



State of Louisiana Department of Health

2022 Healthy Louisiana EQRO Compliance Audit

DentaQuest

Period of Review: January 1, 2021 – December 31, 2021

ISSUED NOVEMBER 2022

REVISED FEBRUARY 2023

FINAL



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Introduction and Audit Overview

Introduction

The Balanced Budget Act of 1997 established that state agencies contracting with Medicaid managed care organizations (MCOs) provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the state agency and the MCO. Subpart E – External Quality Review of 42 Code of Federal Regulations (CFR) sets forth the requirements for annual external quality review (EQR) of contracted PAHPs. Further, 42 CFR 438.350 requires states to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted Prepaid Ambulatory Health Plan (PAHP). States must further ensure that the EQRO has sufficient information to carry out the EQR, that the information be obtained from EQR-related activities, and that the information provided to the EQRO be obtained through methods consistent with the protocols established by the Centers for Medicaid and Medicare Services (CMS).

To meet the federal requirements, the Louisiana Department of Health (LDH) has contracted with IPRO, an EQRO, to conduct annual compliance audits every 3 years. The 2022 annual compliance audit was a full audit of DentaQuest's compliance with contractual requirements during the period of January 1, 2021 through December 31, 2021.

During the review period, LDH contracted with two Dental Benefit Program Managers: DentaQuest and MCNA Dental. This report presents IPRO's findings of the 2022 annual compliance audit for DentaQuest.

Audit Overview

The purpose of the audit was to assess Dataquest's compliance with federal and state regulations regarding access to care; structure and operations; grievance policies; provider network relations and network adequacy; quality measurement; fraud, waste and abuse; and utilization management (UM).

The audit included an evaluation of DentaQuest's policies, procedures, files, and other materials corresponding to the following ten contractual domains:

1. 438.206 Availability of Services
2. 438.207 Assurances of Adequate Capacity and Services
3. 438.210 Coverage and Authorization of Services – UM
4. 438.214 Provider Selection
5. 438.224 Enrollee Rights and Protection
6. 438.228 Grievance and Appeal Systems
7. 438.236 Practice Guidelines
8. 438.242 Health Information Services
9. 438.330 Quality Assessment and Performance Improvement Program (QAPI)
10. 438.608 Fraud, Waste and Abuse

The file review component assessed DentaQuest's implementation of policies and its operational compliance with regulations related to complaints and grievances, member appeals, informal reconsiderations, care management (physical and behavioral health), utilization management, and provider credentialing and re-credentialing.

Specifically, file review consisted of the following four areas:

1. Appeals
2. Credentialing/re-credentialing
3. Member Grievances
4. UM Denials

Sample sizes for each file review type are presented in **Table 1**.

Table 1: File Review Sample Sizes

File Type	Sample Size
Appeals	15
Credentialing/Re-credentialing	5
Member grievances	10
Utilization management denials	10

The period of review was January 1, 2021 through December 31, 2021. All documents and case files reviewed were active during this time period.

For this audit, determinations of “met,” “partially met,” and “not met” were used for each element under review. A determination of “NA” was used if the requirement was not applicable to DentaQuest. The definition of each of the review determinations is presented in **Table 1**.

Table 2: Review Determination Definitions

Review Determination	Definition
Met	The PAHP is compliant with the standard.
Partially Met	The PAHP was compliant with most of the requirements of the standard, but had minor deficiencies.
Not Met	The PAHP is not in compliance with the standard.
Not applicable	The requirement was not applicable to the PAHP.

PAHP: Prepaid ambulatory health plan.

The 2022 annual compliance audit consisted of three phases: 1) pre-onsite documentation review, 2) remote interviews, and 3) post-onsite report preparation.

Pre-onsite Documentation Review

To ensure a complete and meaningful assessment of DentaQuest’s policies and procedures, IPRO prepared ten review tools to reflect the areas for audit. These tools were submitted to the LDH for approval at the outset of the audit process in April 2022. The tools included the review elements drawn from the state contract and federal regulations. Based upon the LDH’s suggestions, some tools were revised and issued as final. These final tools were submitted to DentaQuest in advance of the onsite audit.

Once LDH approved the methodology, IPRO sent DentaQuest a packet that included the review tools, along with a request for documentation and a guide to help DentaQuest staff understand the documentation that was required. The guide also included instructions for submitting the requested information using IPRO’s secure File Transfer Protocol (FTP) site.

To facilitate the audit process, IPRO provided DentaQuest with examples of documents that DentaQuest could furnish to validate its compliance with the regulations. Instructions regarding the file review component of the audit were also provided, along with a request for the universe of cases for each file review area under review. From the universe of cases, IPRO selected a sample for each area, which was reviewed onsite.

Prior to the onsite visit, DentaQuest submitted written policies, procedures and other relevant documentation to support its adherence to state contract and federal regulations. DentaQuest was given a period of approximately four weeks to submit documentation to IPRO. To further assist DentaQuest’s staff in understanding the requirements of the audit process, IPRO convened a conference call for all PAHPs undergoing the audit, with LDH staff in attendance, approximately two weeks after the request packet was sent to DentaQuest. During the conference call, IPRO detailed the steps in the audit process, the audit timeline, and answered any questions posed by DentaQuest staff.

After DentaQuest submitted the required documentation, a team of three experienced IPRO auditors was convened to review DentaQuest’s policies, procedures, and materials, and to assess DentaQuest’s concordance with the state’s

contract requirements. This review was documented using audit tools IPRO developed to capture the review elements and record the findings. These review tools with IPRO's initial findings were used to guide the remote review discussion.

Remote Interviews

The remote interviews were conducted on July 29, 2022. Interviews discussed elements in each of the review tools that were considered less than fully compliant based upon the initial review. Interviews were used to further explore the written documentation and to allow DentaQuest to provide additional documentation, if available. DentaQuest staff were given two days from the close of the onsite review to provide any further documentation.

Post-onsite Report Preparation

Following the remote interviews, draft reports were prepared. These draft reports included an initial review determination for each element reviewed, and either evidence that DentaQuest is compliant with the standard or a rationale for why DentaQuest was not compliant and what evidence was lacking. For each element that was deemed not fully compliant, IPRO provided a recommendation for DentaQuest to consider in order for them to attain full compliance.

Each draft report underwent a second level of review by IPRO staff members who were not involved in the first level of review. Once completed, the draft reports were shared with LDH staff for review. Upon LDH approval, the draft reports were sent to DentaQuest with a request to provide responses for all elements that were determined to be less than fully compliant. DentaQuest was given one week to respond to the issues noted on the draft reports.

After receiving DentaQuest's response, IPRO re-reviewed each element for which DentaQuest provided a response. When appropriate, review scores were updated based on the response of DentaQuest.

DentaQuest Summary of Findings

Summary of Findings

Table 3 below provides a summary of the audit results by audit domain. Detailed findings for each of the elements that were less than “fully compliant” follow within this section of the report.

Table 2: Audit Results by Audit Domain

Domain	Total Elements	Met	Partially Met	Not Met	N/A	Score ¹
Availability of Services	24	10	12	0	2	72.7%
Assurances of Adequate Capacity and Services	57	48	3	6	0	86.8%
Coordination and Continuity of Care						
Coverage and Authorization of Services-UM	80	74	6	0	0	96.3%
Provider Selection	30	29	1	0	0	98.3%
Enrollee Rights and Protection	77	39	35	2	1	74.3%
Grievance and Appeal Systems	70	57	3	9	1	84.8%
Subcontractual Relationships						
Practice Guidelines	9	9	0	0	0	100.0%
Health Information Services	8	8	0	0	0	100.0%
QAPI	101	41	24	9	27	71.6%
Fraud Waste and Abuse	102	101	0	0	1	100.0%
	558	416	84	26	32	87.1%

¹ Each met element receives 1 point, each partially met element receives 1/2 point, and each not met element receives zero points. Not Applicable (N/A) elements are removed from the denominator. Score is equal to the sum of all points earned/applicable elements.

UM: utilization management.

As presented in **Table 3**, 558 elements were reviewed for compliance. Of the 558 elements, 416 were determined to fully meet the regulations, while 84 partially met the regulations, 26 did not meet the regulations, and 32 were determined to be N/A. The overall compliance score is 87.1.

From each of the ten detailed reports, IPRO extracted those elements for which the requirement was less than fully met. This information was compiled into a summary report to facilitate corrective action. **Table 4** presents this summary report and includes details about each element reviewed, the final review determination, DentaQuest’s initial response, and, when possible, suggestions to achieve full compliance.

It is the expectation of LDH that DentaQuest submits a corrective action plan (CAP) for all elements determined to be less than fully compliant. LDH will officially request a CAP for any item it deems necessary.

Each of the ten review tools and review determinations for each of the elements can be found in the ZIP file below.



DentaQuest 2022
Compliance Final Find

Table 4: Deficient 2022 Audit Elements

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
2.8.4.1	The DBPM shall demonstrate that there are sufficient IHCPs participating in the provider network of the Plan to ensure timely access to services available under the Contract from such providers for Indian enrollees who are eligible to receive services.	200101 LA FQHC RHC IHCPs Dental Provider Agreement	Partially Met		<p>This requirement was not addressed in any policy documents.</p> <p>DentaQuest states they are contracted with both IHCP's available.</p> <p>Screenshots to show the clinics are available.</p> <p><u>Recommendation:</u> DentaQuest should include the required language in relevant policies.</p>	Network will update the policy accordingly.	DBPM agrees with Determination.
2.8.4.4	The DBPM shall pay IHCPs, whether participating or not, for covered services provided to Indian enrollees who are eligible to receive services from such providers as follows: (i) At a rate negotiated between the DBPM and the IHCP, or (ii) In the absence of a negotiated rate, at a rate not less than the level and amount of payment that the DBPM would make for the services to a participating provider which is not an IHCP; and (iii) Make payment to all IHCPs in its network in a timely manner as required for payments to practitioners in individual or group practices under 42 C.F.R. § 447.45 and § 447.46.	200101 LA FQHC RHC IHCPs Dental Provider Agreement	Partially Met		<p>This requirement was not addressed in any policy documents.</p> <p>DentaQuest states they are contracted with both IHCP's available.</p> <p>Screenshots to show the clinics are available.</p> <p><u>Recommendation:</u> DentaQuest should include the required language in relevant policies.</p>	Network will update the policy accordingly.	DBPM agrees with Determination.
2.8.4.5	The DBPM shall permit any Indian who is enrolled in the Plan that is not an IMCE and eligible to receive services from a IHCP primary care provider participating as a network provider, to choose that IHCP as his or her primary care provider, as long as that provider has capacity to provide the services.	200101 LA FQHC RHC IHCPs Dental Provider Agreement	Partially Met		<p>This requirement was not addressed in any policy documents.</p> <p>DentaQuest states they are contracted with both IHCP's available.</p> <p>Screenshots to show the clinics are available.</p> <p><u>Recommendation:</u> DentaQuest should include the required language in relevant policies.</p>	Network will update the policy accordingly.	DBPM agrees with Determination.
2.8.4.6	The Plan shall permit Indian enrollees to obtain services covered under the Contract from out-of-	200101 LA FQHC RHC IHCPs Dental Provider	Partially Met		<p>This requirement was not addressed in any policy documents.</p>	Network will update the policy	DBPM agrees with Determination.

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
	network IHCPs from whom the enrollee is otherwise eligible to receive such services.	Agreement			<p>DentaQuest states they are contracted with both IHCP's available.</p> <p>Screenshots to show the clinics are available.</p> <p><u>Recommendation:</u> DentaQuest should include the required language in relevant policies.</p>	accordingly.	
2.8.4.9.1	The Plan shall permit an out-of-network IHCP to refer an Indian enrollee to a network provider. Enrollment in IMCEs. An IMCE may restrict its enrollment to Indians in the same manner as Indian Health Programs, as defined in 25 U.S.C. § 1603(12), may restrict the delivery of services to Indians, without being in violation of the requirements in 42 C.F.R. § 438.3(d).	200101 LA FQHC RHC IHCPs Dental Provider Agreement	Partially Met		<p>This requirement was not addressed in any policy documents.</p> <p>DentaQuest states they are contracted with both IHCP's available.</p> <p>Screenshots to show the clinics are available.</p> <p><u>Recommendation:</u> DentaQuest should include the required language in relevant policies.</p>	Network will update the policy accordingly.	DBPM agrees with Determination.
2.6.9.5.1.1	The member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered;	LA_Medicaid_ORM rev042522	Partially Met		<p>This requirement was not addressed in any policy documents.</p> <p>This requirement is addressed in the LA Office Reference Manual.</p> <p><u>Recommendation:</u> DentaQuest should include the required language in relevant policies.</p>	The information is located on page 11 under specialty care in the member handbook. DQ has fully address this requirement per our contract	<p>Policies and Procedures are required to ensure implementation will follow the contractual requirements.</p> <p>Determination is upheld</p>
2.6.5.1.2	Any information the member needs in order to decide among relevant treatment options;	LA_Medicaid_ORM rev042523	Partially Met		<p>This requirement was not addressed in any policy documents.</p> <p>This requirement is addressed in the LA Office Reference Manual.</p> <p><u>Recommendation:</u> DentaQuest should include the required language in relevant policies.</p>	The information is located on page 9 under member rights in the member handbook. DQ has fully address this requirement per our contract	<p>Policies and Procedures are required to ensure implementation will follow the contractual requirements.</p> <p>Determination is</p>

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
							upheld
2.6.9.5.1.3	The risks, benefits and consequences of treatment or non-treatment; and	LA_Medicaid_ORM rev042524	Partially Met		<p>This requirement was not addressed in any policy documents.</p> <p>This requirement is addressed in the LA Office Reference Manual.</p> <p><u>Recommendation:</u> DentaQuest should include the required language in relevant policies.</p>	The information is located on page 9 under member rights in the member handbook. DQ has fully address this requirement per our contract	<p>Policies and Procedures are required to ensure implementation will follow the contractual requirements.</p> <p>Determination is upheld</p>
2.6.9.5.1.4	The member’s right to participate in decisions regarding their health care, including, the right to refuse treatment, and to express preferences about future treatment decisions.	LA member handbook	Partially Met		<p>This requirement was not addressed in any policy documents.</p> <p>This requirement is addressed in the LA Office Reference Manual.</p> <p><u>Recommendation:</u> DentaQuest should include the required language in relevant policies.</p>	The information is located on page 9 under member rights in the member handbook. DQ has fully address this requirement per our contract	<p>Policies and Procedures are required to ensure implementation will follow the contractual requirements.</p> <p>Determination is upheld</p>
2.7.6.2	The DBPM shall comply with the provisions of 42 CFR §438.102(a)(1)(ii) concerning the integrity of professional advice to members, including interference with provider’s advice to members and information disclosure requirements related to Provider Incentive Plans.	LA_Medicaid_ORM rev042524	Partially Met		<p>This requirement was not addressed in any policy documents.</p> <p>This requirement is addressed in the LA Office Reference Manual.</p> <p><u>Recommendation:</u> DentaQuest should include the required language in relevant policies.</p>	The information is located on page 5-9 in the member handbook under (member privacy). DQ has fully address this requirement per our contract	<p>Policies and Procedures are required to ensure implementation will follow the contractual requirements.</p> <p>Determination is upheld</p>
2.6.2.3	The DBPM shall provide access to dentists that offer extended office hours (minimum of 2 hours) at least one day per week (before 8:00 am and after 4:30 pm) and on Saturdays within sixty (60) miles of a member’s residence for urgent care.	NET05-INS-Provider Network Adequacy	Partially Met		<p>DentaQuest provided policy NET-05-INS Provider Network Adequacy. Section B contains high level standards and references the Office Reference Manual.</p> <p>Specific standards such as ratios of members to providers, minimum offices hours, extended office hours etc were not found in either</p>	Network will update the policy accordingly.	DBPM agrees with Determination.

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
					document. Recommendation: DentaQuest should include the required language in relevant policies.		
2.6.2.4	Network providers must offer office hours at least equal to those offered by fee-for-service (FFS) Medicaid at the time the DBP is implemented.	NET05-INS-Provider Network Adequacy	Partially Met		DentaQuest provided policy NET-05-INS Provider Network Adequacy. Section B contains high level standards and references the Office Reference Manual. Specific standards such as ratios of members to providers, minimum offices hours, extended office hours etc were not found in either document. Recommendation: DentaQuest should include the required language in relevant policies.	Network will update the policy accordingly.	DBPM agrees with Determination.
CFR 438.207 Assurances of Adequate Capacity and Services							
2.6.7.1.1	Any change that would cause more than five percent (5%) of members to change the location where services are received or rendered.	NET05-INS-Provider Network Adequacy	Not Met		This requirement is not addressed in any policy or procedure. Recommendation The entity should expand the language in the Provider Network Adequacy policy to include this requirement.	Network will update our policy accordingly.	
2.6.7.1.3	A loss of any participating specialist which may impair or deny the members' adequate access to providers;	NET05-INS-Provider Network Adequacy	Not Met		This requirement is not addressed in any policy or procedure. Recommendation The entity should incorporate this requirement into the Provider Network Adequacy policy to include this requirement.	Network will update our policy accordingly.	
2.6.7.1.4	Other adverse changes to the composition of the DBPM which impair or deny the members' adequate access to providers.	NET05-INS-Provider Network Adequacy	Not Met		This requirement is not addressed in the Provider Network Adequacy policy. Recommendation	Network will update our policy accordingly.	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
					The entity should incorporate this requirement into the Provider Network Adequacy policy.		
2.6.7.3	When the DBPM has advance knowledge that a material change will occur, the DBPM must submit a request for approval of the material change in their provider network, including a copy of draft notification to affected members, sixty (60) days prior to the expected implementation of the change.	NET05-INS-Provider Network Adequacy; NET01 Network Maintenance	Not Met		<p>This requirement is not addressed in any policy or procedure.</p> <p>Recommendation The entity should expand the language in the Provider Network Adequacy and Network Maintenance policies to include this requirement.</p>	Network will update our policy accordingly.	
2.6.7.4	The request must include a description of any short-term gaps identified as a result of the change and the alternatives that will be used to fill them.	NET05-INS-Provider Network Adequacy; NET01 Network Maintenance	Not Met		<p>This requirement is not addressed in any policy or procedure.</p> <p>Recommendation The entity should expand the language in the Provider Network Adequacy and Network Maintenance policies to include this requirement.</p>	Network will update our policy accordingly.	
2.6.7.5	LDH will respond within thirty (30) calendar days to the material change request and the notice received by DBPM. If LDH fails to respond within such time, the request and notice will be considered approved. Changes and alternative measures must be within the contractually agreed requirements. The DBPM shall within thirty (30) calendar days give advance written notice of provider network material changes to affected members. The DBPM shall notify LDH of emergency situation and submit request to approve material changes. LDH will act to expedite the approval process.	FW_ LA Outreach Material-LDH Approval Needed – Teen Vaping Flyer_Approval SAMPLE	Partially Met		<p>This requirement is partially addressed by the LA Outreach Material-LDH Approval Needed – Teen Vaping Flyer_Approval SAMPLE document.</p> <p>Recommendation The entity should incorporate this requirement into a policy.</p>	DQ believes this requirement is fully met.	This requirement is partially addressed by the Teen Vaping Flyer_Approval SAMPLE document. Determination unchanged.
2.6.5.8	The DBPM shall establish processes to monitor and reduce the appointment “no-show” rate for primary care dentists. As best practices are identified, LDH may require implementation by the DBPM.	DentaQuestPIP2022_3_3_2022	Partially Met		<p>This requirement is not addressed in any policy or procedure.</p> <p>Recommendation The entity should develop processes to monitor and reduce the no-show rate for primary care dentists and incorporate them into a policy.</p>	Outreach: The Broken Appointment program monitors claims for missed or cancelled appointments, and those members are outreached via	This requirement is partially addressed by the Broken Appointment program. Determination changed to partially met.

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
						live call with assistance to re-schedule the missed or cancelled appointment	
2.1.6	Inquiries from LDH must be acknowledged by the next business day and the resolution, or process for resolution, communicated to LDH within twenty-four (24) hours.	Per the contract page 7 2.1.6 Communication with LDH Inquiries from LDH must be acknowledged by the next business day and the resolution, or process for resolution, communicated to LDH within twenty-four (24) hours	Partially Met		This requirement is partially addressed by the sample email Responses to LDH inquiries by DentaQuest. <u>Recommendation</u> DentaQuest should incorporate this requirement into a policy.	DQ will develop a policy to meet the requirement for 2022	
2.6.9.8	Significant Traditional Providers. The DBPM shall make a good faith effort to include in its network, primary care dentists and specialists who are significant traditional providers (STPs) provided that the STP: agrees to participate as an in-network provider and abide by the provisions of the provider contract; and meets the credentialing requirements. The list of STPs will be available on the LDH web site.	NET-01 INS-Network Development Maintenance and Use	Not Met		This requirement is not addressed in any policy or procedure. <u>Recommendation</u> The entity should incorporate this requirement into the Network Development, Maintenance, and Use policy.	Network will update our policy accordingly.	
2.5.2.3.4	The process for conducting informal reconsiderations for adverse determinations;	2022 UM Program Description, Pages 7-6, Authorization Determination Notification section.	Partially Met		This requirement is partially addressed, as it addressed in the Office Reference Manual, but the contract specifically calls for it to be referenced in policies and procedures. <u>Recommendation</u> DentaQuest should include this requirement in a policy or procedure.	This element has been placed in UM08-INS-Authorization Review Exhibit T-Louisiana Medicaid for our annual policy compliance review.	
2.10.3.1.3	As part of the DBPM appeal procedures, the DBPM should include an Informal Reconsideration process that allows the member a reasonable opportunity to present evidence, and allegations of fact or law, in person as well as in writing.	UM-04-INS-Notice of Action Letters	Partially Met		This requirement is partially addressed, as it addressed in the Office Reference Manual, but the contract specifically calls for it to be referenced in policies and procedures.	This element has been placed in UM08-INS-Authorization Review Exhibit T-Louisiana	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
					Recommendation DentaQuest should include this requirement in a policy or procedure.	Medicaid for our annual policy compliance review.	
2.14.8 2.5.2.3.4	In a case involving an initial determination, the DBPM should provide the member or a provider acting on behalf of the member and with the member's written consent an opportunity to request an informal reconsideration of an adverse determination by the dentist or clinical peer making the adverse determination.	UM-04-INS-Notice of Action Letters	Partially Met	Ten (10) of 10 files met the requirement.	This requirement is partially addressed, as it addressed in the Office Reference Manual, but the contract specifically calls for it to be referenced in policies and procedures. The letters generally give opportunity to call and discuss. Recommendation DentaQuest should include this requirement in a policy or procedure.	This element has been placed in UM08-INS-Authorization Review Exhibit T-Louisiana Medicaid for our annual policy compliance review.	
2.5.2.3.4	The UM Program policies and procedures shall meet all Utilization Review Accreditation Commission (URAC) standards or equivalent and include: The process for conducting informal reconsiderations for adverse benefit determinations	UM-04-INS-Notice of Action Letters	Partially Met		This requirement is partially addressed, as it addressed in the Office Reference Manual, but the contract specifically calls for it to be referenced in policies and procedures. Recommendation DentaQuest should include this requirement in a policy or procedure.	This element has been placed in UM08-INS-Authorization Review Exhibit T-Louisiana Medicaid for our annual policy compliance review.	
2.10.3.7	The Informal Reconsideration will in no way extend the 30 day required timeframe for a Notice of Appeal Resolution.	UM-08-INS-Authorization Review	Partially Met		This requirement is partially addressed, as it addressed in the Office Reference Manual, but the contract specifically calls for it to be referenced in policies and procedures. Recommendation DentaQuest should include this requirement in a policy or procedure.	This element has been placed in UM08-INS-Authorization Review Exhibit T-Louisiana Medicaid for our annual policy compliance review.	
2.5.4.1	The DBPM UM Program policies and procedures shall include service authorization policies and procedures consistent with 42 CFR 438.210 and state laws and regulations and the court-ordered requirements of Chisholm v. Kliebert and Wells v.	UM-08-INS-Authorization Review UM-01-INS-Establishment and Adoption of Utilization	Partially Met		This requirement is partially addressed in the Establishment and Adoption of Utilization Review Criteria and Clinical Guidelines policy and procedure for the CFR, but does not describe the LA	This element has been placed in UM08-INS-Authorization Review Exhibit T-	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
	Kliebert for initial and continuing authorization of services that include, but are not limited to, the following:	Review Criteria and Clinical Guidelines			<p>court-ordered processes noted. Are they covered elsewhere?</p> <p>Per the interview, the team will take this back and follow up on it.</p> <p>Recommendation DentaQuest should include this requirement in a policy or procedure.</p>	Louisiana Medicaid for our annual policy compliance review.	
CFR 438.214 Provider Selection							
2.3.7.2.1 2.3.14.1.5.2.1 2.6.9.12	The DBPM may terminate a provider's contract for cause. The DBPM shall provide written notice of termination to the provider. The DBPM shall notify LDH of the termination as soon as the written notification of cancelation is sent to the provider, but no later than seven (7) calendar days.	200101 LA Dental Provider Agreement	Partially Met		<p>This requirement is partially addressed in DentaQuest's Member Notifications of Provider Terminations Policy and Procedure. However, IPRO was unable to locate the 7 day reporting requirement within this policy/procedure.</p> <p>Recommendation DentaQuest should include language in the DBPM policy and procedures stating that DentaQuest shall notify LDH of the termination as soon as the written notification of cancelation is sent to the provider, but no later than seven (7) calendar days.</p> <p>IPRO File Finding No change in review determination.</p>	Network will update our policy accordingly.	
CFR 438.224 Enrollee Rights and Protection							
2.9.8.3.5	The DBPM shall identify and educate members who access the system inappropriately and provide continuing education as needed.	Member web portal demonstration	Partially Met		<p>This requirement was partially addressed by the member web portal demonstration.</p> <p>Recommendation The entity should incorporate this requirement into a policy.</p>	DQ will incorporate this into the member handbook with next update.	
2.3.13.1 2.9.8.1 2.13.7.3	LDH's FI shall send the DBPM a daily file in the format specified in the DBPM Systems Companion Guide. The file shall contain the names, addresses and phone numbers of all newly eligible members,	Member Handbook and Welcome Letter/ID card	Not Met		<p>This requirement is not addressed by the Member Handbook or Welcome Letter. (The enrollment policy furnished was approved in March</p>	DQ will incorporate this requirement into a policy going	

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
	as determined by the DBPM. The DBPM shall use the Member File to assign primary care dentists and to identify and initiate communication with new members via welcome packet mailings as prescribed in this RFP.				2022.) Recommendation The entity should incorporate this requirement into a policy.	forward for 2022.	
2.9.9.6	The DBPM shall send a welcome packet to new members within ten (10) business days from the date of receipt of the Member File from the FI. During the transition of the DBPM Program from the FFS Program, the DBPM may have up to twenty-one (21) days to provide welcome packets.		Partially Met		This requirement is partially addressed by the Member Handbook. Recommendation The entity should incorporate the welcome packet requirements into a policy.	DentaQuest currently follows this process and meet the 10 business day turnaround time. MKT03-INS Member Communications Distribution	
2.9.8.4 2.9.9.6	The DBPM must mail a welcome packet to each new member. When the name of the responsible party for the new member is associated with two (2) or more new members, the DBPM is only required to send one welcome packet.		Partially Met		This requirement is partially addressed by the Member Handbook. Recommendation The entity should incorporate the welcome packet requirements into a policy.	DentaQuest currently follows this process. MKT03-INS Member Communications Distribution	
2.9.9.6	All contents of the welcome packet are considered member education materials and, as such, shall be reviewed and approved in writing by LDH prior to distribution according to the provisions described in this RFP. Contents of the welcome packets shall include those items specified in the Contract. The welcome packet shall include, but is not limited to:		Partially Met		This requirement is partially addressed by the Member Handbook. Recommendation The entity should incorporate the welcome packet requirements into a policy.	DentaQuest currently follows this process. MKT03-INS Member Communications Distribution	
2.9.2 2.9.2.1	The DBPM shall adhere to the requirements for the Provider Directory as specified in this RFP, the Dental Benefit Program Companion Guide, its attachments, and in accordance with 42 CFR §438.10 (f)(6).	Yes	Partially Met		This requirement is partially addressed by the Provider Directory. Recommendation The entity should incorporate the provider directory requirements into a policy.	DentaQuest currently follows this process. Addressed in the Provider directory	While DentaQuest currently follows this process, it is recommended that the requirement be required into a policy. Determination unchanged.
2.9.2 2.9.2.1	A hard copy directory for members upon request only.	Customer Service assists with sending a listing of	Partially Met		This requirement is partially addressed by the Member Handbook.		

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		providers in the member's area to their email.			Recommendation The entity should incorporate the provider directory requirements into a policy.		
2.9.2.1.2.1	LDH or its designee shall provide the file layout for the electronic directory to the DBPM after approval of the Contract. The DBPM shall submit templates of its provider directory to LDH within thirty (30) days from the date the Contract is signed, but no later than prior to Readiness Review .	Molina SFTP Outbound Process - DQ Provider Response File from DXC Molina SFTP Inbound Process - DQ Provider File to DXC Molina SFTP Out Process - DQ Provider Reconciliation File from DXC	Partially Met		This requirement is partially addressed by the file transfer processes. Recommendation The entity should incorporate this requirement into a policy.	DQ will develop a policy for 2022	
2.9.2	The hard copy directory for members shall be reprinted with updates at least annually. Inserts may be used to update the hard copy directories monthly for new members and to fulfill only requests. The web-based online version shall be updated in real time, however no less than weekly.	The directories are geo coded and sent upon member request. Therefore an updated directory is always available	Partially Met		This requirement is partially addressed by the member handbook and website. Recommendation The entity should incorporate this requirement into a policy.	Network will update policy accordingly.	
2.9.2.1.2.1	In accordance with 42 CFR §438.10(f) (6), the provider directory shall include, but not be limited to:	Please see: https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&state=&postalCode=&country=&insurerCode=DENTAQUEST_I&brandCode=DENTAQUEST	Partially Met		This requirement is partially addressed by the website. Recommendation The entity should incorporate this requirement into a provider directory policy,	Network will update policy accordingly.	
2.9.2.1.2.1	Names, as well as any group affiliations, locations, telephone numbers of, website URLs, as appropriate and non-English languages spoken by current contracted providers or skilled interpreter at the provider's office in the Medicaid enrollee's service area, and whether the provider has completed cultural competence training, including identification of providers, primary care dentists, specialists, and providers that are not accepting new patients at a minimum;	Please see: https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&state=&postalCode=&country=&insurerCode=DENTAQUEST_I&brandCode=DENTAQUEST	Partially Met		This requirement is partially addressed by the website. Recommendation The entity should incorporate this requirement into a provider directory policy.	Network will update policy accordingly.	
2.6.1.10 2.9.2.1.2.1	Whether network providers' offices/facilities have accommodations for people with physical	Please see: https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&state=&postalCode=&country=&insurerCode=DENTAQUEST_I&brandCode=DENTAQUEST	Partially Met		This requirement is partially addressed by the website.	Network will update policy	

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	disabilities, including offices, exam room(s) and equipment;	sparq.com/healthsparq/public/#/one/city=&state=&postalCode=&country=&insurerCode=DENTAQUEST_I&brandCode=DENTAQUEST			Recommendation The entity should incorporate this requirement into a provider directory policy.	accordingly.	
2.6.4.1.2	Identification of primary care dentists, specialists, and dental groups in the service area;	Please see: https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&state=&postalCode=&country=&insurerCode=DENTAQUEST_I&brandCode=DENTAQUEST	Partially Met		This requirement is partially addressed by the website. Recommendation The entity should incorporate this requirement into a provider directory policy.	Network will update policy accordingly.	
2.6.1.11	Identification of any restrictions on the enrollee's freedom of choice among network providers; and	Please see: https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&state=&postalCode=&country=&insurerCode=DENTAQUEST_I&brandCode=DENTAQUEST	Partially Met		This requirement is partially addressed by the website. Recommendation The entity should incorporate this requirement into a provider directory policy.	Network will update policy accordingly.	
2.13.7.2.8	Identification of hours of operation including identification of providers with non-traditional hours (Before 8 a.m. or after 5 p.m. or any weekend hours).	Please see: https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&state=&postalCode=&country=&insurerCode=DENTAQUEST_I&brandCode=DENTAQUEST	Partially Met		This requirement is partially addressed by the website. Recommendation The entity should incorporate this requirement into a provider directory policy.	Network will update policy accordingly.	
2.1.5 2.1.5.1 2.9.10 2.9.10.1 2.9.10.1.1	DBPM policies and procedures;		Partially Met		This requirement is partially addressed by the Customer Service-Program Overview policy. Recommendation The entity should incorporate the toll-free requirement into the Customer Service-Program Overview policy.		
2.9.10.1.1	Prior authorizations;		Partially Met		This requirement is partially addressed by the Customer Service-Program		

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					Overview policy. <u>Recommendation</u> The entity should incorporate the toll-free requirement into the Customer Service-Program Overview policy.		
2.9.10.1.1	Access information;		Partially Met		This requirement is partially addressed by the Customer Service-Program Overview policy. <u>Recommendation</u> The entity should incorporate the toll-free requirement into the Customer Service-Program Overview policy.		
2.9.10.1.1	Information on primary care dentists or specialists;		Partially Met		This requirement is partially addressed by the Customer Service-Program Overview policy. <u>Recommendation</u> The entity should incorporate the toll-free requirement into the Customer Service-Program Overview policy.		
2.9.10.1.1	Referrals to participating specialists;		Partially Met		This requirement is partially addressed by the Customer Service-Program Overview policy. <u>Recommendation</u> The entity should incorporate the toll-free requirement into the Customer Service-Program Overview policy.		
2.9.10.1.1	Resolution of service and/or dental delivery problems; and		Partially Met		This requirement is partially addressed by the Customer Service-Program Overview policy. <u>Recommendation</u> The entity should incorporate the toll-free requirement into the Customer Service-Program Overview policy.		
2.9.10.1.1	Member grievances.		Partially Met		This requirement is partially addressed by the Customer Service-Program Overview policy.		

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
					Recommendation The entity should incorporate the toll-free requirement into the Customer Service-Program Overview policy.		
2.9.10 2.9.10.4	The DBPM must develop a contingency plan for hiring call center staff to address overflow calls and emails and to maintain call center access standards set forth for DBPM performance. The DBPM must develop and implement a plan to sustain call center performance levels in situations where there is high call/e-mail volume or low staff availability. Such situations may include, but are not limited to, increases in call volume, emergency situations (including natural disasters such as hurricanes), staff in training, staff illnesses and vacations.		Not Met		This requirement is not addressed in the customer service or phone lines policies. Recommendation The entity should incorporate call center staffing procedures into a policy.	Workforce Management continually runs forecasting tasks to ensure the appropriate amount of staff is allocated as needed. Staffing schedules are adjusted to accommodate any shifts in volumes.	
2.9.10.8	The DBPM shall install, operate and monitor an automated call distribution (ACD) system for the customer service telephone call center. The ACD system shall:		Partially Met		This requirement is partially addressed by the Customer Service Incoming Phone Lines policy. Recommendation The entity should incorporate call center requirements into a policy.	DentaQuest does utilize an ACD system to distribute calls accordingly.	
2.9.10.8	Effectively manage all calls received and assign incoming calls to available staff in an efficient manner;		Partially Met		This requirement is partially addressed by the Customer Service Incoming Phone Lines policy. Recommendation The entity should incorporate call center requirements into a policy.	Calls are routed, based on incoming phone line and caller intent, to the appropriate team and is answered by the first available agent.	
2.9.10.8.13	Transfer calls to other telephone lines;		Partially Met		This requirement is partially addressed by the Customer Service Incoming Phone Lines policy. Recommendation The entity should incorporate call center requirements into a policy.	The option to transfer to other telephone lines is possible, however, currently there is no requirements to do so.	

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2.9.10.8.1.4	Provide an option to speak to a live person (during call center hours of operation);		Partially Met		<p>This requirement is partially addressed by the Customer Service Incoming Phone Lines policy.</p> <p><u>Recommendation</u> The entity should incorporate call center requirements into a policy.</p>	DentaQuest's IVR system has a natural language response and a call can ask to speak to a representative and the IVR will understand the intent and route the call accordingly.	
2.9.10.8.1.6	Provide detailed analysis as required for the reporting requirements, as specified, including the quantity, length and types of calls received, elapsed time before the calls are answered, the number of calls transferred or referred; abandonment rate; wait time; busy rate; response time; and call volume;		Partially Met		<p>This requirement is partially addressed by the Customer Service Incoming Phone Lines policy.</p> <p><u>Recommendation</u> The entity should incorporate call center requirements into a policy.</p>	Workforce Management and Customer Service management continually monitor incoming call metrics against any contractual expectations.	
2.9.10.8.1.5	Provide a message that notifies callers that the call may be monitored for quality control purposes;		Partially Met		<p>This requirement is partially addressed by the Customer Service Incoming Phone Lines policy.</p> <p><u>Recommendation</u> The entity should incorporate call center requirements into a policy.</p>	Incoming phone lines provide a message to the caller prior to routing to an agent that the call may be recorded for quality and training purposes.	
2.9.10.9.3	Measure the length of time callers are on hold;		Partially Met		<p>This requirement is partially addressed by the Customer Service Incoming Phone Lines policy.</p> <p><u>Recommendation</u> The entity should incorporate call center requirements into a policy.</p>		
2.9.10.9	Measure the total number of calls and average calls handled per day/week/month;		Partially Met		<p>This requirement is partially addressed by the Customer Service Incoming Phone Lines policy.</p> <p><u>Recommendation</u></p>		

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					The entity should incorporate call center requirements into a policy.		
2.9.10.8.1.7	Provide a backup telephone system that shall operate in the event of line trouble, emergency situations including natural disasters, or other problems so that access to the telephone lines is not disrupted;		Partially Met		<p>This requirement is partially addressed by the Customer Service Incoming Phone Lines policy.</p> <p><u>Recommendation</u> The entity should incorporate call center requirements into a policy.</p>	A redundant system is in place to reroute traffic if there is a natural disaster at one of our hub locations. Staff is located across the nation allowing the ability to route calls to various locations in the event of a regional outage/disaster.	
2.9.1.2	The DBPM shall encourage each member to be responsible for his own health care by becoming an informed and active participant in their care. Members have the responsibility to cooperate fully with providers in following mutually acceptable courses of treatment, providing accurate dental, medical and personal histories, and being present at scheduled appointments and reporting on treatment progress, such as notifying their health care provider promptly if serious side effects and complications occur, and/or worsening of the condition arises.	Member Handbook	Partially Met		<p>This requirement is partially addressed in the Member Handbook.</p> <p><u>Recommendation</u> The entity should incorporate the member rights and responsibilities into its own section in the handbook, as well as into a policy.</p>	DQ has fully address this requirement.	While the entity may be addressing this requirement in practice, it should incorporate the member rights and responsibilities into its own section in the handbook, as well as into a policy. Determination unchanged.
2.9.9	Presenting their LDH issued Medicaid ID card when using health care services;	Welcome Letter/ID Card	Partially Met		<p>This requirement is partially addressed in the Member Handbook.</p> <p><u>Recommendation</u> The entity should incorporate this requirement into a member ID card policy.</p>	DQ has fully address this requirement.	While the entity may be addressing this requirement in practice, it should incorporate the member ID card requirement into a policy. Determination unchanged.
2.9.10.1.1	The DBPM shall operate a toll-free enrollee help line, physically located in the United States, that utilizes telephony infrastructure and qualified	Member Handbook	Partially Met		This requirement is partially addressed in the Member Handbook.	DQ has fully address this requirement.	While the entity may be addressing this requirement in

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	<p>staff to respond to inquiries regarding all aspects of the Dental Benefit Program. The help line shall be adequately staffed with agents trained to accurately respond to enrollee questions in all areas including:</p> <p>Dental Benefit Program policies and procedures; prior authorizations; access information; information on primary dental providers or specialists; referrals to participating specialists; resolution of service and/or dental delivery problems; and grievances</p>				<p>Recommendation The entity should incorporate this requirement into a member handbook policy.</p>		<p>practice, it should incorporate the member familiarity with DBPM procedures requirement into a policy. Determination unchanged.</p>
2.9.8.4.1	<p>The DBPM shall prepare and distribute educational materials, not less than two (2) times a year, that provide information on preventive care, health promotion, access to care or other targeted dental related issues.</p>	<p>Member Handbook</p> <p>Please find attached the Welcome Call Script for LA. Additionally, we launched a HEDIS call campaign targeting a total of 125,458 members with two scripts: (1) for members living in areas affected by Hurricane Ida, and (2) one specific for members who resided in areas not directly impacted by the Hurricane. Lastly, we also created a Pain Medication Safety section in the LA Website with educational materials for adults who could potentially be prescribed an opioid following a tooth extraction(s). I believe we launched this on November of 2021. You can review those materials here:</p> <p>https://dentaquest.com/st</p>	Partially Met		<p>This requirement is partially addressed by the Member Handbook and in the website.</p> <p>Recommendation The entity should incorporate this requirement into a member materials policy.</p>	DQ has fully address this requirement.	<p>While the entity may be addressing this requirement in practice, it should incorporate it into a policy. Determination unchanged.</p>

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		ate-plans/regions/louisiana/member-page/pain-medication-safety/					
2.9.7.6 2.9.7.6.1 2.9.7.6.2 2.9.7.6.3	The DBPM shall include in all member materials the following: the date of issue; the date of revision; and/or if prior versions are obsolete.		Partially Met		<p>This requirement is partially addressed by the current member materials provided.</p> <p><u>Recommendation</u> The entity should incorporate this requirement into a policy.</p>	DentaQuest currently follow this process	While the entity may be addressing this requirement in practice, it should incorporate it into a policy. Determination unchanged.
CFR 438.228 Grievance and Appeal Systems							
2.10	The DBPM must have a grievance system. The DBPM shall establish and maintain a procedure for the receipt and prompt internal resolution of all grievances and appeals in accordance with all applicable state and federal laws.		Partially Met	Nine (9) out of 10 files met the requirements for grievances due to the lack of acknowledgement letter, and 10 out of 10 files met the requirements for appeals.	This requirement is addressed in the Member Complaints and Grievances policy.	Please provide the case that did not meet the requirements to allow DentaQuest to provide coaching to the appropriate staff member.	Case #10
2.10.1.5	The DBPM shall refer all DBPM members who are dissatisfied with the DBPM or its subcontractor in any respect to the DBPM's designee authorized to review and respond to grievances and appeals and require corrective action.		Not met		<p>This requirement is not addressed in the Member Appeals or Grievances policies.</p> <p><u>Recommendation</u> The DBPM should include this requirement in the Appeals and Grievances policies moving forward.</p>	CGA06-INS-Member Complaints and Grievances-Primary Delegation. Page 6. 4	The submitted documentation is dated from 2022. This documentation does not apply to this review period of CY 2021, therefore no change in determination.
2.10.6.11	The DBPM shall not create barriers to timely due process. The DBPM shall be subject to sanctions if it is determined by DHH that the DBPM has created barriers to timely due process, and/or, if ten (10) percent or higher of grievance decisions appealed to the State Fair Hearing level within a twelve (12) month period have been reversed or otherwise resolved in favor of the member. Examples of creating barriers shall include but not be limited to: labeling complaints as inquiries and		Not met		<p>This requirement is not addressed in the Member Appeals or Grievances policies.</p> <p><u>Recommendation</u> The DBPM should include this requirement in the Appeals and Grievances policies moving forward.</p>	CGA01-INS-MCD-Member Appeals-Medicaid Page 13. 4	The submitted documentation is dated from 2022. This documentation does not apply to this review period of CY 2021, therefore no change in determination.

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	funneled into an informal review; failing to inform members of their due process rights; failing to log and process grievances and appeals; failure to issue a proper notice including vague or illegible notices; failure to inform of continuation of benefits; and failure to inform of right to State Fair Hearing.						
2.10.1.9	The DBPM shall report on grievances and appeals to LDH in a manner and format determined by LDH.		Partially Met		<p>While there was evidence of this in the New Client Report Checklist, there was no evidence of this requirement in a policy.</p> <p><u>Recommendation</u> The DBPM should add this requirement to their Member Complaints and Grievances policy.</p>	CGA01-INS-MCD-Member Appeals-Medicaid Page 13. 2 CGA06-INS-Member Complaints and Grievances-Primary Delegation. Page 6. 2	The submitted documentation is dated from 2022. This documentation does not apply to this review period of CY 2021, therefore no change in determination.
2.10.3.1.2	The DBPM will provide a form for the enrollee to sign and send back, as well as the options available for receipt of written confirmation (fax, email, regular postal mail).		Not Met		<p>This requirement is not addressed in any of the policies or procedures. DentaQuest stated they will speak with LDH about this requirement since CMS had removed this requirement.</p> <p><u>Recommendation</u> The DBPM should include this requirement in a policy or procedure, if required by LDH.</p>	CGA01-INS-MCD-Member Appeals-Medicaid Page 12. A. e) i.	The submitted documentation is dated from 2022. This documentation does not apply to this review period of CY 2021, therefore no change in determination.
2.10.2.4	Standard Disposition of Grievances - For standard disposition of a grievance and notice to the affected parties, the timeframe is established as ninety (90) days from the day the DBPM receives the grievance. This timeframe may be extended under the terms of the RFP.		Partially Met	Nine (9) out of 10 files met the requirements for grievances due to the lack of acknowledgement letter, and 10 out of 10 files met the requirements for appeals.	This requirement is addressed in the Member Complaints and Grievances policy.	Please provide the case that did not meet the requirements to allow DentaQuest to provide coaching to the appropriate staff member	Case #10
2.5.8.5.1.1	For termination, suspension, or reduction of previously authorized Medicaid-covered services, at least ten (10) days before the date of action, except when the period of advanced notice is		Not Met		This requirement is not addressed in any policy or procedure, including the Notice of Action policy.	These requirements will be added within the UM08-INS-	No change in determination.

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	shortened to five days if probable member fraud has been verified by the date of the action.				Recommendation DentaQuest should include this requirement in the Notice of Action policy.	Authorization Review policy in the Louisiana Medicaid Exhibit.	
2.5.7.2.1 2.5.7.2.2	The DBPM shall make eighty percent (80%) of standard service authorization determinations within two (2) business days of obtaining appropriate medical information regarding a proposed procedure or service requiring a review determination. All standard authorization decisions shall be made within no more than (14) calendar days following receipt of the request for service.		Not Met		This requirement is not addressed in any policy or procedure, including the Notice of Action policy. Recommendation DentaQuest should include this requirement in the Notice of Action policy.	These requirements will be added within the UM08-INS-Authorization Review policy in the Louisiana Medicaid Exhibit.	No change in determination.
2.5.7.3 2.5.7.3.1 2.5.7.3.2	If the DBPM extends the timeframe for a service authorization decision, it shall: Notify the enrollee of the reason for extending the timeframe and advising of the right to file a grievance if the enrollee disagrees with the extension of time; Issue and carry out its determination as expeditiously as possible but no later than the date the extension expires;		Not Met		This requirement is not addressed in any policy or procedure, including the Notice of Action policy. Recommendation DentaQuest should include this requirement in the Notice of Action policy.	These requirements will be added within the UM08-INS-Authorization Review policy in the Louisiana Medicaid Exhibit.	No change in determination.
2.5.8.3.4	For service authorization decisions not reached within required timeframes, on the date the timeframes expire. Such failures constitute a denial and are, therefore, an adverse benefit determination.		Not Met		This requirement is not addressed in any policy or procedure, including the Notice of Action policy. Recommendation DentaQuest should include this requirement in the Notice of Action policy.	These requirements will be added within the UM08-INS-Authorization Review policy in the Louisiana Medicaid Exhibit.	No change in determination.
2.5.7.2.3	For expedited service authorization decisions where a provider indicates, or the DBPM determines, that following the standard timeframe could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function, the DBPM must make an expedited authorization decision and provide notice as expeditiously as the member's health condition requires and no later		Not Met		This requirement is not addressed in any policy or procedure, including the Notice of Action policy. Recommendation DentaQuest should include this requirement in the Notice of Action policy.	These requirements will be added within the UM08-INS-Authorization Review policy in the Louisiana Medicaid Exhibit.	No change in determination.

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	than seventy-two (72) hours after receipt of the request for service.						
2.5.7.2.2 2.5.7.2.4	The DBPM may extend the seventy-two (72) hour time period by up to fourteen (14) calendar days if the member requests an extension, or if the DBPM justifies (to DHH upon request) a need for additional information and how the extension is in the member's interest.		Not Met		<p>This requirement is not addressed in any policy or procedure, including the Notice of Action policy.</p> <p>Recommendation DentaQuest should include this requirement in the Notice of Action policy.</p>	These requirements will be added within the UM08-INS-Authorization Review policy in the Louisiana Medicaid Exhibit.	No change in determination.
CFR 438.330 Quality Assessment and Performance Improvement Program (QAPI)							
2.11.1.1.4	Assess the quality and appropriateness of care furnished to enrollees with special health care needs.	N/A	Partially Met		<p>This requirement is partially addressed on the Access to Services for Members policy on page 3; however, this policy focuses on access rather than quality and appropriateness of care. In addition, the Utilization Management Program Description 2021 states that "Special needs members are identified by the plans and processes in the Customer Service Department", but this does not address the quality and appropriateness of care furnished to enrollees with special health care needs. In addition, this requirement is partially addressed in the National Quality Improvement Program Description on page 8; however, this document does not address the quality and appropriateness of care furnished to these enrollees.</p> <p>Recommendation: Develop policies to identify and assess the quality and appropriateness of care furnished to Louisiana Medicaid enrollees with special h health care needs.</p>	This requirement has previously been placed in Exhibit C-Louisiana Medicaid within UM15-INS-Access to Services-Out of Network for the 2022 updates. 2021 versions of UM policies were requested for this audit.	After further review, there is no change to the final determination.
2.11.1.1.1	Objectively and systematically monitor and evaluate the quality and appropriateness of care and services and promote improved patient	National Quality Improvement Program Evaluation	Partially Met		This requirement is partially addressed in the National Quality Improvement Program Description 2021 on page 3	DentaQuest has drafted the 2023 version of our	After further review, there is no change to the final

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	outcomes through monitoring and evaluation activities;				<p>and the National Quality Improvement Program Evaluation 2021; however, there is no mention of Louisiana Medicaid enrollees. Instead, TennCare is mentioned on page 18 and Florida on page 29. In addition, the Utilization Management Program Description 2021 addresses member utilization, satisfaction and care coordination on page 12; however, documentation is lacking to support systematic monitoring and evaluation of the quality of care and patient outcomes.</p> <p>Recommendation: Develop and implement a QAPI evaluation program and corresponding document that is exclusive to Louisiana Medicaid enrollees.</p>	QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	determination.
2.11.1.2	The QAPI Program’s written policies and procedures shall address components of effective healthcare management and define processes for ongoing monitoring and evaluation that will promote quality of care. High risk and high volume areas of patient care should receive priority in selection of QAPI activities.	National Quality Improvement Program	Partially Met		<p>This requirement is partially addressed in the National Quality Improvement Program Description 2021 on page 3 and the National Quality Improvement Program Evaluation 2021; however, there is no mention of Louisiana Medicaid enrollees. Instead, TennCare and Florida are mentioned on page 15.</p> <p>Recommendation: Develop and implement a QAPI Program and a corresponding description document that is exclusive to Louisiana Medicaid enrollees.</p>	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	After further review, there is no change to the final determination.
2.11.1.3	The QAPI Program shall define and implement improvements in processes that enhance clinical efficiency, provide effective utilization, and focus on improved outcome management achieving the highest level of success.	National Quality Improvement Program	Partially Met		<p>This requirement is partially addressed in the National Quality Improvement Program Description 2021 on page 3 and the National Quality Improvement Program Evaluation 2021; however, there is no mention of</p>	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana	After further review, there is no change to the final determination.

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
					<p>Louisiana Medicaid enrollees. Instead, TennCare and Florida are mentioned on page 15. In addition, the Utilization Management Program Description 2021 addresses member utilization on page 12; however, documentation is lacking to support comprehensive improvement processes to improve patient outcomes.</p> <p>Recommendation: Develop and implement a QAPI Program and corresponding Description document that is exclusive to Louisiana Medicaid enrollees.</p>	Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	
2.11.1.4	The DBPM shall submit its QAPI Program description to DHH for written approval within thirty (30) days from the date the Contract is signed.	National Quality Improvement Program	Partially Met		<p>This requirement is partially addressed in the National Quality Improvement Program Description 2021 on page 3 and the National Quality Improvement Program Evaluation 2021; however, there is no mention of Louisiana Medicaid enrollees. Instead, TennCare and Florida are mentioned on page 15.</p> <p>Recommendation: Develop and implement a QAPI Program and corresponding Description document that is exclusive to Louisiana Medicaid enrollees.</p>	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	After further review, there is no change to the final determination.
2.11.1.5	The DBPM's governing body shall oversee and evaluate the impact and effectiveness of the QAPI Program. The role of the DBPM's governing body shall include providing strategic direction to the QAPI Program, as well as ensuring the QAPI Program is incorporated into the operations throughout the DBPM.	National Quality Improvement Program	Partially Met		<p>This requirement is partially addressed in the Utilization Management Program description 2021 regarding the Quality Oversight Committee within the Utilization Management Program; however, documentation does not support a dedicated QAPI Program. In addition, the National Quality Improvement Program 2022 cited by DentaQuest in support of this requirement specifically references the Accountability and Governing</p>	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and	After further review, there is no change to the final determination.

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
					<p>Body for TennCare.</p> <p>Recommendation: DentaQuest's QAPI governing body should be separate from Utilization Management and be exclusive to Louisiana Medicaid enrollees.</p>	annual activities planned by the QAPI committee.	
2.11.2.1	The DBPM shall form a QAPI Committee that shall, at a minimum include:	National Quality Improvement Program	Partially Met		<p>This requirement is partially addressed in the National Quality Oversight Committee Minutes Q2 2021; however, that was the only quarter for which minutes were provided and only a brief addendum regarding Louisiana was included on page 14. In addition, the National Quality Improvement Program 2022 cited by DentaQuest in support of this requirement specifically references the Quality Improvement Plan Committee for Florida Healthy Kids.</p> <p>Recommendation: DentaQuest's QAPI Committee should be exclusive to Louisiana Medicaid enrollees and meetings should be held quarterly.</p>	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	After further review, there is no change to the final determination.
2.11.2.1.2	Appropriate DBPM staff representing the various departments of the organization will have membership on the committee; and	National Quality Improvement Program	Partially Met		<p>This requirement is partially addressed in the National Quality Oversight Committee Minutes Q2 2021; however, that was the only quarter for which minutes were provided and only a brief addendum regarding Louisiana was included on page 14. In addition, the National Quality Improvement Program 2022 cited by DentaQuest in support of this requirement specifically references the Quality Improvement Plan Committee for Florida Healthy Kids.</p> <p>Recommendation: DentaQuest's QAPI Committee should</p>	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	After further review, there is no change to the final determination.

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
					be exclusive to Louisiana Medicaid enrollees and meetings should be held quarterly.		
2.11.2.1.3	The DBPM is encouraged to include a member advocate representative on the QAPI Committee.	DentaQuest does not have a member advocate representative at this time.	Not Met		<p>This requirement is not addressed. DentaQuest states that they do not have a member advocate representative at this time.</p> <p>Recommendation: DentaQuest's QAPI Committee should be exclusive to Louisiana Medicaid enrollees and include a member advocate representative.</p>	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	After further review, there is no change to the final determination.
2.11.2.2	Meet on a quarterly basis;	Please see National Quality Oversight Committee Minutes - Q1 through Q4	Partially Met		<p>This requirement is partially addressed in the National Quality Oversight Committee Minutes Q2 2021; however, that was the only quarter for which minutes were provided and only a brief addendum regarding Louisiana was included on page 14.</p> <p>Recommendation: DentaQuest's QAPI Committee should be exclusive to Louisiana Medicaid enrollees and should meet quarterly.</p>	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	After further review, there is no change to the final determination.
2.11.2.2.2	Direct and review quality improvement (QI) activities;	Please see National Quality Oversight Committee Minutes - Q1 through Q4	Partially Met		<p>This requirement is partially addressed in the National Quality Oversight Committee Minutes Q2 2021; however, that was the only quarter for which minutes were provided and only a brief addendum regarding Louisiana was included on page 14.</p>	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into	After further review, there is no change to the final determination.

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
					Recommendation: DentaQuest's QAPI Committee should be exclusive to Louisiana Medicaid enrollees and should meet quarterly.	effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	
2.11.2.2.7	Conduct individual primary care dentist and primary care dentist practice quality performance measure profiling;	National Quality Improvement Program	Partially Met		This requirement is partially addressed in the National Quality Improvement Program description on page 7 and in the Healthy Louisiana Utilization Management Summary Report 2021 identifies # of linked members, # records reviewed, % performance score per PCD and % compliance rate per group; however, the quality performance measures are not documented. Recommendation: Conduct individual primary care dentist and primary care dentist practice quality performance measure profiling and report summary findings in a Program Evaluation document.	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	After further review, there is no change to the final determination.
2.11.2.2.8	Report findings to appropriate executive authority, staff, and departments within the DBPM;	National Quality Improvement Program Evaluation	Partially Met		This requirement is partially addressed in the National Quality Improvement Program Evaluation 2021; however, this document references TennCare on page 18 and Florida Healthy Kids on page 20, but there is no mention of Louisiana Medicaid enrollees. Recommendation: Develop and implement a QAPI program and corresponding evaluation document that is exclusive to Louisiana Medicaid enrollees.	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	After further review, there is no change to the final determination.
2.11.2.2.9	Direct and analyze periodic reviews of members'	National Quality	Partially Met		This requirement is partially addressed	DentaQuest has	After further review,

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	service utilization patterns;	Improvement Program Evaluation			<p>in the National Quality Improvement Program Evaluation 2021; however, this document references TennCare on page 18 and Florida Healthy Kids on page 20, but there is no mention of Louisiana Medicaid enrollees.</p> <p><u>Recommendation:</u> Develop and implement a QAPI program and corresponding evaluation document that is exclusive to Louisiana Medicaid enrollees.</p>	drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	there is no change to the final determination.
2.11.2.2.10	Maintain minutes of all committee and sub-committee meetings and submit meeting minutes to DHH with other quarterly reports;	Quality Improvement Meeting Minutes	Partially Met		<p>This requirement is partially addressed in the National Quality Oversight Committee Minutes provided for Q2 2021 on page 14; however, there were no other quarterly meeting minutes that documented a Louisiana update included.</p> <p><u>Recommendation:</u> DentaQuest's QAPI Committee should be exclusive to Louisiana Medicaid enrollees and meet quarterly.</p>	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	After further review, there is no change to the final determination.
2.11.2.4 2.11.2.4.1.3	Report an evaluation of the impact and effectiveness of the QAPI program to DHH annually. This report shall include, but is not limited to, all care management activities; and	National Quality Improvement Program Evaluation	Not Met		<p>This requirement is not addressed in the National Quality Improvement Program Evaluation 2021 documented cited by DentaQuest because this document references TennCare on page 18 and Florida Healthy Kids on page 20, but there is no mention of Louisiana Medicaid enrollees.</p> <p><u>Recommendation:</u> Develop and implement a QAPI program and corresponding evaluation document that is exclusive</p>	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities	After further review, there is no change to the final determination.

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					to Louisiana Medicaid enrollees.	planned by the QAPI committee.	
2.11.2.2.11	Ensure that a QAPI committee designee attends DHH Quality Committee meetings.	DentaQuest's Client Engagement representatives are to attend meetings.	Not Met		This requirement is not met. <u>Recommendation:</u> Develop and implement a QAPI program that specifies this requirement exclusively for Louisiana Medicaid enrollees.	Incorporating LA into existing meeting but LA Reps were represented in 2021 on the meeting	After further review, there is no change to the final determination.
2.11.2.3.1	The QAPI Committee shall develop and implement a written QAPI plan which incorporates the strategic direction provided by the governing body. The QAPI plan shall be submitted to DHH within thirty (30) days from the date the Contract with DHH is signed by the DBPM and annually thereafter, and prior to revisions. The QAPI plan, at a minimum, shall:	See Quality Improvement Program Workplan	Not Met		This requirement is not met in the Quality Improvement Workplan 2022 because this document does not specifically address activities planned and in progress for Louisiana Medicaid enrollees and was not effective during the review period. <u>Recommendation:</u> Develop and implement a workplan specifically for Louisiana Medicaid enrollees.	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	After further review, there is no change to the final determination.
2.11.2.3.1.1	Reflect a coordinated strategy to implement the QAPI Program, including planning, decision making, intervention and assessment of results;	See National Quality Improvement Program Evaluation	Not Met		This requirement is not met in the Quality Improvement Workplan 2022 because this document does not specifically address activities planned and in progress for Louisiana Medicaid enrollees and was not effective during the review period. <u>Recommendation:</u> Develop and implement a workplan specifically for Louisiana Medicaid enrollees.	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	After further review, there is no change to the final determination.
2.11.2.3.1.2	Include processes to evaluate the impact and effectiveness of the QAPI Program;	See National Quality Improvement Program	Partially Met		This requirement is partially met in the National Quality Improvement	DentaQuest has drafted the 2023	After further review, there is no change to

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		Evaluation			<p>Program Description 2021 and the National Quality Improvement Program Evaluation 2021; however, the latter document does not specifically address Louisiana Medicaid enrollees.</p> <p><u>Recommendation:</u> Develop and implement a workplan specifically for Louisiana Medicaid enrollees.</p>	version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	the final determination.
2.11.2.3.1.3	Include a description of the DBPM staff assigned to the QAPI Program, their specific training, how they are organized, and their responsibilities; and	See Quality Improvement Committee Charter	Not Met		<p>This requirement is not addressed.</p> <p><u>Recommendation:</u> Develop and implement a QAPI Program Description that addresses this requirement and is exclusive to Louisiana Medicaid enrollees.</p>	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	After further review, there is no change to the final determination.
2.11.2.4 2.11.2.4.1 – 2.11.2.4.2	The DBPM shall submit QAPI reports annually to DHH which, at a minimum, shall include: Quality improvement (QI) activities; Recommended new and/or improved QI activities; and Evaluation of the impact and effectiveness of the QAPI program. DHH reserves the right to request additional reports as deemed necessary. DHH will notify the DBPM of additional required reports no less than sixty (60) days prior to due date of those reports.	See National Quality Improvement Program Evaluation	Not Met		<p>This requirement is not addressed in the National Quality Improvement Program Evaluation 2021 documented cited by DentaQuest because this document references TennCare on page 18 and Florida Healthy Kids on page 20, but there is no mention of Louisiana Medicaid enrollees.</p> <p><u>Recommendation:</u> Develop and implement a QAPI program and corresponding evaluation document that is exclusive to Louisiana Medicaid enrollees.</p>	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the	After further review, there is no change to the final determination.

LA Citation	State Contract Requirements	Plan Documentation	Review Determination	File Review Results	Comments	MCO Comments	Final Recommendations
						QAPI committee.	
3.1.1.2 3.1.1.3	The DBPM shall report clinical and administrative performance measure (PM) data on at least an annual basis, as specified by DHH.	See National Quality Improvement Program	Partially Met		<p>This requirement is partially addressed in the Louisiana Medicaid Managed Care Reporting Dental Provider Call Center Report 2021, the Healthy Louisiana Reporting Utilization Management Summary Report 2021, and the Early Warning System Report 2021; however, there was no Program Evaluation Report with annual performance measure data for Louisiana Medicaid enrollees.</p> <p><u>Recommendation:</u> Develop and implement and annual Program Evaluation report for Louisiana Medicaid enrollees.</p>	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	After further review, there is no change to the final determination.
3.1	<p>The DBPM shall meet all performance measures as stated in the Contract.</p> <p>3.1.1.1 All administrative performance measures are reporting measures. Administrative performance measure reporting is required at least monthly upon LDH's request.</p> <p>3.1.1.2 LDH will establish benchmarks for clinical performance measures utilizing statewide data of the Medicaid population from the previous calendar year(s) with the expectation that performance improves by a certain percentage toward the benchmarks. Clinical performance measures shall be reported at least annually twelve (12) months after services begin.</p> <p>3.1.1.3 Clinical performance measures include:</p> <p>3.1.1.3.1 Healthcare Effectiveness and Information Set (HEDIS) Annual Dental Visits (ADV); and</p> <p>3.1.1.3.2 Total Eligibles Receiving Preventive Dental Services based on data reported on the CMS 416.</p>	The annual QAPI plan which is due on 6/30 and still being worked. There is nothing from past years as this is the first time we have any information. Approval will be available at LDH's discretion 30 days after the fact.	Partially Met		<p>This requirement is partially addressed in the Performance Improvement Project to Increase Utilization of Sealants on First Permanent Molar by the Age of Ten; however, there was no documentation of comprehensive reporting in the National Quality Improvement Program Evaluation 2021 documented cited by DentaQuest because this document references TennCare on page 18 and Florida Healthy Kids on page 20 without mention of Louisiana Medicaid enrollees.</p> <p><u>Recommendation:</u> Develop and implement a QAPI program and corresponding evaluation document that is exclusive to Louisiana Medicaid enrollees.</p>	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	After further review, there is no change to the final determination.
3.1.1.5	The DBPM shall have processes in place to monitor and report all performance measures.	We supply monthly, quarterly and annual reports on SLAs.	Partially Met		This requirement is partially addressed in the Performance Improvement Project to Increase Utilization of	DQ submit monthly, quarterly and annually	After further review, there is no change to the final

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					<p>Sealants on First Permanent Molar by The Age of Ten; however, there were no reports submitted in support of DentaQuest's reporting on all PMs listed in Appendix N.</p> <p>Recommendation: Develop and submit reports on all performance measures.</p>	reports as required by the contract as well as ad hoc reports upon request. A corrective action plan is submitted with each report found to be non-compliant	determination.
3.1.1.2	LDH will establish benchmarks for clinical performance measures utilizing statewide data of the Medicaid population from the previous calendar year(s) with the expectation that performance improves by a certain percentage toward the benchmarks. Clinical performance measures shall be reported at least annually twelve (12) months after services begin.	All reports from LDH have specific instruction and guidelines. Please see TPL Claim Detail Report this is for report 22	Partially Met		<p>This requirement is partially addressed in the Performance Improvement Project to Increase Utilization of Sealants on First Permanent Molar by The Age of Ten; however, the TPL Claim Dental report provided by DentaQuest in support of adherence to clinical practice guidelines does not support this requirement because it is a Third Party Liability Report of claims pad.</p> <p>Recommendation: Performance measure reporting should reflect evidence-based clinical guidelines.</p>	DQ submit monthly, quarterly and annually reports as required by the contract as well as ad hoc reports upon request. A corrective action plan is submitted with each report found to be non-compliant	After further review, there is no change to the final determination.
3.3.4.1	LDH will require the DBPM to submit monthly, quarterly, and annual reports that will allow LDH to assess the DBPM's performance. The DBPM shall comply with all reporting requirements and timelines established by LDH.	Please see the Dental Record Review Tool in supporting Documents	Partially Met		<p>This requirement is partially addressed in the Louisiana Medicaid Managed Care Reporting Dental Provider Call Center Report 2021, the Healthy Louisiana Reporting Utilization Management Summary Report 2021, and the Early Warning System Report 2021; however, there was no Program Evaluation Report with annual performance measure data for Louisiana Medicaid enrollees.</p> <p>Recommendation: Develop and implement and annual Program Evaluation report for Louisiana Medicaid enrollees.</p>	This is address in the annual PIP plan already submitted. DQ has fully address this requirement.	After further review, there is no change to the final determination.

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	The Performance Measure Goals are contained in Appendix N. Appendix N PM Goals: - Percentage of EPSDT members (enrolled for at least 90 consecutive days) receiving one annual dental preventive service Baseline - 47.60% Contract Year 1 - 52.6% Contract Year 2 – 54.6% Contract Year 3 – 55% - Percentage of EPSDT members (enrolled for at least 90 consecutive days), age 6-9 years, receiving one or more sealants on permanent molar teeth. Baseline – 14.31% Contract Year 1 – 16.31% Contract Year 2 – 18.31% Contract Year 3 – 20.31%	The annual QAPI plan which is due on 6/30 and still being worked. There is nothing from past years as this is the first time we have any information. Approval will be available at LDH’s discretion 30 days after the fact.	Partially Met		This requirement is partially addressed in the Performance Improvement Project to Increase Utilization of Sealants on First Permanent Molar by The Age of Ten; however, the Quality Improvement Workplan 2022 does not include any of these performance measures and there was not 2021 Work Plan provided. <u>Recommendation:</u> Develop a QAPI workplan to include each of these measures, goals and status for Louisiana Medicaid enrollees.	DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.	After further review, there is no change to the final determination.
2.11.6 2.11..1	The DBPM shall comply with External Quality Review, review of the Quality Assessment Committee meeting minutes and annual dental audits to ensure that it provides quality and accessible health care to DBPM members, in accordance with standards contained in the Contract. Such audits shall allow DHH or its duly authorized representative to review individual dental records, identify and collect management data, including but not limited to, surveys and other information concerning the use of services and the reasons for member disenrollment.	DentaQuest complies with audit requests. DentaQuest has a team to help facilitate audit requests.	Partially Met		This requirement is partially addressed in the DentaQuest LA DBPM QAPI Tool; however, there is no supporting policy. <u>Recommendation:</u> DentaQuest is advised to develop and implement a policy to address this requirement.	DQ will develop a policy for 2022	After further review, there is no change to the final determination.
6.3.5.3	The DBPM shall submit a CAP, within thirty (30) calendar days of the date of notification or as specified by DHH, for the deficiencies identified by DHH.	We have not received a CAP however we do understand the process. Please see policy COM16-ENT	Not Met		This requirement is not addressed in the Development and Execution of Compliance CAP policy. <u>Recommendation:</u> DentaQuest is advised to modify this policy to address performance measures and include the 30-day submission requirement.	CE/ Compliance DentaQuest has revised its COM16-ENT policy to address these performance measures and include the 30-day submission requirement, as an addendum.	After further review, there is no change to the final determination.
	Within thirty (30) calendar days of receiving the CAP, DHH will either approve or disapprove the CAP. If disapproved, the DBPM shall resubmit,	We have not received a CAP however we do understand the process.	Not Met		This requirement is not addressed in the Development and Execution of Compliance CAP policy.	CE/ Compliance DentaQuest has revised its COM16-	After further review, there is no change to the final

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	within fourteen (14) calendar days, a new CAP that addresses the deficiencies identified by DHH.	Please see policy COM16-ENT			Recommendation: DentaQuest is advised to modify this policy to address performance measures and include the 14-day resubmission requirement.	ENT policy to address these performance measures and include 14-day resubmission requirement., as an addendum.	determination.
	Upon approval of the CAP, whether the initial CAP or the revised CAP, the DBPM shall implement the CAP within the time frames specified by DHH.	We have not received a CAP however we do understand the process. Please see policy COM16-ENT	Partially Met		This requirement is partially addressed in the Development and Execution of Compliance CAP policy on page 3; however, implementation within the time frames specified by DHH is not included. Recommendation: DentaQuest is advised to modify this policy to address this requirement.	CE/ Compliance DentaQuest has revised its COM16-ENT policy to address this requirement.	After further review, there is no change to the final determination.
2.11.6.1	The DBPM shall cooperate with DHH, the independent evaluation contractor (External Quality Review Organization), and any other Department designees during monitoring.	N/A this is a requirement of DHH, not the DBPM	Partially Met		DentaQuest has provided documentation in response to the EQRO requests; however, there is no policy and procedure to support this process. Recommendation: DentaQuest is advised to develop and implement a policy to meet this requirement and educate staff.	This is NA for DQ	After further review, there is no change to the final determination.