

**2024 Humana Insurance Company
DENTAL PPO ACCESS PLAN
With
RESULTS AND ANALYSIS
Colorado**

INTRODUCTION:

Provider access plans are an integral part of Humana Insurance Company's (HIC) dental care service system, as well as a regulatory requirement. Implementation of an access plan facilitates member access to care through an adequate network of providers. Expanding sales and RFP requests also require an overall knowledge of provider access standards and current status. This Access Plan provides a format and content for meeting legislative and regulatory needs, as well as the service expectations of our membership.

I. PURPOSE

The purpose of HIC's Dental Access Plan is to facilitate member access to dental providers and dental services. The Access Plan activities are designed to:

- Facilitate a sufficient number of dentists in the delivery system and align geographic distribution with the member population
- Facilitate timeliness of appointments and dental care both during and after office hours
- Meet the cultural and linguistic needs of the member population
- Measure performance against HIC's standards for provider access and availability
- Identify opportunities for improvement

II. SCOPE

HIC has established standards for the number and geographic distribution of dental providers as well as standards for appointment access. Performance against these standards is measured at least annually.

Compliance with dental provider access is measured by:

- The ratio of dentists to members
- The geographic distribution of dentists

Compliance with appointment access standards are measured by:

- Analysis of access complaints

III. DEFINITIONS:

- **Endodontics**
A branch of dentistry concerned with diagnosis, treatment and prevention of diseases of the dental pulp and its surrounding tissues.
- **Oral & Maxillofacial**
A field of dentistry concerned with the upper jaw and associated teeth particularly with reference to specialized surgery of this region.
- **Orthodontics**
The division of dentistry dealing with the prevention and correction of abnormally positioned or aligned teeth.
- **Pediatric Dentistry**
A branch of dentistry concerned with the dental care and treatment of patients from birth through the teen years. Also known as known as pedodontics.

- **Periodontics**
The branch of dentistry concerned with the study of the normal tissues and the treatment of abnormal conditions of the tissues immediately about the teeth.
- **Prosthodontics**
A field of dentistry concerned with the science and art of providing suitable substitutes for the coronal portions of teeth, or for one or more lost or missing teeth and their associated parts, in order that impaired function, appearance, comfort, and health of the patient may be restored.
- **Urgent Care**
Is defined as services required from a dentist, for the palliative relief of a sudden, or unexpected acute condition, involving severe pain that require immediate dental services to alleviate suffering, or prevent imminent loss of teeth from accident or injury (fever, swelling, infection, bleeding, or other conditions)
- **Routine Care**
Is defined as non-urgent care for symptomatic issues (Cleanings, fillings, crowns, bridges, etc.)

IV. SPECIFIC ACCESS and AVAILABILITY MEASUREMENTS

A. Member Cultural and Linguistic Needs and the Provider Network

Purpose:

To gain knowledge of the ethnic composition of our membership, to assess the linguistic and cultural needs of that population, and to make any necessary adjustments to the provider network to meet those needs.

Measurement/Results:

- At least annually, the Plan reviews member access complaints regarding cultural or linguistic needs.
- Humana's online provider directory identifies languages spoken by each provider and is searchable by languages spoken to aid members in identifying providers who meet their needs. Humana's Customer Service department can also assist members in locating providers who meet their cultural or linguistic needs.
- Translation and interpretation services for any language are available free of charge through Customer Service. Humana also has a Spanish customer service unit and a Spanish version of the website, including the online provider directory, to further assist Spanish-speaking members.
- The Telecommunications Device for the Deaf (TDD or TYY) phone, the TDD relay services and Video Relay Services (VRS) are used to communicate with Humana members who are deaf or hearing impaired.

Findings/Recommendations:

- The majority of calls from members who speak different languages are Spanish. Due to the percentage of calls received in Spanish, Humana Specialty Benefits created a special line, specifically for Spanish calls.
- The initial provider credentialing and re-credentialing applications capture and update the languages spoken at the dental providers office
- On-line provider directories display languages available within provider offices
- Continue to monitor complaints and the volume and type of foreign language calls

B. Network Adequacy

Purpose:

To facilitate an adequate number and geographic distribution of general dentists and specialty dentists in the HIC network to meet member needs.

Provider Availability

Standard: Annually, the ratio of dental providers to members is calculated and compared to goals. The following provider types are analyzed:

The Specialty Quality Improvement Committee (SQIC) has adopted the following network adequacy standards. The target ratios of dental providers to members are included in the tables below.

Measurements/Results:

Table 1: Target Provider-to-Member Ratios

Geographic Area	All Dentists
Large Metro	1:2000
Metro	1:2000
Micro	1:2000
Rural	1:2000
CEAC	1:2000

Table 3: Actual Performance 2024

Geographic Area	All Dentists
Large Metro	1:1
Metro	1:2
Micro	1:3
Rural	1:4
CEAC	1:6

Membership: Large Metro – 2,932
Metro – 19,772
Micro – 1,218
Rural – 1,125
CEAC – 662

Findings:

We are meeting or exceeding all membership to provider availability targets.

Provider Accessibility

Standard: Geographic access studies are done on an annual basis. Location comparisons of the members to providers are done for general dentists and all other specialists. The software produces maps and analytical summaries of members with desired access and members without desired access. The access standard targets are listed in the tables below.

Service Area:

Dental PPO

Statewide/All Counties

Measurements/Results:

Table 4: 2024 Dental PPO GeoAccess Targets

Geographic Area	All Dentists
Large Metro	90% 1 in 15 miles
Metro	90% 1 in 30 miles
Micro	90% 1 in 60 miles
Rural	90% 1 in 75 miles
CEAC	90% 1 in 110 miles

Table 5: 2024 Dental PPO GeoAccess Results

Geographic Area	All Dentists
Large Metro	100% 1 in 15 miles
Metro	99.9% 1 in 30 miles
Micro	100% 1 in 60 miles
Rural	100% 1 in 75 miles
CEAC	100% 1 in 110 miles

Membership: Large Metro – 2,932
Metro – 19,772
Micro – 1,218
Rural – 1,125
CEAC – 662

Findings/Recommendations:

We are meeting or exceeding all access targets. Humana is working to contract additional specialty providers where they are available.

Actions:

Continue to monitor on an annual basis.

C. Accessibility of Services

Purpose: To facilitate timely access to Urgent, Non-urgent and Preventative appointments

Policy: When an in-network provider is not available or the member is outside the service area, HIC will ensure that the covered person obtains the covered benefit at no greater cost to the covered person than if the benefit were obtained from participating providers, or shall make other arrangements acceptable to the state insurance commissioner. In the event an in-network provider is not available within our access standards, members are advised to contact Humana customer service to make arrangements to see another provider.

- Humana Dental PPO members are not required to select a primary care dentist and may self-refer to any general dentist or specialty dentist in the network to receive the in-network level of benefits.
- Members are informed of the plans grievance and appeals policies in the member certificate of coverage. Most complaints can be resolved informally over the phone by Humana’s Customer Care Representatives. In the event the Customer Care Representative cannot resolve the complaint to the member’s satisfaction, the Customer Care Representative advises the member of Humana’s Grievance and Appeals Policy and explains the process of submitting the complaint.

Measurements/Results:

Table 6: Access Complaints

Time Period	# of Complaints	Complaints/ 1000 members
1 st QTR 2024	0	0
2 nd QTR 2024	0	0
3 rd QTR 2024	0	0
4 th QTR 2024	0	0

Source: Grievance and Appeals Reports and complaints received

Findings:

- A review of Grievance and Appeals data for 2024 showed that no members complained in writing, that distance was a barrier to their seeking dental services. The Network staff will continue to monitor G&A data to identify and report any patterns or trends that would warrant an action plan.
- Humana does not currently utilize telehealth providers to meet healthcare needs and network adequacy standards

V. Provider Contract Provisions

Hold Harmless:

2. OBLIGATIONS OF THE PARTIES

H. No Liability to Members—(1) DENTIST agrees that in no event, including but not limited to non-payment by HumanaDental, HumanaDental’s insolvency or breach of this Agreement, DENTIST bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against Members or persons other than HumanaDental acting on their behalf for dental services provided pursuant to this Agreement. This provision

shall not prohibit collection for any non-covered services, or collection of copayments, coinsurance, cost share amounts, or deductibles in accordance with the terms of this agreement and the applicable Member benefit contract. (2) DENTIST agrees that in the event of HumanaDental's insolvency or other cessation of operations, benefits to Members will continue for the period for which the premium has been paid. (3) DENTIST further agrees that (a) this provision shall survive the termination of this Agreement regardless of the cause giving rise to termination and shall be construed to be for the benefit of the Members, (b) this provision supersedes any oral or written contrary agreement now existing or hereafter entered into between DENTIST and Member or persons acting on their behalf, and (c) this provision shall apply to all employees of DENTIST and DENTIST shall obtain from such person's specific agreement to this provision. (4) Any modification, addition, or deletion to this Article I of the agreement shall not become effective until after the Commissioner of Insurance has given HumanaDental written notice of approval of such proposed changes, or such changes are deemed approved in accordance with States Laws.

Continuity of Care

3. TERM/TERMINATION

B. Termination—This Agreement may be terminated, without cause, by either Party, upon advance notice to the other Party by ninety (90) days written notice. The termination shall become effective on the last day of the month following the ninety (90) day period. DENTIST may terminate this Agreement for cause if HumanaDental fails to make payments required under this Agreement, but only after written notice providing at least sixty (60) days in which HumanaDental may avoid termination by curing the default in payment. HumanaDental may terminate this Agreement immediately upon written notice, stating the cause for such termination, in the event HumanaDental reasonable determined that (1) DENTIST'S continued participation under this Agreement may adversely affect the health, safety and welfare of any Member or bring HumanaDental or its dental care networks into disrepute, or (2) DENTIST engages in or acquiesces to any act of bankruptcy, receivership or reorganization, or (3) HumanaDental loses its authority to conduct business in total or as to any limited segment of business but then only as to that segment, or (4) DENTIST loses license to practice dentistry or malpractice insurance, or (5) DENTIST violates any of the provisions of applicable state and/or federal laws.

DENTIST understands termination of this Agreement shall not relieve DENTIST from DENTIST'S obligation to provide, arrange for and pay for Covered Services to Member through the last day of this Agreement. DENTIST agrees to complete all work in-progress before the last day of this Agreement or to pay for such completion if not done so by DENTIST. HumanaDental retains the right to recover from DENTIST any costs paid on DENTIST'S behalf that are obligations of DENTIST or DENTIST'S employees, and become necessary to be paid by HumanaDental to provide Covered Services to Members.

VI. REPORTING

The Specialty Quality Improvement Committee (SQIC) monitors the Access and Availability activities as described. Opportunities for improvement, development of action plans, follow up and documentation of improvement is overseen by the SQIC. Analysis of the Access and Availability Plan is performed annually.