



DIPP Protocol Appendix A: Louisiana Dental Incentive Payment Program (DIPP) Value-Based State Directed Payment Workflow

Program Overview

DIPP is a value-based state directed payment for general and pediatric dentists practicing in dental clinics, Federally Qualified Health Centers, and Rural Health Clinics and who are participating in the Louisiana Medicaid dental program. LDH intends to submit a preprint requesting federal approval for the first three years of the program, subject to ongoing state appropriations.

Participating dental clinics may receive quality-based incentive payments twice a year beginning in June 2025. The total program valuation for Year 1 is \$12.2 million. The total valuation for subsequent years will be determined by future appropriations.

This document outlines the potential quality measures, scoring methodology, and measurement periods that will be used to determine incentive payments for participating dental clinics.

Quality Goals

All state directed payments must advance at least one of the goals and objectives of the state's Medicaid managed care quality strategy. DIPP is expected to advance the quality goals of promoting wellness and prevention and ensuring access to care to meet enrollee needs.

Quality Measures

Clinics will earn incentive payments based on their performance on quality measures. Clinic performance will be tracked by the dental plans and reported to LDH twice a year. The program will include the following three measures.

- DIPP-1: Timely Recall Visit: Rate of routine exams performed within 175 to 235 days from the previous exam (ages one and older)
- DIPP-2: Twice Annual Fluoride: Rate of second topical fluoride applications performed within 175 to 235 days of previous topical fluoride for children (ages one through 20)
- DIPP-3: Rate of Restorative Care: Rate of restorative services performed within 0 to 180 days of a routine exam (ages three and older)

Quality Measure Incentive Pool

The total program valuation for each reporting round will be divided into a quality incentive pool for each measure. The size of the quality incentive pool will be proportional to the total state Medicaid denominator cases during the prior year measurement period. For example, if the Medicaid statewide denominator is 100 for Measure X, 200 for Measure Y, and 300 for measure Z, then the quality incentive pool for Measure Z would be half (300 divided by 600) of the total program valuation for the reporting round.



Dental Clinic Incentive Payment Scoring Methodology

Each measure will have a **benchmark**. The benchmark for each reporting round is equal to the state Medicaid median for all dental clinics during the same six-month period of the prior year.

Each participating clinic will have a **performance target** for each measure. During the first two reporting periods of the program, the performance target will be equal to the clinic's performance on a given measure in the prior year. Beginning in Year 2, Round 2, the performance target will be an improvement over the clinic's prior year performance, as shown in Table 3.

Once a clinic's performance is reported for a reporting round, each participating clinic will receive a **weight** for a measure based on the clinic's performance during the measurement period. A participating clinic's payment for a given reporting round will be determined by the clinic's performance relative to the benchmark and the clinic's performance target.

FIGURE 1: QUALITY INCENTIVE WEIGHT

	Above Benchmark	Below Benchmark
Above Performance Target	100%	80%
Below Performance Target	60%	0%

- 100% weight applied for clinics with performance during the measurement period that is equal to or greater than the benchmark and equal to or greater than the clinic-specific performance target
- 80% weight applied for clinics with performance during the measurement period that is below the benchmark and equal to or greater than the clinic-specific performance target
- 60% weight applied for clinics with performance during the measurement period that is greater than or equal to the benchmark but below the performance target
- 0% weight applied for clinics with performance during the measurement period that is below the benchmark and below the performance target

The value of the incentive earned by each clinic will be determined based on the clinic's proportion of total number of numerator cases (subsequent dental exams, fluoride services, or restorative services) across all participating providers during the measurement period, weighted based on the clinic's quality incentive weight. An example calculation is provided in Tables 1 and 2.



Scoring Methodology Example

Table 1: Hypothetical Example - Clinic Performance and Weights for a Measure

Clinic	Baseline Rate	Performance Rate	Benchmark (50%)	Performance Target (Maintain)	Weight
Clinic A	62%	65%	Above	Above	100%
Clinic B	35%	45%	Below	Above	80%
Clinic C	60%	55%	Above	Below	60%

Table 2: Hypothetical Example - Measure Quality Incentive Pool of \$1,000,000

Clinic	Weight	Return Fluoride Visits	Share Volume	Payment Calculation	Provider Payment
Clinic A	100%	2,000	$2,000 \times 100\% = 2,000$	$2,000/4,000 = 50\%$	\$500,000
Clinic B	80%	1,600	$1,600 \times 80\% = 1,280$	$1,280/4,000 = 32\%$	\$320,000
Clinic C	60%	1,200	$1,200 \times 60\% = 720$	$720/4,000 = 18\%$	\$180,000
Total		4,800	4,000	100%	\$1,000,000



Table 3: Reporting Rounds, Measurement Periods, and Performance Targets

Program Year Reporting Round	Quality Measure Measurement Period	Start	End	Valuation	Dental Clinic Performance Target	Benchmark	Scorecard Due	Incentive Award Due
Baseline A	Denominator (index encounter)	01/01/23	06/30/23					
	Numerator DIPP-1 & DIPP-2	06/24/23	02/20/24					
	Numerator DIPP-3	01/01/23	12/27/23					
Baseline B	Denominator (index encounter)	07/01/23	12/31/23					
	Numerator DIPP-1 & DIPP-2	12/23/23	08/23/24					
	Numerator DIPP-3	07/01/23	06/29/24					
Year 1, Round 1	Denominator (index encounter)	01/01/24	06/30/24	\$12.2 Million	Maintenance of Baseline A	State Medicaid Median from Baseline A	05/21/25	06/20/25
	Numerator DIPP-1 & DIPP-2	06/24/24	02/20/25					
	Numerator DIPP-3	01/01/24	12/27/24					
Year 2, Round 1	Denominator (index encounter)	07/01/24	12/31/24	\$6.1 Million	Maintenance of Baseline B	State Medicaid Median from Baseline B	11/21/25	12/21/25
	Numerator DIPP-1 & DIPP-2	12/23/24	08/23/25					
	Numerator DIPP-3	07/01/24	06/29/25					
Year 2, Round 2	Denominator (index encounter)	01/01/25	06/30/25	\$6.1 Million	5% Improvement over Year 1, Round 1	State Medicaid Median from Year 1, Round 1	05/21/26	06/20/26
	Numerator DIPP-1 & DIPP-2	06/24/25	02/20/26					
	Numerator DIPP-3	01/01/25	12/27/25					
Year 3, Round 1	Denominator (index encounter)	07/01/25	12/31/25	\$6.1 Million	5% Improvement over Year 2, Round 1	State Medicaid Median from Year 2, Round 1	11/21/26	12/21/26
	Numerator DIPP-1 & DIPP-2	12/23/25	08/23/26					
	Numerator DIPP-3	07/01/25	06/29/26					
Year 3, Round 2	Denominator (index encounter)	01/01/26	06/30/26	\$6.1 Million	2% Improvement over Year 2, Round 2	State Medicaid Median from Year 2, Round 2	05/21/27	06/20/27
	Numerator DIPP-1 & DIPP-2	06/24/26	02/20/27					
	Numerator DIPP-3	01/01/26	12/27/26					

NOTE: Scorecard due date assumes 90-day claims run out and incentive award due date assumes 30 days for dental plans to issue incentive award