



# State of Louisiana Department of Health

## MCNA Dental

### Annual External Quality Review Technical Report

#### FINAL REPORT

Review Period: July 1, 2019 – June 30, 2020

Report Issued: April 2021



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## I. Introduction

The Centers for Medicare and Medicaid Services (CMS) require that state agencies contract with an External Quality Review Organization (EQRO) to conduct an annual external quality review (EQR) of the services provided by contracted Medicaid managed care entities (PAHPs). This EQR must include an analysis and evaluation of aggregated information on quality, timeliness, and access to the health care services that a PAHP furnishes to Medicaid recipients. Quality is defined in 42 CFR §438.320 as “the degree to which a PAHP or PIHP increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge.”

In order to comply with these requirements, Louisiana Department of Health (LDH) contracted with IPRO to assess and report the impact of its Medicaid dental program on the accessibility, timeliness, and quality of services. Specifically, this report provides IPRO’s independent evaluation of the services provided by the State’s dental vendor, MCNA Dental (MCNA). The framework for IPRO’s assessment is based on the guidelines and protocols established by CMS, as well as State requirements.

The framework for IPRO’s assessment is based on the guidelines and protocols established by CMS, as well as Louisiana state requirements. IPRO’s assessment included an evaluation of the mandatory activities, which encompass: performance measure (PM) validation, performance improvement project (PIP) validation, and compliance audits.

The review period for this report is July 1, 2019 – June 30, 2020.

## II. MCNA Corporate Profile

Table 1: Corporate Profile

MCNA Dental	
Type of organization	Prepaid ambulatory health plan (PAHP)
Tax status	For profit
Year operational	2014
Product line(s)	Medicaid and LaCHIP
Total Medicaid enrollment (as of June 2020)	1,582,078

### III. Provider Network

LDH requires MCNA to report on a quarterly basis the total number of network providers. **Table 2** shows the sum of MCNA's general dentist, endodontist, oral surgeon, orthodontist, periodontist, and prosthodontist providers in each parish as of June 30, 2020.

Table 2: GeoAccess Provider Network Accessibility by Parish

Parish	% Members in		Percent of Members within 60 Miles of				
	Urban Parishes within 20 Miles of Main Dentist	Rural Parishes within 20 Miles of Main Dentist	Endodontist	Oral Surgeon	Orthodontist	Periodontist	Prosthodontist
Acadia	100.0%	0.0%	93.5%	100.0%	100.0%	52.4%	49.9%
Allen	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%
Ascension	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Assumption	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Avoyelles	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	31.6%
Beauregard	0.0%	100.0%	95.4%	100.0%	100.0%	0.0%	0.0%
Bienville	0.0%	100.0%	13.5%	100.0%	100.0%	0.0%	100.0%
Bossier	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	100.0%
Caddo	100.0%	0.0%	0.0%	100.0%	81.8%	0.0%	81.8%
Calcasieu	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%
Caldwell	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%
Cameron	0.0%	99.5%	0.0%	99.5%	99.5%	0.0%	0.0%
Catahoula	0.0%	100.0%	100.0%	100.0%	100.0%	74.8%	100.0%
Claiborne	0.0%	99.9%	0.0%	99.9%	99.9%	0.0%	99.9%
Concordia	0.0%	100.0%	100.0%	100.0%	100.0%	92.1%	99.9%
De Soto	0.0%	100.0%	2.3%	100.0%	83.1%	0.0%	83.1%
East Baton Rouge	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
East Carroll	0.0%	100.0%	0.0%	100.0%	100.0%	0.0%	100.0%
East Feliciana	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Evangeline	0.0%	100.0%	100.0%	100.0%	100.0%	71.0%	0.0%
Franklin	0.0%	99.8%	95.3%	99.8%	99.8%	0.0%	99.8%
Grant	0.0%	99.9%	99.9%	99.9%	99.9%	0.0%	99.9%
Iberia	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Iberville	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Jackson	0.0%	99.3%	86.4%	99.7%	99.7%	0.4%	99.3%
Jefferson	99.7%	0.0%	99.9%	100.0%	100.0%	99.9%	99.9%
Jefferson Davis	0.0%	100.0%	29.8%	100.0%	100.0%	0.0%	0.0%
Lafayette	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Lafourche	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
La Salle	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%
Lincoln	0.0%	99.9%	0.1%	100.0%	100.0%	0.1%	99.8%
Livingston	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Madison	0.0%	99.5%	0.0%	99.5%	99.5%	0.0%	99.5%
Morehouse	0.0%	100.0%	0.0%	100.0%	100.0%	0.0%	100.0%
Natchitoches	0.0%	100.0%	100.0%	100.0%	98.4%	0.0%	99.8%
Orleans	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Ouachita	100.0%	0.0%	1.6%	100.0%	100.0%	0.0%	100.0%
Plaquemines	78.3%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Parish	% Members in		Percent of Members within 60 Miles of				
	Urban Parishes within 20 Miles of Main Dentist	Rural Parishes within 20 Miles of Main Dentist					
	Endodontist	Oral Surgeon	Orthodontist	Periodontist	Prosthodontist		
Pointe Coupee	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Rapides	100.0%	0.0%	100.0%	100.0%	100.0%	1.0%	0.0%
Red River	0.0%	100.0%	96.8%	100.0%	100.0%	0.0%	100.0%
Richland	0.0%	99.9%	0.0%	99.9%	99.9%	0.0%	99.9%
Sabine	0.0%	100.0%	84.3%	100.0%	5.6%	0.0%	6.4%
Saint Bernard	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Saint Charles	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Saint Helena	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Saint James	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Saint Landry	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	80.2%
Saint Martin	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Saint Mary	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Saint Tammany	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
St John the Baptist	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Tangipahoa	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Tensas	0.0%	100.0%	0.0%	100.0%	100.0%	0.0%	100.0%
Terrebonne	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Union	0.0%	100.0%	0.0%	100.0%	100.0%	0.0%	100.0%
Vermilion	0.0%	100.0%	27.3%	100.0%	100.0%	76.6%	27.2%
Vernon	0.0%	100.0%	100.0%	100.0%	95.4%	0.0%	0.0%
Washington	0.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.8%
Webster	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	100.0%
West Baton Rouge	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
West Carroll	0.00%	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%
West Feliciana	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Winn	0.00%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%

Source: Network Adequacy Review Report 220, Q2 2020.

## IV. Quality Improvement Program

### Performance Improvement Projects

PIPs engage PAHP care and quality managers, providers, and members as a team with the common goal of improving patient care. The PAHP begins the PIP process by targeting improvement in annual baseline performance indicator rates and identifying drivers of improved evidence-based performance. The next step is to identify barriers to quality of care and to use barrier analysis findings to inform interventions designed to overcome the barriers to care. Interventions are implemented and monitored on an ongoing basis using quarterly and/or monthly intervention tracking measures (ITMs). Declining or stagnating ITM rates signal the need to modify interventions and re-chart the PIP course. Positive ITM trends are an indication of robust interventions.

IPRO collects performance indicator data and ITM data reported by the plans in annual PIP reports, quarterly PIP reports, and monthly plan-do-study-act (PDSA) run chart presentations. The PIP validation procedure builds on the CMS PIP Validation Protocol by evaluating quantitative and qualitative data regarding each of the following PIP components:

1. Topic/Rationale
  - a. Impacts the maximum proportion of members that is feasible
  - b. Potential for meaningful impact on member health, functional status, or satisfaction
  - c. Reflects high-volume or high-risk conditions
  - d. Supported with PAHP member data (baseline rates; e.g., disease prevalence)
2. Aim
  - a. Specifies performance indicators for improvement with corresponding goals
  - b. Goal sets a target improvement rate that is bold, feasible, and based upon baseline data and strength of interventions, with rationale (e.g., benchmark)
  - c. Objectives align aim and goals with interventions
3. Methodology
  - a. Annual PMs indicated
  - b. Specifies numerator and denominator criteria
  - c. Procedures indicate data source, hybrid versus administrative, reliability
  - d. Sampling method explained for each hybrid measure
4. Barrier analysis, using one or more of the following:
  - a. Susceptible subpopulations identified using claims data on PMs stratified by demographic and clinical characteristics
  - b. Obtain direct member input from focus groups, quality meetings, surveys, and/or care management outreach
  - c. Obtain direct provider input from focus groups, quality meetings, surveys, and/or care management outreach
  - d. Quality improvement (QI) process data (e.g., fishbone diagram, process flow diagrams)
5. Robust interventions that are measureable using ITMs
  - a. Informed by barrier analysis
  - b. Actions that target member, provider, and PAHP
  - c. New or enhanced, starting after baseline year
  - d. With corresponding monthly or quarterly intervention tracking measures to monitor progress of interventions.
6. Results table
  - a. Performance indicator rates, numerators, and denominators
  - b. Target rate
7. Discussion
  - a. Interpretation of extent to which PIP is successful (e.g., compare final to baseline rates, compare final to target rates, interpret ITM rate trends in support of performance indicator improvement)
8. Next steps
  - a. Lessons learned
  - b. System-level changes made and/or planned
  - c. Next steps for each intervention

The following PIPs were active during the annual technical review (ATR) review period (July 1, 2019, - June 30, 2020):



- Improving Member Receipt of Oral Health Services

### **Improving Member Receipt of Oral Health Services PIP**

In this PIP, MCNA aims to improve member receipt of oral health services. The PIP targets three measures: members receiving any dental service, members receiving preventive services, and members ages 6–9 years receiving sealants on first molars. The PIP topic selection and prioritization considers the impact on improving oral health outcomes for the plan’s membership, and consistency with CMS’s oral health initiative, which is to increase the utilization of Medicaid and CHIP enrollees receiving preventive dental services.

The baseline measurement period of the PIP was January 1, 2015, to March 15, 2016, with intervention period beginning January 2, 2016. The final measurement period was January 1, 2019 to March 8, 2020.

**Performance Indicators:** Table 3 describes each performance indicator and the technical methods used for calculation.

Table 3: Performance Indicator Descriptions

Performance Indicator	Description	Measure Source	Numerator DOS: 01/01/15–12/31/15	Denominator DOS: 01/01/15–12/31/15	Benchmark	Source of Benchmark	Goal
Performance Indicator 1	Any Dental Service, Ages 1–20	CMS	Members from denominator who received at least 1 dental service. Includes CDTs D0100–D9999, based on unduplicated paid, unpaid, or denied claims. Members receiving multiple services are counted only once in numerator. This number is found on CMS form 416, field 12a, for total population minus those < 1 year old.	Members continuously enrolled in plan for at least 90 days, excluding those < 1 year old. This number is found on CMS form 416, field 1b, for total population minus those < 1 year olds.	N/A	N/A	2-percentage-point improvement from baseline to be finalized once CY 2015 rates are finalized in March 2016
Performance Indicator 2	Dental Preventive Visits, Ages 1–20	CMS	Members from denominator who received at least 1 preventive dental service by or under supervision of dentist. CDT codes include D1000–D1999 submitted for DOS within MY based on unduplicated paid, unpaid or denied claims. Members receiving multiple preventive services are counted only once in numerator. This number is found on CMS form 416, field 12b, < 1 year olds.	Members continuously enrolled in plan for at least 90 days, excluding those < 1 year old. This number is found on CMS form 416, field 1b, for total population minus those < 1 year old.	N/A	N/A	2-percentage-point improvement from baseline to be finalized once the CY 2015 rates are finalized in March 2016
Performance Indicator 3	Dental Sealants, Ages 6–9	CMS—Modified to account for benefit limitations	Members from denominator who received a sealant on a permanent molar tooth, as defined by CDT D1351 on tooth #s 2, 3, 14, 15, 18, 19, 30, and 31. DOS must be	Members, ages 6-9, continuously enrolled in the Plan for at least 90 days not meeting exclusion criteria. This number can be found on the CMS 416 form field 1b for the 6-9 year olds	N/A	N/A	2 percentage point improvement from baseline to be finalized once the CY 2015 rates are finalized in March

Performance Indicator	Description	Measure Source	Numerator DOS: 01/01/15–12/31/15	Denominator DOS: 01/01/15–12/31/15	Benchmark	Source of Benchmark	Goal
			within the MY from claims paid, unpaid, or denied. Members receiving more than 1 sealant service during MY are counted only once in numerator.	<p>population minus exclusions. Exclusions include anyone eligible in denominator who had any combination of the following services, which account for ALL four TIDs 3, 14, 19, and 30, making them ineligible for sealants during MY:</p> <ul style="list-style-type: none"> <li>• Criterion 1: Sealant, CDT D1351 on TID 3, 14, 19, or 30 within 12 months prior to MY.</li> <li>• Criterion 2: Restorations, CDTs D2140, D2150, D2160, D2161, D2391, D2392, D2393, or D2394 on any surface with an O, TIDs 3, 14, 19, or 30 at any time prior to end of MY.</li> <li>• Criterion 3: Extractions CDTs D7111, D7140, D7210, D7220, D7230, D7240, D7241, or D7250 on TIDs 3, 14, 19, or 30 at any time prior to end of MY.</li> <li>• An eligible must have all four TIDs addressed by some combination of criteria 1–3 in order to be excluded from MY.</li> </ul>			2016.

DOS: date of service; CMS: Centers for Medicare and Medicaid; CY: calendar year; N/A: not applicable.

**Interventions:** Table 4 describes the interventions and when they were implemented.

Table 4: Intervention Timeframe and Description

Intervention Timeframe	Description of Intervention
01/02/16 – Ongoing	<p>CMS 416 Customized Reporting: Note – MCNA recognizes that the following intervention is internally/process driven and that the actions stemming from these changes are the recognized interventions. Without these process/reporting changes, the other interventions cannot be enabled.</p> <p>The intervention is to design CMS 416 monthly cumulative reports that integrate language and geographic location of members and providers for use in monthly assessment of results and targeting/adjusting member and provider outreach.</p> <p>This intervention was developed in January and utilized to retrospectively assess baseline results. The same reports and approach will be utilized to proactively assess and target populations by region, parish, language etc. beginning in February, which follows our first months of claims reporting during the re-measurement period.</p>
02/16 – ongoing	<p>PIP Workgroup: Note – MCNA recognizes that the following intervention is internally/process driven and that the actions stemming from these changes are the recognized interventions. Without these process/reporting changes the other interventions cannot be enabled.</p> <p>The intervention is to develop and implement a multidisciplinary internal workgroup to evaluate new reports and collectively agree upon demonstrated results from previous month's efforts and review and decide about the next prioritized activities (i.e. geographic location for outreach events that will support increased results, providers to outreach for targeted areas not demonstrating movement, translation needs, etc.).</p> <p>This team will begin meeting in February under the direction of the VP of Quality Improvement and Dental Management, and will include clinical and non-clinical representation from quality improvement, utilization management, member outreach, member services and provider relations. Other ad hoc members will be added as needed.</p>
02/16 – ongoing	<p>Member Customized Reporting: Note – MCNA recognizes that the following intervention is internally/process driven and that the actions stemming from these changes are the recognized interventions. Without these process/reporting changes the other interventions cannot be enabled.</p> <p>The intervention is to develop a monthly report that cumulatively identifies members that have received treatment services without follow up preventive care. The report will be developed in February but not put into actionable outreach efforts until March given scheduling and claims submission timeframes. The report will include an ability to be stratified by provider so that both member and provider outreach can be supported.</p>
03/16 – 12/16 Discontinued due to low rates of success.	<p>Targeted Member Outbound Calls: The intervention is to initiate targeted outreach via MCNA's Care Connections team. Calls will be</p>

Intervention Timeframe	Description of Intervention
	<p>made from MCNA’s representatives that speak the member’s language whenever possible. In the event there is not a MCNA staff member that speaks the member’s primary language when outreaching to the member and the member or care giver requests translation services, MCNA staff will utilize the Language Line interpretation services and connect the member with an interpreter to meet the member’s language needs. Calls will be prioritized based on data from the newly developed reports in the following order:</p> <ul style="list-style-type: none"> <li>• Members receiving treatment without follow up preventive care (Dental encounters are measured up to 60 days after conducting outreach.</li> <li>• Members ages 6–9 without any dental service on record (these members will count for all 3 measures if they receive sealants)</li> <li>• Members included in targeted geographic areas or other subpopulations identified by the PIP workgroup</li> </ul> <p>The outreach calls will include education regarding needed services and why they are important, assistance with finding a provider, scheduling appointments, and assistance with transportation or translation services as needed. The representative will include an open ended question regarding any other barriers the member may have preventing them from receiving the services so they have an opportunity to address those while in contact with the member.</p>
04/16 – ongoing	<p>Community Outreach: The intervention is to conduct and/or participate in a minimum of 8 outreach events in areas identified by the PIP workgroup as a high volume opportunity. Available materials at the event will be interpreted in languages spoken by targeted population as identified necessary by data. Additionally, the events will make sub-provider directories available to the members based on geographic location and language. Education and assistance will be coordinated as outlined in the member outreach calls above. Members needing additional assistance beyond what can be provided at the event will be referred to the Care Connections team. Dental encounters are measured up to 60 days after the outreach event.</p>
<p>04/16 – ongoing Discontinued in 2019 due to providers implementing their own reminder/outreach system to members with care gaps.</p>	<p>Provider Outreach: The intervention is to outreach to targeted providers based on geographic location, languages spoken, and performance. Outreach will consist of assessment of available appointments and willingness of the office to outreach to the members in an attempt to schedule an appointment. Qualifying and agreeing providers will receive outreach lists accordingly and be monitored for success.</p>
<p>04/16 - ongoing (modified intervention; modification includes text messages sent in member’s primary language versus English only</p>	<p>Preventive Service Reminders: The intervention is to disseminate text message reminders to the member/parent/legal guardian reminding the member to visit the dentist and receive preventive dental services. The text is sent to members with no claims history on file and are overdue to receive preventive care. The preventive services text message reads: “MCNA cares about your smile! Please call your dentist for a preventive checkup. Need help finding a dentist? Visit <a href="http://www.mcnala.net">www.mcnala.net</a> or call 1-855-702-6262.”</p> <p>The message will be translated in the member’s language when falling</p>

Intervention Timeframe	Description of Intervention
	within the top five languages spoken by the population. Cell phone numbers are captured during inbound calls into our Member Hotline. The member has the option to provide a cell phone and email address to their file and also the right to opt-out of receiving communications at any time. This information is also captured when personalized calls are made to members in efforts to bridge care gaps.
07/16 – 05/18	<p>Provider Performance Summary: The intervention is to develop, implement and distribute quarterly report to providers that includes minimally the following:</p> <ul style="list-style-type: none"> <li>• Rates of members seen for treatment services without follow up preventive care.</li> <li>• Rates of eligibles 6–9 years old seen for treatment or preventive care and did not receive sealants.</li> <li>• Comparative results for their peers including averages and the top 10 percentile scores.</li> <li>• Shared best practices from the top performing providers.</li> </ul> <p>MCNA will offer its top performing practices an opportunity to be showcased in future reports encouraging efforts for improvement. Provider Relations will conduct site visits to the lowest scoring provider practices seeing high volumes of patients to review the results in person and assist staff with implementing best practices.</p> <p>Of note – this intervention is targeted for May 2018 given the amount of development involved in the report. The Plan will strive to implement sooner if possible.</p>
07/25/16 – 06/30/18 Intervention has been reactivated effective 03/01/2019	Summer Sealant Campaign: The intervention is designed to increase the utilization of dental sealants and incentivize providers by increasing the reimbursement fee by \$10 per permanent first molar for teeth IDs 3, 14, 19, and 30,
08/16 – 12/16 Stopped intervention due to low success rate.	<p>Sealant Service Reminders: The intervention is to disseminate text message reminders to the member/parent/legal guardian reminding the member to visit the dentist and receive dental sealants. The text is sent to members who are eligible for sealants. The sealant text message reads: “Dental sealants protect your child’s permanent teeth. Call MCNA at 1-855-702-6262 or visit <a href="http://www.mcna.net">www.mcna.net</a> for help in scheduling an appointment with the dentist.”</p> <p>The message will be translated in the member’s language when falling within the top five languages spoken by the population. Cell phone numbers are captured during inbound calls into our Member Hotline. The member has the option to provide a cell phone and email address to their file and also the right to opt-out of receiving communications at any time. This information is also captured when personalized calls are made to members in efforts to bridge care gaps.</p>
06/01/17 – 09/30/17 Intervention has been reactivated effective 03/01/2019  Intervention was not reactivated in 2019 and remains discontinued.	Summer Preventive Care Campaign: This intervention is designed to increase the utilization of preventive services and incentivizing providers by increasing the reimbursement for prophylaxis and fluoride application at 125% of the routine fee schedule. Providers were given a roster of members assigned to them who have not been seen within the last 12 months. The campaign will also include targeted automated

Intervention Timeframe	Description of Intervention
	outbound calls to members who have not been to the dentists for preventive care within the last 12 months. Members have the option to speak to a live agent for assistance scheduling an appointment.
04/19 (New Intervention)	Primary Care Provider (PCP) Outreach: This intervention is designed to engage high-volume PCP offices and target MCNA members identified by the PCP. PCPs will receive a tear-off pad that includes a listing of in-network dental offices within a 5-mile radius of the PCP office detailing office hours, languages spoken, and the ages seen in addition to the office address and phone number. Once an MCNA member is identified by the PCP, the member will receive a tear-off and oral health flyer.

CMS: Centers for Medicare and Medicaid; PIP: performance improvement project; VP: vice president; PCP: primary care provider.

**Baseline, Goals, and Results:** Table 5 reports the baseline, interim, and target rates for each performance indicator.

Table 5: Baseline, Interim Results, Final Results and Target Rate

Measurement Period	Measurement	Rate or Result	Target Rate
Performance Indicator 1 – Any Dental Service, Ages 1–20			
01/01/15 – 12/31/15	Baseline	51.24%	53.24%
	Numerator	407,957	
	Denominator	796,160	
01/01/16 – 12/31/16	Remeasurement 1	51.23%	53.24%
	Numerator	420,777	
	Denominator	821,395	
01/01/17 – 12/31/17	Remeasurement 2	53.07%	55.24%
	Numerator	433,952	
	Denominator	817,622	
01/01/18 – 12/31/18	Remeasurement 3	53.27%	57.24%
	Numerator	424,545	
	Denominator	796,913	
01/01/19 – 12/31/19	Final	52.08%	59.24%
	Numerator	413,205	
	Denominator	793,394	
Performance Indicator 2 – Preventive Dental Services, Ages 1–20			
01/01/15 – 12/31/15	Baseline	48.80%	50.80%
	Numerator	388,506	
	Denominator	796,160	
01/01/16 – 12/31/16	Remeasurement 1	48.65%	50.80%
	Numerator	399,590	
	Denominator	821,395	
01/01/17 – 12/31/17	Remeasurement 2	50.3%	52.80%
	Numerator	411,237	
	Denominator	817,622	
01/01/18 – 12/31/18	Remeasurement 3	50.53%	54.80%
	Numerator	402,645	
	Denominator	796,913	
01/01/19 – 12/31/19	Final	49.32%	56.80%
	Numerator	391,315	
	Denominator	793,394	

Measurement Period	Measurement	Rate or Result	Target Rate
Performance Indicator 3 – Dental Sealants, Ages 6-9			
01/01/15 – 12/31/15	Baseline	15.45%	17.45%
	Numerator	24,473	
	Denominator	158,355	
01/01/16 – 12/31/16	Remeasurement 1	17.52%	17.45%
	Numerator	27,636	
	Denominator	157,723	
01/01/17 – 12/31/17	Remeasurement 2	17.95%	19.45%
	Numerator	25,103	
	Denominator	139,819	
01/01/18 – 12/31/18	Remeasurement 3	17.8%	21.45%
	Numerator	23,810	
	Denominator	133,814	
01/01/19 – 12/31/19	Final	16.42%	23.45%
	Numerator	21,660	
	Denominator	131,992	

### Strengths and Opportunities for Improvement

*Strengths:* The following performance indicators represent strengths because they showed improvement from baseline to final remeasurement of at least 2 percentage points.

- No performance indicators improved by at least 2 percentage points or met their goals.

*Opportunities for Improvement:* The following performance indicators represent opportunities for improvement because they did not show improvement from baseline to final re-measurement of at least 2 percentage points:

- Performance Indicator 1 – Any Dental Service, Ages 1–20
- Performance Indicator 2 – Preventive Dental Services, Ages 1–20
- Performance indicator 3 – Dental Sealants, Ages 6–9

IPRO PIP validation review of the PIP Report submitted on 12/15/20 also identified the following opportunities for improvement, and shared this feedback with the plan:

- The PAHP should clarify paid versus unpaid claims (used in performance indicators) and provide justification for validity of using both. If, however, the use of unpaid claims cannot be validated with encounter data, the numerator specifications should be revised to restrict to paid claims.
- Interventions actively target and engage non-compliant members; however, interventions should be developed specifically for the special needs population.
- The PIP should also include a table of ITMs for each intervention that will be used to monitor the success of/barriers to each intervention, including ITMs specific to the special needs subpopulation.
- The PIP targeted annual 2-percentage-point increases, consistent with the CMS Oral Health Initiative goals. Some data measurement years are calendar year and others are fiscal year. The PIP should revise data presentations to consistently present calendar year data for baseline data, and subsequent targeted rates should be based upon these baseline calendar year data.
- The plan identified a potential barrier in the proposal stage but dropped the barrier from the PIP without considering it as a candidate for an intervention.
- Additional barrier analysis could have been conducted to identify susceptible subpopulations.

**Overall Credibility of Results:** There were no validation findings that indicate that the credibility of the PIP results is at risk.



**Conclusion:** The performance indicators did not show improvement, and the implementation of robust interventions was not supported with corresponding ITMs. Thus, there was a missed opportunity to identify stagnating or declining ITM rates, conduct barrier analyses, and use barrier analysis findings to inform modified interventions to re-chart the PIP course for improvement.

## Performance Measure

The Louisiana Department of Health did not require MCNA to report PMs during the review period (July 1 2019 – June 30 2020) due to an emergency contract with a short runout period.

## Health Disparities

For this year's technical report, the LA EQRO evaluated MCEs with respect to their activities to identify and/or address gaps in health outcomes and/or health care among their Medicaid population according to at-risk characteristics such as race, ethnicity, gender, and geography. MCEs were asked to respond to the following questions for the period July 1, 2019, to June 30, 2020:

Did the MCE conduct any studies, initiative or interventions to identify and/or reduce differences in health outcomes, health status, or quality of care between the MCE's Medicaid population and other types of health care consumers (e.g. commercial members) or between members in Medicaid subgroups (e.g. race, ethnicity, gender, age, socio-economic status, geography, education, etc.)?

**MCE Response:** MCNA conducted monthly and quarterly monitoring of its new intervention targeting Primary Care Physician (PCP) outreach through the program, DentalLink. As requested by IPRO, MCNA included a PDSA and IHI run charts in the most recent PIP submission, which showcased the success and adoption of the intervention. In addition, MCNA reviews the progress of its interventions monthly amongst the PIP workgroup and presents quarterly results to the Quality Improvement Committee (QIC) where further input and or suggestions for process improvements are shared.

## V. Compliance Monitoring

The Louisiana Department of Health did not require IPRO to conduct a compliance review of MCNA during the review period (July 1, 2019 – June 30, 2020). For a summary of the most recent compliance review, see the MCNA 2018 – 2019 Annual Technical Report.

IPRO did complete a readiness review for MCNA. The final report is duplicated here.

### Dental Readiness Review – MCNA

12/22/2020

#### Objective

IPRO, the contracted External Quality Review Organization (EQRO) for the state of Louisiana’s Medicaid Managed Care Program, was tasked with assessing the readiness of one newly contracted and one returning Dental Benefit Program Manager (DBPM) to provide dental services starting on January 1, 2021. The readiness review evaluated each DBPM’s policies, procedures, systems, staffing, and infrastructure. Particular focus was placed on critical enrollee- and provider-facing operations, including the sufficiency of the provider network, enrollment and claims systems, grievance and appeals processes, enrollee materials and communications, the staffing of key clinical positions, and quality management.

#### Methodology

IPRO created readiness review tools based on the state’s contract with the DBPMs. The readiness tools were approved by LDH on August 19, 2020, and distributed to the two DBPMs on August 20, 2020. IPRO conducted a kick-off meeting and informational session with the DBPMs on September 2, 2020, for the purpose of detailing the timeline and to answer questions about the readiness review process, the data collection tools, and the documentation submission process. The DBPMs were given until September 11, 2020, to upload policies, procedures, reports, and other supporting documentation required to demonstrate readiness. Once all policies and procedures were received, IPRO conducted a thorough desk review of these items.

IPRO also conducted interviews with key MCNA personnel on October 13-14, 2020, in order to gain a deeper understanding of MCNA’s operations and to view demonstrations of key systems such as claims, enrollment, grievance and appeals, as well as enrollee and provider web portals.

Based on the desk review and interviews, a determination was entered for each element of review. The determination classifications include “ready,” “not ready,” and “not applicable.”

Upon completion of the interviews, MCNA was tasked with providing follow-up documentation for any elements that were considered not to be ready. Upon receipt of these documents, IPRO conducted further review and updated the readiness determinations accordingly.

#### Final Determinations

**Table 6** depicts the number of review elements and final determination of readiness.

Table 6: Final Determinations of Element Readiness

	Section 2.1-2.2 General and Admin	Section 2.3 Eligibility and Enrollment	Section 2.5 Utilization Management	Section 2.6 Provider Network	Section 2.7 Provider Services	Section 2.8 Provider Payments	Section 2.9 Member Marketing and Materials	Section 2.10 Grievance and Appeals	Section 2.11 Quality Management	Section 2.12 Program Integrity	Section 2.14 Claims Management	Section 2.15 Subcontracting
Ready	40	47	106	150	60	21	104	57	30	53	71	29
Not Ready	0	0	0	0	0	0	0	0	0	0	0	0
Not Applicable	0	2	0	1	0	0	1	0	0	0	3	0
Total Requirements	40	49	106	151	60	21	105	57	30	53	74	29
Percent Ready	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

**Figure 1** depicts readiness level expressed as a percentage of applicable elements determined to be ready.

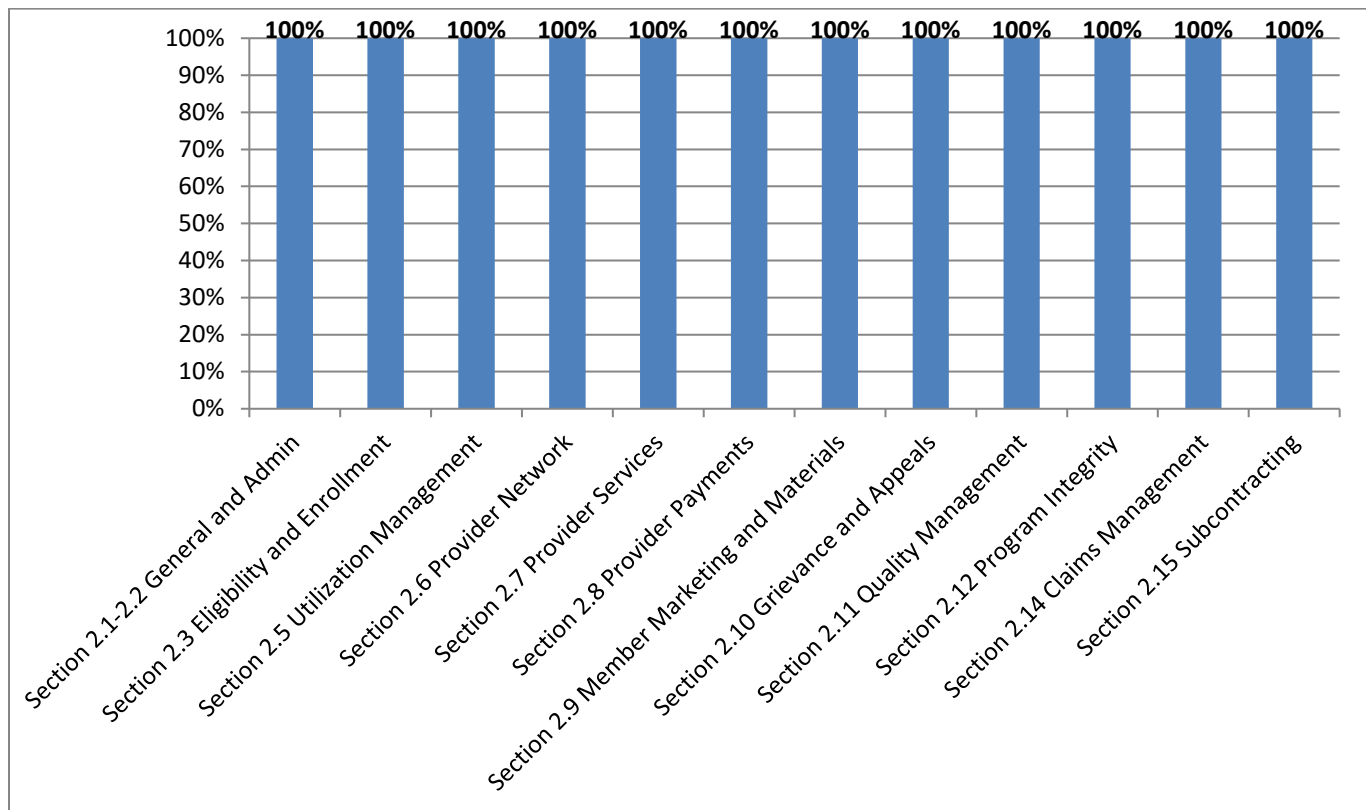


Figure 1: Percentage Readiness Levels of Ready Elements

## Observations

MCNA demonstrated substantive readiness across all critical areas of operation through the submission of documentation, the desk audit and staff interviews. Live demonstrations of claims, enrollment, grievance and appeals systems, as well as enrollee and provider portals revealed MCNA to be fully operational. In addition, MCNA was able to obtain complete readiness with minimal post-interview submissions.

## Readiness

Based on the documents provided, interviews, and demonstrations, MCNA is found to be ready to provide dental benefits and services on January 1, 2021.

## VI. Strengths, Opportunities for Improvement, and Recommendations

This section reports the conclusions drawn as to the quality, timeliness, and access to care provided by MCNA to Medicaid recipients, based on data and analysis presented in the previous sections of this report (42 CFR 438.364(a)(1)). MCNA's strengths in each of these areas are noted, as well as opportunities for improvement. Recommendations for enhancing the quality of healthcare are also provided, based on the opportunities for improvement noted.

### Strengths and Opportunities for Improvement

As performance measures were not collected and a compliance review was not completed during the review period, the strengths, opportunities for improvement, and recommendations can only be drawn from the performance improvement project. See **Section IV** for PIP strengths and opportunities for improvement.

### Recommendations

For the Improving Member Receipt of Oral Health Services PIP, the performance indicators did not show improvement, and the implementation of robust interventions was not supported with corresponding ITMs. During the PIP cycle, the MCNA should identify stagnating or declining ITM rates, conduct barrier analysis, and use barrier analysis findings to inform modified interventions to re-chart the PIP course for improvement.

### MCE's Response to Prior Recommendations (2018 – 2019 ATR)

**Recommendation:** For the Improving Member Receipt of Oral Health Services PIP, ITMs were not monitored frequently. For future PIPs, MCNA should monitor ITMS monthly to facilitate ongoing quality improvement. Stagnating or declining ITMs should be used to flag lack of intervention progress, trigger drill-down analysis to identify barriers, and the use of barrier analysis findings to inform modified interventions during the course of the PIP.

**MCE Response:** MCNA conducted monthly and quarterly monitoring of its new intervention targeting Primary Care Physician (PCP) outreach through the program, DentalLink. As requested by IPRO, MCNA included a PDSA and IHI run charts in the most recent PIP submission, which showcased the success and adoption of the intervention. In addition, MCNA reviews the progress of its interventions monthly amongst the PIP workgroup and presents quarterly results to the Quality Improvement Committee (QIC) where further input and or suggestions for process improvements are shared.