIBERTY's Workforce Management Team's Quality Management (QM) Analysts and Call Center leadership review a monthly sample of live and recorded calls per MSR and issue a scorecard. QM Analysts utilize a predefined scoring tool, with categories including compliance, accuracy, first-call resolution, soft skills, and documentation.

Our telephone system records all calls for quality assurance purposes and informs the caller that the call is being recorded. Our Member Services QA team provides monitoring of calls and evaluations to all MSRs throughout the month to ensure Members continue to receive the highest levels of service.

Process for Implementing and Using an Electronic System to Document Calls

All Call Center calls are recorded. LIBERTY Dental Plan stores each interaction on our interaction platform, accessible 24/7 to staff. Calls are recorded and saved on LDP Corp.'s servers for at least 10 years, compliant with all regulatory requirements, with protocols documented in LDP Corp.'s Retention and Destruction policies and procedures. The key aspects of each call are also captured electronically as described below.

Using Call Data for Reference, Tracking, and Analysis

Our IT system automatically captures and stores the following information from each call, all of which becomes countable/sortable data we use for performance tracking and analysis (e.g., the date and time distribution of the incoming calls informs our staffing by day of the week and time of day):

- Whether the call was directed to our Member or Provider support line
- The incoming call's phone number
- The date of the call
- The time of the call
- The navigation selections made by the caller (e.g., Spanish)
- The Member ID entered by the caller (when applicable and entered)
- The number of seconds between the call being answered and a live voice at LIBERTY becoming engaged in the call.
- The duration of the call (minutes and seconds)

In addition, to the above data capture, our Call Center staff document additional key features from each call, including:

- Purpose of call (from a drop-down menu to facilitate tracking/analysis)
- Disposition of call (warm transfer, hang-up, conference call, etc.)
- Referrals made during the call
- Other actions taken during the call
- Categorization of a call as a grievance, complaint, etc., where applicable.
- Notes

Technology-Enabled Process for When First-Call Resolution Cannot be Achieved

Our Core MIS has been configured to support our Call Center workflow. If first-call resolution cannot be achieved, the MSR communicates to the Member that their call will be escalated. If a warm handoff cannot be achieved, the MSR updates the Member that they will receive a call back in a timely manner from another LIBERTY team member. The MSR uses our Core MIS to assign the inquiry to another business unit. LIBERTY will monitor these queues to ensure timely responses are provided and 100% of Member inquiries are resolved.

F. Plan for Ensuring Call Center Availability and Operations by Readiness Review

LDP Corp. and its subsidiaries, collectively known as LIBERTY Dental Plan, have successfully implemented new state Medicaid and CHIP contracts in Florida and Oklahoma during the past two years, as well as successfully rebidding its Nevada Medicaid contract. Multiple successful health plan implementations have also been completed in New Jersey and New York. There have been no Readiness Review deficits related to Call Center hardware, software, or staff. We are currently preparing for a new Medicaid implementation in Oklahoma, serving the state's Medicaid population for the first time, which is an implementation effort like what will be needed in Arkansas. Our Call Center implementation leverages best practices, and the use of consistent requirements where common processes exist. Through these efforts, LIBERTY Dental Plan has created and is currently deploying a proven process for tracking progress across all implementation tasks, including all activities related to the Call Center to approximately 550,000 Members. LIBERTY can exhibit test environments for Readiness Review to provide examples of special preparation for software, hardware, and staffing models.

Call Center Implementation Team

Our Call Center Operations/[REDACTED] has successfully implemented our Call Center software, hardware, and staff training and engagement protocols in our recent state Medicaid program implementations and requires an [REDACTED]. Our team responsible for Call Center software and hardware implementation includes our Senior Director of Workforce Management, Telecom Manager, and Manager of Systems and Optimization. Additionally, we test our Call Center software with staff during staff onboarding and training to simulate Member and Provider calls and ensure all elements of our Call Center are functioning as designed.

Hardware and Software for the Call Center

The hardware and software to operate our Call Centers are the same across all LIBERTY Dental Plan affiliate plan operations. This information technology currently supports our successful Call Center operations serving more than 4.1 million Medicaid Members in six states, and five distinct Call Centers (located in California, Florida, Nevada, New York, and Oklahoma). All Arkansas staff will be trained on our hardware and software systems to ensure all Call Centers requirements are met. When hiring, we will give priority to staffing with Arkansas residents.

[REDACTED]. As a result of our success implementing Call Centers across multiple state Medicaid programs, we are conversant in establishing all needed connections of our local hardware and software. Our systems are cloud-based, including our phones which are softphones built within the software. The only hardware our team currently uses is physical computers. Prior to Go-Live, LIBERTY's Call Center's information technology will be fully integrated cross-functionally across all Arkansas plan operations and across LIBERTY Dental Plan's Call Center operations.

This integration includes our national headquarters in California and LDP Corp.'s Call Centers located throughout the country, which will provide additional support to our Arkansas Call Center, as needed.

Staffing of Arkansas Call Center

Upon notification of contract award, LIBERTY will immediately begin recruiting activities for our Call Center staff, including our Arkansas-based team of MSRs. [REDACTED]

[REDACTED] All staff will be trained on both Provider and Member calls, including calls addressing more complex needs. [REDACTED]

Our analyses indicate that Hispanic persons represent approximately 11.7% of the Arkansas Medicaid population and that there are Spanish-speaking Medicaid Members located throughout the State. [REDACTED]

In LDP Corp.'s experience implementing Call Centers for multiple Medicaid programs, we have observed an increased volume of calls during the first quarter of implementation, at an approximate increased rate of 15% compared to call volumes experienced standardly. To anticipate the need for additional Call Center assistance during the implementation period in Arkansas, we will leverage other LDP Corp. Call Center support to ensure there is no decline in service. When preparing for implementation, we can ensure we meet all service level agreements and service guarantees by leveraging this additional Call Center staff. We will share our implementation work plan and progress with DHS at all requested times, including the evolution of our Arkansas Call Center staffing and training.

G. Process for Maintaining Electronic Records of Grievances Received by the Call Center

LIBERTY Dental Plan Corporation (LDP Corp.) has more than 15 years of experience handling Medicaid Member grievances and appeals effectively and efficiently. We maintain all grievance information electronically to support tracking through to completion. We also retain grievance data to track and trend performance and inform opportunities for improvement. All grievances and appeals are entered into our Core MIS, incorporating receipt, acknowledgment, record collection, research and review, clinical engagement, resolution, and remediation. The electronic record of all grievances, however submitted, includes the filing date. These grievances are immediately conveyed to our Grievances and Appeals Department staff who initiate the review process. LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will have an Arkansas-licensed Clinical Reviewer on our Grievances and Appeals team to manage grievances, including Adverse Benefit Determinations, grievance decisions, and appeal resolutions.

We make it as simple and easy as possible for our Members to submit complaints, grievances, and appeals to us. A Member's first point of contact with LIBERTY Dental Plan is often through our MSRs at our Call Center. The MSRs are trained to identify expressions of dissatisfaction or potential/expressed requests to appeal. The training topics include, but are not limited to: how to resolve minor concerns for Members; how to educate Members on the Grievances and Appeals process and assist them with filing grievances and appeals; how to help Members who have special needs and language barriers to express their concerns and navigate the Grievances and Appeals process; and how to document and route the issue directly to our Grievances and Appeals Department.

Member Electronic Records. When a Member grievance or appeal is received through the Call Center, the MSR selects the appropriate contact categories which will automatically require the MSR to document certain information based on each selection. In addition to the overall call summary and outcomes, required fields include the problem statement; the noted/requested urgency; the category of each expression of dissatisfaction; and the requested outcome.. This information is stored directly in a Member's electronic record file as a unique event that is automatically routed to the Grievances and Appeals Department's electronic queue after the MSR completes the call documentation.

All communications and activity associated with the case, verbal and written, are date and time stamped and saved in the case file while each step is tracked against key data elements, including assigned user, date, time stamp of receipt, case type, urgency, days aging, category, and subcategory. Grievance calls can be shared externally via several options, such as through sharing the actual recording or by sending copies of transcripts. Our Grievances and Appeals system includes several layers of oversight with clearly defined roles and assignments of tasks to appropriately qualified individuals, including dentists and non-clinicians. Our Grievances and Appeals team also captures and stores all key aspects of their review electronically, including all notifications of the determination that has been reached.

Documentation in Core MIS. LIBERTY Dental Plan documents all events of inbound and outbound calls in our Core MIS. Transaction event notes may also be recorded using our web service interface, CRM. These notes are stored directly in the individual Member's electronic record file in our Core MIS. All calls to our Call Center are also audio recorded and these recordings are stored/saved for at least a 10-year period and available to appropriate LIBERTY staff at any time.

H. Developing and Maintaining a Beneficiary and Provider Website

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) understands that our Member and Provider websites are a key resource. LIBERTY Dental Plan Corporation (LDP Corp.) has been investing in improving our website to make it an accessible, user-friendly resource, while maintaining HIPAA-compliance. LDP Corp. and its subsidiaries, collectively referred to as LIBERTY Dental Plan, successfully operate Member and Provider websites for all our Medicaid state programs, as well as secure Member portals that require log-in. [REDACTED]

Developing and Maintaining Separate Beneficiary and Provider Websites

LIBERTY Dental Plan maintains separate websites and secure portals (log-in required) for Members and Providers and we will extend this approach in Arkansas. Our Member webpage includes the Member Handbook, Provider Search (directory), key forms/process for filing a grievance and/or appeal, and a library of oral health educational materials, among other features. Our Provider webpage includes several online tools including contracting/credentialing (Provider Online Enrollment), our Directory Validation (DIV) tool, links to the Provider Reference Guide, and other educational references.

We offer paper, online, and machine-readable versions of our Provider directory that are easily accessible by Members and Providers via inquiries to Member Services or through our website. The directory is structured to help Members identify the right Provider with specific medical, cultural, and socioeconomic characteristics. Providers have a powerful impact on a Member's health care experience, and we have invested thoughtful consideration and resources to facilitate locating and selecting an optimal Provider. Excerpts from our Florida website are shown in **Figures E.5-H-1** and **E.5-H-2**.

Figure E.5-H-1: Example of LIBERTY Dental Plan's User-Friendly Website

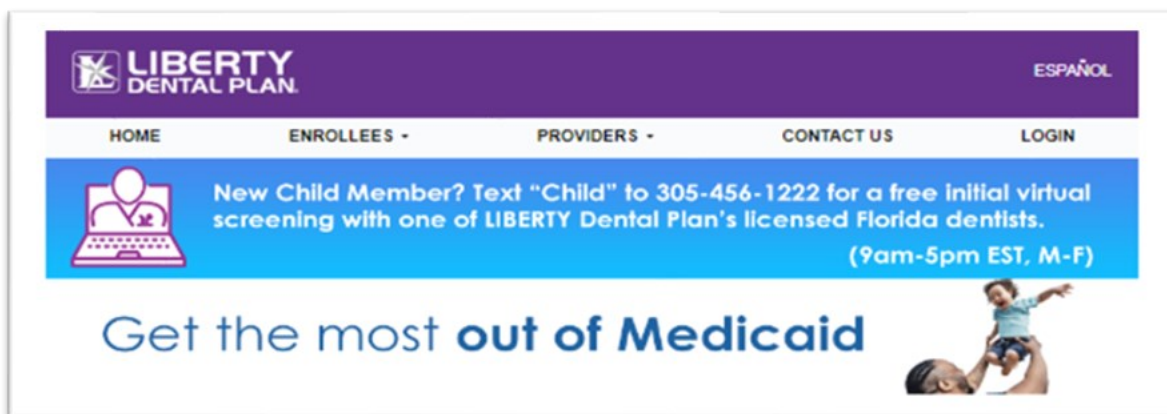
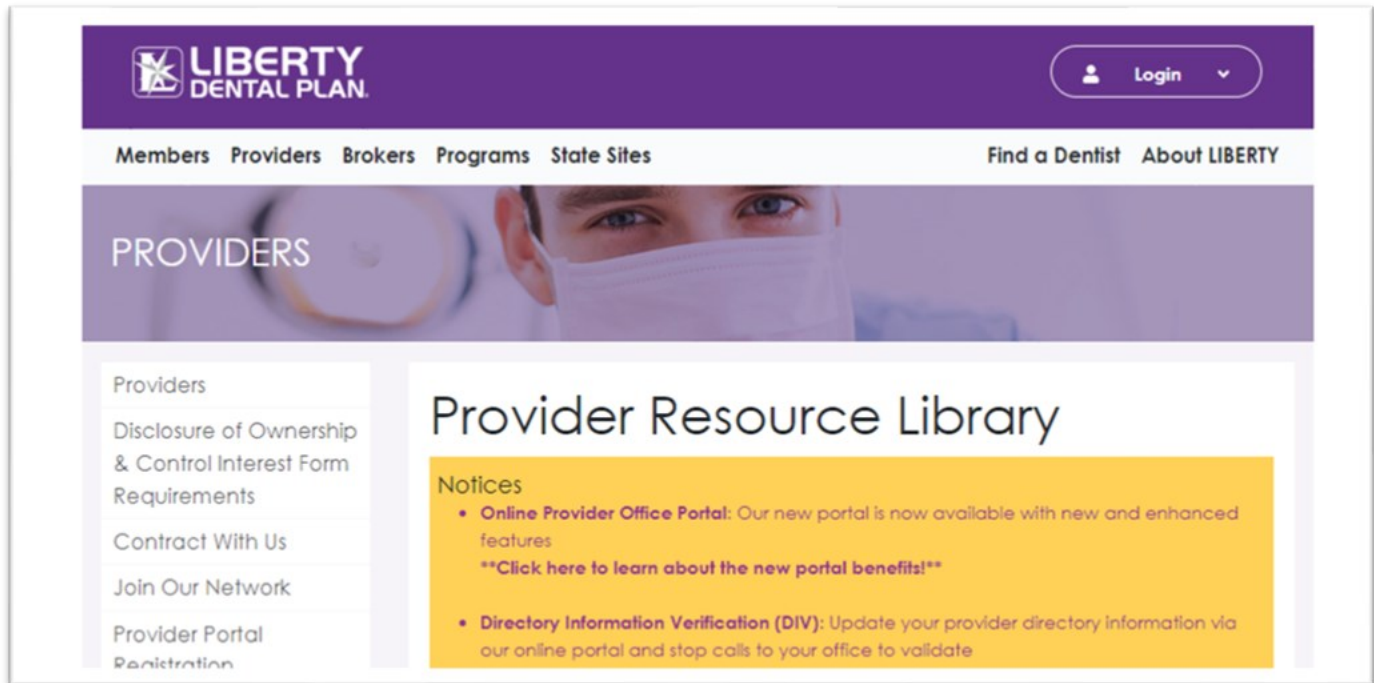


Figure E.5-H-2- Example of LIBERTY Dental Plan’s Provider Website



Ensuring Ease of Access

LIBERTY Dental Plan strives to make a large volume of useful content available on our website, while also making it easy to navigate to the content a given user is looking for. As illustrated in **Figure E.5-H-3**, a Member can navigate to several topical areas by hovering on “Member” at the top of our homepage and then selecting the desired area with a single click. Similarly, Providers can access a number of relevant topical areas with a single click (when hovering on “Provider” at the top of the homepage). Within each of the topical areas of the Member and Provider content, substantial effort has been made to make the content accessible, including requiring minimal clicks and providing highlighted links to additional information.

Figure E.5-H-3: Example of Member Navigation Webpage



Ensuring Website Content is User-Friendly

Our website content has been constructed with extensive input from key stakeholders and testing regarding its ease of use for Members. Through these efforts, LIBERTY Dental Plan ensures the following:

- The overall comprehensive level is below sixth grade.
- Content is provided using short sentences and short paragraphs.
- Appropriate use of pictures and color to make key information prominent and “stand out.”
- Content is produced in threshold languages. For example, in states where the threshold languages are English and Spanish, we provide content in each of these languages and make navigating the Spanish portal clear, as illustrated in **Figure E.5-H-4**.

LIBERTY Dental Plan is adding enhanced search capabilities, including a “Find a Dentist” page to our website that will be available in spring of 2024 to easily find and identify the right Provider in our directory using multiple search methods. Members can also use our new “Nominate a Dentist” feature to enhance our recruiting process. To reflect updated information in our directory, Providers are required to make DIV updates quarterly at a minimum and encouraged and educated about making updates as the Practice’s demographic information changes. The DIV is available via a Portal access site. LIBERTY’s Member and Provider websites are undergoing a significant upgrade and investment to modernize Member and Provider content and tools and enhance the user experience with a mobile first build in mind. Our goal is to make content and tools easily accessible to our Members and Providers. This work began in 2023 and will be completed in 2024.

Figure E.5-H-4- Website Excerpts in English and Spanish – Teaching Sound Brushing Habits

The figure displays two side-by-side website excerpts from the 'KidCare' section, titled 'home activity'. Both excerpts feature a smiling child with colorful handprints and a cartoon tooth character. The left excerpt is in English and titled '(Peanut) Butter Fingers'. It lists materials needed (glove, peanut butter, toothbrush, toothpaste, dental floss) and provides instructions for the activity. The right excerpt is in Spanish and titled 'Dedos de manteca (Maní)'. It lists materials needed (glove, peanut butter, toothbrush, toothpaste, dental floss) and provides instructions for the activity. Both excerpts include a 'Lesson learned' section and the website URL www.libertydentalplan.com.

Ensuring Website Content and Structure Comply with Arkansas Requirements

Upon notification of Contract Award, LIBERTY will begin creating an Arkansas-specific version of our website, tailored to accommodate all DHS requirements, including ensuring:

- All Member communications, including written materials, spoken scripts, and Member websites will be at or below the sixth-grade comprehension level.
- All written materials will be provided in a font size no smaller than 12-point.
- All written materials critical to obtaining services will be made available including English, Spanish, and Marshallese.

LIBERTY will comply with the electronic and information technology accessibility requirements under the State and Federal civil rights laws, including **A.C.A. § 25-26-201 et seq., Section 504** and **Section 508 of the Rehabilitation Act of 1973** and the **Americans with Disabilities Act (ADA)** when providing required information electronically to Members, in compliance with all requirements in **SOW 2.8.1-D** and subject to the marketing material limitations described in **SOW 2.8.4-D**. In compliance with all items required in the contract, LIBERTY's website will contain at a minimum:

- A link to the LIBERTY's current Provider Directory with the capability to search for network Providers by geographic locations, type of practice, and panel restrictions (e.g., accepting new patients).
- An outline of Covered Services.
- The Member Handbook.
- LIBERTY contact names, telephone numbers, and addresses for individuals to contact about Covered Services.
- How to obtain program information in non-English languages.
- Information regarding how to submit Member and Provider grievances and appeals to LIBERTY.
- A link to LIBERTY's secure electronic Member portal, where a Member can view their claims history.
- A link to LIBERTY's secure electronic claims submission portal.
- Information to assist Providers in relation to billing and/or prior authorization issues, access to the Provider Manual, frequently asked questions, how to apply to join the LIBERTY network, etc.
- Education and outreach materials.

LIBERTY's website for Healthy Smiles Members and Providers will be prepared by Readiness Review and comply with all activities required during the Contract Term.

I. Implementing and Maintaining Secure Electronic Portals for Beneficiaries and Providers

LIBERTY Dental Plan Corporation (LDP Corp.) takes Member and Provider privacy very seriously. We allow for private information to be transmitted via our website (e.g., Member grievances) and we have extensive experience, over many years, many different states, and several different populations served, in delivering and maintaining the privacy and security of such information. [REDACTED]. Our proven processes and information technology structures will be deployed in Arkansas and supported by our highly experienced data security personnel at LDP Corp., led by Chief Information Security Officer **Rushton James**.

LDP Corp. has appropriate technical and physical security measures to prevent personal information from being accidentally lost, used, or accessed unauthorizedly. These processes are deployed by our affiliate plans. We limit personal information access to those with a genuine business need to access it. Those processing an individual's information will do so only in an authorized manner and are subject to a duty of confidentiality. Only basic information can be seen when users access the website without the Member or Provider logging in to a HIPAA-compliant section.

- Require passwords and logins to access personal information.
- Personal information is limited to a need-to-know basis.

As LIBERTY Dental Plan does in other markets, LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will maintain both a Member and Provider Portal to service our Member, Provider, and business partners' needs.

Member Portal. LIBERTY understand the need to have this available 24/7 and will meet the required 99% of uptime. We will work within the maintenance hours provided and work with the State to incorporate additional maintenance hours, if needed for system upgrades to new versions of our Core MIS system that includes the portals. We exceed the standards in determining acceptable maintenance windows. The claims and pre-service data are all in real-time which feeds to our Core MIS platform through application programming interfaces (APIs). The portal is mobile phone responsive, so it can be accessed on most devices. Our LIBERTY Dental Plan Member Portals allow Members to:

- Access plan benefits – Also fully downloadable to PDF.
- Search for a Provider.
- View claims status and documents associated to the determinations (Explanation of Benefits).
- Receive prior estimates/ referral – access to all Member documents that are also mailed.
- Request an additional ID Card – also print a temporary one, if needed.
- View utilization counters – ensures Members know whether they are currently available for benefits that may have dollar or frequency limitations.
- View cost-sharing activity – ensures that Members covered by ARKids-B are aware of their cost-sharing obligations and activity for relevant services in accordance with the CHIP State Plan.
- Send messages to the Call Center for follow-up.

Provider Portal. LDP Corp.'s Provider Portal is highly utilized with 26% of all claims and pre-service requests submitted directly through our portal each month. As in our Member Portal, data is updated in real-time from our Core MIS system using APIs. The Provider Portal has the following functionalities:

- Notification Dashboard – allows us to provide newsletter, alerts, rosters, training materials, and other communications.
- View claims, referrals, and Prior Authorizations – including X-rays, and documents that are associated to them.
- Submit claims, referrals, and pre- authorizations – including X-rays, supporting documentation, notes directly to LIBERTY in real-time.
- Access User Manual to instruct them on claims and/or prior authorization submission.
- Check eligibility for one or more Members simultaneously. It allows Providers to print eligibility, claims history, and utilization all in one search.
- Validate the rendering Provider is contracted with LIBERTY for the Member's contract prior to rendering any service to ensure they are in network.
- Submit data fields from a Member's Caries Risk Assessment
- View check and Electronic Funds Transfer (EFT) payments.
- Access education and outreach materials.
- Submit documents for audits or other needs.
- Communicate with staff through workflows.

We have many offices that have opted out of paper communications and only obtain their documents online, with an email notification that directs them to access the portal. We understand the need to have this available 24/7 and will meet the 99% uptime. We will work within the maintenance hours provided and work with DHS to incorporate additional maintenance hours if needed for system upgrades to new versions of our Core MIS system that includes the portals. The claims and pre-service data are all in real-time that feeds to our Core MIS platform through API's. The portal is mobile phone responsive, so it can be accessed on most devices.

Member and Provider Portals

LIBERTY's Member and Provider portal will maintain the required uptime of 99%, excluding allowable maintenance time from 1:00 a.m. to 5:00 a.m. CST each Saturday. We will work with DHS to determine acceptable maintenance windows based on low-traffic times and resource availability while maintaining uptime metrics.

J. Maintaining Information and Accuracy of Website

LIBERTY Dental Plan Corporation's (LDP Corp.'s) Marketing Department works with LDP Corp.'s subsidiary plans and their local subject matter expert's leadership team to create accurate and timely content for the website. The LIBERTY Dental Plan of Arkansas, Inc.'s (LIBERTY's) Project Director, **John Harrington**, and Compliance Officer will be responsible for reviewing the website monthly to ensure accuracy. The local team will work with the Marketing Department to update the website as needed. The Marketing Department will write, gather appropriate approvals, and post content to the website. Member-facing content will meet accessibility requirements including readability and ADA compliance. The Marketing Committee reviews and approves all Member and Provider facing materials, including content posted on our website. All clinical materials are reviewed by a LIBERTY staff Clinician prior to posting. We will also work with the State to receive approval prior to any publication.

Ensuring Timely Updates

Some of the information on our website, or information accessed through our website, requires ongoing updates. This is true for our Provider Directory. Our Provider network has an ongoing flow of information changes due to the following kinds of dynamics:

- New dental Providers are recruited to our network.
- Existing network Providers experience changes (additions or exits) to their clinical team.
- Providers retire, relocate, or leave the network for other reasons.
- Provider practices may be acquired by another entity.
- Certain aspects of the Provider practice change (e.g., adding a Spanish-speaking staff member).

Our online DIV tool allows Providers to update their demographic information including address, telephone numbers, languages spoken, specialty, ADA information, and if the office is accepting new patients. The information submitted through this tool is used to update our directory. We incorporate changes from the DIV to our online directory immediately upon approval and to our paper directory quarterly.

Our Providers are required to make quarterly updates to Provider Directory data elements including demographic information about their offices, contact information, and hours of operation using our easily accessible DIV tool on the Provider Portal to support compliance with State and Federal guidelines. [REDACTED]

[REDACTED] This ensures we have timely information that will help us navigate Members to the correct Provider that will meet their unique needs.

As is other markets, LIBERTY's Provider Relations team will review DIV updates before edits are reflected in our printed and online Provider Directories to confirm accuracy and make sure our directory addresses network adequacy, accessibility, and Member special needs. Online directory updates are reflected in the data set accessed on our website immediately upon approval, exceeding monthly update contract requirements. We use multiple strategies to validate network Provider directory information. We make outbound calls to Providers who do not update their entry using the DIV tool. We review key office information in our bi-annual service calls. Finally, we conduct quarterly secret shopper surveys to each network Provider to validate directory information. Member feedback also helps make us aware of directory discrepancies.

E.6 NETWORK AND PROVIDER REQUIREMENTS

A. Plan for Expanding Medicaid Provider Network to Increase Participation

LIBERTY Dental Plan Corporation (LDP Corp.) and its subsidiaries (collectively called LIBERTY Dental Plan) have extensive experience rapidly and successfully building comprehensive statewide Medicaid networks. **Table E.6-A-1** presents data on our successful network build during the initial contract year of our new plan implementations. Our experience reflects network builds, where the managed care model was already established, like Arkansas Healthy Smiles program, as well as State programs that were newly implementing the managed care model. LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will leverage the best practices and effective strategies our affiliate plans have deployed, including in rural pockets of many States, to engage Providers, including Specialists, in delivering oral health services to Enrolled Members (Members) in the Healthy Smiles Program.

Further, LIBERTY Dental Plan has expanded our networks over the life of our contracts. After developing a compliant network, our Provider Relations (PR) team continues to engage with potential Providers, including Providers who are not seeing any Medicaid patients, to serve the Medicaid program. [REDACTED]

[REDACTED] LIBERTY will leverage the process, documented procedures, and best practices of our affiliates and offer a tailored approach to support the Healthy Smiles contract.

[Our Recruitment Plan for Expanding Our Medicaid Provider Network](#)

LIBERTY is committed to building and maintaining an accessible, high-quality Medicaid Provider network, including access to specialty dental care Providers, for the State of Arkansas' Dental Managed Care Program. Leveraging our existing Medicare Advantage Network in Arkansas, we are well-positioned to build a statewide Medicaid network within the Arkansas Department of Human Services' (DHS') required implementation timeframe. [REDACTED]

[REDACTED] We have established relationships with the State's largest Dental Service Organization (DSO) as well as with several DSOs in Oklahoma and surrounding states that have office locations in Arkansas. LIBERTY can quickly and easily add locations and Providers with little lift or administrative burden to Providers who are already credentialed, as we only require that they complete a Medicaid addendum to their existing contract. **We have obtained approximately 115 Letters of Intent (LOIs) from our Medicare Providers as well as specialty and pediatric Providers to join our Medicaid network**, and we will be able to quickly contract, credential, and enroll them into the network upon Contract Award.

Our PR team has been actively engaging our existing Medicare Advantage Providers with Medicaid to solicit their participation through LOIs. Due to this effort and other efforts to meet with specific Providers to discuss their interest in

Medicaid and our Provider Listening Sessions, we expect to receive approximately 115 signed LOIs by the end of October for our Arkansas Medicaid network. We have also analyzed GeoAccess maps of our Medicare Network and Providers currently serving the Medicaid population, and with our assumptions of ARHOME and ARKids First Member locations, **we determined that, today, we can cover over 90% of Members and provide access to two Primary Care Dentists (PCDs)** in compliance with **Scope of Work (SOW) 2.9**.

Building on Our Existing Local Footprint. Our local Medicare Advantage Providers have confidence in LIBERTY due to our strong reputation in the marketplace for delivering exceptional support. For example, we recently received an LOI from an oral surgeon who wishes to join our network, demonstrating how existing Provider satisfaction can favorably support our network build, including Specialists, for the Healthy Smiles contract. We leverage our current network Providers as a key recruitment resource giving us access to additional Providers, including Specialists, to add to our network. The relationships between our existing Arkansas team and the tight-knit Arkansas dental community enable us to expand our network and contract with new Providers who are not in the existing Medicaid network.

Our Targeted Provider Recruitment Approach

LIBERTY uses a localized and data-driven approach to recruit Providers that builds upon our current network strength, establishes an understanding of the local Provider needs and the Medicaid program, and offers local staff to support contracting efforts.

Understanding Local Providers' Needs. LIBERTY has leveraged our local team to understand Arkansas' Medicaid and CHIP dental services landscape and spent time visiting the [REDACTED]

[REDACTED] Additionally, we have held numerous Provider listening sessions and have discerned Provider's top priorities **including streamlining administrative processes to reduce burden, receiving timely and accurate reimbursement for services rendered, consistently receiving updated information, and having a dedicated person to assist them and answer questions.** Providers also shared the value of holding peer-to-peer discussions on claims issues and utilization questions, instead of the dentist discussing the issues with a dental hygienist, assistant, or nurse. As a company founded by a dentist with extensive industry experience in leadership and clinical teams, we are dedicated to streamlining administrative processes, leveraging secure online tools, offering Providers data and clinical support to improve quality, and providing excellent customer service through our team of Network Managers who are assigned to each of our network Providers. Additionally, with experience in Medicaid and private practice, our Arkansas Dental Director, **Dr. Rodney Griffin, DDS**, understands the challenges Providers face and will be an essential resource, offering solutions to navigate through the process for successful participation throughout their contract.

Deploying a Local Team to Focus on Network Contracting. LIBERTY's Arkansas-based PR team will lead our Provider recruitment efforts, working closely with our LIBERTY's Network Build Team. The Network Build Team is designed to include staff outside of our PR team to inform contracting strategy and includes five key people: our Arkansas Dental Director, PR Director, and Project Director, who are in place today, as well as our two local Network Managers—one who will be located in the Delta Region and the other in Pulaski County. Upon notice of the award, LIBERTY will activate our team to initiate our comprehensive contracting process. Where appropriate, LIBERTY will also work with our parent company, LDP Corp., to partner with staff to support back-end operations. We will also work with our national DSO team to leverage existing relationships with local DSOs. LIBERTY Dental Plan's PR Team will also assist in expanding current access and bringing in additional general, specialty, and pediatric Providers.

Network Contracting Strategy. LIBERTY has a focused network development strategy for primary dental care and specialty services that includes building excess capacity into our network design, while also focusing on access to high-quality, diverse Providers, in addition to prioritizing areas in need of additional access points. We are currently identifying Providers regions where there is a need for more Providers and access points, such as in the Delta Region, and reaching out to Providers, who participate in the Medicaid program less frequently, but are in areas where additional access is needed to grow our network. We are also leveraging reports from the State to identify high-volume Medicaid Providers to offer

continuation of care for Members. As a result of these targeted network growth activities, LIBERTY will be able to meet DHS' access requirements, providing Members with timely access to all Medically Necessary Covered Services at the Go-Live Date. [REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Based on our current outreach activities to PCDs, Specialists, and pediatric dentists, we ensure, at Go-Live, at least 95% of adult and pediatric Members will have access to two or more PCDs or Pediatric Dental Services, and at least 85% of Members will have access to at least one specialty Provider all within the rural and urban distance requirements per **SOW 2.9**. The following narrative describes our approach to achieving compliance:

[PCDs, Pediatric, and Specialty Provider Recruitment in Process](#)

To ensure timely access to PCDs, pediatric, and specialty dentists and to support compliance, we are actively conducting outreach activities to recruit from our existing Medicare network, Providers with Medicaid IDs. Based on the access standards in the Healthy Smiles contract, we have mapped our existing network and identified the specific regions where we have opportunities to add more access points. Through requesting reports from the State, we can identify and prioritize high-volume Medicaid Providers to ensure we can offer continuation of care with the Member's current dental Provider.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Provider Outreach Strategies: We use a variety of outreach strategies for each Provider we engage, including phone calls, emails, in-person office visits, and recruitment letters. Our data-driven approach will use GeoAccess reports to monitor our network growth in comparison to the State's listing of all Dental Providers with a Medicaid ID number. We will also use innovative strategies to identify Dentists licensed in the State, but not enrolled in Medicaid to offer a distinct recruitment

strategy that is coupled with education. Our PR team will conduct outreach to support contracting efforts throughout the life of our contract with the State.

Creating a Streamlined Contracting Approach for Existing and New Providers. We will employ our straightforward strategy for executing a Provider contract during the start-up period, which will include the following steps:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Expanding Specialty Dental Care Providers in Rural and Underserved Regions

We are currently identifying and recruiting specialty Providers across the State, particularly in underserved and rural areas with fewer Providers, such as the Delta Region. Our data analysis and stakeholder meetings revealed long-standing gaps in access to care and low utilization in underserved and rural areas.

Targeted Provider Engagement and Support: LIBERTY’s PR team will be locally based in key communities in Arkansas to bring understanding of the needs of Network Providers and communities, enabling them to quickly identify and resolve network needs. Due to this local support and our high-touch outreach, we can bring new Providers into the network swiftly.

[Redacted]

[Redacted] Across our affiliate plans, LIBERTY Dental Plan has experience establishing and maintaining Medicaid networks in rural and underserved regions. Where we identify specialty gaps, we work with Providers and key local stakeholders to solution and ensure Members have comprehensive access. [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

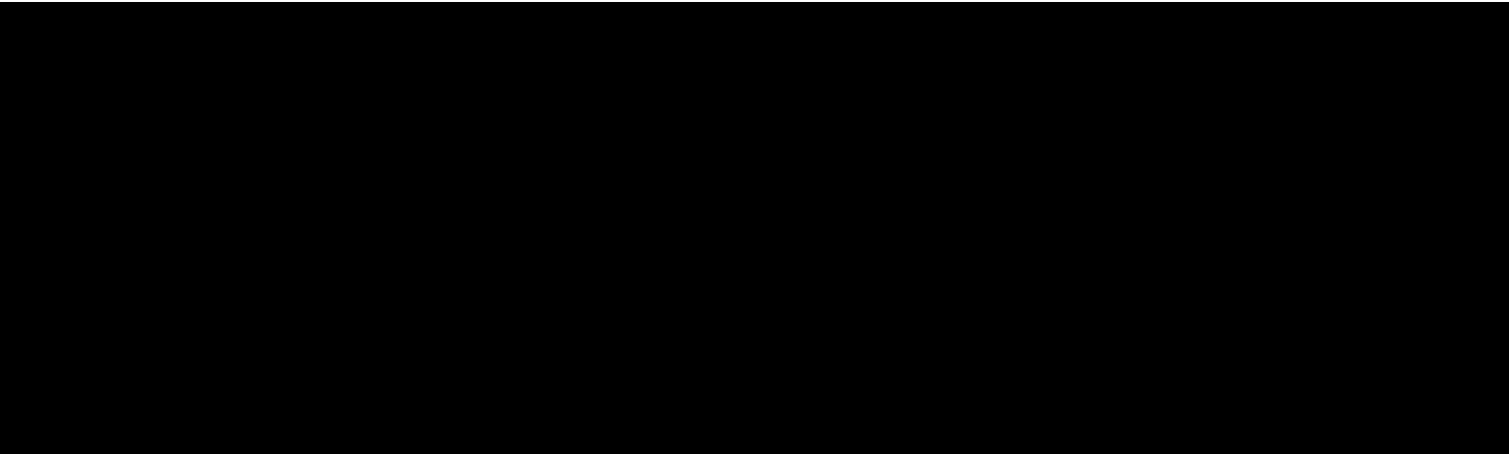
- [Redacted]
- [Redacted]

- [REDACTED]
- [REDACTED]
- [REDACTED]

We are confident that we can build a comprehensive and accessible Statewide Medicaid network, and make the investments needed (e.g., staffing, community partnerships, donations, communications, etc.) to close gaps in access to care and improve outcomes.

[Increasing Our Long-Term Presence in Arkansas' Communities through Deeper Provider Partnerships](#)

LIBERTY understands that it is important to not only build trust within a community and continually engage and support our Provider community. We view our Providers as partners in supporting our Members' oral health in the chair and in their communities. We have heard first-hand of the challenges Providers face in Arkansas. LIBERTY Dental Plan's PR team uses community outreach opportunities to further build relationships with current and new Providers, including specialty and pediatric Providers. Establishing and maintaining these important relationships, coupled with our data-driven approach, further enhance recruitment opportunities for existing Providers and supports engagement with the greater Provider community. This translates to a more efficient and targeted approach producing better real-world outcomes that matter to the communities we proudly serve.



Developing Specialized Programs with Interested Providers. Additionally, LIBERTY establishes contracts with Providers to facilitate access to a comprehensive network and always seeks to partner with key Providers and institutions to support and sustain existing programs. [REDACTED]

[REDACTED]

LIBERTY has also engaged with several professional organizations to educate dental Providers and the clinical community about LIBERTY, further demonstrating our commitment to Arkansas Healthy Smiles Members, and encouraging Provider

enrollment in our Medicaid network. [REDACTED]

Our Approach to Ensuring Greater and Consistent Network Participation



[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Leveraging Innovative Payment and Contracting Methodologies. LIBERTY Dental Plan offers competitive reimbursement for dental services and our Network Managers are well versed in dental coding and in fee negotiations. We deploy other strategies, such as offering Providers the opportunity to participate in our network in an initial limited capacity as a pathway to full participation, as well as the opportunity to participate in our VBP and Platinum Practice programs. The PR team will use financial incentives such as sign-on or referral bonuses for key Providers in harder-to-recruit areas.

As shown in **Table E.6-A-2**, LIBERTY Dental Plan offer multiple opportunities for our Dental Home Providers to engage in our VBP programs, with the opportunity to earn additional payments based on their quality and performance. These programs are designed to support gap closure and preventive care, improving outcomes and appropriate utilization.

[REDACTED]

LIBERTY is aligned with Providers' desire to receive accurate and timely reimbursement and notably our Providers are paid timely and accurately because of our streamlined processes and advanced information technology infrastructure. **Across all our lines of business in 2022, we paid claims within four days.**

[Contracting with Out-of-Network Providers](#)

When our PR team determines there is a network gap and only OON Providers are available, they will engage them through single-case agreements to ensure that Members have access to dental care. However, our long-term goal is to bring those OON Providers into the network by building a relationship and demonstrating the benefits of being in the LIBERTY network, including paying claims timely and providing educational and peer-based support as well as having dedicated and accessible support. LDP Corp.'s relationship-driven and ongoing recruitment process has historically resulted in an exceptionally low percentage of total dollars billed for OON, for example, [REDACTED]

[REDACTED] For more information about our approach to OON referrals, **see our response to question E.6-D.** We will ensure no greater than 20% of the total dollars billed for outpatient services shall be billed by OON Providers, per **SOW 2.9.1.**

[Ensuring Access Points Within Our Provider Network are Actively Treating Medicaid Patients](#)

One of the defining features of LIBERTY's approach to managed care is the contractual relationships we establish with our Provider partners, which allows us to hold them accountable and responsible for performing all functions required of dental homes, including the provision of routine and emergent dental care. Per **SOW 2.9.2**, our PR team as part of our recruitment and monitoring processes will ensure network Providers are accepting new patients and will provide the same quality level and practice standards with the same level of dignity and respect as provided to non-Medicaid patients.

Monitoring. The PR team is responsible for all Provider monitoring, including monitoring of total assigned Medicaid and CHIP Members, volume of claims, and total claims payment. Additionally, our PR team reviews the following relevant reports to monitor our network's care delivery: Status of Provider Panels; Member Grievances and Appeals; OON Utilization; Single Case Agreements; and Utilization Dashboards. This function is overseen by our Access and Availability (A&A) Committee, which reviews data, makes recommendations to address identified issues, and tracks issues through resolution. The A&A Committee also monitors and maintains the quality, adequacy, and accessibility of the Provider network to ensure that all Members have access to qualified dental Providers. Additionally, to ensure Members have continued access to care, we continuously recruit Providers into our network.

Our Dental Care Management (DCM) team also plays an active role in monitoring, using our data-driven approach. They utilize multiple reports that provide a complete picture of Provider activity, including utilization and practice patterns. If our DCM team determines Providers are not actively treating Medicaid patients or showing a trend of underutilization, we conduct outreach and education, as well as alert DHS about the access issue per **SOW 2.9.1**.

Education. Our Dental Director, PR team, and DCM team take the lead on education. Our PR team’s Network Managers are the main point of contact and will initiate outreach. They alert Providers that they are non-compliant with contractual obligations and reinforce requirements and responsibilities. They also facilitate peer-to-peer counseling and education from LIBERTY’s DCM team of clinicians. Our Peer Review Subcommittee also engages network Providers as needed conducting a professional assessment for peer review and developing and delivering corrective action plans (CAPs). Each CAP includes the root cause(s) of the identified issue; a mitigation plan detailing actions, owners, and timelines to address deficiencies; and monitoring efforts to validate that corrective actions are effective and sustained.

Next Steps. Negative findings may trigger further investigation of the Provider’s facility by the Dental Director, **Dr. Rodney Griffin, DDS**, or his designee. We will notify DHS about any CAPs to address access-to-care non-compliance, including:

- Further education and assistance to the Provider;
- Provider counseling;
- Closure to new membership enrollment;
- Transfer of patients to another Provider;
- Disqualification from our Platinum Practice program; and
- Contract termination.

Examples of Where Our Network Will Exceed Access to Care Requirements

LIBERTY is driven to provide the State of Arkansas Dental Managed Care program with an accessible Provider network. We are committing to deploying proven, innovative programs to increase access points throughout the State, including underserved and rural communities. [REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

B. Delivering a Linguistic and Culturally Competent Network, Including for Minority and Disabled Beneficiaries

LIBERTY is building a Provider network in Arkansas that reflects the diverse needs of enrolled Members across the State. LDP Corp. and its subsidiaries (collectively “LIBERTY Dental Plan”) are committed to providing culturally competent care and services in a nondiscriminatory manner that ensures all Members including those with Limited English Proficiency (LEP) and Members with disabilities, have access and receive effective and respectful care in a timely manner compatible with their culture, beliefs, practices, and preferred language. LIBERTY Dental Plan serves a large and diverse membership in multiple states, and we have a proven record of recruiting, establishing, and maintaining a linguistically- and culturally-competent Provider network.

LIBERTY Dental Plan has historically developed contractual relationships with ethnically and linguistically diverse Providers in each market. LIBERTY will continue to recruit and maintain a Provider network that will meet the diverse cultural and linguistic needs of Healthy Smiles Members in compliance with DHS requirements per **SOW 2.9.1** and **SOW 2.9.2**, and in accordance with State and federal regulations. The strategies we use to support the delivery of a culturally competent network are outlined below, including training and services. LIBERTY will collaborate and participate with applicable State and regulatory agencies to promote the delivery of care in a culturally competent manner.



Data-Driven Approach to Network Development

LIBERTY Dental Plan maintains a Cultural Competency Plan specific to each of our state programs that focuses on the different community-based needs with oversight from our LDP Corp. Cultural and Linguistic Competency (CLC) Committee. Our CLC Committee reviews data across all our Medicaid programs and designs strategies and best practices for conducting activities aligned with the populations we serve and that support the PR team's recruitment activities, which will be reported per requirements to the Contract Manager. LIBERTY Dental Plan does not discriminate with respect to participation, reimbursement, or indemnification as to any participating or non-participating Provider who is acting within the scope of the Provider's license or certification under applicable State law.

Locally Driven Approach. LIBERTY's PR team will leverage Member demographic data to inform Provider recruitment strategies resulting in a network that mirrors the diversity of our Members. To ensure we are meeting the evolving needs of Arkansas Members, LIBERTY will hire local Network Managers with expertise and knowledge of the local health care landscape and relationships with key stakeholders to further inform network development. For example, the Marshallese population in Washington County and across Western Arkansas has distinct needs and challenges that differ from members in the Black community living in the Delta Region. Additionally, we know that there are many Members who only speak Spanish or who have LEP across all counties in Arkansas. Our PR team will use this information and offer a multifaceted approach to recruit and maintain a culturally, ethnically, and linguistically diverse Provider network with the experience and capabilities to be responsive to the diverse needs of our Members, including people with disabilities.

Additionally, we are partnering with professional and community-based organizations, which will further inform the resources and education we provide our Providers to support Members' linguistic and cultural needs and people who have disabilities.

Targeted Recruitment Activities. Our Directory Information Verification Tool (DIV), enrollment file, and other data sources also provide a more complete picture of linguistic, cultural, and special needs, which informs Provider assignments to support Members' needs and preferences. The PR team also uses the data to forecast future Provider recruitment initiatives to ensure access for non-English speakers and Members with physical or intellectual disabilities and neurodiversity.

LIBERTY is targeting recruitment of Providers that have specialized facilities and staff training to assist Members with special needs. As part of our process, Network Managers document any specialized Provider equipment or training during their initial orientation on the Provider Service Report (PSR). LIBERTY Dental Plan also has an online American with Disabilities Survey that we encourage our Providers to complete to further inform these activities. We assess each office to determine accessibility such as designated parking for wheelchair-bound Members, exterior route to the building, interior building layout, restroom accessibility, and exam room accessibility and equipment. We track this information in our system so our Member Services staff can easily identify Providers who can treat Members with disabilities. Members can also search for Providers servicing the special needs population in our online Provider Directory. We also encourage our Providers to update their profiles in our online DIV, which we constantly review to ensure access.

Serving Children with Special Needs. LDP Corp. has experience improving access to care and service delivery for children with disabilities. For example, in Florida, LIBERTY Dental Plan of Florida, Inc. implemented our Special Needs mentor/mentee program, where we pair network Providers experienced in treating children with special needs and behavioral modification with the Florida Department of Health Providers. The program fosters patient-centered clinical

discussions of best practices for preventive and restorative care for Members with special needs, allows for mentee observation of the mentor's clinical practice and chairside delivery of care, and provides an opportunity to role-play the most common clinical scenarios encountered by a clinician treating Members with special needs. The short-term goal of this program is to increase the number of Providers servicing the special needs population in regions of need, which will be based on utilization data and community input. The long-term goal is for mentees to be a source of referral for Members with complex medical and behavioral conditions in regions with limited access.

Tracking Our Recruitment Efforts. Our Recruitment Dashboard is updated weekly and provides the status of our Provider network. This allows LIBERTY to ensure Provider-specific geographic access standards for Members in urban and rural counties are met and maintained in accordance with the contract. We are also identifying and mapping the locations of Providers who provide dental services to Members with special needs. This mapping allows the PR team to target their recruitment efforts to focused areas and Providers' level of expertise.

Monitoring Provider Capabilities

LIBERTY Dental Plan uses a variety of tools to monitor our Provider Network's cultural and linguistic capabilities and limitations. As part of this process, we ensure that these capabilities are readily available to both our Members, and our Member-facing teams to ensure Members relate to Providers who can meet their specific, unique needs.

Provider Database. Our Provider database includes each Provider's name, address, type of practice, language capabilities, and race/ethnicity. This data enables us to match each Member with a Provider who is geographically close, appropriate for the Member's age, and linguistically competent in the Member's primary language. Our Member Services team is available and ready to assist Members requesting a change in a Member's Provider at any time to meet their needs more effectively.

Provider DIV. Our Provider DIV, which enables our Providers to directly input information at least on a quarterly basis, ensures updated information regarding our Providers' capabilities, such as the ability to provide services for Members with disabilities and languages spoken in the office. This information will also be available in the Provider Directory.

Monitoring Service Delivery. As LIBERTY Dental Plan does in other markets, LIBERTY will continue to monitor service metrics to ensure our Members are supported, including the delivery of needed linguistic support. [REDACTED]

[REDACTED]. Nationally, our most popular translation resource is telephonic. **Table E.6-B-1** shows 12 months of telephonic translation service trends in the top five most requested languages.

Supporting Providers in Delivery of Culturally and Linguistically Competent Care

Our network Providers receive continuing education, training, and program resources to help them deliver culturally and linguistically competent care to their patients.

Provider Training. LIBERTY maintains a CLC Program and Plan, which complies with the National Cultural and Linguistically Appropriate Services in Health and Health Care (CLAS) Standards, and other Federal and State requirements. We require all new Providers to complete CLAS training within 30 days. We also require 100% of our network Providers to complete training by the end of each year. [REDACTED]

[REDACTED] Network Managers also prioritize this training during new Provider orientation and work closely with Providers, so they will complete their training attestations at Contract Commencement, further ensuring compliance and understanding of **Section 1557 of the Affordable Care Act**. The CLC Committee monitors data on these initiatives on a quarterly basis and is accountable for making recommendations to address any program deficiencies, reporting to the Quality Assurance and Performance Improvement (QAPI) Committee with trends identified, analysis, and actions taken to continually ensure access for a diverse membership. We will leverage national training best practices to ensure completion of annual CLC training offering education designed to provide resources and information to support a diverse patient population such as translation services. We also extensively train our Providers on motivational interviewing to support their delivery of culturally competent care.

Assigned Patient Panels. We leverage our extensive population data to inform Providers about their assigned patient panels. This enables Providers to prepare resources for their assigned population, including obtaining language translation services and hiring staff that speak the preferred languages. [REDACTED]

[REDACTED]

Delivery of Linguistically Competent Care. We know how important it is to support our Members in their preferred language and will closely track our Members' language preferences and completed translation requests over time to further support their needs in alignment with **SOW 2.9.2**. We ensure our Provider network is linguistically competent by ensuring they have information and resources to support Members and they have appropriate access to language assistance, including a special format for hearing and visually impaired Members.

[REDACTED]

Providers and their staff are trained to document in the Member's record if the Member prefers not to use the interpretation services after they have been informed that a trained interpreter is available free of charge, or the Member's administrative file (call tracking record) in the Member Services setting. Providers must fully inform the Member that they have the right not to use family, friends, or minors as interpreters.

[REDACTED]

[REDACTED] Interpretation services are available to LEP Members at no cost, and we have policies in place to ensure LEP Members have access to the resources they may require. We will educate our Provider network extensively on linguistic and translation resources throughout the contract through group webinars, ongoing communications such as newsletters, education led by our Network Managers, and peer-to-peer education to ensure they are prepared to support their diverse population. Our Provider training and engagement includes that Providers can also request printed materials in the State's identified threshold languages, such as Spanish, and alternative formats (including Braille and large font) that are available to Members.

C. Ensuring Access to Timely Services and Quality Providers for Beneficiaries

LDP Corp. has been partnering with Providers for 15 years to serve Medicaid Members in multiple states, including Florida, Nevada, New York, New Jersey, California, and most recently Oklahoma. Our goal is to improve the oral health of our

communities. LIBERTY's primary purpose is to provide access to Medically Necessary Covered Services to our Members to support their oral and whole-person health. It is why we build and maintain comprehensive networks of Providers, particularly PCDs/Dental Homes, who are responsible for delivering and coordinating access to comprehensive oral health services for their assigned patients. We engage and inform Providers and remove administrative barriers to support them in providing dental services. We engage and inform Members about their oral health and connect them to resources to remove any barriers that might keep them from accessing appropriate services. As a result of our dedication and diverse experience, we are well positioned to not only quickly deploy and develop an accessible Provider network but also maintain it, complying with **SOW 2.9**.

Through our proven and strategic recruitment approach, we are confident in our ability to provide a Statewide network prior to Contract Commencement that will offer an appropriate range of dental services for the current and expected enrollment. [REDACTED]

[REDACTED]

[Our Approach to Ensuring Timely Medically Necessary Services Are Available to Our Members](#)

LIBERTY is building upon our successful Medicare network in Arkansas, which has been in place since 2009. Our A&A Committee, a cross-functional body with representation across departments, oversees our Provider network, monitoring it to ensure it meets GeoAccess standards of accessibility. The committee also monitors the timeliness with which Members can get appointments, including for preventive visits and emergency care visits, how long they wait in the Provider's office, and whether they can access after-hours and emergency dental care when needed.



[Our Approach to Ensuring Medically Necessary Services are Consistent with Appropriate Dental Guidelines and Practice Parameters](#)

LIBERTY Dental Plan establishes and implements clear and comprehensive criteria and guidelines that are centered around our states' dental guidelines as well as internal policies governing medical necessity that incorporate best practices and industry standards of care. Per **SOW 2.9.2**, LIBERTY will require PCDs to provide children and adults with diagnostic and preventive services in accordance with the AAPD and American Dental Association recommendations, respectively, following periodicity dental requirements. We train all our network Providers on our criteria within 10 days of contracting. To ensure PCDs are following requirements, we will continuously monitor Provider activity on denied claims for services deemed not medically necessary and specialty referral patterns and deliver education to offices, as needed. We also ensure our OON Providers receive this information prior to serving Members. One of the objectives of our QAPI and Provider education programs is to promote preventive services and appropriate treatment of dental conditions using dental practice guidelines that optimize outcomes.

DCM Program. Through our proprietary DCM Program, LIBERTY Dental Plan encourages appropriate utilization and strives to improve the quality and cost-effectiveness of dental care. We identify underperforming Providers who have low preventive care utilization to modify their behavior through peer-to-peer discussions based on nationally recognized treatment guidelines and evidence-based practices.

Ensure Delivery of Services Based on Each Member's Unique Needs. When the Provider completes the first Caries Risk Assessment (CRA) as part of our Dental Home model, we use our proprietary risk methodology to assign a risk score, which Providers use, and apply treatment guidelines, to create the treatment plan. For Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, we educate Providers that if the child's level of care requires it, they can increase the frequency of covered benefits or consider other EPSDT services to address the child's risk.

Maintaining a Sufficient Network for all Beneficiaries to have a Primary Care Dentist

LIBERTY Dental Plan uses a data-driven approach to ensure we maintain a sufficient network for our Members. Our data-driven approach uses a range of reports and monitors network adequacy for all Provider types, including each type of Specialist, based on our Member’s ZIP codes. Our PR team focuses on recruiting Providers in ZIP codes where we are deficient and in areas where we may become at risk. By proactively monitoring these regions, we offer additional attention and focus early on to avoid non-compliance.

LIBERTY Dental Plan’s affiliate Medicaid plans have been successful at maintaining their networks; LIBERTY Dental Plan of California, Inc., for example, has achieved a strong network in the two counties we have supported since 2008 and offers a consistent network to our Member and the State with less than a 5% rate of Providers who have terminated our contract. Our established turnover target is well under the 10% annual industry standards and we are consistently well below this target. This is a result of our personalized and high-touch recruitment and retention strategy for general, specialty, and pediatric dentists. This approach along with other strategies that support our high network maintenance rates are presented below.

- **Provider Relations Team’s High-Touch Approach:** LIBERTY’s experienced Network Managers on the PR team will establish positive, professional relationships with contracted and non-contracted dentists, which also supports OON recruitment. The PR team regularly reviews OON claims denial data to identify recruitment opportunities, to ensure future issues are averted, and for recruitment opportunities to increase our network. The team will contact and visit Providers frequently, assist Providers with contracting questions, and provide technical support to the office staff. This close relationship has been a key asset in network retention and recruitment in other markets. [REDACTED]

- **Engage Providers through Our Dental Advisory Committee (DAC):** The DAC consists of network dentists and LIBERTY clinical and non-clinical staff. We use this committee to engage with the professional dental community in a quarterly and formal fashion. This forum provides another opportunity to encourage Specialist participation in a one-on-one, peer-to-peer fashion, and has proven to be an effective model.

- **Conducting Outreach to Local Community Partners:** LIBERTY’s staff will serve on various public and private boards and participate in dental associations and national conferences to assist in our recruitment efforts. We will also consistently attend professional events and actively encourage referrals to continually build our recruitment pipeline. These activities further demonstrate our continued commitment to recruiting high-quality Providers, offering diverse services, and increasing access throughout our network even when there is a smaller pool of Providers. For example, we are currently building a partnership with Lyon College that is planning the launch of a Dental School, which will further support our long-term recruitment pipeline.

- **Use Our Swift Contracting Process:** [REDACTED]

We will use Mobile Dentistry and Teledentistry in Rural Regions. [REDACTED]

Partnering with Mobile Units and Coordinating Regular Community-Based Mobile Screenings and Services.

Primary Care Dentist Assignment Process

We understand the importance of supporting a strong Provider-Member relationship and its impact on long-term oral health. To foster effective assignments, we use all available data, including our annual needs assessment that collects Member demographics in conjunction with the 834-enrollment file that also contains a Member's race, ethnicity, age, gender, and language preference. This data produces a comprehensive demographic picture, which informs Provider assignments to support Members preferences.

Our priority in assigning Providers is to preserve existing Provider-Member relationships. We employ a multichannel Member outreach strategy that includes contact by phone, text, and email before the Member receives their Welcome Packet. First, we outreach to Members via a phone call and text messages to offer the Member the opportunity to choose their PCD, within the rural and urban network adequacy standards, within 45 days of enrollment. If a PCD is not selected in the defined timeframe, we select one for them complying with standards, but will always try to preserve their existing PCD relationship. Also, we will contact Members once they select their Dental Home or upon assignment to schedule an appointment for them with their PCD and issue identification cards within DHS established time limits. Members will also be able to change their Dental Home by calling our Member Services Department, using our app, or simply going to the new dental Provider who will submit the claim. All PCD capacity reports will be submitted to the Contract Manager per their format preference at the end of the second and fourth quarter of each calendar year within 30 days following the second and fourth quarters.

We also holistically support our Members through a high-quality Provider network. However, we do allow Members to be disenrolled for good cause from both LIBERTY and the Healthy Smiles Program in accordance with **42 CFR § 438.56(c)**.

D. Plan and Process for Making Out-of-Network Referrals and Delivery of Medically Necessary Covered Services

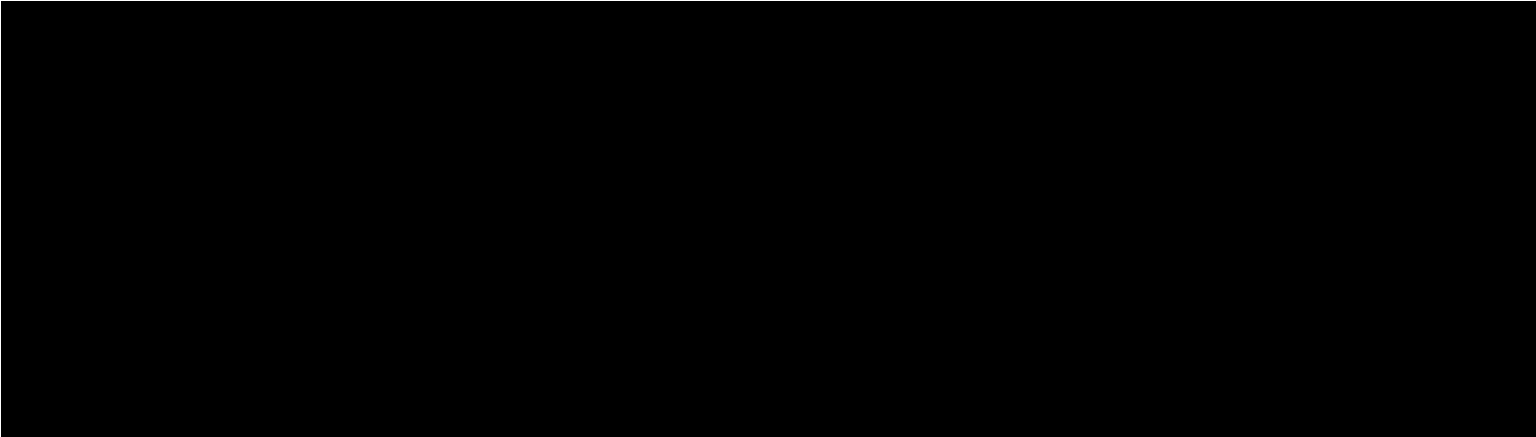
LIBERTY is committed to providing a comprehensive Provider network. However, if there are Medically Necessary Covered Services unavailable through a Network Provider, LIBERTY will allow referral to an OON Provider in compliance with **SOW 2.9.2**.

When a LIBERTY team member, such as a Member Service Representative (MSR), Customer Care Analyst, Care Coordinator, or Case Manager, identifies a Member's need and determines that there are no in-network Providers, they implement our Single Case Agreement (SCA) process, and the referral is completed within five business days after receipt of requested documentation. We engage with the office throughout the process to execute the agreement and obtain and/or share records and other pertinent information. We simultaneously offer Members information about available in-network care and the process they need to follow when obtaining an OON referral.

Additionally, LIBERTY will leverage the proven methods our parent corporation LDP Corp. has used in multiple markets to engage OON Providers and successfully enroll them into our network. We use the SCA as an opportunity to demonstrate the ease and benefits of being in the LIBERTY network, including paying claims timely, reducing administrative burden,

providing comprehensive educational and peer-based support, and offering VBPs that support their practice and patient population.

LDP Corp. and its subsidiaries employ a relationship- and data-driven recruitment process which has historically led to a comprehensive Provider network in numerous markets resulting in extremely low OON SCAs. LIBERTY will be taking the same recruitment approach in Arkansas. Due to these recruitment efforts, we have historically had a low percentage of the total dollars billed for OON Providers. For example, OON billing was extremely low in 2022 for four large markets — Florida, Nevada, and Los Angeles and Sacramento Counties in California, as demonstrated in **Table E.6-D-1**.



To further support our Provider network’s referral process, our PR team will provide comprehensive training to Providers about the process and benefits of referring to in-network Providers, increasing their knowledge of what is a covered service, as well as the OON referral process when it is needed. When Providers are unable to refer to an in-network Provider, they can make the referral, but they are encouraged to contact their assigned Network Manager or the PR team, which creates an opportunity to engage and contract with those OON Providers. Members, or their parent or guardian, may also request a referral to an OON Provider.

[Our Approach to Engaging Out-of-Network Providers](#)

Our PR team closely monitors referral activity and billing to ensure the total amount of OON billing remains low and is for medically necessary services that are not available to our Members within the time and distance standard based on the Member’s residence. This approach provides our team with additional opportunities to bring OON Providers into the network. When our PR team determines there is a network gap and only an OON Provider is available, they will engage that Provider and seek to contract with them. If there is hesitation on the Provider’s part, LIBERTY will offer an SCA to ensure that the Member has access to the necessary dental care. Additionally, LIBERTY will also engage OON Providers, who have a State Medicaid number and/or work with the OON Provider to obtain one. This proactive approach further supports our continuous network development program. We will ensure no greater than 20% of the total dollars billed for outpatient services shall be billed by OON Providers per **SOW 2.9.1**. LIBERTY will also engage with OON Providers as needed to support continuity of care, leveraging our SCA in compliance with **SOW 2.9.1**.



Ensuring Only Medically Necessary Covered Services Are Provided

[Redacted]

Providing Members with Team Support

LIBERTY will leverage established organizational procedures to identify Members who may need or who are receiving services from OON Providers to ensure that all Members have access to needed care. We monitor the care provided to our Members and coordinate all needed dental services both within and outside of our Provider network. In accordance with continuity-of-care requirements, we provide continued access for up to 90 days to an OON Provider with whom the Member has an ongoing relationship. We will continuously recruit Providers into the network to support our Members' access to care while maintaining a low percentage of OON referrals.

E. Plan and Strategies for Monitoring Network Access and Actions for Out of Compliance Providers

LIBERTY understands and shares DHS' goals of improved Member access to dental care, including through meeting established network adequacy standards. LDP Corp. and its subsidiaries, collectively known as "LIBERTY Dental Plan," take a proactive, data-driven, continuous monitoring approach that is proven to ensure network compliance with adequacy standards, including distance for Members in urban and rural counties.

Our Local Provider Relations Team Oversees Network Access Monitoring

LIBERTY local and our growing Provider Relations (PR) Team will be responsible for monitoring Provider access, in urban and rural areas, and addressing non-compliance to meet and exceed requirements by Contract Commencement and throughout the life of the Contract. [Redacted]

[Redacted]

Experienced Partner. LIBERTY brings the experience of our affiliate plans' Provider recruitment and access monitoring programs which have resulted in 100% of adult and pediatric Medicaid Members having access to a PCD within access standards in similar Medicaid markets. [Redacted]

[Redacted] We will implement these proven programs and associated best practices in Arkansas. As part of this strategy, we are actively recruiting from our Medicare network who are also Medicaid Providers, and leveraging existing relationships within the Provider community. LIBERTY will ensure our Provider network follows all DHS access standards prior to Contract Commencement for Members, including:

- ≥95% have access to two or more PCDs and ≥85% have access to at least one specialty Provider within 60 miles for rural and 30 miles for urban distance requirements.
- ≥95% have access to Pediatric Dental Services through two or more PCDs who are accepting new patients within 60 miles for rural and 30 miles for urban distance requirements.
- Emergency care is provided within 24 hours.
- Urgent care, including urgent specialty care, is provided within 48 hours.
- Therapeutic and diagnostic care is provided within 14 days.

- PCDs must make referrals for specialty care on a timely basis, based on the urgency of the Member’s dental condition, but no later than 30 days.
- Non-urgent specialty care must be provided within 60 days of authorization.

LIBERTY’s Comprehensive Network Monitoring Program

By the time of Readiness Review, and in a method and format determined or approved by the Contract Manager, LIBERTY will submit a plan for how we will monitor access and take appropriate action for non-compliance in accordance with **SOW 2.9.2.A** and **SOW 2.9.2.D**. We will also update the plan per the Contract Manager’s input and will resubmit per an agreed upon timeframe. LIBERTY’s cross-functional teams use multiple tools to regularly and systemically verify that covered services furnished by our network Providers are available and accessible. Our approach includes in-depth access-based reporting, regular oversight provided through our established A&A Committee, secret shopper calls, and Member feedback.

Monitoring Access and Availability (A&A)

Our consistent data-driven monitoring enables us to track compliance issues to resolution, with the goal of improving and maintaining a 100% adherence to standards. LIBERTY’s PR team’s Network Managers will continuously monitor A&A standards using the following resources:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Committee Oversight. Each quarter, the PR team’s Network Managers present data to our cross-functional A&A Committee that also includes Clinical, Grievances and Appeals, QAPI, and Operations staff. The A&A Committee assesses the Provider network in comparison to established GeoAccess standards and monitors the number of service locations, service sites, Specialists, and professional and ancillary dental personnel. This Committee also reviews Provider removals and additions and the resulting impact on the network and Members. Any changes to the Provider network will be submitted in a monthly report to the Contract Manager per **SOW 2.9.1** requirements.

The A&A Committee monitors and maintains the quality, adequacy, and accessibility of the Provider network to ensure that all Members have access to qualified dental Providers. The A&A Committee is responsible for network monitoring nationally and oversees the Arkansas PR team’s efforts in maintaining and exceeding contract standards. Quarterly, our cross-functional A&A Committee, which reports to our QAPI Committee, reviews data, makes recommendations to address identified issues, and tracks issues through resolution.

[REDACTED]

Member Feedback. Additionally, our MSRs are another resource for assessing access. For example, MSRs can help Members with scheduling appointments and may initiate a three-way call with the PCD. If they are unable to reach the PCD, they follow internal processes to report access issues and inform the Member of when they can expect a follow-up and resolution to their request.

Submitting Monthly Reports that Inform Network Provider Activities. LIBERTY will submit a monthly report to the Contract Manager about our Provider network beginning 30 days after Contract Commencement, which will include proof of network adequacy by the Readiness Review and CAPs for areas that do not meet network adequacy standards per requirements. We will also submit a monthly report by the deadline determined by the Contract Manager, on Provider recruitment activities, including Provider type, location, outreach date, and the type of recruitment activity. Also, we will submit a monthly report of all Providers terminated from the Network during the preceding quarter, including Provider's name, address, specialty, and reason for termination. Additionally, LIBERTY will update DHS' Provider network data to ensure there are no discrepancies, acting as agents for our Providers with their approval.

Enforcing Access and Network Standards

We take access issues seriously and have procedures in place to address them. Upon learning of an accessibility issue (such as from a Secret Shopper survey), we engage with the individual Provider to reinforce education on contract requirements. Nationally, 28 Provider offices in 2022, and 40 offices in 2021, were unable to receive Platinum status due to A&A performance. Also in 2021, four offices in Nevada and 30 offices in Florida were unable to receive Platinum status due to performance.

Addressing Provider Non-Compliance

We also use a range of strategies to address the issue, depending on severity, including a CAP, which we will provide in our monthly report to the Contract Manager per **SOW 2.9.1** requirements. Our A&A Committee tracks any imposed CAPs through closure. Ongoing non-compliance can result in other consequences for offices including closing their patient panel or moving Members to another office and removing the Provider from the network. Any changes to Provider assignments will be reported to the Contract Manager monthly. We will also notify affected Members within 30 calendar days of the contract termination and help them select a new Provider.

CAP Process. Our PR team engages network Providers as needed to conduct a professional assessment for peer review and develop and deliver CAPs. They also report all investigation results to our QAPI Committee as part of our monitoring program.

Our CAPs document: (1) the root cause of the identified issue; (2) a mitigation plan detailing actions, owners, and timelines to address deficiencies; and (3) monitoring efforts to validate that the corrective actions are effective and sustained. Negative findings may trigger further investigation of the Provider's facility by the Dental Director, **Dr. Rodney Griffin**, or his designee. If an access to care problem is identified, corrective action must be taken, including:

- Further education and assistance to the Provider;
- Provider counseling;
- Closure to new membership enrollment;
- Transfer of patients to another Provider;
- Disqualification from our Platinum Practice Program; and
- Contract termination.

F. Ensuring Providers are Licensed, Credentialed, and Eligible to Render Services

LDP Corp. and its subsidiaries (collectively referred to as "LIBERTY Dental Plan") understand the importance of offering a statewide network of licensed, credentialed, and high-quality Providers to our Members. As a company founded by a dentist, we also understand the importance of avoiding making the credentialing process unduly burdensome to our

Providers. LIBERTY Dental Plan has worked closely with our State partners for 15 years leveraging our established mature credentialing and recredentialing processes that enable a streamlined and accurate program in compliance with federal and state laws, rules, and regulations. [REDACTED]

LIBERTY, our parent corporation LDP Corp., and our affiliates' credentialing and re-credentialing process is accredited by the URAC (dental plan). (Visit urac.org for more information.) We have also attained a three-year NCQA accreditation for Credentialing and Utilization Management (for more information on in-scope elements of the review, visit ncqa.org).

Ensuring Network Providers are Licensed

A key component of our credentialing process and broader Fraud, Waste, and Abuse (FWA) strategy is to ensure we do not grant network participation to Providers who have been banned from participation in federal and state programs or who have been sanctioned (placement on federal or state exclusion lists, licensure actions). We also verify all network Providers have current professional liability insurance. [REDACTED]

Ensuring Network Providers are Credentialed

We will use our proven quality-driven and seamless credentialing and validation program that ensures our network Providers are eligible and ready to render services per contract requirements. LIBERTY will present our program to DHS for review and approval no later than 120 days after Contract Commencement and before Readiness Review.

Employing A Seamless Credentialing Process. The credentialing process begins when a Provider submits a credentialing application and supporting documentation, including their license number. Our Network Managers will assist and provide guidance to Providers in completing the required forms to participate in the Arkansas Medicaid Program per **SOW 2.9.1**. Across our Medicaid plans, we have been maintaining and reducing our average credentialing turnaround time during significant growth in the number of Providers in our network. We have done so by continually identifying process improvements and reducing Provider administrative burden, which includes our new platform for contracting and credentialing that allows Providers to easily submit their documentation online. In 2019, LDP Corp. implemented an automated contracting and credentialing platform, the POE tool, which resulted in faster credentialing time to onboard new Providers. Providers can use our POE tool for a streamlined, paperless process or send documentation via mail, email, fax, or a physical copy to our PR team's Network Managers. [REDACTED]

[REDACTED] We will leverage our experience to develop a highly efficient process for credentialing Arkansas Providers.

Maintaining an Electronic Database of All Network Provider Applications. Our POE tool enables us to historically track all network Provider applications, including the date the application was received along with all attachments. Our database includes dates of all decisions rendered and executed Provider Agreements. We will allow the Contract Manager and designees access to the Network Provider database.

To reduce Provider administrative burden, we offer the convenience of the Council for Affordable Quality Healthcare's (CAQH's) credentialing process to streamline the time and effort of the Provider across all payors. If an application is

incomplete, the PR team's Network Managers work with the Provider to collect missing information. We coordinate the verification of their credentialing documents, partnering with subcontractors for primary source verification. Our team also verifies that the Provider is an Arkansas Dental participating Provider by referencing the State's DHS Medicare Medicaid Information System's (MMIS) master file. If a Provider has not yet enrolled in the Dental Managed Care program, our Network Manager will provide instructions, contact information, and support to enroll the Provider in tandem with the LIBERTY enrollment process.

In addition to complying with all State and federal Laws, rules, and regulations, our credentialing process complies with all applicable program integrity requirements, requiring all network Providers to complete the Enrollment Disclosure Form, and process credentialing applications within 30 calendar days of receipt, which we exceed because of our automated POE tool capabilities and comprehensive PR team support. We believe that Provider onboarding is part of our continuous approach to Provider engagement.

Final Credentialing Steps Including Adding Providers to the Network. Once the credentialing documents are verified, our Credentialing Committee makes the final determination. Our Dental Director, **Dr. Rodney Griffin, DDS**, will participate on the Credentialing Committee which also includes clinicians such as Dental Directors from multiple states, Clinical Affairs Directors, and Quality Improvement Dental Director, who meet regularly as needed, but at least biweekly to address increased volume. If there is missing documentation, our Network Managers collect the required information from the Provider. Once the Credentialing Committee has accepted the credentials, our Provider System Configuration team activates the Provider in the network within five days. We notify the Provider with a Welcome Letter within five days after activation and our Network Manager provides a one-on-one New Provider Orientation within 30 calendar days. Enrollment in the Arkansas Medicaid program is required prior to LIBERTY paying claims on behalf of an Arkansas Medicaid member.

Monitoring and Reporting Capabilities

Throughout the credentialing and re-credentialing process, LIBERTY develops processes to accept file loads of Provider data and submit Provider network reports per **SOW 2.9.1**. We have extensive experience working with states' Medicaid programs on their data and analytics needs. As a result, LIBERTY can quickly develop a process to accept an initial file load of Provider network data from DHS during the Transition Period, which will be utilized to further refine recruitment efforts.

G. Enrolling Current Credentialed Medicaid Providers During Start-Up Period

LDP Corp. and its subsidiary plans, collectively referred to as "LIBERTY Dental Plan," maintains accountability for all elements assessed for during the credentialing process to maintain adherence with our URAC accreditation for our credentialing and re-credentialing process (visit urac.org for more information) and NCQA accreditation for Credentialing and Utilization Management (visit www.ncqa.org for more information). Our process leverages existing resources and best practices to offer a streamlined approach and reduce administrative burden on Providers.

LIBERTY currently has a well-established Arkansas Provider Network for Medicare Advantage Members. [REDACTED]

[REDACTED] Our proactive recruitment approach coupled with our streamlined and well-received credentialing and contracting process will ensure we have a fully accessible network upon Contract Commencement.

Our Process for Enrolling Currently Credentialed Providers in Our Network for the Start-Up Period

Our Credentialing Committee makes a decision for each Provider within 30 days. Once a Provider has been credentialed, our Provider Data Management Team enters the Provider into our claims processing system [REDACTED]

Directly Engaging Our Current Contracted Medicare Advantage Providers

Our PR team is currently outreaching to our existing Arkansas Medicare Advantage Provider network comprised of 147 Providers to recruit them into our Arkansas Medicaid network. We are also obtaining LOIs from these Providers. Immediately upon notification of award, we will be well-positioned to immediately contract with them leveraging a Medicaid-Specific Contract Addendum and VBP Addendum, which will be submitted to the Contract Manager for review and approval per contract requirements. Once approved, we will leverage all communications tools, including DocuSign, to streamline and expedite the process for these Providers, further reducing Provider administrative burden and contract turnaround time. Throughout the contracting process, our PR team will be a consistent resource to ensure the process is seamless and adherence to contract requirements including, but not limited to: quality monitoring; utilization of the master file provided by DHS MMIS to verify Provider data; our proven credentialing processes; and providing the Contract Manager with all Provider recruitment and CAP activities via a monthly report, per **SOW 2.9.1.C**.

H. Recruiting, Credentialing, and Provider Enrollment After Initial Start-Up Period

Historically, LDP Corp. and its subsidiaries have been successful at maintaining an accessible Provider network in multiple markets. Our objective is to steadily grow the network, leveraging our extensive data and local Network Managers' insights to prioritize recruitment in areas that may have gaps or could benefit from additional Providers. This ensures our Medicaid Provider networks comply with requirements and support our diverse membership.

LIBERTY brings a nationally proven onboarding process, including Provider recruitment, credentialing, and enrollment that we developed over many years of managing Medicaid dental services, in compliance with the requirements in **SOW 2.9.1.C**.

Our Approach to Continuous Provider Recruitment



Our PR team has extensive experience in recruiting and maintaining a culturally, ethnically, and linguistically diverse Provider network to support Members taking a data-driven approach that provides insights and direction into future recruitment strategies. [REDACTED]

[REDACTED]. Having a strong local presence will further enhance our Provider recruitment bringing a local perspective of the dental care landscape, which further supports our Providers and Members. Ongoing access and quality monitoring is an integral part of our strategy to

maintain a strong and compliant Provider network.

Targeted Recruitment Strategies for Specialty Providers and Remote Areas. The team is establishing regular communication with local Providers (e.g., general Providers and Specialists) within and outside of our own network. They will continue to maintain these relationships and expand upon them by remaining active and involved in community-based and statewide programs. Our Arkansas Dental Director will lead additional partnerships with colleagues to help enhance specialty and rural Provider recruitment.

Recruiting Providers in Remote Areas and Provider Shortage Areas. To identify Providers across the State of Arkansas and specifically in the Delta Region, we will deploy our local PR team to outreach to local Providers and solicit feedback. We will continue to engage stakeholders, community organizations, and key professional organizations, such as the Arkansas Dental Association for a complete picture of needs, trends, and process improvement opportunities related to maintaining and expanding our network, especially in underserved and rural areas.

For each Provider we engage, we use a variety of outreach strategies to introduce LIBERTY and educate them about our organization. We are also currently partnering with multiple organizations to ensure we are supporting access and improvements in the oral health landscape and increasing our presence in the market. [REDACTED]

[REDACTED]

[REDACTED]

Contracting with OON Providers. Using all available data, our PR team analyzes and identifies essential OON Providers that would enhance the LIBERTY network. We develop a “preferred Provider” relationship with them to treat LIBERTY Members and Network Managers, then prioritize outreach and engagement efforts to bring them into our network. This can be effective with Providers who are reluctant to serve a large Medicaid patient panel initially, but provides a means to collaborate and build trust with them.

Provider Network Credentialing Process

LIBERTY offers multiple options to initiate the contracting process, [REDACTED]



LIBERTY’s credentialing and re-credentialing process is accredited by both URAC and NCQA, in compliance with federal laws. For more information on the in-scope elements of our three-year accreditations with URAC (dental plan) and NCQA (credentialing and utilization management), visit www.urac.org and www.ncqa.org. [REDACTED]



[REDACTED]

Our Credentialing Committee verifies participating Providers by referencing the state’s master file. If a Provider has not yet enrolled in Medicaid, our Network Managers will work with them by providing instructions, contact information, and education on the process, including guiding them through obtaining a Medicaid identification number. We may activate Medicare Providers in our HSP Core Management Information System (Core MIS) prior to receipt of an active Medicaid identification number, but we will remove Providers who do not have an active Medicaid ID per contract requirements.

Our Credentialing Committee, which includes our Arkansas Dental Director, is responsible for all credentialing and re-credentialing determinations. The Committee meets bi-weekly, which facilitates timely decision-making and credentialing processing. Prior to acceptance in the LIBERTY Provider network, dentists must submit a copy of the following information for verification:

- Current State dental license for each participating dentist;
- Current DEA license (does not apply to Orthodontists);
- Current evidence of malpractice insurance for at least one million (\$1,000,000) per incident and three million (\$3,000,000) annual aggregate for each participating dentist;
- Current certificate of a recognized training residency program with completion (for Specialists);
- Current permit of general anesthesia or conscious oral sedation, if administered, for the appropriate dentist;
- Immediate notification of any professional liability claims, suits, or disciplinary actions; and
- Verification is made by referencing the State Dental Board and National Practitioner Data Bank.

[REDACTED]

Enrolling Providers in the Network

Once the credentialing documents are verified, our Credentialing Committee will make the enrollment decision. The Committee is chaired by our Arkansas Dental Director and includes clinicians, meets at least bi-weekly, but can meet more frequently if needed to address increased volume. If there is missing documentation, our Network Managers collect the required information from the Provider. Once the Credentialing Committee has accepted the credentials, our Provider System Configuration team activates the Provider in the network within five days. We notify the Provider with a Welcome Letter within five days after activation and our Network Manager provides a one-on-one New Provider Orientation within 30 calendar days. We also confirm that we will only pay claims for Providers who are properly enrolled in the Arkansas Medicaid program per contract requirements.

I. Re-Credentialing and Re-Validation Plan

LDP Corp. takes a deliberate and proactive approach to ensure we continue to maintain a high-quality Provider network. Per **SOW 2.9.1.C.**, LIBERTY will implement our proven, comprehensive recredentialing process that complies with contract requirements ensuring those Providers who wish to remain in our network meet appropriate standards of education, specific training, experience, current competence, and ability to perform the needed services. We will leverage our affiliate plans experience to support Providers in the revalidation process.

Supporting an Effective Recredentialing Process Every Three Years

Our process of re-credentialing begins 180 days before the Provider’s existing credentials expire. We include all initial credentialing process elements for re-credentialing. Our team will appraise the Provider’s overall performance and considers any input from the QAPI Committee, including a Utilization Management review to detect any patterns of under- or over-utilization of services, any quality-of-care issues identified by the Arkansas Dental Director or other staff clinicians, and grievances and appeals.

Between three-year recredentialing cycles, we use a variety of methods to monitor Providers and ensure they remain in good standing for continued network participation. [REDACTED]

[REDACTED]

Our Credentialing team is responsible for re-credentialing Providers to ensure that those approved standards to remain in our network meet care guidelines, practice patterns, appropriate standards of education, specific training and experience, current competence, and ability to perform the needed services. The re-credentialing process begins 180 days before the existing credentials expire. Between the three-year re-credentialing cycles, we proactively review information to ensure Providers continue to meet our standards. This process includes an appraisal of the Provider’s overall performance and consideration of items received from the QAPI Committee and DHS, CMS Medicaid/Medicare Exclusion lists, Member Satisfaction Surveys, Utilization Management reviews to identify under- or over-utilization issues (specifically within the last 90 days), and quality of care issues—these resources are also leveraged for ongoing monitoring. Our Provider re-

credentialing cycle is consistent with NCQA standards and occurs every three years or more frequently if an issue is identified.

Our Streamlined and Quality-Driven Process. Through the LDP Corp. proprietary DCM clinical Provider profiling program, we identify Provider offices that are outliers in their clinical practice based on multiple domains of comparison (i.e., procedures codes, ratios of preventive to treatment services). Our clinical staff and Arkansas Dental Director will employ this clinician-focused program to identify Providers not meeting our expectations and use the opportunity to provide additional training to improve performance. In addition to over- and under-utilization, our quality monitoring and DCM program enables us to excel at identifying issues such as extreme billing patterns, billing for services not rendered, and other aspects of fraud or abuse. This enables us to quickly identify and stop potential Member safety issues (e.g., excessive anesthesia) and inappropriate activity which leads to cost savings and avoidance in addition to protecting Member outcomes. If Providers continue failing to meet participation standards after DCM’s Provider education, we will remove them from the network, notify DHS and the Contract Manager and impacted Members in accordance with **SOW 2.9.1**.

Supporting an Effective Revalidation Process Every Five Years

LIBERTY will support the Provider revalidation process by engaging with the State to understand when Provider’s enrollment with the State is set to expire. Our PR team will house this information and systematically track dates. Like our re-credentialing process, we will educate Providers on the revalidation process and direct them to the State’s process.

J. Reviewing and Authorizing All Network Provider Contracts

LDP Corp. has a well-established Provider contracting processes, which includes a thorough review and vetting process to authorize Provider contracts. [REDACTED]

LIBERTY’s Straightforward Contracting Process

LIBERTY will leverage the proven contracting processes that LDP Corp. and our affiliate plans, collectively known as “LIBERTY Dental Plan,” has established to ensure it is seamless, accurate, and in compliance with **SOW 2.9.1** and **Exhibit 3**.

[REDACTED]

[REDACTED]

Prepared to Contract with Providers Quickly, Efficiently, and Accurately. Before contracting with Providers, we prepare a contracting packet that will be vetted through Credentialing to include requirements for the Healthy Smiles Program. As part of our process to build a comprehensive and accessible Provider network, we will be contracting with both new Providers and our existing Medicare Advantage Providers as described below.

Contracting with Our Existing Medicare Advantage Providers. [REDACTED]

Once we begin contracting, it can be completed in a few simple steps, which are confirming they have a Medicaid ID (or assisting them in obtaining one) and sending Providers the Medicaid fee addendum and VBP addendum to review and sign. We make it even easier using DocuSign, further reducing Provider administrative burden. Additionally, we will finalize our Addendums upon award and submit documentation to DHS for review and approval in accordance with **SOW 2.9.1**.

Contracting with New Providers. New Providers are invited to apply to join the network. The PR Team takes the lead in managing the entire process, including reviewing the application for completion. If it is incomplete, Network Managers work with Providers to collect the missing documentation. Additionally, if the Provider has a CAQH profile, our PR team retrieves this information from their profile significantly reducing the administrative burden. Next, we send Providers their Provider agreement, fee addendums, VBP addendums, attestation, facility apps, electronic fund transfer forms, etc., included in their contracting packet.

- Upon receipt, the PR team reviews all submissions and then our PR Assistants compile, organize, and perform a final review before submitting to our PR Coordinator teams.
- The PR Coordinators then conduct their review ensuring all documents are within compliance standards (e.g., dates, work history, licensure, etc.) that have been provided by our Credentialing manager who is well versed in State, federal, and accreditation standards along with LIBERTY's standards. This step helps ensure the application is not delayed.
- The Credentialing team works with the CVO to ensure Providers do not appear on any sanction logs, verified through the National Practitioner Data Bank, and that the Provider is prepared for credentialing.
- The last step is for the Provider to receive approval from the Credentialing Committee, which includes our Chief Dental Officer, the Arkansas Dental Director, **Dr. Rodney Griffin**, and clinicians across the LIBERTY organization.

As part of our contracting process, the PR team will provide accurate Provider information in a method and format determined by the Contract Manager within 30 days of processing a completed credentialing application to DHS in compliance with contract requirements, per **SOW 2.9.1**.

Data-Driven Contracting Approach. Our PR team will leverage GeoAccess data to inform recruitment and subsequent credentialing and contracting to ensure Provider Network adequacy is met and in compliance with distance standards per **SOW 2.9.1**. All Provider recruitment activities will be submitted in a monthly report by the Contract Manager's deadline, and we will submit monthly Provider Network information updates beginning 30 days after Contract Commencement per **SOW 2.9.1**.

LIBERTY works closely with our network Providers to ensure they are all enrolled with Medicaid and can receive payment. Our established and seamless contracting process also enables provisional Provider Agreements for up to 120 calendar days pending the outcomes of the credentialing or re-credentialing process. Notably, as part of our proven recruitment strategy, we have a well-established, efficient contracting and credentialing process with an average turnaround time of 13 days. Over the last 12 months, 100% of contracts were reviewed for completeness within nine days. This reduces the overall timeline from initial conversations to contracting, enabling us to add new Providers to the network in just over 23 days.

Informing Providers and Enrolled Members About Contract Agreement Requirements and Rights. LIBERTY supports our Providers' commitment to providing high-quality care and advising and advocating on behalf of a Member who is their patient, including treatment options and associated communications as well as the risks, benefits, etc., of treatment, or non-treatment and Member's rights to participate in treatment decisions.

LIBERTY's PR team will guide our Network Providers through the entire contracting process and educate them at the time they enter into a Provider agreement about State and federal regulations, including **42 CFR § 438.400 to 42 CFR § 438.424**, assistance for Member's and Provider's right to file grievances and appeals that is included in the Provider Manual,

Member's and Provider's right to a Fair Hearing after an adverse Appeal determination, and Member's right to request continuation of benefits per contract requirements in **SOW 2.9.1**. LIBERTY will also notify Members affected by contract termination within 30 days of the termination and help the Members select a new dental practitioner.

Contract Negotiation with Network Providers. LIBERTY's multiple Provider payment models meet contract requirements, including unit-based payment, per diem, performance incentive payment, VBP, episode of care payment, bundle, or global payment arrangement in compliance with **SOW 2.9.1**.

Our Approach to Provider Agreements

Our PR team extensively reviews the contract and policies to ensure a deep understanding of the requirements and requests of the Provider. Per **SOW 2.9.1** and **Exhibit 3**, LIBERTY will provide DHS with all Network Provider Agreements and amendments upon request and will establish written contracts with properly credentialed Providers, which will comply with applicable Federal and State laws and regulations.

We commit to providing DHS with our Provider Agreements for review and approval during the Transition Period and will submit any substantive revisions to the Contract Manager for review and approval at least 30 days prior to implementation of these revisions. LIBERTY's Provider Agreements have multiple sections, including compensation, claims submission, record retention (for 10 years), performance standards, and sanctions for not meeting them. Additionally, quality CAPs related to our monitoring programs around Network Adequacy issues will be submitted to the Contract Manager per their timeframe and in compliance with **SOW 2.9.1** and **Attachment C**.

Contracting with PCDs. During recruiting, we use various methods to assess Providers' capabilities to serve as PCDs. We analyze care utilization data to identify high-volume Providers and the percentage of existing Providers in our network. These analyses allow us to prioritize reaching those dentists who provide the most dental care to the Medicaid population, to promote continuity of care, and preserve the PCD-Member relationship.

One of the defining features of our approach to managed care is the contractual relationships we establish with our Provider partners. This allows us to hold them accountable and responsible for performing all functions required of dental homes, including the provision of routine and emergent dental care. We continuously monitor our network's compliance with contract requirements using our proven policies and procedures and comprehensive data capabilities. Our Dental Home contracts require PCDs to meet several criteria, such as delivering primary dental services, making referrals for specialty care, maintaining Member records, and using health information technology to support care delivery. We recognize and reward our PCDs for performing these additional tasks through data-sharing on an assigned panel of Members, VBPs, Platinum Practice program, and alternative payment initiatives (e.g., HEDIS bonuses and market-specific incentives that address care gaps, increase utilization, and incentivize PCDs to engage with their panel).

Contracting Arrangements Comply with State Requirements. We understand and will comply with Arkansas' requirements per **SOW 2.9.1**. LIBERTY will not require Providers to enter an exclusive contracting arrangement and not require them to participate in other lines of business as a condition of network participation. We will also ensure Providers receive at least the prevailing rates in the Arkansas Medicaid fee-for-service system. Other payment arrangements will also be in alignment with the system, which will be closely monitored and certified by an actuary. We will submit a certification to the Contract Manager at least 30 days prior to making capitated payments to the Provider. If the Contract Manager determines that non-fee-for-service payments need adjustment, LIBERTY will adjust them and make them retroactive to the date on which we began making the payments per the actuary's certification. We will work closely with DHS to ensure alignment with all future state requirements, e.g., FQHCs.

K. Provider Relations and Education Plan

LDP Corp. and its subsidiaries prioritize PR and education in every market we are serving. It is part of our mission, which is to ensure our Providers have the tools, resources, and support they want and need to care for their patients effectively and efficiently. For example, LIBERTY will be implementing the Dental Home model in Arkansas, which is an outcomes-driven, patient-centric model that has been informed by LIBERTY Dental Plan's over 20 years of experience. LIBERTY will

provide extensive training to Providers and promote the approach to Members to support its implementation in Arkansas, in a manner that has little Provider or Member abrasion.

We have an established and proven quality and relationship-driven PR program that is responsive to Provider needs and focused on improving Provider performance, which is informed by our training and education efforts and a dedicated PR Team. Our dedicated PR team plays a leading role in both PR and education. Each network Provider has an assigned locally based PR team Network Manager.

There are many benefits that come with having an assigned local Network Manager. For example, they conduct a minimum of two service appointments each year, with at least one onsite visit. Additionally, they provide their direct contact information, including their online calendar, so Providers can contact and schedule a time based upon their specific needs. They also understand the local health care landscape needs enabling them to provide more targeted Provider support, including Education that starts during onboarding.

LIBERTY offers a Provider training program built with Provider educational needs in mind. We make it a top priority to keep Providers continuously informed regarding DHS policies, procedures, and regulations and have processes and training modalities in place to ensure updates are shared with Providers. Additionally, our Network Managers take a proactive, data-driven approach to reviewing performance to get ahead of Provider issues and questions. For example, Network Managers review utilization reports to identify Providers who have a high rate of claims and Prior Authorization denials, which prompts additional opportunities for training on topics such as processing errors and documentation needs, reducing future issues. Proactive data monitoring and outreach also benefits Providers since Network Managers can arrange for peer-to-peer education from our Arkansas Dental Director.

Our approach to Provider Relations resulted in high satisfaction and retention. [REDACTED]

[LIBERTY's Provider Relations Team](#)

Our PR team is critical to the success of our Provider network providing them with consistent communications, education, and resources. LIBERTY has key local personnel in place today. Our PR Director, **Amanda Vickers**, will lead the PR team. With over 30 years of experience in the dental industry, critical local knowledge of the health care landscape, and intimate understanding of LIBERTY's operations, Ms. Vickers is uniquely positioned to build trusting Provider relationships to support our fast-growing network. She will also lead the local team of two Network Managers. [REDACTED]

This strategic addition to our team will further our ability to support Providers in this region and the unique oral health needs of Members in this area. Our Arkansas Dental Director, **Dr. Rodney Griffin**, is in place to promote meaningful relationships with Providers as well as our Arkansas-based Project Director, **John Harrington**, who is exceptionally qualified to lead and oversee all program operations, including compliance with all federal and State requirements and regulations.

Provider Education Designed to Meet the Needs of Arkansas’ Dental Providers

LIBERTY’s customized and structured Provider education and training program is designed to make it simple and useful for Providers to participate. We leverage our longstanding experience and our structured education and training program to keep our Providers informed of key policy and programmatic changes in accordance with per **SOW 2.9.1.F**. LIBERTY’s PR team has primary responsibility for ensuring our Provider network has comprehensive and up-to-date information regarding DHS policies, procedures, and regulations.

Additionally, our training supports Providers’ practice needs including educating them on dental practice guidelines that are based on reliable clinical evidence or consensus of Providers in the dental field and informing them on key topics such as Prior Authorizations and Utilization Management administrative processes. The guidelines are always available in our Provider Manual, which is disseminated to all our network Providers, which complies with **SOW 2.9.1**. For more information about Practice Guidelines and our Provider Manual, **see our response to question E.6-N**.

LIBERTY’s PR team is a critical component to ensure Providers receive timely and accurate information on information regarding DHS policies, procedures, and regulations. LIBERTY prioritizes establishing a strong relationship with each Provider through frequent telephonic and email outreach to understand their needs and resolve issues before they arise. LIBERTY upholds a strong and open line of communication by encouraging Providers to call the PR Director or the Arkansas Dental Director if they have any questions regarding QAPI and/or Utilization Management policies and procedures. The Arkansas Dental Director and PR Team serve as the conduit between Providers and our Operations Teams to provide further support on program expectations, program or policy changes, and Provider compliance.

Our Structured Training Program

As a dental plan founded by a dentist, our model of Provider interaction and core value proposition to Providers is that we understand their needs and make it more efficient for them to engage with us. LIBERTY supports Providers in delivering all Medically Necessary Covered Services is by ensuring access to Provider training and resources that aid Providers in delivering care in accordance with evidence-based treatment guidelines. Through our training approach, we also work to effectively engage Providers in our BRUSH VBP, prior authorizations processes, and Case Management program. We also offer training to keep our Providers informed on all current fundamental policies and programmatic changes on an initial and ongoing basis. LIBERTY’s comprehensive training program is available to all Providers and their staff from the moment they join our network detailed in **Table E.6-K-1**, including:

- [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
- [REDACTED]

Our Oversight Ensures Provider Compliance. To ensure Providers are meeting all regulatory standards, LIBERTY maintains continuous oversight of Providers to assess their understanding of current policies, procedures, and regulations through their compliance with these standards in their care delivery and operations. Our PR team also closely monitors annual compliance training via our dedicated Annual Compliance Attestation Dashboard. [REDACTED]

[REDACTED] The assigned Network Managers will outreach to Providers when there is a risk of non-compliance or if they fail to complete their training. LIBERTY Providers who are non-compliant with policies, procedures, and regulations will receive additional educational support from our PR Team and Arkansas Dental Director to provide targeted education and identify how they can remedy the situation so they can be compliant. In some cases, additional corrective actions may be required. LIBERTY also uses outcomes from surveys, assessments, and Provider experiences to incorporate into future educational material as learning experiences, so these mistakes are not repeated.

Deploying Targeted Interventions Based on Provider's Identified Needs. LIBERTY will encourage Provider participation by tailoring our training content to meet their specific needs, including one-on-one training from our PR team. Through our concierge PR program engagement model, each Provider is assigned a dedicated Network Manager allowing us to understand training needs and preferences by topic and modality. Our Network Managers then use this information to identify specific training opportunities that Providers will benefit most from. Further, for routine trainings all Providers must complete, our Network Managers offer multiple options on how Providers can complete the training, again ranging in the ways the training is completed (e.g., via on-demand webinar, review of printed training materials, etc.).

Provider training plays a key role in supporting the implementation of new programs and innovations, including those that support value-based care. Our Network Managers engage with our quality improvement efforts and are trained on Provider strategies to improve performance on quality measures, including Performance Improvement Plans. The education delivered by our Network Managers has resulted in improved utilization of preventive services.

Our User-Friendly Website and Provider Portal. We are creating an Arkansas Provider website and upon award will submit it for approval. It will include resources for Providers such as our Provider Manual/PRG, and key forms. [REDACTED]

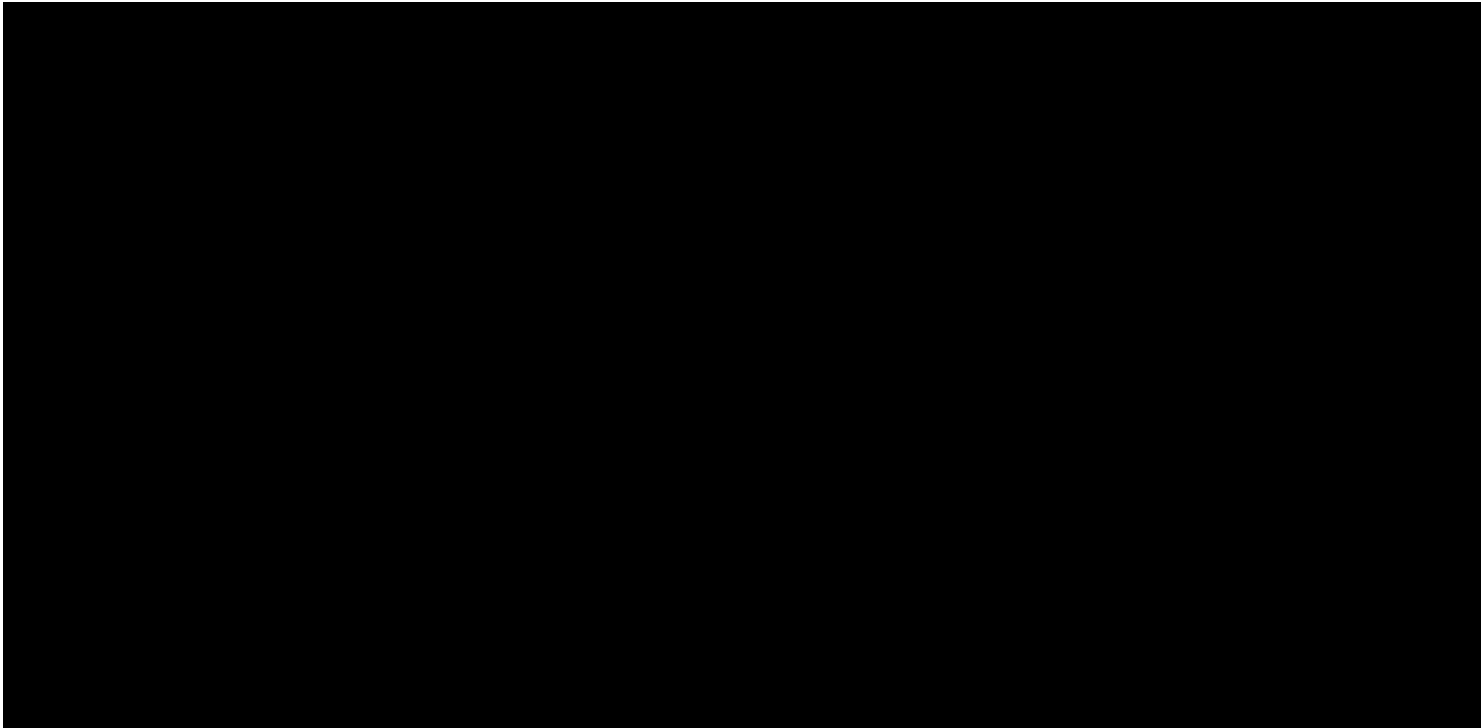
Reinforcing Practice Guidelines through Training. Our Provider training program places significant importance on following practice guidelines, specifically featuring the preventive oral health services identified by DHS for adult and pediatric populations. Additionally, we will educate our network Providers about Prior Authorization and Utilization Management system, processes, and program requirements of Medicaid, as well as the covered services that are in alignment and shall be approved in accordance with the periodicity standards of the AAPD. Additionally, our training program will include dental practice guidelines for other populations, including young children, pregnant women, and people with intellectual or developmental disabilities and behavioral health challenges to holistically support Potential and Members.

Network Education and Training Conducted Prior to Contract Commencement. Our PR program provides customized support, including individual and group training, online webinars, and on-demand videos. All training and educational programming will be submitted to the Contract Manager per **SOW 2.9.1**.

We will adjust training approaches based on geography and Provider needs. For new Providers, we also share materials and conduct individual orientations. We are developing Arkansas-specific Provider materials in response to the feedback we have received from Arkansas-based Providers focus groups. For example, we learned that Providers want and need more education about Prior Authorization and Utilization Management administrative processes. For all network Providers, we will conduct training webinars to review LIBERTY processes and tools and address new requirements and our PR team will train on onboarding.

To further target Provider's educational needs, we developed and deployed an individual dental practice readiness assessment tool available to contracted Providers to self-identify areas they may need to address before implementation. We used findings from this assessment as well as the information our local team has gathered through listening sessions we conducted across our network, including high-volume Providers and the Arkansas Dental Association, to inform our approach to training and onboarding. In addition to training during Provider onboarding, we commit to offering monthly training for the first six months after Contract Commencement and continually assessing our Provider's educational needs. Finally, we will continue to proactively review utilization data and use surveys during training events and webinars as opportunities to gather additional feedback from participating Providers on each dental office's understanding of the training. Our team will follow up with offices after analyzing the feedback to address identified gaps.

Innovative Approaches for Training Providers and Staff. LIBERTY developed new online training resources to meet today's Provider's needs including higher staff turnover and limited time. See **Table E.6-K-2** for some of our Provider training resources. For example, to support the expansion of our BRUSH VBP program, we created an engaging self-service training platform located on our Provider Portal. The platform offers an intuitive user interface, with videos and flyers that isolate one skill or process (e.g., how to complete CRAs). The sessions can be accessed repeatedly by the Provider or their office staff. In addition, we implemented an on-demand training library to include video tutorials and one-page flyers to educate office staff on key LIBERTY business processes. These resources are designed to support our entire Provider network, particularly given turnover and staffing shortages, enabling new staff to train when convenient.



L. Training, Deploying, and Monitoring Provider Relations Representatives

LDP Corp. has developed a strong network management and Provider engagement model to comprehensively support Providers in delivering high-quality, cost-effective care to our Members. Our philosophy is that our Providers are our partners. We take a professional and high-touch approach to build strong partnerships and trust. Our network Providers benefit from our approach that focuses on consistent and continuous communications.



LIBERTY will employ this best practice for our Arkansas Providers. We have a dedicated five-person PR team including our Arkansas Dental Director, Project Director, and our PR Director who will oversee our two Network Managers. To ensure our network Providers are supported, we will employ our PR program, assigning a local PR team Network Manager to each dentist within our Provider network in compliance with **SOW 2.9.1**. They are very engaged with them from the beginning, following up with them within days after an initial phone call or visit and continuously supporting them throughout the contracting and credentialing process. The PR team is also committed to our network Providers. They will conduct at least two service outreaches, including at least one in-person visit per year, which is part of our PR program strategy and

complies with **SOW 2.9.1**. This supportive approach ensures Providers have the resources and education needed to comply with access and availability standards and deliver high-quality care in their communities.

Provider Relations Representatives Qualifications and Training

LIBERTY Dental Plan's PR teams typically consists of employees with experience supporting front- and back-end administrative tasks at dental offices. This type of experience has translated well for the Network Manager positions we staff and the training program we require all our staff to undertake. Our Network Managers must complete LDP Corp.'s onboarding training that all staff must complete. In addition, LIBERTY will require our Network Managers to complete an additional two-week training, which includes a review of training materials, including but not limited to, job aides, policies and procedures, and other documented program descriptions with facilitated discussions from our experienced PR team staff from affiliate plans.

Our Network Manager training focuses on educating staff about supporting Providers and being available to our network. Network Managers are educated to encourage Providers to reach them via the Provider's preferred method, but all PR team members are reachable by phone, email, and mail. [REDACTED]

[REDACTED] his allows Providers to have access to their Network Manager's calendar, directly schedule meetings with them, and quickly select categories and topics they want to talk about. Providers appreciate the simple, seamless, and technology-driven approach to contacting their Network Managers. Our staff is trained to respond to all Provider inquiries within one business day of receiving a phone or email contact or one business day of receiving mail. Our training is designed to help our Network Managers deliver education to Providers.

Deploying Support for Arkansas Dental Providers

Our approach to Provider support focuses on building relationships through our local team. Our Arkansas Dental Director is our clinical point of contact for all aspects of our program and provides technical assistance to address any performance issues. From our experience, peer-to-peer conversations have the most impact with the least amount of abrasion when discussing performance issues. Additionally, our PR team is the daily point of contact for Providers and consists of our PR Director, **Amanda Vickers**, our two local Network Managers, our Project Director, and Arkansas Dental Director. Our dedicated PR team establishes a primary connection so that each Provider or entity has a LIBERTY point of contact to address any issue or concern and conduct education. Throughout recruitment, we have prioritized hiring staff who have extensive experience working with the Arkansas Provider Community and DHS. [REDACTED]

[REDACTED]. The PR team will extensively train with our PR Director and national team on holistically supporting and educating our network Providers, addressing any concerns, and responding timely to inquiries.

Provider Relations Team's Approach to Education and Engagement. Upon award, our PR team will deploy our proven Provider support strategies, including establishing personal relationships with each Provider through frequent telephone and email outreach as well as a minimum of two service appointments with at least one in-person visit each year.

Prior to Contract Commencement and throughout the contract, the Team will be ready to provide individual training and education as needed or requested by the network Provider. Per **SOW 2.9.1** our PR team will educate and assist with multiple items, including but not limited to the following:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[Our Approach to Monitoring Provider Relations Activities](#)

Our PR Team takes a high-touch approach to supporting network Providers. The team's activities are driven by best practices from our decades of supporting Network Providers in multiple markets and Provider needs and inquiries. We track activities in our PR team reporting system, which are sent and reviewed by leadership each quarter. This established process ensures our network Providers receive ongoing, extensive support to help them provide high-quality care while reducing the overall Provider burden.

[REDACTED]

[REDACTED]

Ensuring Provider Information Is Sourced Correctly and Provided to DHS Complying with State Regulations

LIBERTY will work closely with the State to ensure Provider information gathered is accurate and provided to DHS. To ensure LIBERTY Dental Plan collects and maintains accurate and pertinent information for all our network Providers, we use a streamlined online Provider database that incorporates several quality steps. During the contracting and credentialing process, our Network Managers collect comprehensive information about our network Providers. To ensure we have accurate information throughout the life of our contracted relationship with Providers, we leverage our online DIV. This is our main repository for Provider information.

A team of dedicated staff monitors the DIV to assess accuracy of Provider self-reported data on a range of measures about their practice, including hours of operation, open panel, and accessibility for special needs. Providers must make quarterly updates or practice information changes, including demographic information about their offices, contact information, and hours of operation using our easily accessible DIV Tool. Additionally, our PR Team verifies Provider information during their two service calls each year and they outreach to non-responding Providers. These efforts ensure we have timely and accurate information that will help us navigate Members to the right Provider that will meet their unique needs. Our PR team reviews DIV updates before edits are reflected in our printed and online Provider Directories to confirm accuracy and make sure our directory addresses network adequacy, accessibility, and support for special needs.

Our Core MIS maintains accurate Provider information and maintains an accurate Provider Directory as updated information is entered by our staff or by Providers. Our seamless and integrated Core MIS can generate reports to share our highly-vetted and maintained Provider information with DHS, as prescribed by State regulations, in a timely and accurate manner per **SOW 2.9.1**.

M. Educating Providers on Practice Guidelines for Adult and Pediatric Preventive Oral Health Services

LIBERTY places great importance on working with Providers to deliver evidence-based care. Leveraging the LDP Corp. well-established training program infrastructure, we will educate Providers about practice guidelines, including preventive oral health services for both adult and pediatric populations in compliance with **SOW 2.9.1.F** and **SOW 2.9.1.G**. With over 20 years of experience, we offer an approach that reflects the benefit of a dental plan founded by a dentist and rooted in clinical experience. Through increased engagement with our network Providers, we are moving away from subjective “single opinion” dentistry to evidence-based dentistry that is aligned with the best interests of our Members and ensuring the best use of the state’s public dollars.

LIBERTY’s Evidence-Based Practice Guidelines

[REDACTED]

Our guidelines will be adopted in consultation with our DAC and reviewed and updated at least once a year, according to **SOW 2.9.1**. We disseminate practice guidelines to our network Providers and will also make these guidelines available to Members and potential Members upon request.

Educating Providers on Practice Guidelines for Preventive Oral Health Services

Our guidelines offer a consistent single source of evidence-based guidelines that can be shared with dentists of varying degrees of experience, alleviating some of the significant variations in dental practice patterns and ensuring that service delivery is consistent with professional recommendations regarding the periodicity of dental services for both adult and pediatric Members. We designed our preventive oral health services training for Providers and staff, improving their understanding of these services and associated practice guidelines for both adults and pediatric populations. Preventive care guidelines training covers multiple topics including the purpose of preventive care, patient education, and improving oral health. We also provide training specific to clinical guidelines and the associated codes including fluoride varnish, sealant or preventive resin restoration, space maintainer, etc. All practice guidelines are included in our Provider Manual, which is disseminated (and is continually available online) to all Providers. Additionally, upon onboarding a Provider and their office, the Provider’s assigned local Network Manager provides comprehensive training.

Provider training plays a key role in supporting programs and innovations that align with State goals, including those that support preventive and value-based care. To ensure our Providers are engaged in their education and understand program processes and related practice guidelines, we use multiple training vehicles, including our Provider Portal, website, quarterly newsletters and on-demand and virtual training. We also offer live trainings conducted by our PR team, dental peers, and other subject matter experts as appropriate to ensure Providers understand preventive oral care practice guidelines for adults and pediatric populations. **In addition, we will attend professional events across the State to ensure we are engaging with Providers offering education through every available avenue.**

[REDACTED]

[REDACTED]

[REDACTED]

technology to support care delivery, and improving outcomes. LDP Corp. has experienced success with the Dental Home

- Quality assurance;
- FWA program description;
- Credentialing and recredentialing;
- Contact information; and
- How to obtain copies online or in print.

Process for Developing, Distributing, Updating, and Re-Distributing the Provider Manual

Provider Manual Development. The PR team has responsibility for developing and maintaining the Provider Manual. They obtain all necessary approvals from internal and external stakeholders, including our QAPI Committee, for internal approval and the State’s Contract Manager. We commit to providing drafts of the Provider Manual to the Contract Manager for DHS approval and in accordance with the schedule per **SOW 2.9.1**. For example, we will submit a draft prior to the Readiness Review and a final draft within two weeks of receiving comments from the Contract Manager.

Provider Manual Distribution. To support our Provider network, LIBERTY commits to mailing the approved Provider Manual to all Providers no less than one month prior to the Contract Commencement date, add the approved Provider Manual to our website and Provider Portal, and submit a Provider Manual in a PDF format to the Contract Manager for inclusion on the DHS Healthy Smiles website. LIBERTY’s PR team will ensure all newly contracted network Providers receive the current Provider Manual/PRG as part of Provider orientation. They will also inform Providers that the most recently updated Provider Manual is always available online through our Provider Portal and on our website. LIBERTY also commits to mailing the Provider Manual to all new network Providers within one week of the Provider enrollment in compliance with **SOW 2.9.1**. Additionally, as part of our commitment to educating Providers, we will communicate with our Providers and their staff about Provider Manual training and conduct trainings to orient them to the information contained within the Manual. LIBERTY will also provide the Contract Manager, in their preferred method and format, with documentation of all formal training activities at least 15 days prior to the Contract Commencement date.

Provider Manual Updates. LIBERTY’s PR team will update the Provider Manual at least annually and as needed, but no less than 10 days prior to Go-Live, to ensure accuracy of current contents in compliance with **SOW 2.9.1**. Our subject matter experts review applicable sections of the Provider Manual for needed revisions or updates and collaborate with the PR team to ensure accurate and complete updates occur. Updates are also made to comply with new or updated State laws and for the Healthy Smiles Program regulations and policies. We will track all changes and include them in the Change Control Record in the Provider Manual.

Provider Manual Redistribution

Once updates are completed, the PR team will submit the updated Provider Manual, noting any revisions, to the Contract Manager for approval at least 30 days prior to distribution in compliance with **SOW 2.9.1**. Once approved, the team will send the Provider Manual, and procedural and policy revisions, to our Provider network, via their original preferred communications method such as mail or email (with a website link), at least 15 days prior to the effective date of the revision per **SOW 2.9.1**. The team will also communicate via Provider alerts that will include information such as section updates, where to access the Provider Manual on the Provider Portal and LIBERTY website, and contact information if further information is desired. LDP Corp. has historically maintained accurate and updated Provider Manuals on our website and Provider Portal. We commit to maintaining an accurate Provider Manual on our website and Provider Portal and providing an updated PDF to the Contract Manager within the required timeline for inclusion on the DHS Healthy Smiles website. To further support our Provider network, LIBERTY will offer Provider trainings to update Providers and their staff about Provider Manual updates and to orient them to the information contained within the Manual. LIBERTY will also provide the Contract Manager with documentation of all formal training activities by the 15th day after the end of each quarter of the Contract Year in compliance with **SOW 2.9.1**.

E.7 PAYMENT TO PROVIDERS

A. Developing and Maintaining an Accurate and Efficient Claims Processing System

LIBERTY Dental Plan Corporation (LDP Corp.) develops and maintains a Conduent HSP Core Management Information System (Core MIS) to adjudicate claims in full compliance with **Scope of Work (SOW) 2.10.1**, all **42 CFR Chapter 438 requirements**, the **Health Insurance Portability and Accountability Act (HIPAA)**, the **Health Information Technology for Economic and Clinical Health Act (HITECH)**, **42 USC 17931 § 6504(a) of the Affordable Care Act**, and all other applicable State and Federal laws and regulations, including the **Arkansas Medicaid Fairness Act**. To serve Arkansas, LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will leverage the existing technology capabilities of LDP Corp. as well as the experience of its subsidiary plans (collectively known as LIBERTY Dental Plan).

LDP Corp. developed our Core Management Information System (Core MIS) to support State dental managed care programs. LDP Corp. has over two decades of experience in creating and maintaining dynamic solutions with a team who has allowed us to perfect the process of receiving and adjudicating claims for Medical Necessity. LDP Corp. has designed a versatile, single Core MIS; we continuously enhance our technological infrastructure to maintain compliance with

all relevant State and federal laws and regulations. Our system capabilities and processes are flexible to adapt to the Healthy Smiles contract requirements without causing delay or requiring significant IT development. We also devote extensive resources of both staff time and IT investments to maintaining our system to meet the needs and requirements of our state partners.

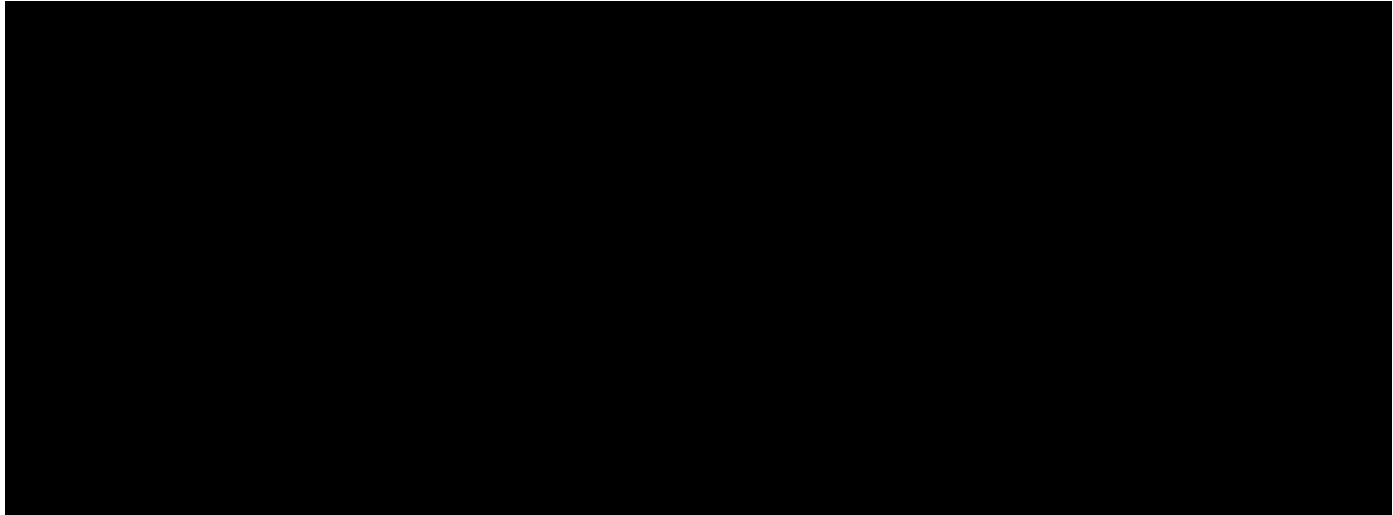
Systems and Technology Designed to Develop and Maintain an Accurate and Efficient Claims Processing System

Our Core MIS has all the functionality to maintain all membership/eligibility, claims, provider, claims payments, and utilization data in one environment. Each functional business area has access to a different Graphical User Interfaces (GUIs) that connect to the same central database which allows them to access and update information based on their roles and responsibilities. As Prior Authorization (PA) requests are entered, our claims process supports an accurate and efficient workflow to address the claim. All the data is stored in one database to ensure consistency between information and data. In accordance with the Arkansas Medicaid Fairness Act, our seamlessly integrated Core MIS is designed to offer a claims processing system that reviews and processes claims based on appropriateness regarding the level of service and coding; Medical Necessity; PAs; and, concurrent and retrospective reviews and more. **Our pre-payment, retrospective, and auto-adjudication requirements are configured at the Provider-level, virtually offering a customized claims system for Arkansas.**

LIBERTY Dental Plan’s Success in Meeting and Exceeding Compliance with Timely Payment Requirements

LIBERTY Dental Plan understand that timely payments are crucial to our Providers, especially smaller practices, and those in rural areas. This past year, during our meetings with Providers throughout the State, we listened to Providers who emphasized the importance of timely payments and the implications to maintaining stable operations in their practices.

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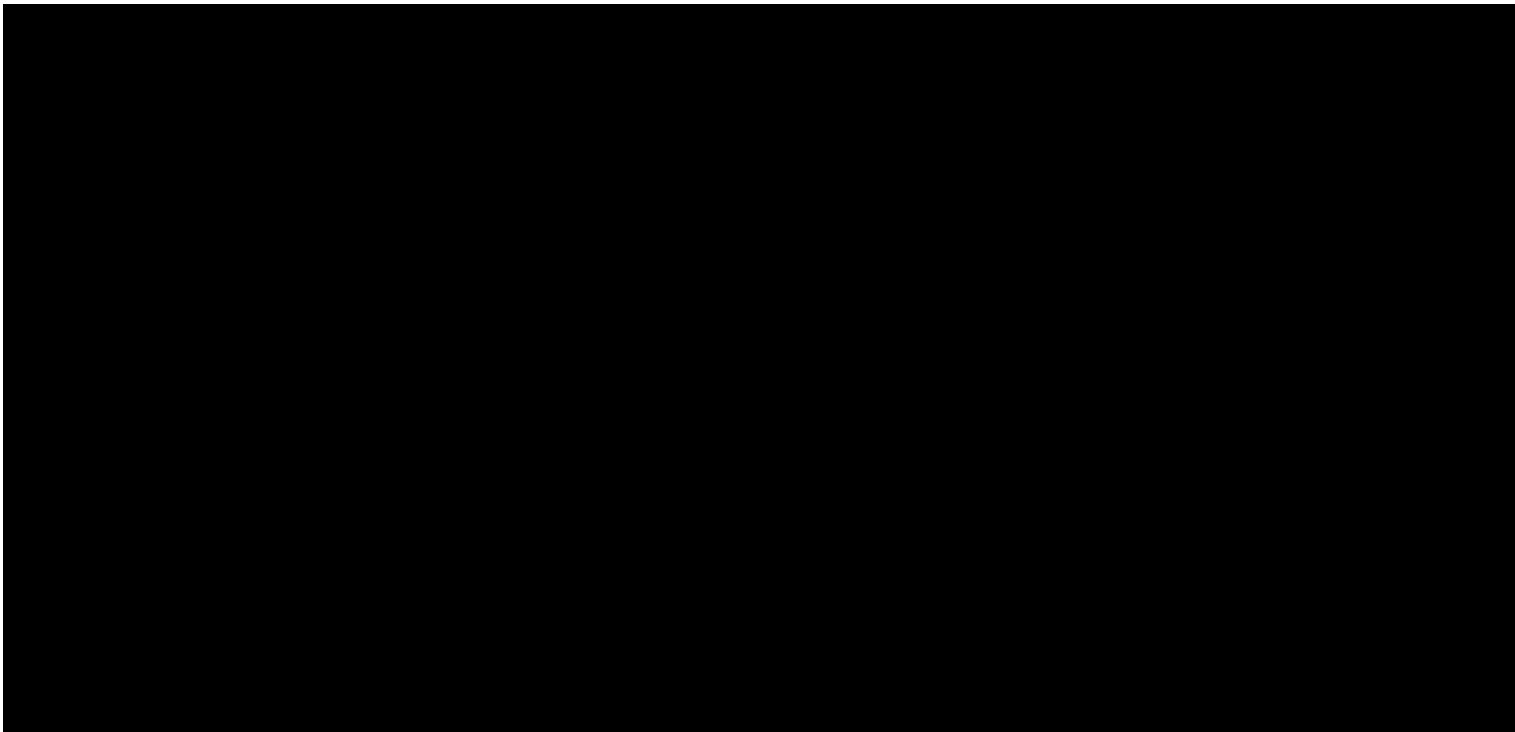


To ensure that all claims comply with timely payment requirements we utilize custom attributes on each group. For Arkansas, [REDACTED]

[REDACTED] At the beginning of each day, and periodically throughout the day, Claims Supervisors run inventory reports. These reports identify claims nearing shortened “internal” timely requirements as ‘at risk.’ Claims Supervisors will re-route claims or dedicate additional resources to any claims identified as at risk of not meeting the shortened “internal” timeline. In addition to the oversight provided within Claims team leadership, Timely Payment Reports are shared with the Executive Team to ensure visibility and are discussed at monthly market operations meetings. We also incorporate key performance indicators into our monthly market and corporate dashboards to provide accountability and transparency.

[Reporting and Audits Designed to Develop and Maintain an Accurate and Efficient Claims Processing System](#)

LIBERTY Dental Plan monitors a range of reports to ensure our claims processing system is accurately and efficiently addressing our contract requirements. **Table E.7-A-1** presents the reports, including the daily, weekly, monthly, quarterly, and annual metrics we monitor to identify Provider-specific as well as system issues. We use a rapid cycle improvement process to improve the accuracy and efficiency of our claims processing system.



Our Internal Audit department runs daily audits for each Claims Processor. Our audit database pulls a random selection of claims to be audited. [REDACTED]

[REDACTED] The internal audit process includes auditing for processing errors, Provider submission errors, and system adjudication errors. Processing errors are routed to the claims department for correction and tracked by subject for any applicable training opportunities. Provider issues are routed to the Provider Relations department for system updates and any applicable Provider training that may be necessary. System issues are routed to our system configuration department for system updates. As summarized in **Table E.7-A-2**, claims audits can include both Member and Provider elements.

Table E.7-A-2: Claims Audit Elements

Group	Elements
Member	First and Last Name, Date of Birth, Member ID, Member Eligibility for the Date of Service
Provider	First and Last Name, Federal Tax ID, verify appropriate denial and approval explanations are being applied, verify amount billed for each procedure line, verify interest payments are applied appropriately (when applicable), ensure claim is being processed with the correct benefit and Provider contracted fee, review procedure codes billed and amounts paid, verify date claim was received, payment address, and license number.

We always strive to improve our Core MIS software and applications. All enhancements and the full release go through various testing cycles before eventually getting scheduled for release to Production. We update all claims processing manuals to reflect any changes caused by enhancement upon their release.

Rapid Cycle Improvement Process

LIBERTY Dental Plan’s staff meet regularly to discuss performance using the reports described above and take action for improvement. LIBERTY’s Claims and Provider Relations teams are supported by LDP Corp.’s staff and are empowered to leverage our suite of reports to identify issues and raise concerns raised by Providers. We hold internal meetings that are led by LDP Corp.’s Claims Director which includes Claims leaders from our State affiliate plans and Claims Trainers to conduct root cause analysis on internal issues identified. Our claims processing staff uses data analytics, operational, and transactional reporting to continually monitor the claims flow process to identify and quickly remediate bottlenecks or issues, and spot trends to enable Provider training and education.

Provider Training on Claims Submission

As part of our approach to maintaining an efficient claims processing system, our Claims and Provider Relations team offers education and training to our Providers, offering education and technical assistance as needed. Our Provider Relations

team works closely with our network Providers to ensure they submit clean, fully populated claims. Provider Relations conducts service calls for Provider offices and staff, online tutorials, and operational reminders, such as how to submit a claim and check claim status.

Initial Training. As a new Dental Managed Care Plan, LIBERTY Dental Plan of Arkansas, Inc. will engage with our Provider community during the readiness period to outreach to Providers and educate them on our claims submission, tracking, and payment process. During orientation, the Network Managers explain items such as Provider portal usage and setup and the Provider Reference Guide (PRG), a reference containing information on key operational processes such as submission of claims/Prior Authorization, Grievances and Appeals process, benefit schedules, policy and procedures, and Clinical Care Guidelines (CCGs). We will provide one-on-one training and technical assistance to each Provider office during Provider onboarding and biannual service meetings on claims submission. This training includes discussion about contract requirements, claims processing, submitting grievances related to a claim, and use of the website and Provider Portal, among other topics. LIBERTY will deliver training on claims to new Providers, who are onboarded to our Healthy Smiles operations after steady state operations, at initial orientation (within 30 days of becoming a network Provider).

Ongoing Training. LIBERTY’s annual Provider Training Work Plan will establish a training schedule and curriculum needs, updated as per Provider and Member feedback, claims review, and Provider requests. Our Provider Relations Team proactively works with practices to resolve any claims issues noted by our teams. Provider offices who wish to speak to their local representative have direct contact [REDACTED]

B. Maintaining an Automated Claims System and Offering Providers an Electronic Claims Portal

LIBERTY Dental Plan Corporation (LDP Corp.) and its subsidiaries, collectively known as LIBERTY Dental Plan, have systems and processes in place to automate claims processing, adjudications, and corrections. Our systems comply with the requirement to pay all claims necessary for covered services for Enrolled Members (Members), and we commit to adjudicating and paying claims in accordance with all State and Federal regulations in a timely and accurate manner. LIBERTY Dental Plan’s claims adjudication and payment processes includes the following features per **SOW 2.10.1**:

- Our Core MIS is a sustaining technology that houses all data and supports all functional areas, including Member eligibility, Provider contracting, and benefits. This seamless infrastructure allows us to systematically review and apply all relevant information during claims adjudication — a design that ensures services are appropriate in amount, duration, and scope, and not arbitrarily denied or reduced. The Core MIS is highly configurable and easily adapted to implement new or amended laws, policies, and regulations impacting claim processing functions.
- A claims management technical platform configured for complete adherence to the State’s payment rules, paying claims accurately and promptly. The Core MIS registers the date a claim is received, records the details of each claim transaction at the claim and the line level, has the capability to report each claim transaction by data and type, and maintains online and archived files.
- Built-in edits and automated flags within our adjudication system are assigned to deny duplicate claims. Configurable edits and audits within our front-end EDI ensure that the integrity of required data elements is enforced.

- Investigation and processing of claims subject to Third-Party Liability (TPL) through our Core MIS from the ANSI (American National Standards Institute) ASC x 12 834 file. Managing cost avoidance and recovery are among the core competencies of our claims team.

LIBERTY Corp. deploys three to four Core MIS upgrades per year to ensure we are compliant, primed for continued scalability, and meet the needs of State partners. [REDACTED]

[REDACTED]

[REDACTED]

Electronic Claims Portal for Automated Processing

LIBERTY accepts claims submissions in multiple formats, including electronically (via multiple EDI clearinghouses and LIBERTY’s Provider Portal) and via paper claims (submitted by fax or mail). Our Provider Relations staff work with Providers to educate and train Providers who submit via paper to switch to electronic billing and assist Providers with successful claims processing.

Provider Portal to Submit Claims

LIBERTY has invested significant resources in a secure Provider Portal that serves Providers 24/7. The Portal is integrated in real-time with our Core MIS, offers real-time, bi-directional data exchange, and access to all relevant data about their assigned Members. [REDACTED]

[REDACTED]

[REDACTED]

Our claims payment system allows for the customization of cost-sharing business rules, such as for the ARKids population, to ensure systematic application. We can apply requirements at the individual and family levels; to certain Member groups; to certain procedure codes; and for certain settings. We can also apply them to different frequencies (e.g., quarterly, annually).

Claims Adjudication

Our Core MIS allows for custom logic of the adjudication engine to manage requirements in the Healthy Smiles contract. Once entered into our system, claims are systematically automatically routed through workflows to the appropriate departments within our organization such as Claims, Provider Relations, Eligibility, or to one of our in-house licensed Dentists for clinical review. Our Core MIS includes custom workflows and EDI Manager ensure each claim is processed against our rules engine as part of the adjudication process.

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

Claims that do not auto-adjudicate are suspended for manual processing with instructions to the processor called Action Codes. Action Codes tell a processor why a claim did not auto-adjudicate and what step to follow next. Whenever the medical necessity of a service, procedure, or payment is in question, a licensed dental clinician will conduct a medical review. Our Core MIS tracks and trends provider submitted data. If a claim fails the front-line edit due to missing data or other service-related concerns, it is rejected back to the provider with the appropriate action reason code to indicate what was incomplete or incorrect.

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Process for Identification and Resolution of Provider or System-Level Issues

Provider or system-level issues identified by our Internal Audit, Quality Management, Member Services, Provider Relations, or Claims departments are routed to our claim coordinators for further review and root cause analysis. Examples of issues are provided in **Table E.7-B-1**.

Table E.7-B-1: System Level or Provider Submission Issues

Level	Issues
System	Provider contract status (Participating vs. Non-Participating), contracted fee amounts, benefit configuration (covered codes, frequencies, exclusions), claim attachment requirements and down coding.
Provider	Invalid CDT coding, incorrect or mismatching EIN (Employer Identification Numbers), incorrect or mismatching NPI, incorrect place of service, invalid units; and missing attachments.

LIBERTY will track every reported issue and categorize and report its resolution. Our claims report catalog tracks the following elements across our different LOBs: claim resubmission; claim status/no action; data entry error; eligibility update; invalid claim inquiry; contract update; Provider Relations exception override; processor error; Provider error; refund letter; and system error. LIBERTY Dental Plan's current affiliate plans complete 90% of our root cause and corrective actions, including staff training and claim projects, within 10 days and 100% within 25 days.

C. LIBERTY's Claims Submission and Adjudication Process, Paper and Electronic

LIBERTY Dental Plan's paper and electronic claims submission and adjudication processes, including receipt of claims; verification of Enrolled Member (Member) and Provider eligibility; verification of any needed Prior Authorization (PA); verification of Other Coverage and Third-Party Liability; and, process for denial or approval and submission of payment is supported by a highly configurable and scalable claims management technical platform. Our claims management platform tracks and pays claims accurately, promptly, and with complete adherence to specific program claims payment rules and in alignment with all appropriate statutes and regulations as identified by State agencies. Prior to the Go Live date, LIBERTY will configure our claims platform to support accurate and timely payment for the Healthy Smiles contract. During the readiness phase, our Claims Management team will work with the State to test claims and ensure efficient and accurate processing.

Receiving Claims in a Manner that Supports Claims Processing Accuracy and Efficiency

LIBERTY Dental Plan's claims intake system supports is designed to support the various methods our Providers submit claims and ensure claims submitted are thoroughly vetted for completeness in a timely manner. Our intake process also focuses on offering clear guidance to our Providers where submitted claims are incomplete and cannot begin our adjudication system.

Supporting Providers through Multiple Methods of Claims Submission

LIBERTY Dental Plan offers multiple methods for claims submission for network and out-of-network Providers, based on Provider preference, including electronically through an Electronic Data Interchange (EDI) clearinghouse and our Provider Portal, by secure email or fax, or by paper (submitted by mail). Our Network Managers educate and encourage our Providers to submit electronic claims.

Once a claim is entered into our system, claims are systematically automatically routed through workflows to the appropriate departments within our organization such as Claims, Provider Relations, Eligibility, or to one of our in-house licensed Dentists for clinical review. Our claims process includes our single source data system within the Core MIS that houses information on Enrolled Member (Member) eligibility, coverage and benefit information, and Provider contracting and fee schedules.

Provider Portal. To support our Providers who do not have connectivity to a EDI clearinghouse, LIBERTY Dental Plan has established an electronic claims submission form on our Provider Portal that is pre-populated with key information about the Provider practice. This auto-populated online form simplifies the amount of information Providers have to enter for each claim and reduces manual entry and error. Additionally, the online claims submission form is designed with in-built logic to prevent submission unless the information entered in the form's fields are within an acceptable range. All claims submitted using our Provider Portal are processed automatically using our [REDACTED]

EDI Clearinghouse. LIBERTY Dental Plan accepts claim submission via multiple EDI Clearinghouses. Our Data Entry team loads 834 EDI Claims into our Perfect Claim application which then triggers a validation check. This process: verifies Member’s eligibility for the reported date of service; reviews any applicable prior authorization requirements and attachments; and confirms the rendering Provider’s eligibility for receiving payment. Validated claims are then processed within our [REDACTED]

Paper Claims. Paper claims are entered by a Data Entry team, submitted to the Perfect Claim module within the Core MIS, adjudicated, and finalized as an X12N 837D, Optical Character Reader (OCR) transaction. Presently, only a small number of paper claims (1.7%) are processed through OCR. Any potential missing information (e.g., claim does not have the National Provider Identifier (NPI) but does have the dentist’s name, and the NPI is attached to the dentist in our Core MIS) is reconciled, and Perfect Claim is configured to fill in the missing information. All data is stored in the Core MIS database, which can be queried, reported, and viewed. The team inputs these claims into the Perfect Claim application which then triggers a validation check, as described earlier. Paper claims that pass all validation checks are processed within our Meditrac system which processes all claims submitted on our Provider Portal.

Supporting Accurate First Time Submissions and Resubmissions of Rejected Claims

Our Provider Relations and Claims teams will work proactively with network Providers and out-of-network Providers during contracting and ongoing thereafter to ensure a comprehensive understanding of clean claims submission – designed to facilitate accurate encounter generation. Our Network Managers are hired based on their experience supporting dental offices and have experience in submitting claims. LIBERTY offers comprehensive claims training to our Network Managers. The combination of their experience and education makes them a strong resource to offer technical assistance to our network’s claims submitters to address inaccuracies in their claims submission process.

Claims that fail the front-line edits and rejected during our validation check are sent back to the Provider with the appropriate action reason code. Our Provider Relations team supports our Claims team in outreaching to Providers and educating them about accurate claims submission. Common reject reasons includes but is not limited to: invalid CDT coding, incorrect or mismatching Employer Identification Numbers (EIN), incorrect or mismatching NPI, incorrect place of service, invalid units; and missing attachments.

Adjudicating Claims in a Manner that Supports Claims Processing Accuracy and Efficiency

Our Core MIS allows for custom logic of the adjudication engine to manage requirements in the Healthy Smiles contract. In conjunction with a Core MIS, LIBERTY supports our Provider network in clean claims submissions with support from our local Provider Relations Team who will work closely with Providers to resolve issues and ensure their success with claims processing.

Auto-Adjudication Checks. Our adjudication system has built-in edits and system flags that include: eligibility validation; Coordination of Benefits and Third-Party Liability (COB/TPL); Provider status; identification of unbundled procedure codes; allowed amounts by code; coding for appropriate dental sequencing; Member dental history; high dollar claims; duplicate claim denials; Member dental benefits that include limitations and exclusions; potential fraud, waste, or abuse (PFWA) identifiers; Prior Authorization requirements; and data integrity. These edits are designed to deny duplicate claims, suspend claims over a certain dollar threshold, enforce filing deadlines, identify unbundling of procedure codes, adjust claims while retaining the original claim count, and match multiple claims for when treatment is billed as separate claims for the same date of service for a Member by a Provider.

Additional features of our claims adjudication platform include:

- The ability to accumulate and apply any applicable cost-sharing limits when required;
- Configurable edits and rules to specific Providers, Provider offices, and Provider organizations as well on particular fee schedules, procedure codes within a fee schedule, or on a group of procedures;
- Prompt and timely payment to Providers and promotion of Electronic Funds Transfer (EFT) benefits for payment;
- Configurable edits and audits within our front-end EDI interfaces to ensure that the integrity of required data elements is enforced; and

- Detailed and easy-to-use claims processing documentation for our Providers with easy-to-follow claims submission and processing instructions.

Manual Processing. Claims that do not auto-adjudicate are suspended for manual processing with instructions to the processor called Action Codes. [REDACTED]

If a claim fails the front-line edit due to missing data or other service-related concerns, it is rejected back to the provider with the appropriate action reason code to indicate what was incomplete or incorrect.

Claims Payment

Once claims are completed and closed, they are posted to our Finance department. To ensure Providers are paid promptly and accurately, the Finance department proactively runs check cycles daily that include EFT payments to Providers who participate. Our Provider Relations staff continuously work with our Providers to sign them up for EFT.

D. Completing and Maintaining Accurate Encounter Data for All Services

LIBERTY Dental Plan Corporation (LDP Corp.) has 20 years of experience submitting complete, accurate, timely, and HIPAA-compliant Encounter data across all programs. Our Core MIS supports custom configurations and will be configured to process Encounters for Arkansas Medicaid's specific business rules and in accordance with the requirements outlined in **SOW 2.10.1**, and **42 CFR 438.818**. Our Core MIS will interface with the State's Medicaid Management Information System (MMIS). Our Encounters and Automations Processing team comprises seasoned professionals working in close collaboration with several internal business units, such as Information Technology, Claims, Internal Audit, and Quality Assurance and Performance Improvement (QAPI), making our management of Encounters cross-functional and successful. Our team is led by **Rishi Mehta**, Vice President of Application Development and **Wendy Jensen**, Associate Vice President of Regulatory Analytics and Audits.

Managing and Monitoring Collection of Encounter Data

We routinely manage and monitor our systems capacity to collect claims and encounter data from Providers that is accurate, timely, and complete in compliance with **SOW 2.10.1**, **42 CFR section 438.606**, HIPAA, and all applicable State and Federal laws, allowing LIBERTY to:

- Collect and maintain sufficient Encounter Data to identify network Providers and out-of-network Providers who deliver any item(s) or service(s), including value-added benefits to Members.
- Review Encounter Data received from Providers for completeness, accuracy, and timeliness through a series of internal outbound edits to ensure data are complete and meet applicable the Healthy Smiles contract requirements. Failed encounters undergo a corrective process until resolution.
- Submit to DHS complete and accurate Encounter Data weekly, including information on denied claims.
- Submit complete, accurate, and timely HIPAA-compliant Encounter Data in the level of detail and format to be specified by DHS.

Claims Intake Process. LIBERTY receives claims and zero-pay Encounters (duplicate claims, or those where no payment is warranted, such as offset of previous overpayments, or COB rules resulting in no liability) in EDI format (ASC X12N 837D), paper, and via our Provider Portals/application programming interfaces (APIs). Claims and Encounters are monitored and verified at intake to ensure compliance with ASC X12N 837D data elements and format.

- **Validation of Provider.** The Provider indicated on any received claim or Encounter is matched against our Provider Core MIS Provider tables. We collect service information received from Providers in standardized formats.
- **EDI Claims in the HIPAA Gateway.** EDI claims are processed in the HIPAA Gateway module of the Core MIS. The Portal and APIs intake and load claims and Encounters in real-time to the Core MIS.

Claims Adjudication. For auto-adjudicated Claims, our automated processes capture Encounter data stored in the Core MIS. The adjudication processes' system edits and benefit plan edits are based upon the business rules required. LDP Corp. has also implemented Robotic Process Automation software to further automate and process claims.

Encounter Submission Process

[REDACTED]

Assuring Quality and Validation of Encounter File through Coordination. [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Reconciling, Resolving, and Resubmitting Encounter Data Errors. LDP Corp.'s processes are built-in to load the inbound 999, 277, 835, or proprietary files. Response files are loaded into the Core MIS and reconciled. Dashboards and reports are in place to make sure rejections are routed to the appropriate business units. [REDACTED]

Encounter Reconciliation System

LIBERTY will process the response files and load any errors into the Encounter Reconciliation System. Errors are routed to the respective business units for correction. Business teams correct the error and trigger resubmission in the Core MIS. Resubmissions are submitted in the next Encounter outbound file. For example, if the Encounter is rejected due to a Provider issue, then the rejection is routed to Provider team for correction. The Provider team corrects the NPI or other data issue in the Core MIS and notifies LIBERTY's EDI team to trigger an Encounter resubmission. The Encounter process will submit the resubmissions in the next "resubmission encounter file," as per the schedule. Any claim or Encounter delivered to LIBERTY by a Provider who does not contain complete and accurate data sufficient to meet the requirements of the DHS contract is rejected and sent back to the Provider for correction.

Ensuring Complete Claims Data is Included in Encounter Data Submission

In compliance with DHS requirements, we confirm that all claims data, including not only paid claims but denied claims, voided claims, zero-dollars paid, and claim adjustments, are included in our Encounter Data submissions to the State MMIS. We will also produce the 837 file in the frequency desired by the client. We submit encounter files from all Providers.

LIBERTY's Process for Further Review and Root Cause Analysis of Submissions

The Encounter Reconciliation process includes dashboards that identify the type and quantity of rejections being received. Typically, the rejections are related to individual claims, Providers, or Member data fields. To ensure that the encounter submissions are as accurate as possible, the LIBERTY team reviews any Companion Guide updates, new edits and rejections codes, and procedures modifications and make updates to Encounter processes, as necessary.

We track all reported issues, categorize them by type, and report on resolution. [REDACTED]

[REDACTED]. Our claim report catalog tracks the following elements: claims resubmit; claim status/no action and/or Provider error; data entry error, Processor error, and/or System error; eligibility update; invalid claim inquiry or refund letter; LIBERTY contract update/Provider Relations exception override; and, Processor error and/or System error.

E. How LIBERTY Ensures Medicaid Is the Payor of Last Resort

LIBERTY Dental Plan Corporation (LDP Corp.) has proven processes to ensure Medicaid is the payor of last resort. Through our ability to manage TPL and COB in all Medicaid markets in which we operate, [REDACTED]

[REDACTED] In compliance with the State and Federal regulations, and requirements described in **SOW 2.10.3**, LIBERTY's standard operating procedure to identify and recover funds for which a third party is liable ensures that these costs are either avoided or recovered from a liable party using post-payment recovery.

Quality Member Data

Medicaid is always the payor of last resort. For COB/TPL processes, having accurate eligibility data is key in making correct and timely claim payments and correctly denying claims identified with other coverage.

LIBERTY's preferred TPL approach will follow the processes established by LDP Corp. to manage our resource files to identify Members with alternate dental insurance for cost avoidance. To accomplish this, we utilize our Core MIS, Participating Providers, and trained Claims Processing staff to collect Members' other coverage details before receiving and processing Medicaid claims. First, LIBERTY uses the key sources of Member eligibility information from DHS: Member 834 and the TPL file from DHS. These data sources include known TPL data, which is then applied to the Member record for claims adjudication. Other key sources of TPL information to support LIBERTY's cost avoidance approach include:

- **Internal identification.** We train all LIBERTY employees to be aware of TPL considerations and to forward possible TPL information for investigation. Our internal teams who routinely come across TPL information include those in Claims, Utilization Management (UM), Member Services, and Account Management. When LIBERTY receives TPL information from DHS, we also upload that information into our Core MIS and attach it to the Member record.
- **Providers.** We instruct all Providers on TPL requirements, including notifying LIBERTY of a Member's primary insurance or TPL information through Member Services, Provider Relations, the Provider Portal, or by placing the information on their claims' submission.
- **Members.** Member communication materials, including the Member Handbook and Member Portal, detail Members' rights and responsibilities. Members are responsible for reporting other health insurance to LIBERTY, including employer-sponsored insurance and Medicare, or other responsible third parties, including automobile insurance and State Workers' Compensation. Members can report this TPL information to LIBERTY through Member Services.

Having comprehensive eligibility data ensures a high percentage of correct COB verifications. Claims identified where the other carrier is primary will be automatically denied by the claims system.

Future Enhancements

Quality Member eligibility data ensures a high percentage of quality COB verifications, and further ensures Medicaid is the payor of last resort. To enhance LIBERTY’s ability to proactively identify Members’ additional coverages, [REDACTED]

[REDACTED]

F. Coordinating Benefits to Maximize Cost Avoidance through Other Coverage and Third-Party Liability

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will follow State approved operating policies and procedures, which comply with the Health Smiles contract, to coordinate benefits and resolve claims for which a third party may be liable, as per **SOW 2.10.3**. These procedures ensure that costs for dental services, otherwise payable by LIBERTY, using our proven methodologies, are either avoided or recovered from a liable party by our dedicated analysts. **Managing cost avoidance and recovery are among the core competencies of our Claims team.**

LDP Corp. has proven processes for TPL and COB in all Medicaid markets in which we operate. Across our affiliate plans, LIBERTY Dental Plan processed over five million claims in 2022, each claim subject to our COB and TPL processes. In 2023 year-to-date, LDP Corp’s TPL processes have resulted **in \$2.2 million in savings in our California, Florida, and Nevada Medicaid plans.** Our dedicated team of Medicaid TPL analysts have an average of five years of experience. Our Core MIS enables our teams to investigate efficiently, and process claims subject to TPL from the ANSI ASC X 12 834 and/or the TPL file from DHS. It also allows us to track the claims status of COB between a primary payor and Medicaid as the secondary payor.

[REDACTED]

Coordinating Benefits Using Member Data

LIBERTY will utilize a prospective COB methodology that allows proper identification of Members’ other coverage before the claim is paid. Eligibility is updated on an ongoing basis, identifying individuals with overlapping coverage in a timely manner. Our Core MIS is sustaining technology that houses all data and supports all functional areas required by DHS, including among other functions, Member eligibility and benefits. The Core MIS will support the loading of the monthly TPL file and applying all necessary information to the Member’s record in the Core MIS. The Core MIS allows us to systematically review and apply all relevant information during claims adjudication — including data applied to the Member record from the TPL file — a design that ensures benefits are coordinated during the adjudication processes, as per **SOW 2.10.3** and in accordance with **42 C.F.R. § 433.125 et seq.**

Coordinating Benefits during Claim Adjudication

Primary rules established in the claim system determine primacy and the correct order of benefits. During initial claim adjudication, the claims processing system flags each claim where a Member has other coverage or shows history or other evidence of potential TPL. We systematically route these claims to our TPL Analyst through the claims workflow. The assigned TPL Analyst will determine the necessary next steps, including contacting the rendering Provider to gather additional information about the Member’s coverage and dental claims history. Upon confirmation of a primary, secondary, tertiary, or other payor liability, the TPL analyst will update the Member’s COB profile and adjudicate the claim. Typically, in this case, the system will systematically deny the claim and include a denial code that indicates to the Provider that the claim was denied due to another responsible payer to bill.



G. Process for Identifying, Collecting, and Reporting TPL.

LIBERTY Dental Plan of Arkansas Inc.'s (LIBERTY) preferred TPL approach will follow the processes established by LIBERTY Dental Plan Corporation (LDP Corp.), to manage our resource files to identify Members with alternate dental insurance for cost avoidance.

Collecting TPL Data – Pre-Payment

To ensure LIBERTY has the most updated and correct Member insurance information, we utilize our Core MIS, Participating Providers, and trained Claims Processing staff to collect Members' other coverage details before receiving and processing Medicaid claims. Sources of TPL information to support LIBERTY's cost avoidance approach include:

- **DHS's TPL File.** When LIBERTY receives TPL information from DHS, we upload that information into our Core MIS. LIBERTY's Core MIS can store the TPL data from the TPL file sent by DHS, as per **SOW 2.10.3**, to identify Members with dental benefits from priority payors.
- **Internal identification.** We train all LIBERTY employees to be aware of TPL considerations and to forward possible TPL information for an investigation. Our internal teams who routinely come across TPL information include those in Claims, UM, Member Services, and Account Management.
- **Providers.** We instruct all Providers on TPL requirements, including notifying LIBERTY of a Member's primary insurance or TPL information through Member Services, Provider Relations, the Provider Portal, or by placing the information on their claims submission.
- **Members.** Member communication materials, including the Member Handbook and Member Portal, detail Members' rights and responsibilities. Members are responsible for reporting other health insurance to LIBERTY, including employer-sponsored insurance and Medicare, or other responsible third parties. Members can report this TPL information to LIBERTY through Member Services.
- **Annual Member Survey.** LIBERTY sends annual surveys to Medicaid Members through the mail and the Member Portal to obtain updated insurance coverage and TPL-related text messages throughout the year.

During initial claim adjudication, the claims processing system flags each claim where a Member has other coverage or shows history or other evidence of potential TPL. We systematically route these claims to our TPL Analyst through the claims workflow. The assigned TPL Analyst will determine the necessary next steps, including contacting the rendering Provider to gather additional information about the Member's coverage and dental claims history. Upon confirmation of a primary, secondary, tertiary, or other payor liability, the TPL Analyst will update the Member's COB profile and adjudicate the claim.

LDP Corp.'s workforce includes Analysts dedicated to TPL across our Medicaid programs with an average of five years of experience in which LIBERTY will leverage the support for Arkansas. The early identification of possible TPL cases increases our ability to effectively research and pursue recovery of dental-related expenses paid. LIBERTY has procedures that ensure that when TPL is identified, the third party is billed, and payment received before the claim is paid.

Post-Payment Claims Recovery

When our TPL processes are unsuccessful in obtaining other payor information timely, LIBERTY pays the claim consistent with the requirements set forth by DHS and initiates recovery efforts. To initiate third-party recoveries, post-payment reports are run, checking for Members with TPL versus claims paid without COB. Those claims identified are reviewed for overpayment recovery opportunities and targeted for recovery upon completion of investigation and validation of TPL coverage dates. Recovery letters are generated itemizing the services believed to be overpaid. LIBERTY allows for overrides, if the Member's other insurance has been exhausted.

LDP Corp. engages with [REDACTED]



Reporting

LIBERTY will provide TPL information in a mutually-agreed upon format between LIBERTY and DHS, as required by the State through Encounters and other required reports per **SOW 2.10.3**. LIBERTY will submit a Third-Party Payment report documenting cost-avoidance values, recoveries from third parties, potential subrogation cases, and third-party resource information. LIBERTY agrees to cooperate with Arkansas in the manner requested and within the established timeframes related to TPL reporting.

E.8 STRATEGIC PLAN AND UTILIZATION MANAGEMENT

A. Providing all Medically Necessary Dental Services to EPSDT Eligible Children

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will leverage the experience and proven Utilization Management (UM) process of our parent company, LIBERTY Dental Corporation (LDP Corp.) and its subsidiaries (collectively referred to as LIBERTY Dental Plan) to serve as a skilled partner to the Arkansas Department of Human Services (DHS) in support of its Healthy Smiles Dental Managed Care program to provide medically necessary diagnostic, preventive, restorative, surgical, endodontic, periodontic, emergency, and adjunctive dental services in compliance with governing federal regulations and American Academy of Pediatric Dentistry (AAPD) standards. LIBERTY Dental Plan has more than 15 years of experience providing access to services for children across who are eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services and currently serves children in five states in Medicaid and CHIP programs. To ensure the provision of all Medically Necessary services to EPSDT-eligible children in Arkansas, LIBERTY Dental Plan of Arkansas, Inc. will implement multipronged approach to improve care quality, increase utilization, improve clinical outcomes, and close care gaps for EPSDT-eligible Members. Our multi-faceted program ensures we provide services per **Scope of Work (SOW) 2.11.1**, including:



- Providing services to children who are eligible for EPSDT in accordance with the EPSDT Federal regulations as described in **42 CFR 441, Subpart B** and the **Omnibus Budget Reconciliation Act of 1989**;
- Approving services in accordance with the periodicity standards of the American Academy of Pediatric Dentistry (AAPD); and
- Authorizing the provision of orthodontics to EPSDT eligible Members when the orthodontic treatment plan meets all criteria set by Arkansas Medicaid.

Our approach is built on LIBERTY's foundational dental home model. Our dental home model engages Members, including children eligible for EPSDT, with a Primary Care Dentist (PCD) who serves as the Member's Dental Home, where Members can receive regular, comprehensive, and compassionate dental care. Our dental home model is patient-centric and outcomes-driven and functions like a medical home. We have found this model to be essential in helping us deliver high-quality, effective care and supporting a transition to outcomes-based dentistry. Under our dental home contracts, we require Providers to deliver primary dental services and preventive care; make referrals for specialty care; maintain Member records, be accessible for emergency care to support diversion from the Emergency Department (ED); and use health information technology to support care delivery and outcomes. We layer on many additional programs to recognize, incentivize, and reward dental homes for the successful outcomes of their patients.

Ensuring Organizational Oversight of EPSDT Service Delivery

LIBERTY Dental Plan is an experienced partner in providing Medically Necessary EPSDT services to eligible Medicaid and CHIP Members. We bring a strong, demonstrated organizational commitment to high quality plan operations. **LDP Corp. and its subsidiaries has received full health plan accreditation through URAC and National Committee for Quality Assurance (NCQA) accreditations for both Utilization Management (UM) and Credentialing.**

Supporting Staff: LIBERTY's EPSDT program is part of our URAC and NCQA UM-accredited Program, which will be directed by our Dental Director, **Dr. Rodney Griffin, DDS**, in Arkansas. [REDACTED]

[REDACTED] is responsible for ensuring the delivery of quality care for children. With the Quality Management Department staff, **Ms. Roman** monitors and reports on our performance in executing our EPSDT strategy, including the delivery of medically necessary services. As required by DHS, LIBERTY will recruit a Quality Assurance Coordinator, dedicated to the Healthy Smiles program, within 45 days of contract award, and they will be supported by a Pulaski County-based Quality Assurance Analyst to further coordinate requirements and monitor quality of care.

Committee Oversight: On a quarterly basis, we track EPSDT services and report performance on utilization to the UM and Quality Assurance and Performance Improvement (QAPI) Committees. If our review reveals a concern, we conduct additional analysis to understand the populations affected, identify barriers to care, and implement solutions. LIBERTY

Dental Plan’s UM Committee also provides critical oversight of utilization trends, including the utilization of EPSDT services. Our UM Committee is a cross-functional group of Clinical, Provider Relations, and Quality Assurance staff. Other LIBERTY departments, including the Outreach and Education team, develop and implement initiatives as directed by the Committee to support the delivery of EPSDT services and increase preventive dental services utilization. **We will use our Outreach and Education Coordinators (typically a community health worker, dental Hygienist, or Dental Assistant), to help expand EPSDT dental utilization in rural areas of the State.**

Strategies to Ensure Appropriate Utilization of EPSDT Services

Our goal is to provide Members with the right care, at the right time, and in the right setting, primarily through their Dental Home. Our DCM program generates opportunities for quality improvement and cost savings by comparing network Providers across multiple domains to assess the quality of care and service provided. We compare Providers’ practice patterns to their peers at the procedure code level using established benchmarks, the rate of grievances and appeals, and access and accessibility measures.

Modifying Provider Behavior to Improve Quality and Cost Outcomes

As a dental plan founded by a dentist, LIBERTY understands how to drive quality improvement and value through expert management of Provider networks. Our Dental Care Management (DCM) program monitors for inappropriate utilization, including underuse of preventive services, or overuse or misuse of restorative or specialty dental services when they are not medically necessary. DCM is our primary initiative to modify Provider behavior to achieve improved quality and cost outcomes based on AAPD’s nationally recognized standards. We also use the DCM program to reward high-performing Providers who are emphasizing prevention with their patients. We have helped other states make significant progress towards improving the utilization of diagnostic and preventive EPSDT services and providing access to Medically Necessary restorative and specialty services.

Our Provider education includes educating Providers on the importance of the Dental Home model for continuity of care. When LIBERTY identifies a Provider who is an outlier in providing EPSDT preventive services and medically necessary restorative services, our Dental Director, Dr. Rodney Griffin, will develop an action plan for peer-to-peer conversations delivered to the Provider by our clinical team along with data on the Provider’s performance. As shown in the examples in **Table E.8-A-1**, the conversations are highly effective. They are often the only required action, but we take additional corrective actions as needed and review performance within 90 days.

Per **SOW 2.9.1**, LIBERTY’s Practice Guidelines for Pediatric Dental Utilization will address EPSDT requirements, including prevention and any medically necessary referral for further treatment of children. We will tailor our Practice Guidelines to train Providers on guidelines for children including individuals with intellectual or developmental disabilities (IDD) or behavioral health needs.

Driving Improved Clinical Outcomes through Value-Based Dentistry

LIBERTY Dental Plan is a national leader in value-based programs to incentivize preventive dental services that improve Member health outcomes, including reduced caries and periodontal disease risk. Under the guidance of our national clinical leadership, we will offer incentive programs such as those shown in **Table E.8-A-2**, which is tailored to address utilization and the Provider landscape in Arkansas.

We know from our experience that these incentive programs work. [REDACTED]

Member and Caregiver Education and Outreach

Per **SOW 2.9.1**, LIBERTY will work with DHS and other DHS contractors to develop educational materials for children and their families that describe the benefits available to them under EPSDT, the importance of preventive care, and how to engage with and access services through their dental home. We provide this education through:

Welcome Call and Call Center. We make Member Welcome Calls within 45 days of enrollment to introduce them to LIBERTY and make them aware of the services and supports available to them. Members and/or their caregivers can be connected with a Member Services Representative (MSR) at any time during the call to answer specific questions or ask for assistance, including selecting a Dental Home or for help scheduling an appointment. Our MSRs are trained to educate and answer questions on EPSDT benefits.

LDP Corp. and its subsidiaries (collectively LIBERTY Dental Plan) has a long-established, data-driven, and results-oriented UM program, which we use to determine Medical Necessity on a case-by-case basis for any services requiring prior authorization and for EPSDT-eligible services. Our UM program has been accredited as one domain of our URAC three-year Dental Plan accreditation (for all LDP Corp. states and lines of business) and has also been accredited by NCQA (our three-year accreditation includes UM and Credentialing). For more information on the in-scope domains, visit www.urac.org and www.ncqa.org. LIBERTY Dental Plan is proud to be one of a small number of dental plans in the United States to have attained both accreditations.

Determining Medical Necessity

Per **SOW 2.11**, our UM team conducts clinical review and administrative operations that support clinical review of Medical Necessity on a case-by-case basis for services requiring prior authorization. We will not hinder access to EPSDT services using our policies that allow for unlimited preventive services and will monitor utilization of EPSDT-eligible services to ensure appropriateness of the services Members receive. Our UM staffing model will be based on an internal best practice ratio informed by the size of our membership and State performance requirements. All medical necessity reviews will be overseen by our Dental Director, **Dr. Rodney Griffin, DDS**. LIBERTY staff dentists work from 8:00 a.m. to 5:00 pm., Monday through Friday, and our Dentist-On-Call is accessible 24 hours a day, including weekends and holidays. If necessary, we have the capability to have UM staff work an extended work week Monday through Saturday to ensure timely processing of requests.



UM Clinical Review. Dr. Griffin, our Dental Director, oversees UM Clinical Review locally, supported by licensed clinicians who perform clinical reviews and determine medical necessity for the UM and Claims departments. Any decision to deny a prior authorization request or to modify it based upon medical necessity or medical appropriateness will be made by a licensed and qualified clinician.

UM Administrative Operations. Anita Velarde, LDP Corp.'s Director of Utilization Management, directs the Regional UM Operations and the UM team processes requests for prior authorization of dental services within required timelines by maintaining current knowledge of Federal and State requirements. Our compensation to staff members who conduct UM activities is not structured to incentivize denying, limiting, or discontinuing medically necessary services to a Member.

Processing Prior Authorization (PA) Requests

Per **SOW 2.11.1.O**, LIBERTY will provide a proposed list of services requiring PA for DHS approval before Readiness Review and make any required changes within five business days. We will make the list of services available to potential and enrolled Members, and both network and out-of-network (OON) Providers. We will not require PA for any medically necessary preventive services, diagnostic dental services, patients who present a specific symptomatic problem such as dental pain, or dental emergencies such as trauma or an acute infection. Our processes for determining Medical Necessity will address dental services rendered in a non-dental office setting, such as a hospital operating room.

We will render decisions on PA requests no longer than two business days after we receive the required documentation, or seven calendar days from the date of the request, whichever is shorter. If a requesting Provider indicates, or if we determine, that following the standard timeframe could seriously jeopardize the Member's life, health, or ability to attain, maintain, or regain maximum function, we will make an expedited decision and provide notice to both the Member and requesting Provider, as expeditiously as the Member's condition requires, but no later than 72 hours after we receive the request. **LIBERTY routinely meets and exceeds these required turn-around times.**

Covering Orthodontic Care for Children. Per **SOW 2.11.I.O**, LIBERTY will set Medical Necessity criteria for orthodontic care for children that are no stricter than those set out in the Arkansas State Plan, which states that the problem must cause dysfunction and score at least 28 points on the Handicapping Labio-Lingual Deviations Index No. 4. LDP Corp. currently uses the Index and trains and calibrates raters on its use. We will submit all criteria and prior authorization processes and procedures to DHS for approval by the Readiness Review and comply with all Provider payment and continuity of orthodontic care requirements.

Calibrating Inter-Rater Reliability. The Inter-Rater Reliability (IRR) program’s purpose is to objectively assess the degree to which different clinicians (raters) answer the same questions in the same way (reliability). The IRR program measures how well two or more raters agree and is derived from the correlation of the different rater’s judgments. The results reflect the degree of standardization among our clinical team and their consistency in applying State guidelines and criteria in the decision-making process. All LIBERTY Dental Plan staff will participate in quarterly IRR calibration exercises. Our Dental Director will select real claims and prior authorization requests to be reviewed during the exercise, and each staff member decides to approve, modify or deny each case’s selected services. [REDACTED]

Where there is not initial consensus, we review and discuss cases in a web-conference setting with all clinical staff as an opportunity to train, calibrate, and clarify clinical criteria and guidelines as necessary. Our Dental Director will also conduct a monthly review of claims and prior authorizations completed by our clinical review team and will meet individually with each staff dentist to review their findings and provide any additional calibration and training. As shown in **Table E.8-B-1**, these monthly quality reviews also show a high level of accuracy across all the states where LDP Corp. serves Medicaid Members.

[REDACTED]

[REDACTED]

C. Provider Submission of Prior Authorization Requests

In Arkansas, we will continue to build on our long experience and success working with Providers to continuously tailor and improve our practices for requiring, supporting, and implementing prior authorization requests (PAs) for services to encourage preventive services utilization and prevent inappropriate utilization. Our approach has been and will continue to be to work directly with network Providers to address the needs of Members, rewarding high-performing Providers, while reducing Provider administrative burden as much as possible.

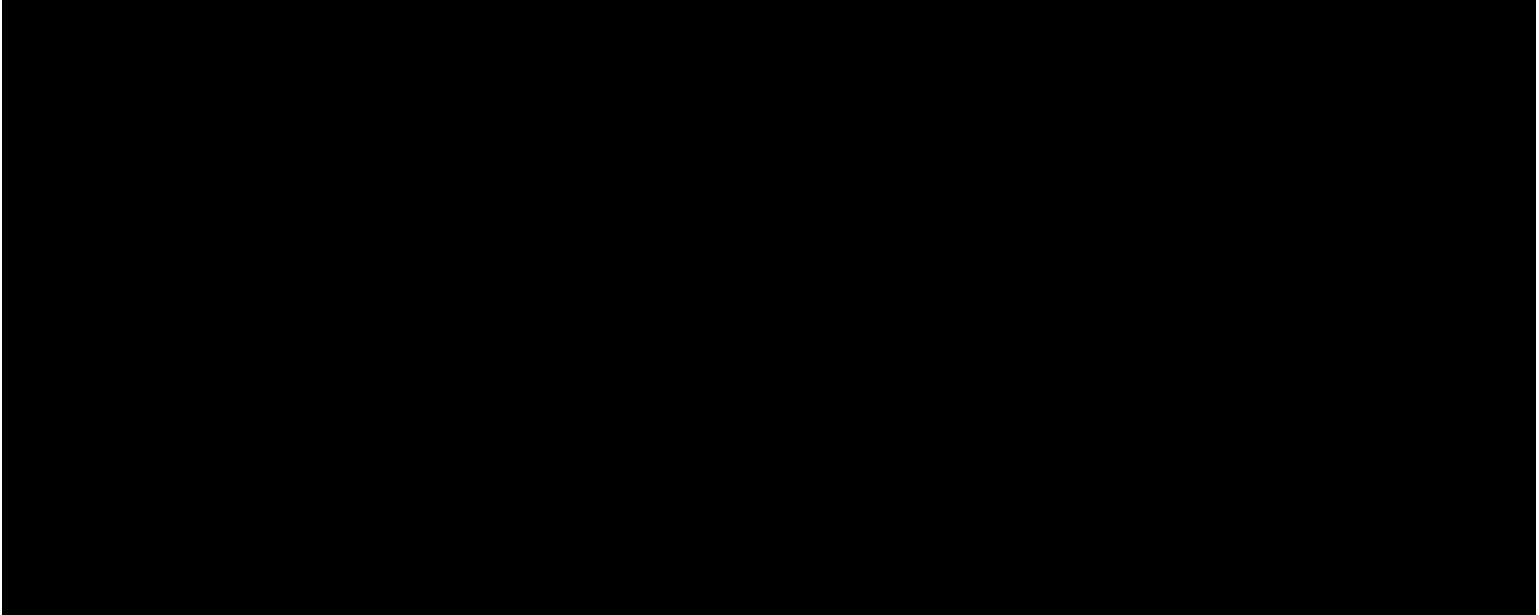
Offering Easy Provider Submission of Pre-Authorization Requests

Providers can submit PAs by mail, electronically through our Clearinghouse partners, or through our secure, Provider portal, toll-free telephone, toll-free fax, or email. Per **SOW 2.11.1.O**, they can submit attachments electronically through our Provider Portal. [REDACTED]

[REDACTED]

Our written policies and procedures, our Provider Reference Guide, and our Member Handbook identify which services require prior authorization, continuing authorizations, or retrospective requests for authorization and outline how to submit them. All materials emphasize that we do not require PA for emergencies.

We use our Core MIS to document and process all PA requests. We track and direct each authorization until we reach a final determination, and Providers can access this tracking information via a dashboard on our Provider Portal. Our UM team generates daily inventory reports that identify where each request is in the workflow inventory. Our UM staff manually identifies incoming requests as requiring a standard, urgent, continuing/concurrent, or retrospective review and routes them accordingly to ensure we meet required timelines. Our Core MIS assigns a decision due date, based on State regulations, which establishes review sequencing priorities.



Most of the Medicaid and CHIP claims we receive are from general and pediatric dentists, as they are the largest population of our network. The other portion of received claims is from Specialists and, at times, OON Providers. We apply all requirements consistently in claims processing and if a Member is treated outside of their dental Provider or secured treatment with an OON Provider, LIBERTY Dental Plan does not use this as a reason to withhold payment or create barriers for payment. Through our established process, our teams can swiftly identify and resolve issues, using a root-cause analysis. Our Provider Relations staff monitor and help Providers resolve issues.

[Rewarding High-Performing Providers through Platinum Practices](#)



D. Rendering Decisions on Prior Authorization Requests in Timely Manner

Per **SOW 2.11.1**, LIBERTY will render any decisions on prior authorization (PA) requests no longer than the shorter of two business days after we receive the required documentation, or seven calendar days from the date of the request. If a requesting Provider indicates, or we determine, that following the standard timeframe could seriously jeopardize the Member's life, health or ability to attain, maintain or regain maximum function, we will make an expedited decision and provide notices to the Member and requesting Provider as expeditiously as the Member's condition requires, but no later than 72 hours after we receive the request.

Meeting and Exceeding Timeframe Requirements

LIBERTY will process standard requests far more quickly than the seven-day calendar timeframe, evidenced by our experience shown in **Table E.8-D-1**.

Applying Efficient Authorization Workflow and Manual Sorting

Our efficient authorization workflow application tracks each authorization through our process until final determination. Our UM team generates daily inventory reports that identify where each request is in the workflow inventory and manually determine whether incoming requests require an expedited or standard decision. If they determine that the standard decision timeframe may not yield a decision as expeditiously as the Member's condition requires, they seek additional information from the requesting Provider. Our proprietary UM and claims system assigns a decision due date, based on State regulations, that establishes the sequence in which we review requests.

Monitoring to Ensure Compliance

LIBERTY Dental Plan's UM Operations Management staff oversees the processes to ensure compliance and timeliness. **They use our PowerBI dashboard to assign PA staff resources, prioritize PAs that are aging, ensure compliance with the contract, and review Internal Audit findings to identify Provider coaching opportunities.** In addition, our Chief Dental Director facilitates a weekly meeting of Dental Directors to discuss issues and trends, collaborate on ideas, and provide support. Per **SOW 2.11.1.O**, LIBERTY will collaborate with all other DMOs to conduct a performance improvement plan (PIP) to develop a process and measures to ensure that we coordinate the provision of dental services rendered in a non-dental setting, including with the facility and anesthesia Providers.

E. Implementing and Maintaining an Electronic Log of All Adverse Benefit Decisions

During our more than 20 years of experience as a DMO, LIBERTY Dental Plan has developed and refined a UM program that drives toward improved quality and cost outcomes by working transparently with Providers, which also reduces the occurrence of adverse benefit determinations. When those adverse decisions are appropriate, however, we document our determinations in an electronic log. We then use clear and concise language at the appropriate readability level to send Members and Requesting Providers a notification of an adverse determination with an explanation of the reason for the decision.

Maintaining an Electronic Log of All Adverse Benefit Decisions

Per **SOW 2.11.1**, LIBERTY will maintain an electronic record of all Adverse Benefit Determinations with all required information, including the date of the request; the name and Medicaid ID of the Enrolled Member; the name of the Requesting Provider; the date of the Adverse Benefit Determination; Name of DMO employee or contractor who made

the Adverse Benefit Determination; the reason for the Adverse Benefit Determination; and, the date the notice was sent to the Requesting Provider and Enrolled Member (Member).

Reporting to DHS. No later than 15 days after the end of each quarter, LIBERTY will submit a quarterly report to the DHS Contract Manager. The quarterly report will include all required information, including the Member's name and Medicaid ID number, the date of the request, the date of the Adverse Benefit Determination, the reviewer's name, the service that was denied, and the Provider who requested the service. The quarterly report will also include a notation, if we determined through Claims data for the applicable dates of service in the prior authorization request that the service was received.

Notifying Members and Providers of Adverse Benefit Decisions

In all our current Medicaid markets, **LIBERTY Dental Plan notifies Members and Providers of 100% of Adverse Benefit Determinations within five business days for standard prior authorization requests and within 72 hours for expedited requests.** This turnaround time for standard PA requests far exceeds the required standard in **SOW 2.11.1.O** of ten business days and exceeds the Federal standard proposed in CMS Rule CMS-0057-P of seven calendar days.

Providing Written Notification to Members. Per **SOW 2.11.1.O**, LIBERTY Dental Plan notifies Members of any decision to deny, defer, or modify a requested services in a written notice on a form approved by DHS that includes:

- The type and number of services requested and the basis of the Adverse Benefit Determination, including the facts that support the decision and the source of those facts;
- The Member's right to be provided upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the Adverse Benefit Determination. This includes the Medical Necessity criteria used and any processes, strategies or evidentiary standards we used in setting coverage limits; and,
- The Member's right to appeal the decision and, after exhausting our one level of appeal, the Member's right to a Fair Hearing. The notice explains how the Member may request an appeal, the circumstances under which an appeal process can be expedited, and how to request an appeal.

We generate all notifications in compliance with State readability requirements. Our notifications to Members include both our Notice of Language Assistance (NOLA) taglines and our Non-Discrimination Notice (NDN) to support Members in accessing this information.

Providing Written Notification to Providers. Our written notices of Adverse Benefit Determinations to the requesting Provider include all the same required elements of the notice. Our in-house staff dentists also actively engage requesting Providers to make sure that we understand the Members' individual needs before making a decision. As a result, Providers are not surprised if they receive a written notification of an Adverse Benefit Determination. The written notice includes the dentist reviewer's name and contact number if the Requesting Provider wants to request a peer-to-peer conversation. If the Provider does not send sufficient documentation to make a determination, we outreach to obtain the necessary information prior to rendering a final determination. Often, Providers send the supporting documentation for the requested service, reducing otherwise unnecessary denials and delays in care.

Provider Training to Reduce Claim Denials

For Providers who are experiencing an unusual number of denials, our clinicians conduct peer-to-peer calls to bring practice patterns into the expected range. This process offers solo dental practitioners an opportunity for peer-to-peer support that they otherwise do not have in their practice, and for larger offices, consistency with requirements across their practice. On a weekly basis, our Provider Relations (PR) team reviews claims denial reports and identifies Provider offices with a high level of denials in certain areas. We have developed a training tool to assist Provider offices in submitting corrected claims through the Provider Portal. Additionally, LIBERTY's Arkansas Dental Director will outreach to provide peer-to-peer counseling if the reason for the denials are clinical in nature.

F. Ensuring Un-Interrupted Care for New Members with Specialty Care Provider

As an experienced Dental Managed Care Plan, LIBERTY Dental Plan has established transition of care policies and processes to ensure a seamless transition even when new Members have health conditions that have been treated by Specialty Care Providers or whose health could be in jeopardy if services are disrupted or interrupted. LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will focus on continuity of care for all Members, whether they are existing, new or have transferred, to ensure treatment is not disrupted during this period.

Transitioning New Members with Health Conditions Treated by Specialty Providers

When Members enroll in LIBERTY from another DMO, we will request information about their current Providers, open authorizations, and any current treatment plans. We will conduct outreach to those Members and their Providers to facilitate continuity of care. Per **SOW 2.11.1.Q**, LIBERTY Dental Plan provides benefits for the continuation of covered treatment, including by Specialty Providers, even if the Specialty Provider is not in our network, so long as the necessary requirements are met, including concurring with a letter of agreement or contract.

For Members undergoing treatment at non-participating Providers who have not joined the network or entered into an agreement at the end of the continuity of care period, we will communicate with the Specialty Provider regarding participation in our network. If a medically necessary covered service is not available at a participating Provider, we will allow the Member to continue to obtain care at the non-participating Provider for as long as those services are medically necessary and unavailable in our network, either through a contract or a single-case agreement. We will pay non-participating Providers at the current Medicaid fee schedule and in accordance with DHS' payment timeliness requirements.

Members will have access to the Specialty Provider for at least 90 days after they enroll with LIBERTY. **If the Member, at the time of enrolling with LIBERTY, has been diagnosed with, and is receiving treatment for a terminal illness, LIBERTY will provide access to the Specialty Provider for up to one year, an extension of the contract requirement of nine months.** We will pay the Specialty Provider and any other of the Member's out-of-network (OON) Providers for medically necessary covered services until their records, clinical information and care can be transferred to a network Provider, or until the Member is no longer enrolled with LIBERTY, whichever is shorter.

G. Ensuring Continuation of Covered Services for New Members Completing Services

Per **SOW 2.11.1**, if a new Member has a prior authorization or is completing services they started receiving before enrolling in LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY), we will continue the authorization until it expires or until LIBERTY has evaluated and assessed the Member and issued or denied a new authorization, whichever is shorter. If medically necessary covered services are underway at the time of the Member's enrollment in LIBERTY, we will pay for the continued course of treatment if it has not been paid in full by the Member's previous plan.

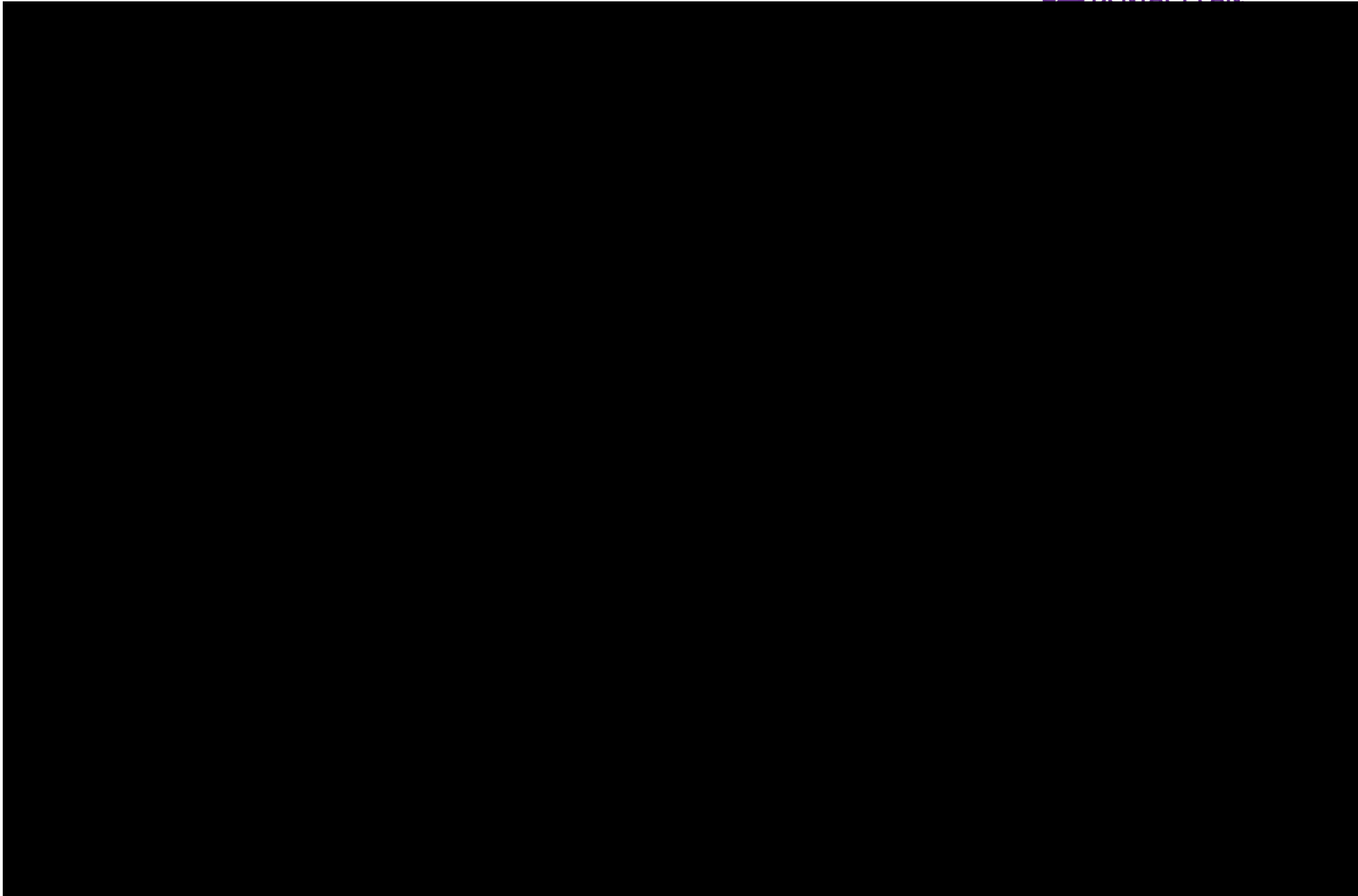
H. Monitoring Access to Care to Ensure DHS Utilization Goals are Met

To ensure that DHS Utilization Goals are met, LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will implement Member and Provider-facing strategies to modify behavior, identifying and correcting inappropriate utilization such as underuse of preventive care or overuse or misuse of specialty care. Our Dental Care Management (DCM) program will be our primary initiative to modify Provider behavior, and by extension Enrolled Member (Member) behavior, to achieve improved quality and cost outcomes based on nationally recognized treatment guidelines.

Monitoring Access to Care

The first step in ensuring DHS' utilization goals are met is establishing a comprehensive Arkansas network of dental Providers. Our Network Managers have begun outreach to network Providers who are currently serving our Medicare Advantage Members, acquiring Letters of Intent and soliciting their participation in our Medicaid network upon award. We have already credentialed 139 Providers, with seven more in process.





Dental Care Management Program and Provider Profiling. To detect over-utilization (or under-utilization of preventive or screening services), LIBERTY Dental Plan’s proprietary Dental Care Management (DCM) program compares network Providers’ practice patterns to their peers by establishing network patterns for the most frequently used dental service categories and measuring each office against established benchmarks. **Figure E.8-H-2** provides a sample report of profiling for fillings, sealants, and the ratio of fillings/sealants for select offices.

Provider-Focused Interventions to Improve Utilization

Under LIBERTY Dental Plan’s dental home model, because we can attribute Members to a particular Provider who is their dental home, we can target our interventions such as incentive or bonus programs and participation in our Platinum Practices program. Similarly, when we identify outlier Provider offices, our Arkansas Dental Director and local Network Manager will contact the Provider to discuss the underlying factors, share the performance data, provide peer-to-peer education, and collaborate to remediate identified issues. They will discuss any barriers or process concerns that may be impeding the Provider’s ability to provide preventive care for their Medicaid patients. Together, they will develop a strategy for the office moving forward. This non-punitive process is highly effective; [REDACTED]

Depending on the severity of the issue, we may take additional steps including re-monitoring, chart review, or implementation of a corrective action plan if the Provider is not willing to address the issue. We find these actions are typically not required. Many Providers operate in solo practice or may be otherwise unaware of their performance and LIBERTY’s support helps them to address the issue promptly. LIBERTY Dental Plan has found peer-to-peer counseling to be an important tool for improving utilization and avoiding health care costs due to inappropriate utilization. [REDACTED]

Additional Provider-focused ways we improve utilization are:

- **Rewarding High-Performing Providers through Platinum Practices.** Through our DCM Provider profiling, we identify high-performing Providers and recognize them as Platinum Practices. [REDACTED]
- **Provider Incentives and Value-Based Program.** Through our Provider incentive and value-based programs, we incentivize Providers to engage Members and increase delivery of preventive services. We have used pay-for-performance bonuses such as HEDIS bonus programs to incentivize utilization generally and for specific

preventive services. Under our flagship BRUSH value-based program, we offer Providers payment for additional services like Motivational Counseling for moderate and high-risk Members. [REDACTED]

Member-Focused Interventions to Improve Utilization

We will use utilization data to drive our outreach to target our Member outreach efforts. We will adjust our Member outreach, trying different modalities and increasing the frequency, as the period of non-utilization increases. Our Outreach and Education Team will partner with local community-based organizations, school districts, and health care and dental Providers to conduct oral health education and encourage early intervention and preventive services.

Per SOW 2.8.7, through LIBERTY’s Call Center, our Member Services Representatives (MSRs) will help Members access care by providing appointment assistance, including locating a network Provider or an OON Provider when no network Provider is available within the required access standards; and contacting the Provider office either while the Member is on the line or via call back. Our MSRs also will make necessary arrangements to get the Member to the appointment, including arranging transportation through non-emergency medical transportation providers, if appropriate.

To help overcome language barriers to access, we will provide translation and interpretation services in all State-mandated threshold languages, including American Sign Language (ASL), Spanish, and Marshallese. We educate Members and Providers on how to access these services. In our Provider Directory, we will list the languages spoken in a Provider’s office.

Expanding Access through Mobile Clinics, School-Based Care and Teledentistry: LIBERTY uses innovative modalities to bring cost-effective preventive dental care to Members.

- **Mobile Dental Clinics.** [REDACTED]
- **School-based Clinics.** LIBERTY seeks to collaborate with the Arkansas Department of Education to identify school clinics that do not currently have dental programs and develop partnerships to provide access to assessments and navigation services to help connect children with dental needs to services.
- [REDACTED]

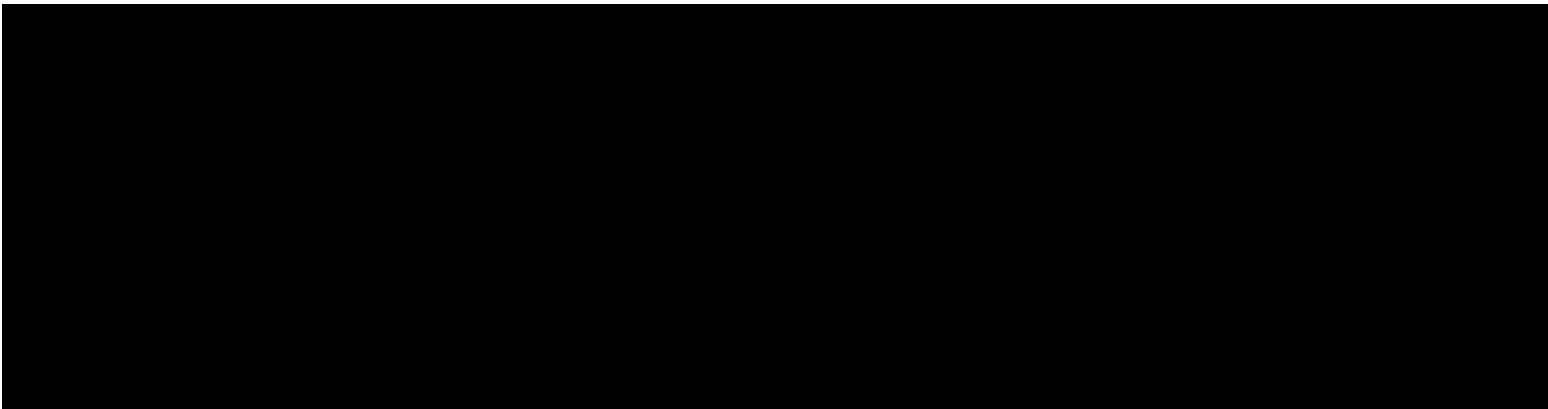
I. Routinely Assessing Progress Toward Improving Utilization of Preventive and Restorative Services.

LIBERTY Dental Plan’s (LIBERTY’s) UM program is a component of our overall Quality Assurance and Performance Improvement Program (QAPI), focused on appropriate utilization of the continuum of dental care services. Our Arkansas Dental Director leads the UM program and processes, and our cross-functional Utilization Management Committee (UMC) provides functional oversight and is comprised of Clinical, Provider Relations, Quality Improvement, and Dental Care Management staff. This crossover leadership ensures that UM activities are integrated into the QIP. The UMC reviews UM data quarterly and shares it with the Quality Assurance and Performance Improvement Committee (QAPIC). The data informs the development of LIBERTY’s annual QAPI Strategic Plan.

Using Utilization Data to Drive Improvement

We use utilization data to monitor utilization of preventive services and will track and trend it in Arkansas-specific dashboards that are distributed to our QAPIC and reported annually to DHS’ External Quality Review Organization (EQRO), with an audit to ensure accuracy. We can sort the utilization data by zip code, age group, race and ethnicity, or languages

spoken to detect disparities in utilization across those groupings. We track utilization data on EPSDT screenings and fluoride varnish applications through several dashboards and reports, including the examples provided in **Table E.8-I-1**.



We will be prepared to produce and submit reports on EPSDT services that have been delivered and utilized by ARKids-B Members in the format and on the timeline required by CMS.

LIBERTY Dental Plan has a strong record of routinely assessing our progress toward improving utilization of preventive and restorative services, including developing and implementing quality interventions. For example:



J. Data Sources to Ensure Evolving Utilization Trends are Captured in Future Rate Sets

LIBERTY Dental Plan of Arkansas, Inc.'s (LIBERTY's) leadership team will use advanced data visualization and reporting technologies including Microsoft PowerBI to monitor key metrics, quickly find meaningful insights within our data, and share those insights with internal staff and external partners to make informed decisions. Metrics would include, but not be limited to:

- Utilization and cost trends by categories of service and procedure code level
- Medical loss ratios
- Outlier practice pattern identification
- Population shifts, and demographic changes.

We are eager to use our data analytics capabilities to support DHS in operationalizing utilization data including trends in prior authorization requests and specialist referrals and capturing it for use in future rate sets.

E.9 ADMINISTRATION AND MANAGEMENT

A. LIBERTY’s Proposed Staffing Plan and Proposed Process for Maintaining Staffing Levels



LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) is currently recruiting, hiring, and onboarding the team to support our Healthy Smiles Program. Based on an assumed membership of 300,000 Enrolled Members (Members), [REDACTED]

[REDACTED] We will prioritize hiring open positions and additional supporting staff in Arkansas wherever possible. Additionally, LIBERTY is able to make adjustments to expand our dedicated staffing resources based on Member needs and changes in enrollment.

We submit this proposal with three of our Key Personnel hired, including the **Project Director, Provider Relations Director, and Dental Director**, who will all be based in Pulaski County. We have secured an office location in Pulaski County at 11311 Arcade Drive, Suite 210, Office 8A, Little Rock, AR 72212-4077. This office complex has additional space and flexible configuration opportunities to expand, when necessary. These offices will support our Arkansas-based staff and serve as a central office location for our Healthy Smiles Program operations, including our **Project Director, Dental Director, Provider Relations Director, Outreach and Education Coordinator**, Provider Relations staff, Outreach staff, Grievance and Appeals staff, and Quality Assurance staff. [REDACTED]

With our ongoing work in Arkansas, we have begun to develop a staffing plan that exceeds the requirements outlined in **Scope of Work (SOW) 2.12.1**. With this plan, we offer the Arkansas Department of Human Services (DHS) an accessible and experienced partner, capable of developing creative solutions to improve access to dental services, improve quality outcomes for Members, and deliver accountability to the Healthy Smiles Program.

Proposed Staffing Plan

LIBERTY is currently in the process of developing our comprehensive staffing plan for the Healthy Smiles Program and we have no concerns about providing this plan to DHS by Readiness Review. Our staffing plan leverages LIBERTY’s understanding of the needs and priorities of DHS and the State, as well as LIBERTY Dental Plan Corporation (LDP Corp.) and its subsidiaries’ extensive experience establishing direct state Medicaid dental programs in California, Florida, Nevada, and Oklahoma. We are utilizing best practices learned from these Medicaid programs for our staffing models, organizational structure, recruitment activities, and Equal Opportunity Policy. Our staffing plan will also include ongoing training and staff development needed for employees to fulfill their job responsibilities under the Healthy Smiles contract.

LIBERTY’s recruitment efforts for all staff began in August 2023 in anticipation of the release of the RFP. Our staffing plan will leverage a shared function model where we will combine the local expertise of our Arkansas-based staff with the experience and knowledge of our national LDP Corp. operational resources to support functions such as the Call Center, Special Investigation Unit (SIU), Grievances and Appeals, Quality Assurance, Claims, and Utilization Management (UM). We have also started reaching out to Arkansas-based staffing firms to establish relationships as a contingency plan to ensure we meet staffing requirements and to prioritize hiring individuals who reside in Arkansas to continue building our presence in the State. [REDACTED]

[REDACTED] We will monitor our enrollment level and ensure sufficient staff are in place to support the Healthy Smiles Program. LIBERTY Dental Plan, which is inclusive of the experience of LDP Corp. and its subsidiaries, has the capacity and capability across our staffing resources, processes to deliver an efficient managed care model, and technologies to support the Healthy Smiles contract.

Key Personnel

To date, LIBERTY has hired our Project Director, Provider Relations Director, and Dental Director, who will be based in the Pulaski County office. We continue to recruit and onboard qualified individuals to fill the remaining Key Personnel positions and these positions will be filled on an interim basis by seasoned leaders from other LDP Corp. programs supporting Medicaid Members. These experienced leaders will maintain continuity of dental plan operations throughout implementation and support permanent Key Personnel as they transition into their full-time roles prior to Go Live. Our recruitment activities are active and we will ensure that our Outreach and Education Coordinator is located in our Pulaski County office while also prioritizing local Arkansas candidates for the remaining Key Personnel positions and additional positions as available. We are confident that we will have all Key Personnel positions filled within 45 days of Contract Award. We will submit an alternate Project Director in writing prior to project start-up.

Additional Staffing to Support Program Operations

LIBERTY will include the staffing functions outlined in Table E.9-A-1 as part of our staffing plan, per SOW 2.12.1.

Table E.9-A-1: Staffing to Support Program Operations

Function	Description
<p>Provider Relations</p>	<p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>
<p>Outreach</p>	<p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted] ers</p>
<p>Call Center</p>	<p>[Redacted]</p> <p>[Redacted] to support all Member and Provider Call Center functions, including explaining LIBERTY’s program, assisting Members in selecting their dental Provider, assisting Members with making appointments and obtaining services, and maintaining LIBERTY’s Grievances and Appeals System. [Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p> <p>[Redacted]</p>

Function	Description
Special Investigation Unit	We understand and value the State’s priority to increase cost transparency and accountability for the Healthy Smiles Program while ensuring cost-effective utilization. [REDACTED]
Grievance and Appeals	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Accounting and Finance	Our Chief Financial Officer will support all accounting and finance functions for the Healthy Smiles Program.
Administration	[REDACTED]

Maintaining a Staffing Level for the Proposed Staffing Plan

Each department has determined staffing ratios specific to their areas of responsibility for our staffing plan. We develop our ratios using key data points, including membership, expected utilization or volume per Member per month, and any applicable regional factors. For the purposes of this proposal submission, our staffing ratio projected full-time employee

counts are based on an assumed membership of 50% of enrolled Medicaid and CHIP Members, or approximately 300,000 Members. We can adjust these staffing levels and modify our staffing plan, including hiring additional staff members, as necessary based on the actual volume of membership and determined needs following Contract Commencement. Upon Contract Commencement, we will submit a report of our staffing levels to the Contract Manager each month to ensure ongoing compliance and that our program is staffed at 90% of our staffing plan, in alignment with **SOW 2.12.1**.

Ongoing Recruitment Activities

We will continue to recruit and onboard the remaining Key Personnel positions and additional staff as needed, for both our enhanced commitments and ratio-driven personnel for contract fulfillment. To do so, LIBERTY is utilizing the latest technologies to recruit qualified candidates, including Paycom, an advanced Applicant Tracking System within our Human Resource Information and Payroll System. We are currently using top online search sites, including LinkedIn, Indeed, and Glassdoor. In addition to our recruitment tools and online posting strategy, we have also started reaching out to Arkansas-based staffing firms to establish relationships that will allow us to post our open positions on their websites, providing us access to a wide range of possible Arkansas candidates, including those with State government experience. **We are committed to expanding access to dental care for Healthy Smiles Members across the State and will prioritize the recruitment of individuals from rural regions throughout the State as part of our staffing plan.** Given our proactive approach to creating an existing presence and that we have already hired multiple Key Personnel, we are confident in our ability to serve Healthy Smiles Members upon the Go-Live Date with a fully staffed plan, including all Key Personnel hired within 45 days of contract award.

Contingency Plan for Unfilled Positions

To ensure that our plan is fully staffed from the outset of operations, as recruitment activities are ongoing, we will use an interim staffing model as shown in the **response to E.9-B** to leverage seasoned leaders from other LDP Corp. Medicaid programs on a temporary basis. They will ensure that we maintain continuity of dental plan operations through implementation successfully by providing dedicated support for the LIBERTY Project Director and staff by bringing their prior similar experience and familiarity with LDP Corp.'s systems and resources. Prior to notice of Contract Award, LIBERTY will hire remaining Key Personnel and transition interim staff back to their corporate roles when these Arkansas-based and DHS-approved employees have been hired and trained. In the unlikely event that LIBERTY is not able to achieve the mentioned recruitment goals on its own, we will seek additional assistance from Arkansas-based recruitment and staffing firms to ensure that the needs of the Healthy Smiles Program are met.

B. LIBERTY's List of Key Personnel and Descriptions

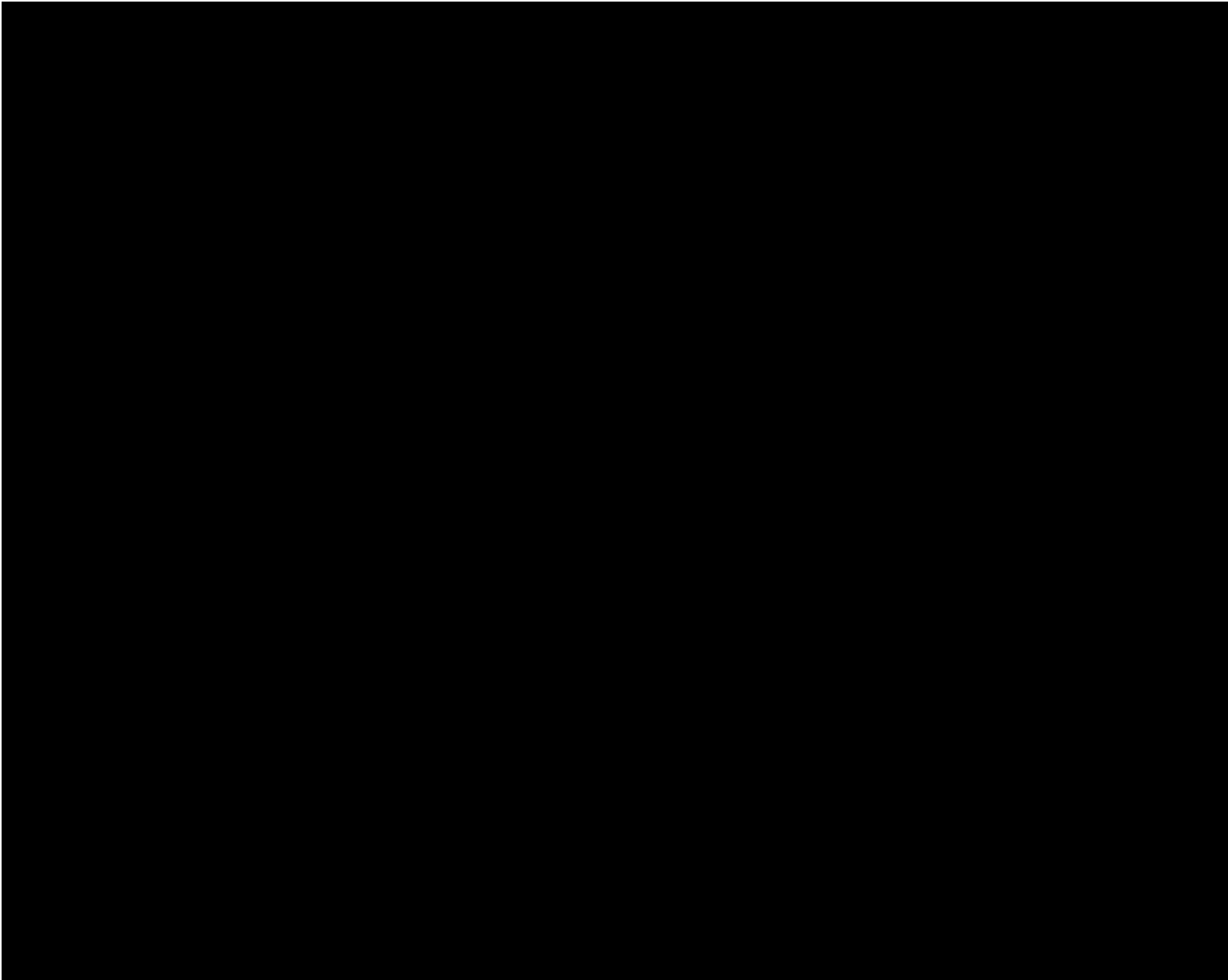
LIBERTY began active recruitment efforts for individuals who will serve our Healthy Smiles Program in Key Personnel positions prior to the RFP release in August 2023. To date, we have hired our Project Director, Provider Relations Director, and Dental Director, as outlined in **Table E.9-B-1**. These permanent Key Personnel will be fully dedicated to the Healthy Smiles Program and will be based at our Pulaski County office. As we continue to build enthusiasm and momentum for LIBERTY staffing positions in Arkansas, we are confident that we will have all Key Personnel positions filled within 45 days of contract award. Key Personnel Profiles for all Key Personnel, including interim personnel, are furnished in our response in **Exhibit E.9-B-1**, as outlined in **Attachment A**.

Table E.9-B-1: Proposed Key Personnel

Position	Personnel	Description
Project Director	John Harrington	John Harrington is fully dedicated to the contract and is responsible for leading all operations of LIBERTY’s Healthy Smiles Program, including overseeing and managing all staff members supporting the contract. Mr. Harrington will be the main contact for the Healthy Smiles contract and will coordinate and communicate with the Contract Manager and DHS to present all correspondence to the State. Mr. Harrington has ultimate responsibility for the evaluation of LIBERTY’s program compared to our internal goals as memorialized in our QAPI Strategic Plan as well as State goals and objectives. Mr. Harrington will complete a Project Management Professional (PMP) Certification prior to “Go Live” as required by Attachment A , and LIBERTY will provide evidence of completion to DHS.
Provider Relations Director	Amanda Vickers	Amanda Vickers is fully dedicated to the contract and is responsible for developing a strong Provider network, recruiting and retaining network Providers, and training and educating Providers to ensure compliance with LIBERTY’s policies and procedures and all federal and State requirements.
Dental Director	Rodney Griffin, DDS	Dr. Rodney Griffin is fully dedicated to the contract and is primarily responsible for the timely oral health decision-making and adjudication of dental claims and prospective requests for dental services. Additionally, Dr. Griffin is charged with overseeing our clinical programming for the Healthy Smiles contract. Assigned responsibilities include clinical review activities; developing, maintaining, and implementing clinical policies and procedures; evaluating program staff, including network Providers to ensure clinical quality and regulatory compliance; and QAPI activities such as clinical review of State grievances. Dr. Griffin will oversee our Dental Advisory Committee and have the opportunity to participate in our QAPI Committee (QAPIC) at additional levels including the Peer Review Committee, UM, and Credentialing Committees.

Interim Key Personnel

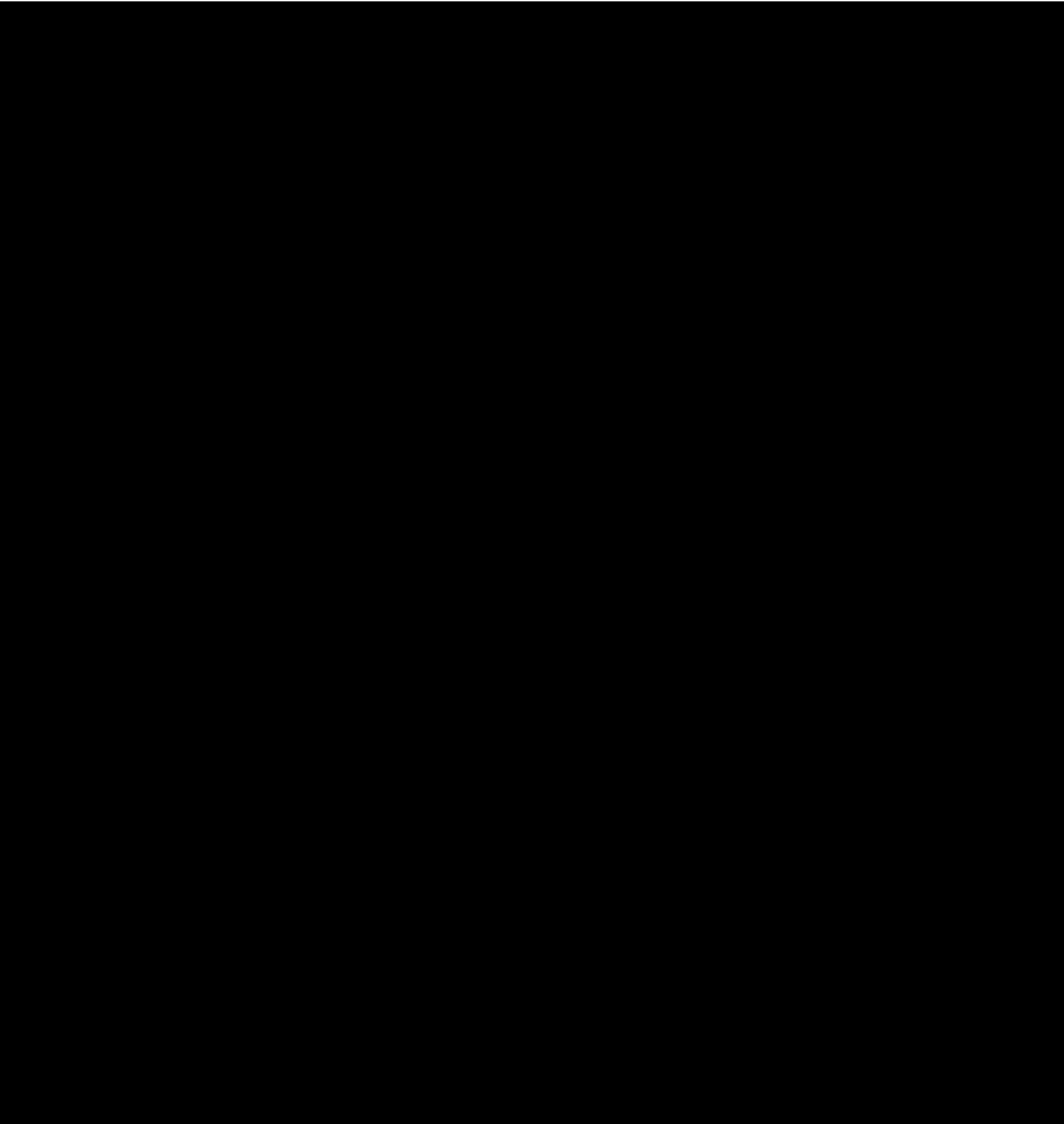
While we continue to recruit and onboard qualified individuals to fill the remaining Key Personnel positions, these positions will be filled on an interim basis to maintain the continuity of dental plan operations throughout the transition to full-time staff, as outlined in **Table E.9-B-2**. Our interim staff will continue throughout implementation to maintain continuity of dental plan operations and to support permanent Key Personnel as they transition into their full-time roles prior to Contract Commencement.



C. Experience and Qualifications of Our Key Personnel

Proposed Key Personnel Experience and Qualifications

Our permanently hired Key Personnel have extensive experience in health care and/or dental care, as demonstrated in the biographies below. Additionally, we have included resumes for the permanent Key Personnel highlighted below as well as for the interim Key Personnel who are fulfilling the remaining Key Personnel positions until the permanent individual is hired are furnished in **Exhibit E.9-C.1**, as outlined in **Attachment A**.



Experience and Qualifications Required for Vacant Key Personnel Positions

We will continue our ongoing recruitment efforts for the remaining Key Personnel until all positions are filled using the experience and qualification requirements as outlined in **Table E.9-C-2**. Prior to the Readiness Review, we will provide all Key Personnel resumes to the Contract Manager for approval. Should the Contract Manager not approve an individual for a Key Personnel position, we will work with the Contract Manager to determine the appropriate resolution.

Table E.9-C-2: Vacant Key Personnel Position Experience and Qualification Requirements

Position	Experience and Qualification Requirements
Chief Financial Officer	Qualifications include a minimum of eight to ten years of experience in the finance industry with proven leadership and management experience; a bachelor's degree in accounting, finance, or economics with a preference for a master's degree; proficiency in database and accounting computer application systems; and Certified Public Accountant designation preferred.
Information Technology Director	Qualifications include a minimum of 10 years of experience managing an IT department, an understanding of IT and practical applications to support the State's goals, and proficiency in the latest technology for IT systems and management.
Outreach and Education Coordinator	Qualifications include a bachelor's degree in communications, public relations, business or public administration, or a related field; a valid Driver's license; and a minimum of three years of experience in a related field, including one year of lead work or supervisory responsibilities.
Quality Assurance Coordinator	Qualifications include a bachelor's degree, a minimum of two years of professional experience or equivalent relevant experience, knowledge of quality assurance procedures or programs, knowledge of and ability to interpret State and federal laws and agency standards concerning quality assurance, and ability to communicate information and provide technical assistance to agencies regarding quality assurance.
Compliance Officer	Qualifications include a bachelor's degree in law, finance, business management, or a related field and a minimum of three to five years of experience in a Compliance Officer role.

D. Plan for Substituting or Replacing Key Personnel

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) understands and accepts the staffing requirements set by the State per **SOW 2.12.1** and will comply with these standards. In the event of an unanticipated vacancy, LIBERTY will leverage LDP Corp.'s established position replacement procedure described in this response for substituting or replacing Key Personnel. Continuous performance is highly valued at LIBERTY, and retaining valuable employees is one of our primary goals because it will reinforce our ability to maintain continuity for our Members and across our program operations, helping Arkansas to achieve its goals for the Healthy Smiles Program.

However, we understand that situations can arise where the removal of individuals from Key Personnel positions is unavoidable. In such instances, LIBERTY will seek written approval from DHS for substitution or replacement within two weeks, whenever possible. LIBERTY's position replacement procedure dictates the specific situations that could trigger the

need for substitution or replacement, such as extraordinary personal circumstances, incapacitation, resignation, underperformance, or termination.

Substituting Key Personnel

LIBERTY's procedures will start with processes for identifying such circumstances that might require substitution. Beyond the obvious circumstances, such as extraordinary personal circumstances and resignation, we will rely on our performance management system to identify situations in which substitution may be necessary. The purpose of our performance management system is for employees, including Key Personnel, to have a clear understanding of the work expected from them, to receive ongoing feedback regarding how they are performing relative to expectations, to distribute rewards accordingly, to identify development opportunities, and to address performance that does not meet expectations.

Immediately following the identification of Key Personnel requiring substitution, LDP Corp.'s Human Capital team will launch a job requisition to initiate the recruitment and replacement of the Key Personnel. The requisition form will be accompanied by an updated position description so that a job posting may be created and recruitment can begin. As resumes are received, they will be screened for matches to the approved position description. The top candidates will be referred to the hiring manager for review and consideration for an interview. If assistance is needed to find qualified candidates, we will partner with local staffing firms to aid in our search as a contingency plan. Candidates deemed qualified and who successfully complete the interview process, along with any position testing, will be considered for employment or transfer pending a successful background check or other position requirements.

Once a qualified substitute has been identified, LIBERTY will deliver the resume of the proposed substitute personnel to DHS, signed by the substituting individual and his or her former supervisor, along with evidence of his or her required credentials with the substitution request. In addition, the official resume of the current personnel will accompany the request for comparison purposes. LIBERTY has the staff and resources in place to supply DHS with any additional information concerning the proposed substitute that might help in the substitution process. Further, the proposed substitute will comply with any interview requests from the State to help DHS decide whether to approve the substitution request or not.

Replacing Key Personnel

LIBERTY Dental Plan has policies and procedures in place for the replacement of Key Personnel whenever necessary, such as voluntary replacement, replacement due to vacancy, replacement due to indeterminate absence, and directed replacement.

Voluntary Replacement. In situations of voluntary replacement, LIBERTY Dental Plan has procedures in place to submit a substitution request at least 15 days prior to the intended date of change for approval from DHS. The voluntary replacement procedures follow the substitution procedures described above, beginning with the completion of a requisition accompanied by an updated position description. The completed forms will be sent to the Human Capital team to begin the recruitment process.

Replacement Due to Vacancy. When there is a Key Personnel vacancy due to sudden termination, resignation, or leave of absence due to any of the extraordinary personal circumstances described above, we will notify the Contract Manager of the need for, and anticipated timeframe of, replacement. LIBERTY Dental Plan understands and can accommodate a 15-day timeframe for replacement, and a qualified LIBERTY and/or LDP Corp. resource will immediately assume the vacant responsibilities until a long-term replacement is identified and begins work.

Replacement Due to Indeterminate Absence. In these cases, LIBERTY will allow for the Key Personnel to return to work if he or she is available and fully capable of performing all job duties. Assuming a replacement has not already been authorized by the State, we will defer to DHS for approval of the original personnel to continue work under the contract versus the replacement personnel.

Directed Replacement. We will adhere to DHS's discretion in directing replacement when personnel are perceived as unqualified, non-productive, or unable to fully perform their duties. Upon receipt of written notice of directed personnel

replacement, LIBERTY will create a written Remediation Plan within 10 days for approval by the Contract Manager. Upon approval, the plan will be implemented immediately. In the event the plan is not acceptable to DHS for any reason, LIBERTY will meet with the Contract Manager to understand the issue and determine the appropriate resolution. If performance issues persist following the implementation of the plan, we will work with the Contract Manager on the directed replacement, including in cases of immediate removal.

E. Developing and Implementing Training Materials

Developing Training Materials for Staff and Subcontractors

LIBERTY Dental Plan Corporation (LDP Corp.) has developed a comprehensive training program that has been adapted based on more than 15 years of experience providing Medicaid dental managed care benefits across our state programs. With this training program, we have successfully onboarded and trained teams across Medicaid dental programs in California, Florida, Nevada, and Oklahoma. Our training program complies with URAC and National Committee for Quality Assurance requirements and offers training specific to the role and area of the organization. The training program is adaptable, and LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will tailor all training materials to include all DHS-, Arkansas-, and contract-specific requirements. By Readiness Review, we will make all training materials available to the Contract Manager for approval, and we will make any requested changes within five business days. LIBERTY Dental Plan has devoted considerable resources to our training program; LIBERTY will ensure delivery of this comprehensive training to all staff upon hire to prepare them for working with the Arkansas Healthy Smiles population as well as to deliver ongoing training as needed and appropriate. In addition to our formal training materials, we have an extensive and comprehensive policy and procedure library that will always be available to all staff supporting the Healthy Smiles contract to provide ongoing support to our LIBERTY employees beyond training.

Implementing Training Materials for Staff and Subcontractors

All Healthy Smiles Program staff will receive training on Arkansas Medicaid and CHIP requirements, specific to operations and responsibilities within their relevant department, in addition to training on cultural competency; compliance; HIPAA; security; and anti-fraud, waste, and abuse, upon hire and annually thereafter. Training is ongoing and can occur as needed should there be changes to guidelines or requirements. A description of our training programs is provided below.

Member and Provider Services Call Center Staff Training. LIBERTY will leverage LDP Corp.’s training team, made up of seven full-time employees, dedicated to training our MSRs who take Member and Provider calls. Our training staff has extensive company and department knowledge and are available to staff across the organization. MSR training includes the following operational areas:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Additionally, our MSR training program includes LDP Corp.’s customer service philosophy, HIPAA compliance, policies and procedures, soft skills, Medicaid market-specific training, benefit plan details and Provider networks, Member rights and responsibilities, and call escalation. New MSRs attend a three-week formal training program before answering calls independently. The training is conducted in a classroom setting and/or a remote setting and includes lectures, hands-on experience with real-case scenarios, and peer-to-peer interactions.

Ongoing and refresher training is conducted reinforcing information on subjects previously taught. The training sessions provide opportunities to discuss real-case scenarios experienced while assisting customers. Our department leaders meet with our MSR teams as needed, or, at minimum, monthly to review call statistics, new plans, plan changes, and call quality trends. All training records are stored in our Learning Management System (LMS), where Call Center staff can search for relevant information at any time to support their job functions.

UM, Claims, and Clinical Staff Training. All UM, Claims, and clinical staff supporting the Healthy Smiles contract will receive training on State-specific clinical practice guidelines upon hire and annually thereafter, or as necessary based on changes to guidelines or requirements.

Cultural and Linguistic Competency Training. LIBERTY requires that every staff member receive cultural competency training upon hire and annually. We also work with a language assistance vendor that provides interpretation and translation services in more than [REDACTED]. We train our MSRs to ask our Members if they need language assistance, and, if so, how to connect them to our interpretation and translation services vendor via a three-way call.

Every LIBERTY employee is required to participate in our Cultural and Linguistically Appropriate Services (CLAS) standard training. This training is a backdrop to our outreach and referral methods developed with specialized messaging to best reach underserved populations in the local communities we serve. Our CLAS training is designed to ensure our staff are provided with the knowledge necessary to best assist our Members.

Marketing Training Curriculum. Our marketing training program is developed with each dental plan we serve in mind. For the Healthy Smiles Program, all staff members will receive our LDP Corp. organization-wide training on marketing requirements, including comprehensive privacy and security training, ensuring compliance with HIPAA and other State and federal privacy requirements. Our training documents are reviewed and updated regularly, but no less frequently than annually. Arkansas-specific marketing requirements will be incorporated into a State-specific training upon contract award. We will provide all training documentation to DHS by Readiness Review or at least 30 days prior to intended use.

LDP Corp. consistently achieves 100% completion year-over-year in both annual and new-hire compliance training.

Compliance Education and Training. We have a comprehensive compliance education and training program. Upon hire and on an annual basis, all Healthy Smiles staff will be required to complete a privacy and security training program before handling any protected health information (PHI). Training completion is tracked via our LMS for LIBERTY staff and through our Vendor Management Platform for our subcontractors. Evidence of training completion will be provided to DHS upon request. Required compliance training includes Code of Conduct; Fraud, Waste, and Abuse; HIPAA; Incident Response; Critical Incident Awareness; Run-Hide-Fight; CLAS; Physical Access Compliance; Handling Sensitive Information; Information Security Policy; and Medicare Part C&D General Compliance. Content specific to the Healthy Smiles Program will be included in our employee training upon notification of contract award.

Subcontractor Training. Upon contracting and at least annually thereafter, LIBERTY will require each subcontractor to complete a Compliance Attestation, which covers program-specific requirements as well as Privacy and Security; Code of Conduct and Compliance Plan; Compliance and Fraud, Waste, and Abuse Training; Conflict of Interest; Exclusion Screening; and Disaster Recovery and Business Continuity Plan. LIBERTY Dental Plan conducts initial and monthly screenings of our subcontractors and their respective owners against all required exclusion and sanction lists. We require subcontractors to submit to an Information Security Risk Assessment.

F. Proposed Subcontractors, Responsibilities, and Oversight

Proposed Subcontractors

For the Healthy Smiles contract, as in all of LDP Corp.'s Medicaid programs, LIBERTY will perform our core operational functions in-house. We view this to be the best model for ensuring quality, cost-effective services. However, when we do

use subcontractors, they will be vetted for their experience, quality of work, and compliance with applicable regulations. We conduct ongoing oversight of each of our subcontractors, including monthly and quarterly reporting, annual audits, and Joint Operation Management meetings on a rolling basis. A summary of our proposed subcontractors and their delegated functions is presented in **Table E.9-F-1**.

LIBERTY's Plan for Subcontractor Supervision

LDP Corp. has a systematic process for ensuring proper due diligence and ongoing oversight of subcontractors that perform services on our behalf that LIBERTY will leverage in Arkansas. These policies and procedures are formalized in our Delegated Vendor Oversight Program, which requires that, through our Delegated Vendor Oversight Committee (DVOC), we establish vendor due diligence and oversight guidelines. The DVOC reports directly to our Regulatory Compliance Committee, providing oversight of vendor and subcontractor performance meeting required metrics.

Initial Determination of Subcontractor Ability

To begin this process, LIBERTY will ensure that all subcontractors have the administrative capacity, experience, and budgetary resources to fulfill their contractual obligations. We have guidelines in place to monitor and ensure that:

- LIBERTY and its subcontractors adhere to contractual requirements and meet performance obligations;
- LIBERTY's subcontractors maintain adequate operational capacity and risk controls;
- All data LIBERTY submits to clients and oversight entities that are generated or reported to LIBERTY by subcontractors is accurate; and
- Due diligence and oversight activities are:

E.9 ADMINISTRATION AND MANAGEMENT

- Efficiently coordinated and integrated across functional areas through clearly defined roles, responsibilities, and record-keeping standards; and,
- Formally reported to the DVOC, which reports to LDP Corp.’s Regulatory Compliance Committee.

Our QAPIC will also provide oversight of subcontractors by monitoring the quality of care our Members receive and identify areas for needed improvement.

Compliance with All Contract Standards

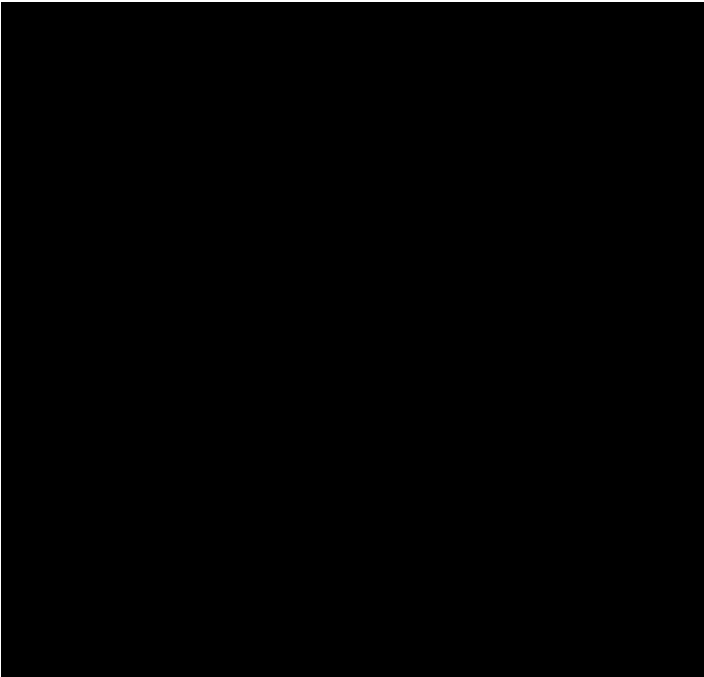
LIBERTY will establish a subject matter expert to serve as the business owner and primary point of contact for communication with each subcontractor and to ensure subcontractor compliance with all requirements as outlined in **SOW 2.12.1.F** and **SOW 2.12.1.G**. This business owner will conduct regularly scheduled status meetings with the vendor to review and address contractual performance, new requirements, service level agreements, reports, audit activity, security events, operational issues, etc. We will also share our programmatic goals with our vendors during these joint operating meetings. Business owners will be required to regularly report to the DVOC on due diligence and oversight activities.

Implementing Necessary Corrective Action

Reports containing subcontractor data go through rigorous processes to ensure their accuracy, completeness, and timeliness. If LIBERTY determines through its oversight efforts that the subcontractor is not fulfilling its performance or reporting obligations under the agreement, LIBERTY will develop a formal CAP that documents:

- The root cause of the identified issue;
- The actions, owners, and timelines for addressing the root cause; and
- The timeline and process for validating that the corrective actions have been effective.

LIBERTY will inform DHS within five business days of any deficiencies identified and CAPs developed through our ongoing oversight process. If a subcontractor is unable or unwilling to correct a deficiency, LIBERTY’s DVOC considers additional measures, up to and including financial penalties and contract termination. As part of our process, LIBERTY would make DHS aware of the action in advance and detail a contingency plan.



G. LIBERTY’s Process to Escalate Problems with Work Under the Contract and Resolve Issues in a Timely Manner

Our **Project Director, John Harrington**, will lead the resolution of all problems that may arise during our contract, including the escalation of routine and emergency situations, with support from our Compliance Officer. Together, they will be responsible for all support activities, including escalated issues, day-to-day communications, and monthly client reviews. They will ensure all inquiries, tasks, and responsibilities are monitored and completed in a timely manner in alignment with all Healthy Smiles Program requirements.

Problem Escalation Procedure

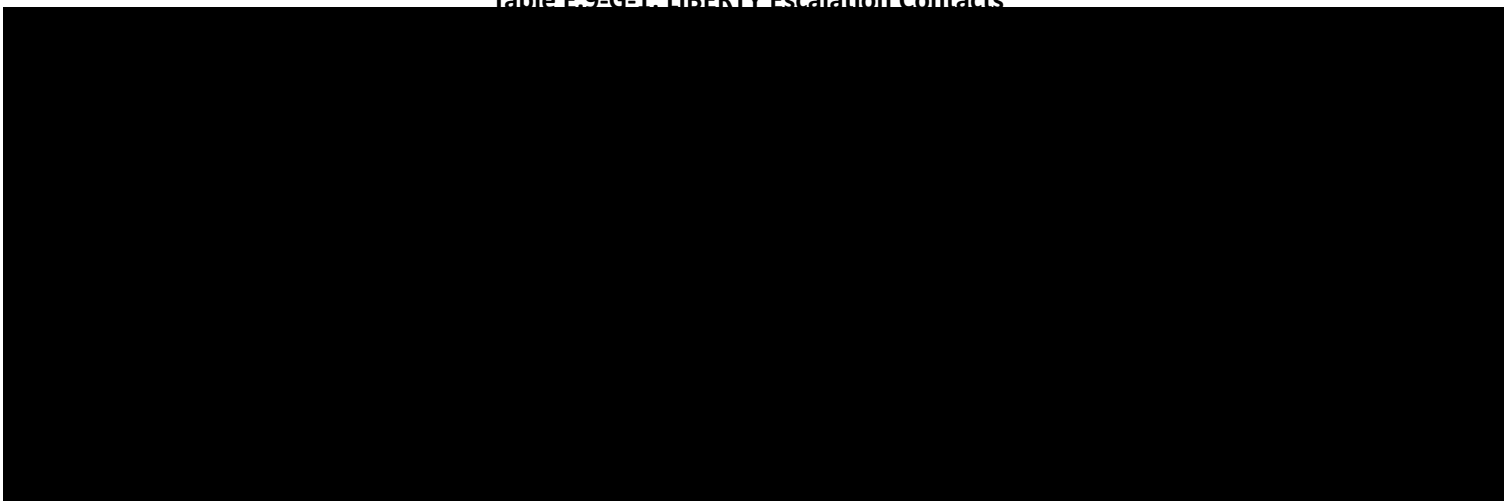
LDP Corp. already maintains policies and procedures to outline our protocol for addressing routine and emergency situations, including problem situations that may arise during the execution of our contracts. For the Arkansas Healthy Smiles Program contract, LIBERTY will adapt these policies into a full Problem Escalation Procedure (PEP) that we will provide to the Contract Manager and DHS no later than 10 business days following Contract Commencement, and within 10 business days of each subsequent contract year or any circumstantial changes to the PEP.

The first point of escalation for operational issues will be our **Project Director, John Harrington**, with support from our Compliance Officer. **Mr. Harrington** and our Compliance Officer will have access to all departments and operational levels. They will strive to address all operational issues within the day they are received with resolution as soon as possible. During the resolution process, LIBERTY will remain in contact with the Contract Manager. If further escalation is needed, **Mr. Harrington** and our Compliance Officer will have direct access to LDP Corp. Directors and Executives for resolution. An example of the processes for addressing routine and emergent problems under our current policies and procedures is below:

- 1.) **Mr. Harrington's** and our Compliance Officer's contact information will be available to the Contract Manager for daily communication and escalated inquiries, as outlined in **Table E.9-G-1**. **Mr. Harrington** and the Compliance Officer will frequently check their respective contact methods for internal and external inquiries.
- 2.) Once an escalated inquiry is identified by **Mr. Harrington** and/or the Compliance Officer, the issue is discussed and routed to the appropriate staff member within the respective business area. An acknowledgment and an estimated turnaround time for resolution will be provided to the Contract Manager.
- 3.) **Mr. Harrington** and the Compliance Officer will be responsible for addressing escalated inquiries within one business day of receipt. If an inquiry is not resolved within five business days (or in the timeframe requested), the inquiry will be escalated to the next level in LDP Corp.'s organization:
 - a. Manager resolution limit: five business days from receipt of inquiry;
 - b. Director resolution limit: five business days from receipt of Managerial inquiry; and
 - c. Executive resolution limit: one business day from receipt of Director inquiry.
- 4.) **Mr. Harrington** and/or the Compliance Officer will communicate with the Contract Manager daily about the resolution progress until the inquiry is closed. The resolution progress will detail the items addressed that day, the progress of open items, and the updated items to closed status. Once the escalated inquiry is closed, **Mr. Harrington** and/or the Compliance Officer will hold a meeting with the Contract Manager to ensure that all areas are addressed and resolved.
- 5.) **Mr. Harrington** will review the PEP monthly, draft changes/updates, and submit to the Contract Manager within 10 business days of the noted changes. Changes will not be marked as final until approval is received from the Contract Manager.

Table E.9-G-1 provides an example list of contacts shown in progressive order of escalation for resolving issues after normal business hours and on an emergency basis that will be incorporated into LIBERTY's PEP.

Table E.9-G-1: LIBERTY Escalation Contacts



E.10 SYSTEMS AND SECURITY

A. Plans for Developing and Maintaining Our Management Information System

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) is committed to providing state-of-the-art technology that will seamlessly support the Arkansas Healthy Smiles Program and will comply with all requirements outlined in the Dental Managed Care Scope of Work (SOW). To serve Arkansas, LIBERTY will leverage the existing technology capabilities of LIBERTY Dental Plan Corporation (LDP Corp.), LIBERTY's parent corporation, and the experience of its subsidiary plans (collectively known as LIBERTY Dental Plan). LDP Corp. developed our Core Management Information System (Core MIS) to support State dental managed care programs. Our system capabilities and processes are flexible to adapt to State-specific requirements without causing delay or requiring significant IT development as we serve new states. We also devote extensive resources of both staff time and IT investments to maintaining our system to meet the needs and requirements of our state partners.

LIBERTY Dental Plan maintains our Core MIS which is already in full compliance with **Scope of Work (SOW) 2.12.3**, as well as **42 CFR Section 438.242**, the **Health Insurance Portability and Accountability Act (HIPAA)**, the **Health Information Technology for Economic and Clinical Health Act (HITECH)**, **42 USC 17931 § 6504(a)**, the **Affordable Care Act**, and all other applicable State and Federal laws and regulations.

LIBERTY Dental Plan's core administration platform, [REDACTED], offers a unified, real-time enterprise administration and claims management system that encompasses a comprehensive set of capabilities that currently perform all the requirements in the SOW. **Our Core MIS is a HITRUST-certified and HIPAA-compliant technology solution.** It is a comprehensive, oral health-tailored MIS that integrates payer-provider collaboration, claims and encounters processing and payment, fraud prevention, care management, eligibility and enrollment management, utilization and quality management, provider relations, member services, and interoperability and integration capabilities. Our suite of web services allows us to integrate our mobile application, portal, and customer relationship management solutions in real-time using a common, centralized database system. As noted above, our Core MIS has been specifically designed to support State programs and is capable of capturing, editing, and using various data elements for reporting needed to meet State requirements. Further, our Core MIS is capable of meeting the State's policies and standards that govern the Technical Architecture Program, per **SOW 1.27**.



Sophisticated Core MIS Designed to Meet Data Requirements

LIBERTY Dental Plan's core administration platform, [REDACTED] offers a unified, real-time enterprise administration and claims management system that encompasses a comprehensive set of capabilities that currently perform all the requirements in the SOW. Our Core MIS is a HITRUST-certified and HIPAA-compliant technology solution. It is a comprehensive, oral health-tailored MIS that integrates payer-provider collaboration, claims and encounters processing and payment, fraud prevention, care management, eligibility and enrollment management, utilization and quality management, provider relations, member services, and interoperability and integration capabilities. Our suite of web services allows us to integrate our mobile application, portal, and customer relationship management solutions in real-time using a common, centralized database system. As noted above, our Core MIS has been specifically designed to support State programs and is capable of capturing, editing, and using various data elements for reporting needed to meet State



requirements. Further, our Core MIS is capable of meeting the State’s policies and standards that govern the Technical Architecture Program, per **SOW 1.27**.

The foundation of LIBERTY Dental Plan’s HSP system is its group of integrated databases serving as a single ‘source of truth’ for all Enrolled Member (Member), Provider, and related information, as well as includes the following four components:

[REDACTED]

[REDACTED]

LIBERTY Dental Plan is continually enhancing the integration and capabilities of our system components to stay abreast of industry and technology developments.

[REDACTED]

[Capturing, Editing, and Using Data Elements](#)

LIBERTY Dental Plan’s Core MIS complies with DHS’s contract requirements under **SOW 2.12.3.B**, offering configurable platforms and highly-integrated solutions that will provide DHS a comprehensive MIS tailored to capture, edit, and utilize the following data elements that support internal and leadership uses:

- **Eligibility and Enrollment Data.** LIBERTY Dental Plan serves more than 6.2 million Members nationwide and currently accepts eligibility and enrollment data via standard 834 electronic file transactions. Our system can store and cross-reference multiple Member identifiers to ensure smooth interfaces between inbound and outbound file processes.



- Provider Claims Status and Payment Data.** [REDACTED]

[REDACTED] his platform also houses the tools to both build and manage the benefit plans, as well as the tools to help manage the claims processes and unique payment scenarios. Our claims processing system complies with all Arkansas contract requirements as well as **Section 6504(a) of the Affordable Care Act** and **Section 1903(r)(1)(F) of the Social Security Act**. Our system has been configured to allow for payment in a Single Case Agreement (SCA). When the SCA is arranged, the Customer Care Analyst selects “OON Exception,” and attaches the SCA to the event so that when the claim is received, it is paid. We perform this step so even if the Provider does not submit the SCA with the claim, so that we have the documentation required for payment.
- Dental Services Delivery and Encounter Data.** We track all encounters, service delivery and payment activities for analytics and reporting, and for targeted Member engagement. We generate monthly reports to measure the success of our new Member outreach activities and to ensure that they produce desired results and adjustments as necessary.
- Grievance and Appeals Information.** All grievances and appeals are logged into our HSP Core MIS through a pre-defined step-by-step workflow that integrates program-specific requirements and dashboard-style reports. This enables our Member Service Representatives (MSRs) and Case Managers to track inventory, direct cases from receipt to closure, and utilize telephonic routing to close outstanding care gaps.
- Provider Network Information.** Our Provider network is prepared to accept new Members through our ability to seamlessly upload Provider contracts and track all relevant Provider network information, access, and availability metrics within our MIS. This includes Provider languages and other characteristics.
- Program Data.** Our Core MIS has been configured to support all program requirements and maintains all program-related data.
- Template Data.** Our capability to generate reports in DHS required formats is derived from our single-source Core MIS that includes a robust data architecture warehouse, standard CMS reporting templates meeting Federal requirements, and bi-directional interfaces to retrieve and exchange data with multiple sources.
- Electronic Dental Records.** Our Case Management platform is part of the Core MIS. LIBERTY is continually investing in modernizing our Case Management data analytics capabilities to maximize the increased adoption of Electronic Dental Records by our Providers, the ingestion of clinical data from State HIEs, and data-sharing with our medical MCO partners.
- Financial Information.** [REDACTED]
- Member and Member’s Authorized Representative Alternative Format Selection(s) (AFS).** Our systems are configured to support the collection and storage of Member AFS and the AFS of our Member’s authorized representatives. LIBERTY will intake Member eligibility information from DHS and upload the Member’s preference into our Core MIS. LIBERTY Dental Plan also allows Members to inform us of their preference, similar to the language preference process. When materials are requested, our MSRs use the internal ticketing system through HSP to request written documentation.
- Prior Authorization Requests.** Our Core MIS allows us to aggregate our utilization, Member enrollment, and claims data to measure the overall utilization rates. This data is then fed monthly to various dashboards to track and trend data for oversight and analysis.



Management Information System Description and Flow Charts

- LIBERTY’s technology solution consists of the systems, interfaces, and modules detailed in **Figure E.10-A-1**. Our system supports all functional areas required by DHS, including interoperability of our MIS to allow for data exchange with Health Information Technology (HIT) systems and Health Information Exchange (HIE)

E.10 SYSTEMS AND SECURITY

networks. Our comprehensive technology solution will support DHS's goal of driving accountability and transparency while maximizing administrative efficiency. Our system has been used by LIBERTY for more than a decade nationwide and is actively supported, maintained, and modernized by Conduent. Leading with innovation,

[REDACTED]

[REDACTED]

HSP Core MIS Business and Application Logic Middleware

The flexibility of LIBERTY Dental Plan’s Core MIS system allows custom configuration with thousands of combinations including business and regulatory rules, benefit plan builds, utilization limits, adjudication logic, and cost sharing. Our technology solution through [REDACTED] actively supports, maintains, and updates our Core MIS, with LIBERTY investing in customized oral health system enhancements to meet the needs of the State. The Microsoft operating system and Microsoft SQL industry-standard high-performing and high-availability hardware comprise LIBERTY’s MIS stack. The user interface and server application layers use the .Net framework with a Microsoft SQL server backend. Our suite of web portals uses IIS web servers, and the portal software is .Net and JavaScript-Cloud based.

This module interacts with the HSP Core MIS Database Subsystem and the system’s user interface. It consists of four main components:

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

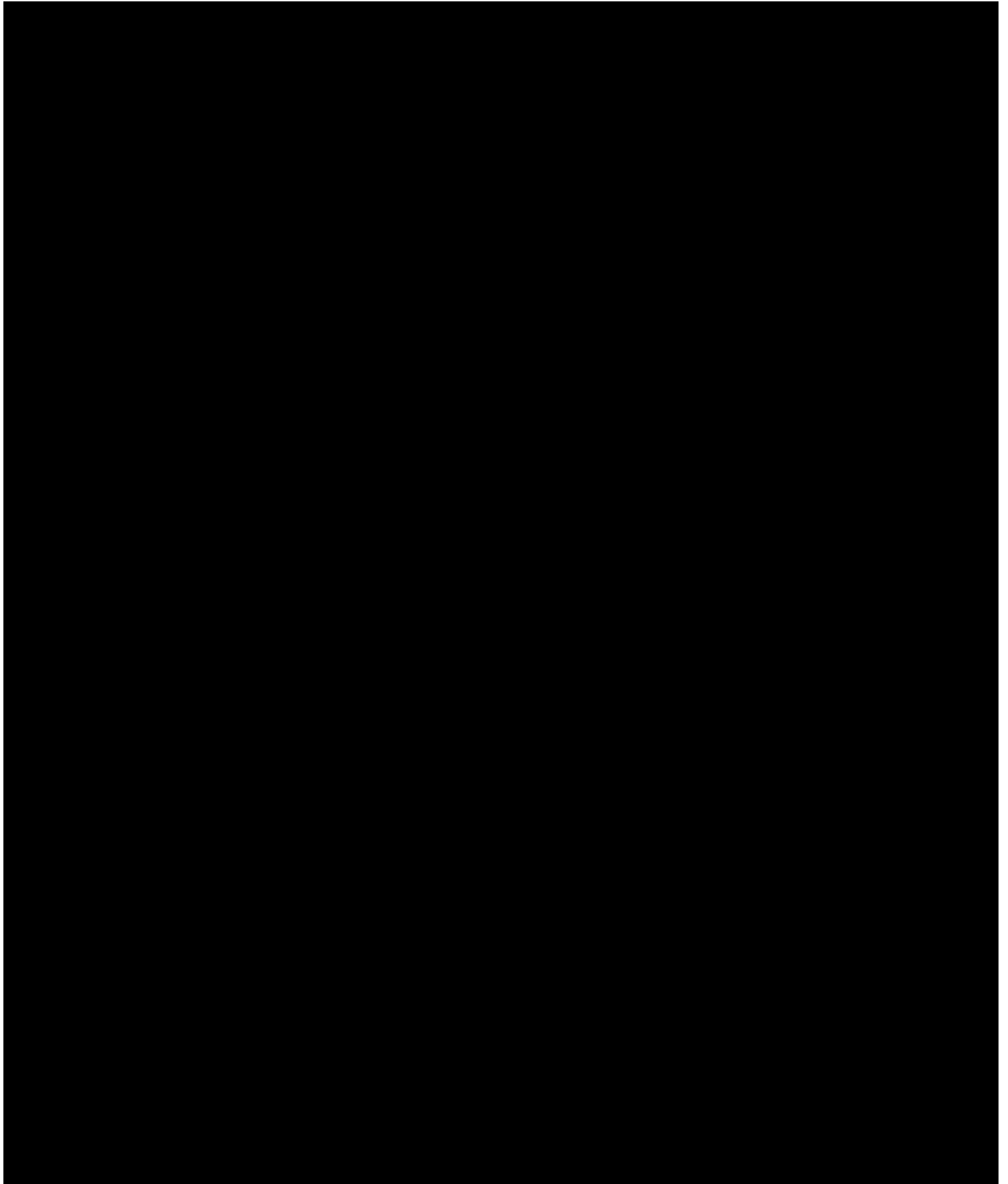
B. Our Plan for Interfacing with DHS’s Systems, Including MMIS

Per **SOW 2.12.3** and **42 CFR § 438.242**, LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will transmit all data directly and securely to DHS in formats designated by DHS. Consistent with **SOW 2.13.3.A**, our systems will connect with DHS’s Medicaid Management Information System as well as any other DHS systems needed, including eligibility, data warehouse, and others. We will utilize the Secure File Transfer Protocol (SFTP) to interface with DHS and send and receive emails with DHS via a confidential, encrypted email server. LIBERTY Dental Plan’s comprehensive, proprietary third-party Core MIS stores group, vendor, claims, Member, and Provider-related data while maintaining an audit trail for all transactions. **Figure E.10-B-2** offers a diagram of our interface approach.

LIBERTY Dental Plan’s Core MIS complies with all electronic data interchange (EDI) requirements of the Health Insurance Portability and Accountability Act (HIPAA), is fully 5010 compliant, and [REDACTED]

[REDACTED]

[REDACTED] As described earlier, our Core MIS is capable of meeting the State’s policies and standards that govern the Technical Architecture Program, per **SOW 1.27**.



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As required by **SOW 2.13.3.B**, we will provide a System Implementation Plan and meet all testing requirements prior to Contract Commencement. LIBERTY Dental Plan’s Core MIS conforms to HIPAA-compliant standards for information exchange, and we will demonstrate this capability and other system capabilities to DHS at Readiness Review. Specifically, LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will transmit, receive, and store data from ASC X12N sources, and we will transmit data in ASC X12N formats as required by DHS, including:

- **Batch Transaction Types.** ASC X12N 820 Premium Payment; ASC X12N 834 Benefit Enrollment and Maintenance; ASC X12N 835 Claims Payment Remittance Advice; ASC X12N 837D Health Care Claim: Dental; and
- **Online Transaction Types.** ASC X12N 270/271 Eligibility Coverage or Benefit Inquiry/Response; ASC X12N 274 Healthcare Provider Information; ASC X12N 276/277Health Care Claim Status Inquiry/Response; ASC X12N 278 Health Care Services Review Inquiry/Response.

LIBERTY Dental Plan’s Core MIS also loads, stores, and transmits data in arbitrary flat file formats and uses EDI tools to load and transmit data if DHS requires these capabilities.

LIBERTY will receive and transmit Member and Provider data utilizing SSH File Transfer Protocol (SFTP). Across our Dental Plans, the transmission of files, data, and reports in batch mode is typically made using SFTP over a secure and encrypted data channel. We not only encrypt the data itself, but also utilize Pretty Good Privacy (PGP) encryption and a National Institute of Standards and Technology (NIST) recommended encryption algorithm conforming to at least AES 256 standards. Real-time communication across our Dental Plans currently utilizes secure, encrypted web services that adhere to all NIST recommendations. LIBERTY will accommodate protocols and formats of DHS’s choosing, including Representational State Transfer (REST), Simple Object Access Protocol (SOAP), JavaScript Object Notation (JSON), and Fast Healthcare Interoperability Resources (FHIR).

LIBERTY Dental Plan uses Microsoft Exchange 365 for our email services and integrates Proofpoint to automatically encrypt confidential and sensitive communications, including those containing Protected Health Information (PHI) and Personally Identifiable Information (PII).

[Ensuring Security and Access Controls](#)

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

- [REDACTED]

[Support for Monitoring and Auditing](#)

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[Additional Data Security Layers](#)

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

C. Disaster Recovery Plan for Our Claims Processing System

LIBERTY Dental Plan has a comprehensive data security back-up and contingency plan and maintains a constant state of readiness to address all types of disaster scenarios, including natural disasters, software/hardware outages, and human-caused events (such as sabotage and cyber-attacks). In the case of a disaster, we will work with DHS to communicate seamlessly with our Members and Providers to ensure access to up-to-date information and minimize our time to recover critical operations and systems. Throughout our 20 years of operations across the country, we have built and adapted our data and physical infrastructure with disaster recovery in mind and to advance our State partners' goals and priorities to achieve emergency preparedness and provide essential services.

Our Business Continuity-Disaster Recovery (BC-DR) Plan addresses data backup and emergency management and meets or exceeds the requirements in **SOW 2.13.1.B.** [REDACTED]

[REDACTED]

E.10 SYSTEMS AND SECURITY

Consistent with **SOW 2.12.3.B**, we will submit changes to the plan to DHS for approval no more than 10 days after implementation. We will also submit results of periodic reviews and annual testing.

System and Operational Backup Capabilities

LIBERTY Dental Plan offers system and operational backup capabilities, detailed planning for operations resumption, and regular testing to ensure readiness and assure continuity of operations and delivery of essential care and services. Our claims data is backed up nightly. LIBERTY utilizes numerous techniques to establish and maintain the security of sensitive, confidential, proprietary, and PII/PHI data including:

- Data security policies, procedures, and standards;
- Information classification standards;
- Role-based access to data in systems based on the minimum necessary rule;
- Data access audits and security audits using independent third-party vendors; and
- Encryption and third-party data exchange approval processes.



We use a robust and flexible disk-based backup system replicated between data centers rather than legacy tape backups, which minimizes recovery times in the event of a recovery event.

Maintaining Continuity of Services

The emergency management components of our BC-DR Plan detail procedures for ensuring continued service provision in an epidemic, disaster, or manmade emergency, including advising Members and Providers about weather preparedness and evacuation planning, and providing a key contact list to help Members and Providers access dental services in the event of an emergency. We prioritize payment of Provider claims in the event of a disaster.

LIBERTY Maintaining Continuity During Hurricane Idalia

LIBERTY operates in several states where natural disasters are common, including California and Florida. In 2023, LIBERTY coordinated an effective response to Hurricane Idalia, which impacted LIBERTY offices throughout Florida. LIBERTY proactively convened its Business Continuity Team, followed procedures outlined in its BC-DR Plan, and met regularly to coordinate a nimble response that was tailored to the situation at hand. LIBERTY proactively communicated to employees that it would close its physical offices in Florida for this hurricane and encouraged impacted staff to work from home to the extent they were able.

LIBERTY's geographically distributed staff was able to support business continuity and promptly address Member and Provider calls without interruption. LIBERTY monitored employee well-being through an established phone-tree process, prepared updated IVR messages for its call centers to notify callers of the situation in the event, if necessary, stood up public-facing and employee-facing hurricane resource webpages, relaxed certain authorization restrictions in accordance with regulatory direction, and prepared dental kit donations in case they were requested by plan partners or authorities. Following the Hurricane, LIBERTY held an "after-action" meeting to identify opportunities and successes.

LIBERTY Dental Plan maintains the ability to shift operational capacity across sites (Tustin, California; Las Vegas, Nevada; and Tampa, Florida) if one location experiences a disaster. The emergency management components of our BC-DR Plan include step-by-step procedures outlining when this is necessitated and how to operationalize this process. Our team members in all three sites are trained to process all types of Member and provider data, including claims. Our Member Help Lines operate independently. For example, our Florida office is not impacted by an outage in California or Nevada

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office. The Member and Provider 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. Finally, many core business processes can be supported remotely by LIBERTY's geographically distributed workforce across the United States. This significantly decreases the likelihood that an unexpected event will physically preclude LIBERTY staff from performing necessary activities.

D. Creating, Accessing, Transmitting, and Storing Information per Health Insurance Portability and Accountability Act

HITRUST CSF Certified LIBERTY Dental Plan's Core MIS complies with all electronic data interchange (EDI) requirements of the Health Insurance Portability and Accountability Act (HIPAA), is fully 5010 compliant, and holds SOC 1 Type II and SOC 2 Type II certifications as well as the HITRUST Common Security Framework (CSF)[®] v9.2 certification. HITRUST CSF certified status demonstrates that our single source core application and supporting systems have met key regulatory and industry-defined requirements and appropriately manage risk. [REDACTED]

[REDACTED]. We are highly committed to safeguarding our systems, facilities, and information, as demonstrated by our investments in technology infrastructure, our system's HITRUST certification, and successful annual third-party HIPAA Assessments.

LIBERTY's Information Security Program

Our information security program consists of best practice cybersecurity controls and measures, from security governance to architecture, engineering, and operations, to protect our information assets from unauthorized use, disclosure, disruption, modification, or destruction. [REDACTED]

[REDACTED] and this tool enables compliance with all applicable requirements. The tool allows LIBERTY Dental Plan to set up security, role-based access controls, and auditing/ tracking. Security is of premier importance; thus, we are continuously reviewing our policies and procedures and building our applications to ensure we have the appropriate access levels set and in place. The Security section in our Core 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.

Security and Privacy Training

LIBERTY Dental Plan consistently fulfills all applicable statutory and contractual obligations through the implementation of a comprehensive, mandatory Compliance Program. LIBERTY Dental Plan's information security department is led by our Chief Information Security Officer (CISO), **Rushton James**, and governed by our Security and Privacy Committee that includes our Chief Information Officer (CIO), **Rajendra Kadam**, and Director of Information Security Risk and Compliance, **Isaac Appiah**. All LIBERTY Dental Plan employees receive annual training on the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and State and privacy laws and regulations, and will also receive training prior to Contract Commencement.

System Security Safeguards

[REDACTED]

Physical Security Safeguards



Managing Security Incidents

LIBERTY Dental Plan has an established Incident Management Program (IMP) which meets industry standards and best practices for responding to security incidents. The IMP is a formal process to identify, track, analyze, and remediate incidents consistent with Federal and State law as well as DHS requirements. We track and monitor all incidents to completion through LIBERTY’s proprietary Incident Management System (IMS). Our staff is trained to immediately report potential incidents via the IMS for triaging, investigation, and remediation. Our Incident Response Team (IRT), led by our Privacy and Security Officers, and under the direction of our Chief Compliance Officer, is comprised of cross-functional subject matters experts including from IT, Legal, Human Capital, Compliance, Communications, and Operations. Team members receive specialized incident training upon appointment and at least annually thereafter. The incident management process varies based upon incident severity, complexity, and substantiation. However, we manage security incidents systematically, according to the process outlined in **Figure E.10-D-1**.

Figure E.10-D-1: LIBERTY Dental Plan’s Incident Management Process Steps



Correcting Potential or Actual Compromised PHI/PII

If a system error or penetration test reveals that PHI/PII has been compromised, LIBERTY Dental Plan follows our detailed IMP. Any involvement of PHI/PII automatically becomes an escalated incident with an initial severity level of one, the highest priority. A root cause analysis is immediately performed, and rapid action is initiated to remediate the issue. Actions include, as deemed appropriate: disabling or removing authorization to system functionality; remediating any software defect; and applying additional security and controls to prevent PHI/PII access. In addition to scheduled penetration testing, we perform a Tabletop Exercise to test our IMP, and our IRT completes incident refresher training at least annually. We will maintain high levels of communication with DHS around potentially compromised data, security incidents, and our remediation efforts.

E. Meeting On-Site Security Requirements

If any LIBERTY Dental Plan staff are required to provide services onsite at any State of Arkansas facility, we will comply with all associated contractual and regulatory obligations. Consistent with **SOW 2.13.1.D**, we will upon request complete all necessary paperwork for security access to sign on at the specific State of Arkansas site. In accordance with these requirements, we will conduct and provide to DHS any necessary State of Arkansas and/or Federal criminal background checks, including fingerprinting, for any LIBERTY Dental Plan staff performing services on-site at a State of Arkansas facility.

E.11 READINESS REVIEW

A. Plan for Developing Items Required for the Readiness Review



LIBERTY Dental Plan Corporation (LDP Corp.) and its subsidiaries (collectively referred to as “LIBERTY Dental Plan”) have successfully completed Readiness Reviews required for participation in each of our six Medicaid states. **We have passed 100% of readiness review exercises and have never had to delay an implementation.** Most recently, LIBERTY Dental Plan of Oklahoma, Inc. was awarded participation in Oklahoma’s Medicaid Dental Program and, in September 2023, passed a two-day on-site readiness review with no adverse findings.

In anticipation of Contract Award, **LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) has assembled a dedicated Implementation Team with the qualifications and experience to ensure the Arkansas Department of Human Services (DHS) is supported with a smooth implementation process.** Our team will work with the State to submit all required documentation and requests, including LIBERTY’s policies and procedures that align with DHS requirements, in a timely and organized manner. To succeed in rolling out a new Dental Program and preparing for readiness, LIBERTY will deploy our proven Implementation Project Plan template, leveraging the proven processes used across LIBERTY Dental Plan. We will revise the Plan to include all tasks necessary to deliver a fully operational Medicaid Dental program that meets all of DHS requirements by the Contract Award date.

LIBERTY’s Implementation and Readiness Team

LIBERTY’s Project Director, **John Harrington**, will serve as the main contact with the State Review Team. During readiness preparation, **John Harrington** will have the extended support of all our functional department leads in preparing requested documentation for DHS. **Wanda McClatchy**, our Compliance Officer, will be responsible for managing and overseeing the daily progression of the Implementation team’s efforts throughout the Readiness Review phases. **John Harrington** will report to **Lisa Gifford**, Vice President of State Markets, Central Region, who will oversee our implementation and support resolution of barriers. **Lisa Gifford’s** direct experience supporting our recent Oklahoma implementation will allow her to share best practices. **Lisa Gifford** serves as a liaison to our executive team; she reports to LIBERTY Corp.’s **Heather Stearns**, President of State Markets, who reports to **Marti Lolli**, Chief Executive Officer of LIBERTY Dental Plan Corp. **Lisa Gifford** has the autonomy to make decisions and has direct reporting relationships to executives to facilitate efficient decision-making. **John Harrington** and **Lisa Gifford** will work cohesively with our LIBERTY Corp. Implementation Team to ensure we pass all readiness review requirements, ultimately paving the way for a smooth and successful implementation by the Go-Live date and guaranteeing our Arkansas Enrolled Members (Members) continue to receive all medically necessary covered dental benefits in a timely manner.

LIBERTY Dental Plan’s Implementation Team, which includes corporate leaders from all relevant business units, has more than 10 years of combined experience implementing Medicaid Dental programs and has successfully led more than 50 implementations and readiness reviews, many requiring an aggressive, quick timeframe.

To prepare for our readiness, we have a staffing plan that uses a shared function model where we will combine the local expertise of our Arkansas-based staff with the experience and knowledge of our LDP Corp operational resources. **Where needed, we will hire staff to ensure a qualified dedicated Arkansas team is in place and trained before readiness review.** Our Implementation and Readiness Team will remain to provide continuity throughout all phases of implementation. In addition, we have secured a contract for office space in Little Rock for our Arkansas-based staff.

Upon award, LIBERTY’s Implementation Team will immediately set in motion action plans to address all elements of the contract and requirements for the Readiness Review. The Team will arrange and prepare for all meetings, off-site desk reviews, and on-site reviews. This includes gathering and performing quality-control activities for accuracy of the documents detailed in **Scope of Work (SOW) 2.12**, and **Table 3: Deliverables Summary Table** prior to submission for desk

review and to have available at the on-site review. We will submit all required documents in a format approved by the DHS Contract Manager at least four months prior to planned enrollment, or at a date set by the Contract Manager per **SOW 2.12.6.C**.

Implementation Project Plan

LIBERTY will deploy an exhaustive Implementation Project Plan template that includes all tasks necessary for a new Medicaid Dental program to begin full operation. Our Project Director, **John Harrington**, will engage all relevant business units in completing the Implementation Plan, manage due dates, and confirm resource requirements. Given their experience with participating in readiness reviews, LIBERTY Dental Plan’s business unit leaders understand the importance of timely delivery of all requirements and being available and responsive to the DHS review team. They also know that having a comprehensive and efficient Implementation plan supports a smooth transition that avoids disruption to Members, Providers, and DHS.

Upon notification of successful contract award, LIBERTY will begin completing the Implementation Plan. The Plan will consist of five phases: (1) Contract Award and Implementation Planning; (2) Implementation and Operational/ Technical Preparation/ Program Readiness; (3) Program Launch; (4) Post Implementation; and (5) Ongoing Contract Monitoring. Readiness review activities are a key component of our Implementation Plan and provide checks needed to confirm our preparedness. The Plan will details the activities necessary to complete all requirements before, during, and after the Readiness Review and includes tasks, task leads, start and due dates, resources, and status. It is an evolving document, one that is updated throughout the contract and is an important resource when there are changes in our contractual or federal or State obligations regarding Performance Standards. **Figure E.11-A-1, on page 250**, offers a snapshot of our Implementation Plan Template.

The Implementation Team will meet weekly first and daily as the readiness review deadlines near to assess progress, identify any roadblocks or concerns, and discuss resolution. Our Implementation Plan will also note the areas where DHS Subject Matter Experts (SMEs) may need to be involved, such as contracting, compliance, reporting, referral requirements, fulfillment, eligibility files, encounter data, finance, and billing.

LIBERTY appreciates DHS’s deliverable-based approach for determining progress and completion of required deliverables. We will work collaboratively with DHS to ensure the information conforms to industry project management standards and is presented in a method and format determined by DHS. At DHS’s request, we will perform a walkthrough of a draft version of the deliverables with all appropriate State staff and solicit feedback before submission. As specified throughout the RFP, key activities are listed in **Table E.11-A-2**.

Table E.11-A-2: Key Activities Undertaken for Readiness Review Off-Site Desk Review and On-Site Review

Activity	Prior to Readiness Review	At Readiness Review
<p>Produce and deliver required documentation, policies, and procedures</p>	<ul style="list-style-type: none"> • Information Security Plan B • Monitoring Access Plan • Website • List of Services Requiring Preauthorization • Draft Provider Manual • Network Provider Agreements • Marketing and Advertising Materials • Enrolled Member Handbook, Identification card template • Provider Directory • Proof of Provider Adequacy 	<ul style="list-style-type: none"> • Member Rights Policy • Network Provider Policy • Call Center Disaster Recovery Plan Executed and Tested • Staffing Plan with Organizational Chart, personnel-specific contact information • Staff Training Materials • Subcontractor Monitoring Plan • System Implementation Plan • Program Integrity Plan • Provider Re-Credentialing Review and Approval • Provider Medicaid Enrollment Revalidation

Activity	Prior to Readiness Review	At Readiness Review
	<ul style="list-style-type: none"> • Business Continuity and System Disaster Recovery Plan 	<ul style="list-style-type: none"> • QAPI Reporting Template
Systems and Processes	<ul style="list-style-type: none"> • Develop a system to accept and load an initial full file of Beneficiary eligibility data from DHS • Develop and implement Provider Credentialing Protocol • System to cost avoid and prevent inappropriate payment of Dental Services 	<ul style="list-style-type: none"> • Demonstrate that all hardware, software, and staff necessary to administrate the Call Center are operational • Demonstrate process is in place to accept an initial file load of Provider Network data from DHS

B. Participating in the Readiness Review, per CMS requirements

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) understands that “Day One” operational readiness is an essential factor in our success as a Medicaid Dental Plan. CMS requirements in **42 CFR 438.66** are designed to confirm a plan’s preparedness to implement a Medicaid Dental program in accordance with the Federal and State requirements. LDP Corp. has more than 15 years of experience administering Medicaid programs and training our staff to comply with all requirements. State reviewers routinely compliment our open and engaging approach and our knowledgeable staff. We know how to effectively work with State Medicaid Agencies to help facilitate a smooth desk review of documents and on-site review. **Table E.11-B-1** provides recent examples of our long history of successful readiness reviews.

Upon award, LIBERTY will work with DHS to finalize the requirements of the Readiness Review, in accordance with **42 CFR 438.66**. Once a date and timeline for the Readiness Review has been set, we will immediately begin preparation for the upcoming reviews. LIBERTY Dental Plan’s proven processes, Implementation Plan template, and experienced staff will be leveraged and adapted for implementation in Arkansas. Our Implementation Leads will update and closely monitor the Implementation Plan, regularly convene the Team to track progress, and have ready the information needed, in the format requested, for DHS to assess LIBERTY’s ability and capacity to perform satisfactorily in each of the functional areas outlined in the RFP as well as in **42 CFR 438.66(d)(4)**.

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

█	█ █	█
█	█ █	█ █ █ █ █
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For the readiness reviews, our Arkansas Implementation Team will rely on our comprehensive repository of current policies, procedures, and substantiating documents. We will update existing documents and create new documents, as needed, to align with Arkansas rules, regulations, and contract requirements. LDP Corp. has established protocols for providing appropriate access to personnel, records, systems, and materials. We will submit the documents in a format determined by DHS. Throughout the desk review and the on-site review, LIBERTY leadership, our dedicated Implementation Team, and relevant SMEs will be available to liaise with DHS reviewers to answer questions, provide clarification, and obtain additional requested materials.

We look forward to supporting DHS in their readiness review of LIBERTY Dental Plan of Arkansas, Inc.'s Healthy Smiles Dental Program and will be prepared to assume active performance on the Contract upon Readiness Review approval by DHS.

Figure E.11-A-1: Excerpt of LDP Corp’s Implementation Plan Template

Section	Task Name	Start Date	Projected Due Date	Resource Names	Status	% Complete	Completion Date
A. Notice of Award	Receive Notice of Award						
B. Contract Start-up Planning	Initial Start-up and Planning Meetings						
B. Contract Start-up Planning	Define Project Management and Reporting Standards						
B. Contract Start-up Planning	Schedule Internal Implementation Planning Meetings						
B. Contract Start-up Planning	Hold Initial Implementation Planning Meeting						
B. Contract Start-up Planning	Establish Meeting Format and frequency for External Implementation Planning Meetings						
B. Contract Start-up Planning	Identify Key DHS Contacts						
B. Contract Start-up Planning	Provide required license documents and Evidence of Insurance						
B. Contract Start-up Planning	Identify DHS Approval Process for Policies, Provider and Enrollee Material						
C. Legal	Negotiate & Execute Program Contract						
C. Legal	Develop Provider Agreement Template for Approval						
D. Human Capital	Verify Key Personnel - Hire Staffing						
D. Human Capital	Finalize Arkansas office contract						
D. Human Capital	Review/Update Organizational Chart, Staffing Plan						
D. Human Capital	Submit Staffing and Diversity & Inclusion Plans						
D. Human Capital	Develop new hire onboarding program specific to DHS requirements						

E.12 TRANSITION AT END OF CONTRACT

A. LIBERTY's Plan to Complete All Duties Required for Transition at End-of-Contract.

LIBERTY Dental Plan Corporation (LDP Corp.) understands the sensitive nature of changing contractors, the challenges and unknown variables that may arise during this time, and the risk of Enrolled Member (Member) disruption without a transition plan in place. If the Arkansas Department of Human Services (DHS) makes the decision to transition dental services to DHS or another contractor, LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) is positioned to implement an Exit Transition plan that prioritizes uninterrupted receipt of dental services for Members, and minimal disruption and burden to Providers and DHS. We will work diligently and collaboratively with DHS and, if applicable, a new contractor to develop and implement a transition plan that achieves these goals in an efficient, organized, and timely manner, per **Scope of Work (SOW) 2.12.8**.

A smooth transition requires frequent, consistent, and open communication throughout the entire transition period. Immediately following notification of contract termination, all parties must reach agreement on the transition terms, conditions, timelines, and plans for transition. Of utmost importance is continuous and coordinated communication, education, and messaging to Providers and Members.

Transition Staffing

Lisa Gifford, Vice President of State Markets, Central Region, will lead our Exit Transition team with LIBERTY's Project Director, **John Harrington**, providing ongoing local leadership and liaising with DHS. In addition, a Project Manager from LDP Corp.'s Project Management Office will be assigned to work closely with **Mrs. Gifford** and **Mr. Harrington** in managing the transition to DHS or a new contractor by the contract's end date. **Wanda McClatchy**, our Compliance Officer, will be responsible for managing and overseeing the daily progression of the Transition Plan. Together, they will support the Exit Transition process, which includes reviewing, updating, and distributing the State's Exit Transition Plan; maintaining sufficient staff levels to meet obligations, arranging meetings and other communication among DHS, the internal LIBERTY team, and the new contractor; and tracking the training and outreach to our staff, Providers, and Members on the transition. They will closely monitor progress to ensure the transition moves forward as planned, any concerns or obstacles are resolved, and the transition is ready to occur by the deadline.

Mrs. Gifford will designate business unit leaders to be on the Transition Team, serving as coordinators for their unit's transition responsibilities. Other key team members, our Project Director, and Compliance Officer, will include our subject matter experts (SMEs), locally based in Arkansas and SMEs across our shared services teams, as needed. Our Exit Transition Team will meet weekly then daily as the transition date approaches to ensure a successful transition. The Exit Transition Plan will include an organizational chart and staffing matrix for the Transition Team that includes titles, contact information, and transition responsibilities to DHS for approval per **SOW 2.12.8.G.3**.

Transition Requirements and Timeline

LIBERTY will follow the requirements detailed in **SOW 2.12.8** to complete all tasks required for transition. Our transition timeline will begin at least six months before the Contract Term expires. **Mrs. Gifford**, in conjunction with our Project Director **Mr. Harrington**, will develop a detailed Full Operations Resources report describing which resources (systems, software, equipment, materials, staffing, etc.) are required for DHS or another contractor to successfully take over the requirements specified in the Contract per **SOW 2.12.8.B**. Our existing Contract Termination Requirements Policy and Procedure will serve as a crucial resource for setting the most appropriate course of action for a smooth transition.

The Exit Transition Period will begin upon notification of end-of-contract, but no less than 60 days and no more than 90 days from the last day of the contract per **SOW 2.12.8.C**. We will enact and update our existing Transition Plan and submit a draft Exit Transition Plan to DHS within 10 days of the date of notification by DHS. LIBERTY will address DHS feedback on the draft Plan for final approval by the State per **SOW 2.12.8.G**. We will also prepare and submit a Schedule of Activities to facilitate the transfer of responsibilities, information, computer systems, software and documentation, and materials to a new contractor and/or DHS per **SOW 2.12.2.F**.

While we have never had to exit a direct state contract, in the event that one of our Medicaid Dental Plans were to do so, LDP Corp. has developed an Exit Transition Plan template to provide our State and health plan clients with a clear vision of the expectations, tasks, timelines, testing periods and other critical elements necessary for a smooth transition. **In fact, LDP Corp. and its subsidiaries have experience supporting our State partners when other Dental Plans have exited State programs prior to the contract end date.** We have used our experience in delivering coordinated care to Members in these instances to define our Transition Plan at the end of the contract. **Question E.12-b** provides a high level of summary of LIBERTY's general end-of-contract transition template which addresses the key components in **SOW 2.12.8.G** We will review and update the Transition Plan on a regular basis to track progress and identify any barriers or concerns that arise.

We understand how successful transition requires working collaboratively and cooperatively with DHS and the new contractor. This means open communication and the sharing of all needed program information and details among necessary stakeholders. DHS will determine transition communications, time frames, information required, and our working relationship with the new contractor. LIBERTY will support this relationship and will communicate with the new contractor at a frequency designated by DHS. We will share with the new contractor all information determined necessary by DHS promptly.

Within 30 days following LIBERTY's turnover of operations, per **SOW 2.12.8.L** and **SOW 2.12.8.M**, we will submit a Transition Results Report documenting the completion and results of each step of the Exit Transition Plan to DHS for approval.

B. End-of-Contract Transition Plan

LIBERTY will update our existing Exit Transition Plan template to align with the Arkansas requirements and timeline. Per **SOW 2.12.8.G**, we will submit it along with a Schedule of Activities to DHS within 10 days of the date of notification by DHS. The completed Exit Transition Plan will provide DHS with a clear vision of the tasks, task leads, duration of task, timeline, testing periods and other critical elements, starting on Day 1 of notification, and ending after the completion of all post-transition obligations. We will also include an organizational chart and staffing matrix for the Transition Team that includes titles, contact information, and transition responsibilities to DHS for approval. Once the Plan has been approved by DHS, per **SOW 2.12.8.H**, we will initiate implementation, starting with a kick-off meeting with all task leads to share the final Transition Plan, timelines, information required, and processes in place for achieving a successful transition. **Table E-12-B-1** includes a high-level summary of LIBERTY's Arkansas Transition Plan template, detailing the tasks and their duration to transition all duties required for the end of contract.

Table E.12-B-1: Key Components of Liberty Dental Plan of Arkansas' Exit Transition Plan

Exit Transition Task	Duration of Task
Notification of Termination	1 day
Revise Current Exit Transition Plan and Submit to DHS for Approval	10 days
Claims System Setup and Testing <ul style="list-style-type: none"> • Set-up to allow Provider payment and prior authorization for current Members and for retroactive Members • Test claims payment for Provider payment and prior authorization for current Members and for retroactive Member • Processing of claims for 12 months after end of contract 	365 days
Provider Network <ul style="list-style-type: none"> • Draft Provider notification of transition of current care for DHS approval • Distribute final notification to Provider network • Develop and post training and FAQs for Provider network on Provider portal • Update FAQ with additional questions/responses on rolling basis 	37 days

Exit Transition Task	Duration of Task
Member Services <ul style="list-style-type: none"> • Develop, schedule, and conduct training sessions for Member Services team • Complete refresher trainings, if needed 	30 days
Transition of Care <ul style="list-style-type: none"> • Transition Claims submission phone number, address, and other information from LIBERTY to new contractor • Monitor issues, report issues and resolution to DHS 	7 days Ongoing
Transfer of Data and Member Records <ul style="list-style-type: none"> • Review new contractor data format request, develop data in format, test data transfer, finalize format and transfer data 	40 days
Transfer of Comprehensive DHS-specific P&Ps Manuals <ul style="list-style-type: none"> • Collect and transfer to new contractor 	10 days
Release and Transfer of Toll-Free telephone numbers <ul style="list-style-type: none"> • Develop and test mutually agreeable upon plan to transfer toll-free numbers • Finalize release and transfer 	30 days
Training of New Contractors <ul style="list-style-type: none"> • Identify LIBERTY training staff and new contractor training staff • Develop/revise training materials by Department • Schedule and conduct training sessions • Provide refresher training if needed 	60 days
Post-Transition Obligations <ul style="list-style-type: none"> • Participate in EQR for the final year of the contract • Submission of all outstanding performance data and reports • For services furnished prior to contract end • Resolve all G&As • Responsible for State Fair Hearings • Submit all encounter data for claims • Pay claims and maintain claims processing functions 	365 days

LIBERTY's transition process outlines the activities needed to provide a seamless transition for beneficiaries, Providers, and DHS. The transition of data, information, and services from LIBERTY to a new contractor or DHS include the key tasks discussed below.

Transfer of Data

LIBERTY will transfer all applicable clinical information, including approved and outstanding Prior Authorization requests and a list of our Dental Members. This process will start by working closely with DHS and a new contractor to ensure data is transferred in the requested formats. We can support a multitude of formats, including flat file, fixed width, HIPAA X12, CSV and TXT. Once the format/layout of the data requirements is agreed upon and approved, we will work with DHS on the transfer of data in accordance with our data security protocols, as described in **SOW 2.12.3**. We will initiate weekly meetings, and more frequently, if needed, between all parties to discuss the data conversion, required elements, and the progress of data transfer. These meetings will ensure that all questions are raised, and solutions are reached.

Transfer of Documentation, Files, and Other Required Records

We will transfer all required documentation, files or other records deemed necessary by DHS. This includes software, hardware, records, telephone numbers and lines, equipment, and Post Office boxes. If requested by DHS, LIBERTY is prepared to share our current comprehensive DHS-specific set of Policy and Procedures. Our process will include weekly meetings between all parties to discuss layout and transfer of documentation, define the process for transfer, assess progression, and discuss concerns and questions throughout the transition.

Ensuring Beneficiaries Receive Seamless Continuous Covered Dental Services

We will coordinate the continuation of care for Arkansas Healthy Smiles Members undergoing treatment for an acute condition. Our claims system has the flexibility to allow for the setup of continuation of care prior to contract termination. The claims system will be tested to ensure claims payment, prior authorization processing, Provider payments and retroactive membership claims are operating appropriately, accurately, and timely.

We understand how crucial open communication with our Members on upcoming changes to their dental coverage will be to minimize confusion and disruption. We will develop, and obtain DHS approval of, written and web-based notifications to our Members about the contract's end and the process by which they will continue to receive dental care. We will align our messaging between Members and Providers to maintain consistency in content. In addition, our Member Service Representatives will be trained on all transition of care processes such as coordination of services, retroactive processing of eligibility, and prior authorizations, so they are able to respond to questions accurately.

Outreach to Providers on the Transition

Our Provider Relations team will work with DHS on preparing provider communications. Our Provider Network Managers will be responsible for ensuring our contracted Providers understand what the transition means for them and what is required of them. We will notify our participating Providers through written notifications, fax/email blasts, web-based portal training, and in-person network management trainings. Feedback from Providers will be tracked by the Network Managers and shared at Transition Team meetings. We will share our Provider communications with our Member Services team, so Members and their Providers are relayed the same messaging.

Post-Transition Obligations

Following the end-of-contract, our Transition Team will continue to work in good faith with DHS to carry out remaining post-Transition obligations. Our Contract Termination Policy details the obligations related to activities either outstanding or related to dates prior to the contract's end. Obligations include, but are not limited to, participation in the External Quality Review (EQR) for the contract's final year, submission of all outstanding performance data and reports due, resolution of Grievance and Appeals prior to Contract end, participation in State Fair Hearings related to prior dates of service and paying claims with dates through the date of contract end.

C. Completing the Required Annual Audit



LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY), leveraging the experience of our LDP Corp. and our affiliate health plans, is highly adept at undergoing comprehensive independent audits covering all critical functions and processes, including independent Service Organization Control (SOC) reports, and HIPAA Privacy and Security Risk assessments. [REDACTED]

Constant independent oversight validates our performance level and long-term commitment to ongoing compliance. It also supports our ability to efficiently manage audit and reporting obligations and positions us to proactively identify and remediate potential compliance issues before they escalate. In close collaboration with our Compliance Department, our

business unit heads regularly produce a wide array of customized data reports to assist our operations, our clients, auditors, and oversight agencies in monitoring us for compliance.

For Arkansas, per **SOW 2.12.4.A.1** and **2.12.4.A.4**, we will have an independent audit firm conduct an annual audit of DHS’s “Information Functions and/or Processes” to be submitted by July 31 for the previous State fiscal year. The audits will be performed in accordance with audit guidance in Reporting on Controls at the Service Organization Relevant to Security, Availability, Processing Integrity, Confidentiality, or Privacy (SOC 2) and will meet the Healthy Smiles Contract requirements per **SOW 2.12.4**. In the case of findings of non-compliance, we will submit within 30 calendar days a corrective action plan that addresses each deficiency or exception contained in the SOC 2 report, per **SOW 2.12.4.A.9**.

LIBERTY is ready and will complete other annual audits as required by DHS in the RFP during the contract period. This includes the Annual Audited Financial Reports required as part of Medical Loss Ratio reporting per **SOW 2.11.2**. We will be prepared to conduct any other audit of our Dental Program as determined necessary by DHS per **SOW 2.12.3.H**. If LIBERTY’s contract with DHS ends, we will submit a Transition Results Report documenting the completion and results of each step of the Exit Transition Plan to DHS within 30 days of LIBERTY’s turnover of operations.

LIBERTY Dental Plan’s strong audit record comes from our extensive experience in managing audits, and our formal approach to preparing for and working with auditors prior to, during, and post audits. Our national and local Compliance teams have the tools and experience to ensure auditors receive the required information in a timely and efficient manner. We are confident that applying this same approach in Arkansas will yield similar, strong results.

Audit Tool and File Selection. Upon receipt of an annual audit request, the Audit Team, led by our Compliance Officer, will develop a customized internal crosswalk mapping each discrete audit element to the responsible functional area within LIBERTY and designate who is responsible for the response and ongoing oversight for that area. To support an auditor’s selection of files, we will prepare and submit a universe for that area.

Document and File Production. LIBERTY Dental Plan maintains a comprehensive repository of up-to-date policies, procedures, and substantiating documents. These documents are often the core of audit requests. Our well-organized repository allows us to promptly produce clean, responsive materials in order to fulfill audit requirements. Similarly, once we receive file selections, we can submit the requested files in a timely and accurate manner.

Offsite Review Question/Answer. LIBERTY Dental Plan designates appropriate, highly-trained, dedicated staff to liaise with each auditor on any questions or requests for additional information. We strive for first contact resolution, and aim to produce additional materials, or resolve other inquiries, within 24 to 72 hours of request.

Onsite Review. LIBERTY Dental Plan is accustomed to having auditors onsite and has effective protocols for providing appropriate access to personnel, records, systems, and materials. Reviewers routinely compliment us for our open and engaging approach, our impressive facilities, and our knowledgeable staff. [REDACTED]

[REDACTED]

E.13 PROGRAM INTEGRITY

A. Ensuring Adequate Staff and Resources to Investigate Unusual Incidents and Develop Corrective Action Plans

As the dental benefits administrator to more than four million Medicaid and CHIP Enrolled Members (Members) across multiple states, LIBERTY Dental Plan Corporation (LDP Corp.) and its subsidiaries, collectively referred to as LIBERTY Dental Plan, has a comprehensive understanding of regulatory requirements and a well-defined compliance structure to serve the Arkansas Department of Human Services (DHS) in a cost-effective and efficient manner. LDP Corp.'s Program Integrity staff has extensive experience developing and implementing Fraud and Abuse Prevention Programs (FAPPs). Over the last 20 years, we have accumulated extensive knowledge of health delivery systems and Providers, and we will leverage this experience and knowledge in Arkansas for our FAPP. In many dental programs, fraud, waste, and abuse (FWA) can be involved in as many as 15%-20% of claims. We commonly see similar trends across state markets, such as misrepresentation of services performed, upcoding, altering dates of service, and misrepresenting Provider identifiers. LDP Corp.'s well-established FAPP has a data-driven, multi-disciplinary approach to identify FWA using our Program Integrity and our Dental Care Management (DCM) programs.

Program Integrity, which contains our dedicated Special Investigations Unit (SIU), is staffed by our Program Integrity team. They engage in data-driven, systematic FWA detection activities. Through our comprehensive Provider profiling process, LDP Corp. monitors inappropriate utilization, including underuse, overuse, and misuse of dental services. The DCM program is our primary initiative to modify Provider behavior to achieve improved quality and cost outcomes for the State based on nationally recognized treatment guidelines. When we identify an outlier Provider, we will provide peer-to-peer educational counseling between the LIBERTY Dental Plan of Arkansas, Inc.'s (LIBERTY's) Dental Director, **Dr. Rodney Griffin**, DDS, and the rendering dentist/clinical owner of the practice. Through this process, LIBERTY Dental Plan has often seen near-immediate correction and proper billing of procedure codes. Ensuring Program Integrity Staffing



LDP Corp.'s SIU staff currently includes [REDACTED] who collectively have the following qualifications to ensure they deliver an efficient and cost-effective program for DHS: (1) prior law enforcement experience; (2) experience investigating Medicaid and Medicare in multiple states; (3) prior health or dental care fraud investigative experience; (4) dental knowledge and experience. Our staff receives training on LDP Corp.'s contracts, fee schedules, and benefit designs. **LDP Corp.'s current SIU employees each have at least 10 years working in dental, health care, and/or law enforcement.** This team is highly skilled in understanding how to investigate FWA, gathering evidence, interviewing witnesses, and drafting investigative summaries and referrals for our regulators. This deep bench of knowledgeable individuals is essential to investigate FWA. LDP Corp. will also recruit one SIU Lead Investigator to support the Healthy Smiles contract for LIBERTY Dental Plan of Arkansas, Inc., prioritizing hiring the Investigator from Arkansas if possible.

LDP Corp.'s Program Integrity model uses the expertise of our licensed dentists in each state, along with the knowledge of LDP Corp.'s DCM Team, analytic and utilization review (UR) employees. The SIU has direct collaboration with our Quality Management Department, Grievances and Appeals Department, Credentialing staff, Provider Relations staff, and our Claims and Finance Departments. This interconnected model allows LIBERTY to identify FWA effectively, efficiently, and timely in a cost-effective manner. Our SIU is a member of the National Health Care Anti-Fraud Association and a partner in the Healthcare Fraud Preventive Partnership (HFPP). The HFPP is a voluntary public-private partnership that detects and prevents health care fraud through data and information-sharing. Partners include the Federal government, state agencies, law enforcement, private health insurance plans, and health care anti-fraud associations.

LDP Corp.'s FAPP, in full compliance with State and Federal requirements, offers an adequately staffed and a multitude of resources to support investigation activities. We report instances of FWA and overpayment, and develop and implement corrective action plans (CAPs) relating to FWA and overpayment.

LDP Corp.'s Associate Vice President (AVP) of SIU, **Rebecca Nichols Gould**, will work in collaboration with LIBERTY's Interim Compliance Officer, **Wanda McClatchy**. LIBERTY is committed to locally recruiting a Compliance Officer within 45 days of the Contract Award. As a measure of the critical nature of their role, the Compliance Officer will assume responsibility and will report to and have unrestricted access to LDP Corp's Chief Compliance Officer, **Marzena Fercz**; AVP of Compliance/Privacy Officer, **Mrs. McClatchy**; Vice President of State Markets, Central Region, **Lisa Gifford**; and LIBERTY's Project Director, **John Harrington**. LDP Corp.'s SIU is responsible for protecting the assets of LIBERTY's Healthy Smiles dental plan and our Members by detecting, identifying, and deterring FWA by conducting audits of internal and external sources of information.



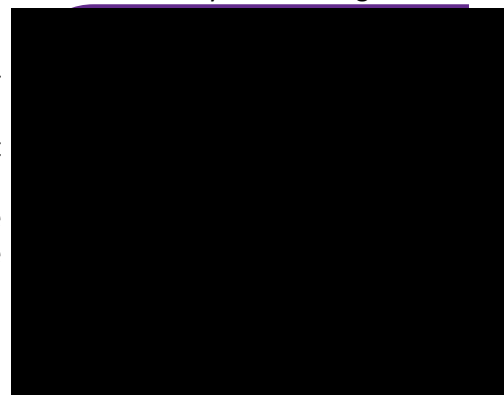
LDP Corp.'s SIU structure includes eight dedicated SIU employees and is an interconnected cross-functional team, as FWA touches all aspects of the organization. Our SIU model complies with and has been approved by each state Medicaid program. The SIU resources equals an additional 14 full-time employees who support the integration of SIU activities in all critical areas of the organization. These resources work throughout LDP Corp.'s organization in key departments which include staff dentists, Utilization Management, Claims, Provider Relations, Quality Management, Grievances and Appeals, Finance, and Legal departments. The SIU will work directly with the dedicated Compliance Officer to ensure contract compliance and reporting of FWA to regulators. This structure brings best practices and leverages lessons learned from other state Medicaid programs. Our SIU will ensure the implementation of a structure that is fully compliant and aligns with the needs of the Healthy Smiles Program.

Resources to Investigate Unusual Incidents and Develop CAPs

In addition to our staffing resources, LDP Corp.'s Program Integrity capabilities include exceptional information technology, data analytics, and business processes. LIBERTY will use the following innovative methods to identify and investigate FWA incidents and develop CAPs for Providers:



SIU Central Dashboard. LDP Corp.'s SIU has an internal case-tracking dashboard known as SIU Central. Through SIU Central, all employees can report FWA by submitting an intake ticket located on our homepage. Once an employee submits a ticket, a case is immediately created. The intake ticket outlines the suspected FWA being reported and includes the State and line of business. The SIU email box is alerted when an employee creates a new case and an FWA Manager will assign the case to the SIU Lead Investigator for investigation. Our SIU Central dashboard is able to track recoupments and cost avoidance which allows for timely reporting to regulators.



[REDACTED]

SIU Audits. Our SIU can conduct onsite and desk audits to investigate suspected FWA. The SIU initiates prepayment claim review which will allow LIBERTY to audit claims for medical necessity before payment is made. SIU performs post-payment claim audits when there is suspected FWA to confirm whether suspected FWA has occurred.

CAP Policy. Our SIU unit has developed a Corrective Action Plan Policy that establishes guidelines for the development, submission, and follow-up of CAPs related to Providers, Provider Groups, non-participating Providers, Subcontractors, or Vendors in which non-compliance was identified, which may or has resulted in FWA. The SIU will collaborate with LIBERTY’s Compliance Officer who will implement a CAP for any other area of potential or suspected noncompliance.

Leveraging Interconnected Staff and Resources to Resolve FWA

When we enter a new market, our DCM program often identifies many initial findings, which stabilize over time. Our DCM process begins with comprehensive, data-driven Provider profiling. We compare each office in our network to their peers for several domains of data: utilization; grievances and appeals; potential quality issues; Member satisfaction, access, and availability; and FWA. Our DCM team refers any suspected FWA from an outlier office to the SIU. For example, in our initial program year in our Nevada Medicaid program, [REDACTED] The SIU collaborates with the DCM program to determine if the issues can be resolved through Provider education or whether SIU will take actions to remediate any identified risk of FWA. **Table E.13-A.1** demonstrates the number of referrals the SIU received from DCM during the 18-month timeframe between January 2022 and June 2023.

[REDACTED]

LDP Corp.’s SIU receives 80% of FWA referrals from our internal business units and our internal data mining, including the use of AI. This confirms why the model of internal collaboration works so well to investigate suspected FWA.

B. LIBERTY’s Administrative Procedures for Detecting Fraud and Abuse

LDP Corp. has well-established systems and procedures in place for preventing, detecting, and reporting FWA. Our SIU complies with the structure outlined in our written compliance and anti-fraud plan (Program Integrity Plan). LDP Corp.’s SIU Program Integrity Plan is the core document that outlines our administrative procedure for detecting FWA. The SIU has additional FWA policies and procedures (P&Ps) which outline internal processes and contract requirements related to the investigation of FWA. Our SIU, LDP Corp.’s Chief Compliance Officer, Compliance Department, and our State Medicaid Compliance Officers are responsible for developing and implementing core compliance documents.

Developing Procedure for Detecting Fraud and Abuse

LIBERTY will leverage the experience of detecting FWA in other state Medicaid programs through our affiliate plans and the knowledge of our enterprise team at LDP Corp. to develop our procedure for Arkansas. Our standard procedure begins with the SIU reviewing the activities of LDP Corp., its employees, participating Providers, vendors, and Members to identify or detect incidents involving suspected fraudulent activity regarding health care services provided or arranged by LIBERTY. Our SIU will provide oversight of the FAPP in Arkansas and will:

- Investigate incidents involving suspected fraudulent activity.
- Create and maintain thorough and objective documentation of all findings.
- Develop and recommend appropriate case strategies to bring cases to a timely and successful close.
- Resolve incidents involving suspected fraudulent activity, through education, counseling; and if warranted, referrals to appropriate government regulatory agencies and Dental Plan clients for prosecution.
- Reduce costs to LIBERTY, participating Providers, Members, and others through the timely detection, investigation, and resolution of incidents involving suspected fraudulent activity.
- Protect Members in the delivery of dental care services provided or arranged by LIBERTY through the timely detection, investigation, and resolution of incidents involving suspected fraudulent activity.
- Investigate patterns of over- and under-utilization when suspected of potential FWA.
- Develop relationships with and use the resources of other LDP Corp. departments, law enforcement, government agencies, professional associations, and the SIU departments of LDP Corp.'s Dental Plan clients.
- Comply with FWA reporting requirements under applicable State and Federal laws and client contracts.
- Implement internal procedures for referring incidents involving suspected fraudulent activity to the appropriate government agencies.
- Prepare annual written reports to the appropriate regulatory agencies.
- Report to LDP Corp.'s Regulatory Compliance Committee to describe LIBERTY's SIU activities to deter, identify or detect, investigate, and resolve incidents involving suspected fraudulent activity.
- Review and monitor the billing patterns of LIBERTY's participating Providers, vendors, and Members to identify or detect incidents involving suspected fraudulent activity.
- Investigate and resolve incidents involving suspected fraudulent activity.
- Coordinate FWA training materials for LIBERTY personnel and for participating Providers regarding the identification or detection of incidents involving suspected fraudulent activity.
- Supervise SIU investigators who are responsible for drafting FWA referrals to appropriate government agencies and to LIBERTY's clients.

C. Plan for Developing, Implementing, and Maintaining Surveillance and Utilization Control Policies and Procedures

Our surveillance and utilization control policies are focused on two goals: (1) to safeguard against unnecessary or inappropriate use of Medicaid services; and (2) to avoid excess payments. To achieve these goals, our plan for developing, implementing, and maintaining surveillance and utilization controls is a multi-faceted approach and includes the use of data analytics, data reports, and custom dental algorithms which quickly identify different types of utilization patterns. LDP Corp. will create custom views to review our Arkansas Medicaid data, including top procedure codes billed as well as reports that identify outlier billing and utilization that require further review. These reports allow us to drill down to quickly identify if the outlier billing is specific to one office or if it is a systemic billing issue. LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will leverage LIBERTY Dental Plan's collective experience developing, implementing, and maintaining surveillance efforts in other state Medicaid markets and the knowledge of our LDP Corp. enterprise team. We create dashboards focused on utilization surveillance, detecting, identifying, and acting on red-flagged events.

Plan for Developing, Implementing, and Maintaining Surveillance

The SIU creates an annual work plan outlining specific utilization surveillance performed during the calendar year. The SIU's workplan includes a process to support:

- **Data Mining of Targeted Populations:** We identify data-mining initiatives involving target populations such as unhoused individuals, elderly, infants, pregnant women, children under 21, and those with developmental disabilities to confirm receipt of the dental services billed.
- **SIU Monitoring of High Utilization Reports:** LDP Corp.'s SIU will compare utilization trends from previous quarters to identify potential outlier billing.

We have enhanced our use of these tools with the development of our Executive Leadership Corporate Dashboard and Market Dashboards. Through this system, each business area provides system-generated data on key metrics reported on the dashboard for monthly, six-month rolling average, 12-month rolling average, and year-over-year measurements. Internal goals (set at parity or higher than contract requirements) are displayed on the dashboards and provide a view of performance for service-level agreements. In addition to the Dashboard, each operational area has developed Power BI reporting to support day-to-day operations. We have created numerous controls for utilization. **Figure E.13-C-1** provides a dashboard that summarizes our UM authorization decisions, as an example.

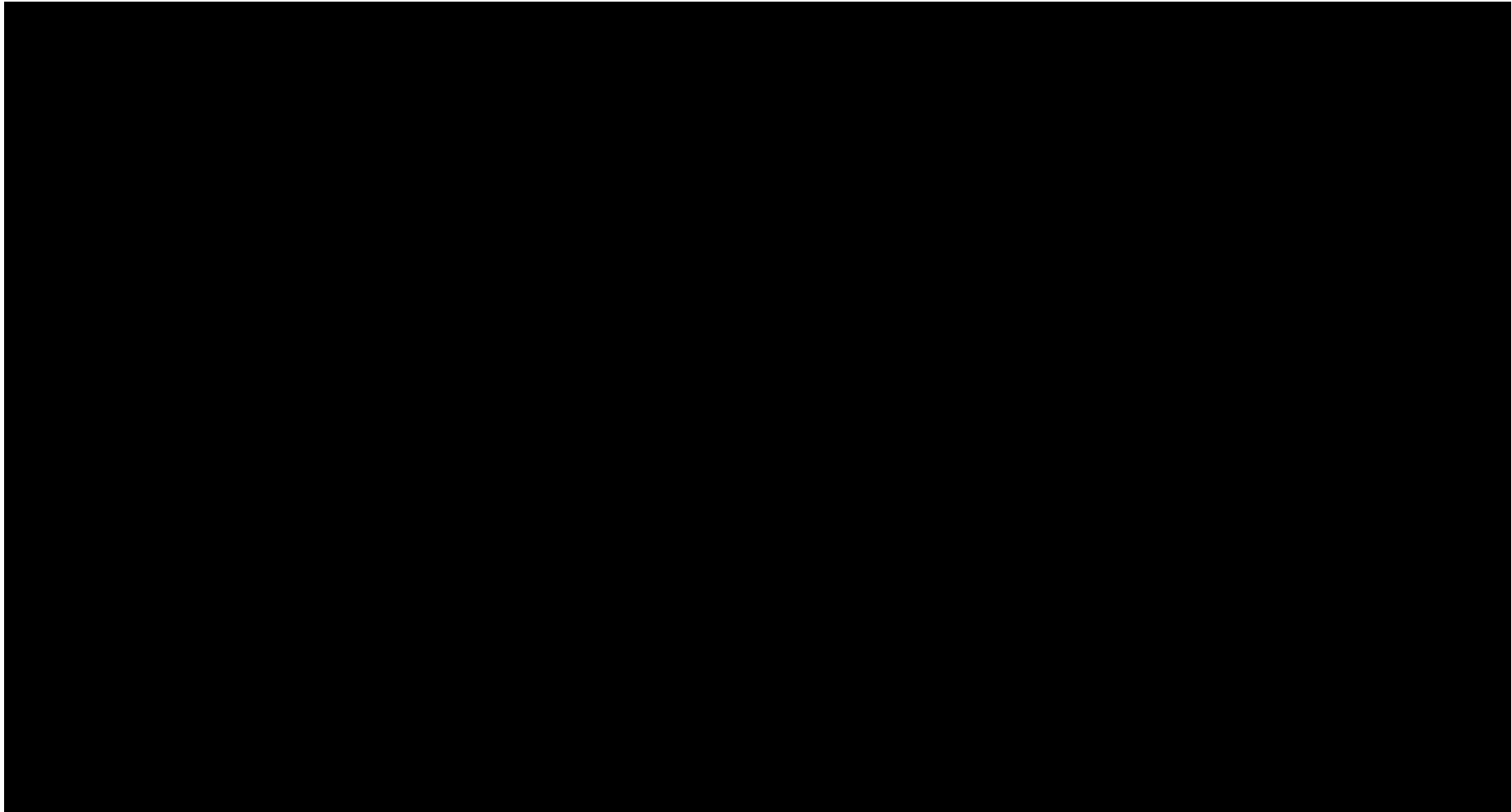
Plan for Developing, Maintaining, and Implementing Utilization Control Policies and Procedures

LDP Corp.'s plan for developing, maintaining, and implementing utilization control P&Ps uses cross-collaboration strategies between the SIU and our UM department to create our standard utilization P&Ps. Each of our business units' P&Ps align with contract requirements and each business unit is responsible for implementing these P&Ps. Through quarterly meetings and data reviews, we constantly update our processes to identify FWA and over- and/or under-utilization of services. LIBERTY's plan will focus on utilizing our proprietary Provider profiling process and DCM program, which use nationally recognized treatment guidelines to evaluate the necessity and appropriateness of dental care rendered by dental practitioners. We have achieved significant efficiencies including cost savings and quality improvement by identifying and correcting over-utilization, FWA, and potential quality issues.



Our DCM program establishes and reviews network patterns for dental service categories and analyzes utilization to identify outlier Providers. We assess patterns at the Provider and Member levels and review procedure ratios (e.g., crowns/fillings); Member access and availability; utilization-related grievances; Member/Provider satisfaction surveys; denial and appeal rates; Provider referral and specialist care patterns of practice; and access to specialty care, ancillary services, and preventive dental services. We leverage the extensive knowledge of all dental codes to identify billing patterns and utilization trends, with the commonly abused codes being fillings, upcoding surgical to simple extractions, and inappropriate billing of scaling at root planning. LDP Corp. assesses our DCM program performance utilization data **every three months** at the procedure code and office/Provider level, creating a transparent way to compare our network Providers' practice patterns to their peers. We then investigate the cause, thereby allowing us an opportunity to develop action plans accordingly.

For outlier Providers (who are performing outside expected practice patterns, both over- and/or under-utilization of services), our clinical staff provides one-on-one counseling calls to help Providers identify why they are an outlier (when they may not be aware). Our staff educates them on program requirements, their performance in comparison to their peers, best practices, and how best to bring their practice patterns into the expected range, which has significant cost and quality implications. For many solo practicing dentists, this process offers an opportunity for peer-to-peer support they otherwise may not have in their practice.



Through our DCM program, LDP Corp. analyzes Provider activity nationwide, which allows oversight of potential patterns of behavior in other markets that may inform actions to benefit the State. Additionally, we use this process to identify and reward high-performing Providers. The result of this process is the adherence to higher standards of care which results in higher quality care, better outcomes, and more cost-effective care. Further, DCM leads to the identification of any potential FWA and reduces unnecessary care.



- **Utilization Report:** Figure E.13-C-2 is a snapshot of a report that we review at least every three months. It includes data for each of the offices that have seen Members and categorized by each dental code. Yellow highlighted areas represent a dental category that is above average and instances below average (such as sealants).
- **Comparison Report:** Compares practice patterns before our peer-to-peer call versus after the call (typically 90 days).



Cost Savings through the Use of Surveillance and Utilization Control.

When we identify, through DCM, an outlier related to utilization, these Providers will receive counseling from our Dental Director, Dr. Rodney Griffin, DDS. Some Providers may undergo additional claims review (requiring Providers to submit X-rays/narratives before claims are paid) or receive CAPs, based on the severity of the situation. LDP Corp. uses our Utilization Management Committee structure to track and document the status of our interventions (e.g., CAPs) through resolution. Our Dental Director and clinical specialists identify outlier offices. [REDACTED]



By bringing the performance of these Providers in line with their peers, we elevated the quality of care available to the Members in our network. Providers have direct access to LIBERTY dentists. We achieve favorable results through Provider education, which is not punitive but collaborative in nature. We have achieved significant cost savings and quality improvement results by identifying and correcting Provider issues including over-utilization, FWA, and potential quality issues through our DCM program. **Table E.13-C-1** shows outlier offices identified between January 2022 and July 2023 and a list of actions taken to resolve (pre-COVID). **In 2022, 85% of our counseling calls demonstrated improvement in the affected metric at the 90-day remeasuring period.**



Our DCM process has proven effective and has allowed us to reduce FWA and over-/under-utilization, which plays a significant role in reducing health care costs and increasing overall quality of care for Members. Our DCM team is responsible for the Provider profiling process and Member profiling process. LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY)

will be leveraging LDP Corp.'s proprietary algorithms to identify billing patterns of our Members. We can create custom reports that identify Member service utilization analytics to identify Members who appear as outliers compared to other Members within the same population. We can identify cost by Member, cost by Member for each dental procedure code, and the top 25 Members utilizing services at each office. Our SIU's Power BI dashboard automatically identifies top billed codes and identifies the specific Members for those codes.

If the DCM identifies a Member as having high utilization, DCM will request the chart to confirm if the services billed were medically appropriate. Additionally, outreach will be made to speak to the Member directly to confirm receipt of the dental services billed. DCM staff identifies dental offices whose practice patterns deviate from our quality and utilization expectations. We conduct analysis to determine if the deviation was related to potential FWA, a quality-of-care issue, or a utilization issue. Our DCM staff refer all cases of potential FWA to our SIU investigators, as directed by our FWA P&Ps. LIBERTY will accept referrals from a variety of different sources, including directly from Providers (either Provider self-referrals or from other Providers), Members, law enforcement, or government agencies for any potential incidents of FWA.

LDP Corp.'s SIU tracks cost avoidance by initiating prepayment review and calculating denials that result from prepayment review. Additionally, the SIU calculates cost avoidance when the SIU terminates an office from our network. **Table E.13-C-2** demonstrates SIU 2023 cost avoidance and waste recovery results.

The SIU continues to focus on the top fraud issues which include non-credentialed/non-Medicaid Providers billing under another Provider's identifiers, upcoding of extraction and surgical dental procedure codes, unbundling of inclusive dental procedures, billing medically unnecessary services, and billing of add-on dental procedure codes.

Procedures for Overpayment Recoveries for Credible Allegations of Fraud. The SIU follows a formal process for tracking all overpayment recoveries. The SIU team coordinates the collection and retention of overpayments resulting from an SIU investigation by initiating an internal workflow that tracks recoveries made by claims offset and when a check is received. The SIU initiates claim offsets of future claim payments to recover overpayments if the Provider has not contested the payment. Where warranted, we have the option to negotiate a payment plan or settlement agreement to recover outstanding payments. LIBERTY will notify DHS on a monthly 8312 Overpayment Recovery Report.

Once our SIU determines an overpayment was made, we notify the Provider in writing and clearly identify the amount of the overpayment, the claim, the name of the patient, the service date, and a full explanation of the basis upon which the claim was more than the amount due. For each claim we deny, adjust, or contest, we provide an accurate and clear written explanation of the specific reasons for the action taken within the timeframes specified, including a detailed listing of the encounters affected. LIBERTY notifies the Provider of options for repayment and their appeal rights. The SIU collaborates with our Finance Department to track all overpayments and recoupments identified as FWA.

D. Process for Performing Preliminary Investigations of Suspected or Confirmed Waste, Fraud, or Abuse

LIBERTY Dental Plan of Arkansas, Inc.'s (LIBERTY's) process for performing preliminary investigations of suspected or confirmed FWA will include a prompt initial investigation, determination if further investigation is needed, ensuring that our staff understands what is prohibited, and coordinating as appropriate with all State and Federal agencies.

Process for Performing Preliminary Investigations of Suspected or Confirmed FWA

When findings from a claims audit, pre-payment or post-payment review, or clinical review indicate there is the possibility of FWA, the SIU's internal policies require the person or department who identified the issue to report the issue to our National Compliance Department for immediate SIU review. Our SIU Central, a dedicated dashboard on LDP Corp.'s homepage accessible to all employees; this will be available to all Arkansas staff. One of SIU Central's features is the intake ticket that employees can use to submit FWA referrals. LIBERTY staff may also report FWA through our compliance hotline, compliance email address, or our SIU email address. Our SIU, through SIU Central, formally logs and investigates all reports of FWA and SIU investigators document all case activity. The SIU makes prompt referrals within two business days when there is a credible allegation of fraud. Allegations concerning Provider FWA billing, or improper payments are reported within 10 business days to DHS.

Prompt Initial Investigation. LIBERTY's process can include a review, including on a sampling basis, of claims reviewed, paid, or authorized for payment by the other employee and the associated dental records. Incidents triggered by a red-flag event would alert LIBERTY to open a preliminary investigation. A red-flag event is a pattern, practice, or activity that indicates possible fraud. A few examples of red-flag events that would constitute an SIU investigation would be unusual billing practices, claims that are resubmitted with coding changes to gain benefits, high volume, percentage of same procedure, forging or altering claims or receipts, or utilizing someone else's coverage identification card.

Determination if Further Investigation is Needed. For any preliminary investigations, the SIU will promptly conduct or direct any investigation we deem necessary or appropriate concerning any report of an incident involving suspected and/or confirmed FWA. If the preliminary investigation determines further investigation is warranted, LIBERTY will report the suspected incident to DHS and the Office of the Medicaid Inspector General (OMIG). We will cooperate with all appropriate State and Federal agencies, including the Arkansas Medicaid Fraud Control Unit (MFCU), OMIG, and DHS, in investigating FWA.

Ensure Our Staff Understands What is Prohibited. LIBERTY will provide counseling and education to all Providers to educate them on contract and correct billing requirements. This will be done through our peer-to-peer sessions and SIU Provider education letters. We are proactive in our avoidance of instances of FWA. Once a matter is referred to DHS or MFCU, LIBERTY will not contact the subject of the investigation about any matters related to the investigation, enter or attempt to negotiate any settlement or agreement regarding the incident, and/or accept any money or something otherwise of value.

Coordinating as Appropriate with all State and Federal Agencies. LIBERTY will cooperate with all appropriate State and Federal agencies, including the Arkansas MFCU, OMIG, and DHS, in investigating fraud and abuse.

E. Internal Controls for Claims Payment and Method to Verify Services Reimbursed were Furnished

LIBERTY Dental Plan of Arkansas, Inc. (LIBERTY) will house internal controls for claims payments in three different categories: (1) prevention (pre-payment review); (2) detection (audits and post-payment review); and (3) reporting.

Prevention

We require service authorizations for specialty services. This ensures medical necessity for the services being requested and avoids unnecessary costs. Our service authorization process is designed to educate Providers on whether or not the service is a covered benefit.

Pre-Payment Review Processes. The SIU will initiate pre-payment review processes to ensure proper billing of dental services. Our claims system applies edits that deny claims for reasons such as duplicate claims, unknown service, unknown Member ineligible to receive service, improper payments, improper coding, and Provider not eligible to provide service. To validate that our pre-payment edits are correctly rejecting claims, LIBERTY will produce reports during post-processing claims review that show overlapping dates of service to determine if any claims have been submitted and were adjudicated for services that did not fail the claim edit logic. LIBERTY will also conduct pre-payment review for all high-dollar claims (claims for \$2,000 or more), which may also be subject to post-pay audits. Providers for whom the

SIU has identified a credible allegation of fraud are placed on pre-payment review requiring that they submit medical records for claims to the SIU for review before LIBERTY authorizes any further payments for them.

Detection

Auditing. To monitor Provider billing practices, we may audit a selection of charts for compliance with clinical treatment record review standards and against corresponding claims paid reports. If findings from a claims audit indicate that there are potential fraud or quality-of-care concerns, the clinical reviewer notifies the SIU. LIBERTY's claims reviewers and staff dentists review claims to identify red flag events and any facts, circumstances, or events, which individually or in combination, support an inference that fraud has been committed with respect to one or more claims. A red-flag event is a pattern, practice, or activity that indicates possible fraud, including but not limited to, unusual billing practices, claims that are resubmitted with coding changes to gain benefits, a high volume or percentage of the same procedure, and forging or altering claims or receipts, among other things. Within two business days after identifying a red-flag event, the claims reviewer or dentist who identified the event submits a written report of their findings to the SIU.

Sophisticated Post-Payment Review. The SIU post-payment review processes incorporate electronic data-mining techniques to detect Provider FWA. LIBERTY applies a custom algorithm in our Core MIS to identify unique elements in claims that are indicators of potential FWA. We use data-driven methods and controls to monitor service patterns of Providers to detect potential and suspected fraud, abuse, and overpayment, including:

- Analyzing patterns of care based on Member age and demographics and by Provider type and geography.
- Comparing statistics with regional, product-based, and national profiles.
- Analyzing and establishing benchmarks and standards.
- Benchmarking a Provider's performance against other comparable Providers based on specialty and geography, analyzing variables such as average procedures per recipient, per appointment, and per quadrant.
- Managing, tracking, and trending of practice patterns based on utilization data.
- Analyzing clinical patterns and developing action plans as appropriate.

Reporting

The SIU can customize audit reports to identify individual Provider recoupments, repayment schedules, and actions taken for each audit or investigation. Our SIU routinely creates quarterly progress reports that identify recoupment totals for the reporting period. The SIU ensures all required reporting templates are loaded into our Compliance Report Tracking System (CRTS) which tracks all reporting deliverables, due dates, and to whom reports and in what manner reports are submitted to our regulators. CRTS ensures the SIU is submitting all deliverables timely and accurately. CRTS has a function that identifies the report creator, report approver, and report transmitter. This ensures the SIU has reviewed and approved all assigned reports prior to submission to regulators.

Methods for Verifying Services Reimbursed were Furnished to Member as Billed

LIBERTY will use multiple techniques to verify whether Members received the dental services billed. To determine the receipt of services billed, LIBERTY will use the following approaches:

- **Explanation of Benefits (EOBs):** EOBs are accessible electronically via our Member portal. LDP Corp. has mechanisms in place to allow Members to access EOBs via telephone and mail if a Member is unable to access our Member portal to review their statement.
- **Text Messaging Outreach:** Our SIU uses SMS text messaging outreach in specific fraud investigations to determine if the Member received dental services from particular dental offices. Like our surveys, LDP Corp's SMS text messaging outreach have been a useful tool in identifying FWA.

EXHIBIT E.9-B-1

EXHIBIT E.9-B-1

This Exhibit references our response to Attachment A, Key Personnel Profile Summary, which is provided on page 14 in the section labeled "Other documents and/or information as may be expressly required in this Bid Solicitation."

EXHIBIT E.9-C-1

EXHIBIT E.9-C-1

This Exhibit references our response to Attachment A, Key Personnel Resumes, which is provided on page 30 in the section labeled “Other documents and/or information as may be expressly required in this Bid Solicitation.”