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External Quality Review
FINAL Annual Technical Report
Dental Benefit Program Managers

Louisiana Department of Health
State Fiscal Year 2021
Review Period: July 1, 2020–June 30, 2021

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I. Executive Summary

Purpose of Report

The Balanced Budget Act (BBA) of 1997 established that state agencies contracting with 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. *Title 42 Code of Federal Regulations (CFR) Section (§) 438.350 External quality review (a)* through *(f)* sets forth the requirements for the annual external quality review (EQR) of contracted MCOs. States are required to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCO. The states must further ensure that the EQRO has sufficient information to carry out this review, 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 Medicare and Medicaid Services (CMS). Quality, as it pertains to an EQR, is defined in *Title 42 CFR § 438.320 Definitions* as "the degree to which an MCO, PIHP[1], PAHP[2], or PCCM[3] entity increases the likelihood of desired health outcomes of its enrollees through: (1) its structural and operational characteristics. (2) The provision of health services that are consistent with current professional, evidence-based knowledge. (3) Interventions for performance improvement."

Title 42 CFR § 438.364 External review results (*a)* through *(d)* requires that the annual EQR be summarized in a detailed technical report that aggregates, analyzes and evaluates information on the quality of, timeliness of and access to health care services that MCOs furnish to Medicaid recipients. The report must also contain an assessment of the strengths and weaknesses of the MCOs regarding health care quality, timeliness, and access, as well as make recommendations for improvement.

To comply with *Title 42 CFR Section § 438.364 External review results* (*a)* through *(d)* and *Title 42 CFR § 438.358 Activities related to external quality review*, the Louisiana Department of Health (LDH) contracted with IPRO, an EQRO, to conduct the state fiscal year (SFY) 2021 EQR activities for five MCOs contracted to furnish Medicaid services in the state, as well as two Dental Benefit Program Managers (DBPM) and one PIHP to cover Coordinated System of Care (CSoC) services. During the period under review, SFY 2021 (July 1, 2020–June 30, 2021), LDH's MCOs included Aetna Better Health (ABH), AmeriHealth Caritas Louisiana (ACLA), Healthy Blue (HB), Louisiana Healthcare Connections (LHCC), and UnitedHealthcare Community Plan (UHC). The DBPMs were DentaQuest and MCNA Insurance Company d/b/a MCNA Dental Plans (MCNA). The CSoC provider was Magellan.

This report presents aggregate and DBPM-level results of the EQR activities for DentaQuest and MCNA. It should be noted that MCNA provided services for the entire review period of 7/1/2020–6/30/2021. DentaQuest's contract started on 1/1/2021.

Scope of External Quality Review Activities Conducted

This EQR technical report focuses on the four (4) mandatory EQR activities that were conducted. It should be noted that validation of network adequacy and assistance with the quality rating of physical health DBPMs were conducted at the state's discretion as activity protocols were not included in the CMS *External Quality Review (EQR) Protocols* published in October 2019. As set forth in *Title 42 CFR Section § 438.358 Activities related to external quality review* (b)(1), these activities are:

[1] prepaid inpatient health plan.
[2] prepaid ambulatory health plan.
[3] primary care case management.

(i) ***CMS Mandatory Protocol 1*: Validation of Performance Improvement Projects (PIPs) –** This activity validates that MCO performance improvement projects (PIPs) were designed, conducted, and reported in a methodologically sound manner, allowing for real improvements in care and services.

(ii) ***CMS Mandatory Protocol 2:* Validation of Performance Measures –** This activity assesses the accuracy of performance measures reported by each MCO and determined the extent to which the rates calculated by the MCO follow state specifications and reporting requirements.

(iii) ***CMS Mandatory Protocol 3:* Review of Compliance with Medicaid and CHIP Managed Care Regulations –** This activity determines MCO compliance with its contract and with state and federal regulations.

(iv) ***CMS Mandatory Protocol 4:* Validation of Network Adequacy –** This activity assesses MCO adherence to state standards for distance for specific provider types, as well as the MCO's ability to provide an adequate provider network to its Medicaid population. (CMS has not published an official protocol for this activity.)

CMS defines *validation* in *Title 42 CFR § 438.320 Definitions* as "the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis."

The results of these EQR activities are presented in individual activity sections of this report. Each of the activity sections includes information on:

- data collection and analysis methodologies,
- comparative findings, and
- where applicable, the DBPMs' performance strengths and opportunities for improvement.

High-Level Program Findings and Recommendations

IPRO used the analyses and evaluations of 2020–2021 EQR activity findings to assess the performance of Louisiana Medicaid DBPMs in providing quality, timely, and accessible oral healthcare services to Medicaid members. The individual DBPMs were evaluated against state and national benchmarks, where applicable, for measures related to the quality, access, and timeliness domains, and results were compared to previous years for trending when possible.

The following provides a high-level summary of these findings for the Louisiana Medicaid Managed Care Program. The overall findings for DBPMs were also compared and analyzed to develop overarching conclusions and recommendations for each DBPM. These plan-level findings are discussed in each EQR activity section as well as the **Plan-Level Summaries and Conclusion** section.

Strengths Related to Quality, Timeliness and Access

Performance Improvement Projects

Both DBPMs conducted the same PIP, with the goal of increasing utilization of sealants on the first permanent molar by age 10.

For MCNA, the barrier analysis included an analysis of disproportionate representation, and findings were used to inform a tailored and targeted intervention with a corresponding intervention tracking measure (ITM).

- Direct member and provider feedback was obtained to inform the barrier analysis.
- Interventions were initiated in May 2021.
- Member interventions are targeted to all enrollees eligible for dental sealants; interventions include both postcards and Care Connections team direct outreach, with corresponding ITMs to facilitate monitoring of progress to meeting all enrollees' oral health needs.

- Provider interventions employ practice pattern analysis by educating providers about their performance relative to their peers.
- The driver diagram demonstrates an understanding and operationalization of the drivers of the PIP aim to improve performance on eligible children's receipt of dental sealants.

DentaQuest demonstrated strengths related to quality and access in their PIP, including:

- Interventions with corresponding ITMs are indicated for individual member outreach and community outreach.
- A more resource-intensive intervention is planned to conduct live calls to susceptible subpopulations (to be identified).
- As a new plan, to address the lack of historical data for the dental quality alliance (DQA) performance indicator, DentaQuest has provided an interim substitute measure (i.e., CMS 416 data).
- The plan described a process for ongoing analysis of ITMs for continuous quality improvement.

Review of Compliance with Medicaid and CHIP Managed Care Regulations

A review of MCNA demonstrated full compliance in 9 of the 11 domains. A full compliance review for DentaQuest and MCNA is planned for July/August 2022 to cover the period January to December 2021.

Validation of Performance Measures

None identified.

Network Adequacy

Both DBPMs demonstrated full compliance with network adequacy standards for open practice main dentists.

Among the dental specialties, the standards were met by both DBPMs for oral surgeons and orthodontists within the 60-mile range.

Opportunities Related to Quality, Timeliness and Access

Performance Improvement Projects

None identified.

Review of Compliance with Medicaid and CHIP Managed Care Regulations

For the following CFR standards, MCNA was less than fully compliant in the most recent review, which was conducted in 2019/2020:

Adequate Capacity and Service – MCNA was compliant in all areas of the state except in Plaquemines Parish, where MCNA stated they have contracted with 100% of available primary care dentists (PCDs). MCNA also reached out to other providers who declined to join their network.

- **Recommendation:** MCNA should continue to enroll providers to expand provider coverage to meet the time and distance requirements.
- **Finding:** The GeoAccess report for Q1 2019 showed MCNA was fully compliant for oral surgery and orthodontists. There were gaps in prosthodontists (18.75%), endodontists (29.69%), and periodontists (54.68%). MCNA stated that for all but Vermillion Parish endodontists, they have contracted with all available providers. In some rural parishes, there is no availability of providers. Where non-Medicaid participating specialists are available, MCNA reaches out quarterly to engage providers to join the network. MCNA also reaches out to neighboring states.
- **Recommendation:** MCNA should continue to enroll providers to expand provider coverage to meet the time and distance requirements.

QAPI

- **Finding:** The QAPI Work Plan does mention the member advocate in passing. The requirement is presented as "encouraged" rather than "must." MCNA has outreach specialists on the Quality Improvement (QI) Committee.
- **Recommendation:** MCNA should include in its policy that it has a member advocate on its QI Committee.

Performance Measures

Both performance measure rates for MCNA were below the target set by LDH.

Network Adequacy

DentaQuest did not meet the 90-mile standard for either oral surgeons or orthodontists.

Neither MCNA nor DentaQuest met the access standards for endodontists, periodontists, or prosthodontists.

Conclusion

Findings from SFY 2021 EQR activities highlight the DBPMs' commitment to achieving the goals of the Louisiana Medicaid Quality Strategy. Strengths related to quality of care, timeliness of care, and access to care were observed across all covered populations. In addition, because achieving health equity remains a state priority, it is recognized that opportunities to improve health outcomes exist for both DBPMs.

Recommendations for DBPMs and LDH

- MCNA should continue to enroll providers to expand provider coverage to meet the time and distance requirements.

- MCNA should include in its policy that it has a member advocate on its QI Committee. This recommendation was made during the 2019 compliance review. Subsequently, MCNA has updated their policy to include the member advocate on the member committee.

No recommendations have been identified yet for DentaQuest.

II. Louisiana Medicaid Managed Care Program

Managed Care in Louisiana

On February 1, 2012, the LDH transitioned approximately 900,000 Medicaid enrollees from the state's fee-for-service (FFS) program to a managed care program. The rollout occurred in phases based on designated geographic service areas, resulting in a completed statewide rollout on June 1, 2012.

In 2014, a request for proposal (RFP) was issued for full-risk Medicaid managed care contracts, with a start date of February 1, 2015. The RFP provided for an initial 3-year contract term and the option to extend the contracts up to 24 months. Subsequently, the Louisiana Legislature approved a 23-month extension to these contracts, from February 1, 2018, through the contract expiration date of December 31, 2019. Effective January 1, 2021, LDH contracted with two DBPMs: MCNA and DentaQuest.

Louisiana Medicaid currently serves more than 1.7 million enrollees which is approximately 37% of the state's population. There are five statewide MCOs: Aetna Better Health (ABH), AmeriHealth Caritas Louisiana (ACLA), Healthy Blue (HB), Louisiana Healthcare Connections (LHCC), and UnitedHealthcare Community Plan (UHC). In February 2020, the state announced its intent to contract with two dental prepaid ambulatory health plans (PAHPs) for Medicaid following a state bid process that began in June 2019, when the LDH issued a request for proposals. LDH selected DentaQuest USA Insurance Company, Inc. and MCNA Insurance Company d/b/a MCNA Dental Plans as its dental partners, effective January 1, 2021. MCNA was an existing DBPM. On June 24, 2021, LDH initiated procurement for its full-risk Medicaid physical health managed care contracts. Responses to this RFP were due by September 3, 2021.

Healthy Louisiana covers more than 90% of Louisiana Medicaid members, including more than 800,000 new members since Medicaid expansion took effect in July 2016. DBPM enrollment as of June 2021 was 1,740,497.

Table 1 shows the Louisiana Medicaid Enrollment by DBPM.

Table 1: Current Louisiana Medicaid DBPMs Enrollment

DPBM Name	Enrollment as of June 30, 2021
DentaQuest	871,417
MCNA	869,080
Total	1,740,497

Louisiana Medicaid Quality Strategy

Quality Strategy Goals

Louisiana's Quality Strategy is based on aims, goals, and objectives to promote improvement in health care delivery and outcomes, along with metrics by which progress can be measured. Louisiana's Quality Strategy is aligned with the Institute of Healthcare Improvement (IHI)'s Triple Aim® and the aims and priorities selected by CMS for their national quality strategy. Posted on the LDH website, Louisiana's 2019 Quality Strategy identifies the following three aims:

1. **Better Care:** Make health care more person-centered, coordinated, and accessible.
2. **Healthier People, Healthier Communities:** Improve the health of Louisianans through better prevention and treatment and proven interventions that address physical, behavioral, and social needs; and
3. **Smarter Spending:** Demonstrate good stewardship of public resources by ensuring high-value, efficient care.

LDH is currently working on an update to the 2019 Quality Strategy. A draft, dated May 2021, was previously posted for public comment on the LDH website.

Health Disparities Questionnaire

For this year's technical report, the LA EQRO evaluated DBPMs with respect to their activities to identify and/or address gaps in oral health outcomes and/or oral health care among their Medicaid population according to at-risk characteristics such as race, ethnicity, gender, and geography. DBPMs were asked to respond to the following questions for the period July 1, 2020–June 30, 2021:

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

MCNA Response

As part of MCNA's Louisiana community outreach and education plan, our Member Advocate Outreach Specialists (MAOS) create collaborative relationships with various community organizations in order to educate and advocate for MCNA's Louisiana Dental Medicaid Members. MCNA's MAOS focus outreach efforts to organizations that serve typically underserved areas and individuals (individuals with special needs, rural areas, and tribal organizations). MCNA Dental works with these organizations to educate members about proper oral health as well as benefits they have through the Medicaid program. MCNA Dental also works with these community partners to assist uninsured people with locating resources from medical to dental to financial.

Corporate level activities to date include:

- Providing a MAOS dedicated solely to the Louisiana Medicaid Dental Program
- Providing sponsorship for member and provider events
- Enhancing cultural competency training and resources

At the local level, MCNA Dental has:

- Attended monthly meetings with local coalitions to plan and prepare for future events and provide information for Medicaid members; and
- Attended bi-monthly meetings with local clinics and medical centers to provide contact information to Medicaid members requesting assistance.

To remove language barriers for our diverse population and meet the cultural needs of our members, MCNA deployed text messages that were delivered to members in their primary language for the top five languages spoken including English, Spanish, French, Vietnamese, and Arabic.

- For the time period of July 1, 2020 through June 30, 2021, MCNA deployed 198,228 preventive text messages, (one per household) advising the parent/guardian to schedule an appointment for preventive dental care.
    - Of the 198,228 members who received a text, 46,825 (24%) members visited their primary care dentist within 60 days post receipt of a text message and of those members, 37,968 (81%) received a preventive service.

MCNA continued its sealant campaign, "Sealants & Smiles" which offers providers an additional $10 fee per first permanent molar for children ages 6-9.

MCNA also continued the DentalLink program, which focuses on educating pediatricians and primary care providers to better understand oral health care. Through this program, our Quality Improvement and Provider Relations team collaborates with pediatricians in large group practices to provide a geographically customized

tear-off "prescription pad" for oral health care. This pad minimizes the time the physician needs to effectively recommend oral health care to the members.

- MCNA successfully collaborated with health plans such as Healthy Blue, Louisiana Healthcare Connections, and United Health Care. We also continued our collaboration with the organization, Eat, Move Grow, a federally funded grant program who targets children in underserved rural areas. This collaboration enables children to be routed into a dental home versus using a school-based service for their ongoing dental care.

MCNA also continued its Elite Provider Program, which encourages and incentivizes primary dental providers to enhance their population's oral health management capabilities and focus. Providers who consistently demonstrate high approval rates for prior authorizations and claims are rewarded with a reduced level of administrative oversight of their practices and other perks highly valued by the provider community.

Lastly, 1,729 Practice Site Performance Summary (PSPS) reports were distributed to provider offices. This tool is designed to assist providers in understanding how their clinical and operational performance compares with that of their peers. A preventive services section of the report includes the percent of assigned children receiving a preventive visit in accordance with the American Association of Pediatric Dentistry's Periodicity Schedule. Each provider receives a detailed quarterly report that outlines individual provider performance with respect to claims, prior authorizations, and preventive services in comparison to goals and peer groupings.

DentaQuest Response

This is a new contract for DentaQuest as of January 1, 2021. The information available to us was limited; however, we continue to collect and analyze the data we receive as well as utilize research and publicly reported performance metrics to address health disparities. Oral health literacy in the Medicaid population is poor thereby affecting utilization of dental services and ultimately impact health outcomes. To improve oral health literacy, DentaQuest has implemented a range of supports, education and incentives to educate enrollees on the importance of oral health and most importantly arm them with the skills and knowledge to effectively manage their oral health.

All members receive a welcome call and a health risk assessment within 30 days of enrollment. During this welcome call, enrollees are educated on their dental benefit, the importance of routine dental care and they are provided with contact information should they need any additional support. The secondary component of the welcome call is the health risk assessment (HRA). The HRA consists of a series of questions that identify areas where the member may be at risk and require more individual support. Responses indicating enrollee has poor oral health, dental pain, chronic medical conditions or need assistance with transportation, housing, food and/or utilities indicate the enrollee may be at risk. Once it has been identified that an enrollee may be at risk, an outreach call is placed by a Care Coordinator who conducts a more comprehensive assessment to determine the level of support the enrollee needs. Based on the results of this assessment, enrollees are placed into care coordination or case management. Enrollees who require short term support to improve their functional capability and minimize barriers to care receive care coordination. Those members who require long term support are enrolled in the Case Management program. Case Management provides high risk enrollees with long term additional supports to promote enrollee self-management, treatment adherence and improved oral health.

For the adult population receiving extractions, there is a potential risk for opioid usage. According to research, opioid analgesics are among the most frequently prescribed drugs by dentist. To help members understand the risk and provide information on effective non-opioid options, an online tool with risk assessment is

available to these enrollees. With the understanding that many enrollees may not initially recognize the value in this education, an incentive is provided. Enrollees who complete this program receive a Walmart gift card.

Research shows dental caries is the most common chronic disease in children in the United States. Evidence-based Clinical Recommendations recommend that sealants are effective in reducing the incidence of carious lesions in permanent molars. The CMS 416 FY19 data set show the state of Louisiana at 14.28% which is 3% lower than the national rate for the same FY. To help combat dental caries and align with the national average for sealants, a program called Healthy Behaviors was developed. In the Healthy Behaviors program, children receive an oral health kit when they have their adult molars sealed. In addition to this program, DentaQuest conducted an analysis of disproportionate utilization to better understand the sealant usage for children who turned 10 years of age during the measurement year. This analysis stratified the data by race and geography and will be used to develop targeted interventions to educate enrollees on sealants and improve percentage of sealants on a permanent tooth. Using this analysis to focus on specific population will help decrease the existing disparities and improve oral health outcomes.

Medicaid enrollees are at higher risk for developing Early Childhood Caries (ECC), a severe form of caries (cavities), that affects the primary teeth of infants, toddlers, and preschool children. ECC can progress rapidly and, if left untreated, may result in pain and infection. The Healthy Beginnings program promotes prevention and early detection of ECC by educating parents/caregivers on oral health, routine dental visits and proper dental care for infants and children. Parents/caregivers of enrollees ages 0-2 will receive a birthday card at birth and first and second birthday with age-appropriate dental care instructions, tips on preventing ECC, and information on how to locate a provider.

As we gather information on enrollees DentaQuest will continue to assess the membership for opportunities to improve oral health literacy, encourage routine dental care and improve sealant use. Through analysis we will proactively identify the oral health disparities that exist in this population and develop strategies to ensure enrollees are receiving the education, tools and knowledge to understand the importance of prevention, access quality dental care and improve oral health literacy. Cumulatively these actions will reduce the existing disparities and improve health outcomes.

Responsibility for Quality Monitoring

Within LDH, the Bureau of Health Services Financing (BHSF) is responsible for the day-to-day operations of the MMC program with support from other LDH program offices, including the Office of Behavioral Health (OBH), Office of Public Health (OPH), Office of Aging and Adult Services (OAAS), and the Office for Citizens with Developmental Disabilities (OCDD). The Medicaid Quality Improvement and Innovations Section, in collaboration with these program offices, the Medicaid Chief Medical Officer, and the Medicaid Executive Management Team are responsible for the development, implementation and evaluation of the Medicaid Managed Care Quality Strategy.

The Louisiana Medicaid Medical Care Advisory Committee (formerly known as the Medicaid Quality Committee) provides consultation on quality improvement activities to promote access and utilization of quality, evidence-based healthcare that is designed to meet the health needs of all Louisiana Medicaid and Children's Health Insurance Program enrollees. Members of the Medicaid Medical Care Advisory Committee and its subcommittees fulfill the role required by federal regulation 42 CFR 431.12. This committee is interdisciplinary and includes representatives who are familiar with quality improvement and the medical needs of Healthy Louisiana enrollees.

IPRO's Assessment of the Louisiana Medicaid Quality Strategy

Evaluation Methodology

To evaluate Louisiana's 2019 Medicaid Managed Care Quality Strategy, a review of federal regulations was initially conducted to clearly define the requirements of the Quality Strategy and guide the evaluation methodology.

First, IPRO evaluated the core Healthy Louisiana performance results. This evaluation consisted of data analysis of measures identified in the Quality Strategy from the Healthcare Effectiveness Data and Information Set (HEDIS®), Consumer Assessment of Healthcare Providers and Systems (CAHPS®), Agency for Healthcare Research and Quality (AHRQ)'s Preventive Quality Indicators, Louisiana vital records, and CMS-developed measures. This analysis included comparisons of Louisiana HEDIS performance to national benchmarks using the Medicaid National Committee for Quality Assurance (NCQA) *Quality Compass*®.

Second, IPRO evaluated Louisiana Medicaid's Quality Monitoring activities. This evaluation consisted of a review of Louisiana Department of Health monitoring reports regarding enrollment, network adequacy, quality dashboard, program transparency, medical loss ratio (MLR) and diabetes and obesity reviews. LDH's approach to addressing health disparities and the use of sanctions were also reviewed. Further evaluation of the Quality Strategy consisted of a review of external quality review (EQR) report documents, including performance measure results, compliance review results, access and availability survey findings, behavioral health member satisfaction, and the Annual EQR Technical Reports.

Third, IPRO evaluated State-MCO-EQRO communications by reviewing online data sources. In addition to the LDH and external quality review monitoring reports, other website examples of data transparency such as MCO executed contracts, Medical Care Advisory Committee meeting reports, and Informational Bulletins were reviewed.

Fourth, IPRO evaluated Louisiana Medicaid's strategies and interventions to promote quality improvement by reviewing MCO Performance Improvement Project reports, MCO withhold of capitation payments to increase the use of Value-Based Payment and improve health outcomes, and the Louisiana Health Information Technology Roadmap.

Finally, based on key findings, IPRO prepared a summative analysis of program strengths, opportunities for improvement, and recommendations.

Strengths

- Aligned with IHI's Triple Aim and the aims and priorities selected by CMS for their National Quality Strategy, Louisiana's Quality Strategy established three aims:
  1. **Better Care:** Make healthcare more person-centered, coordinated, and accessible.
  2. **Healthier People, Healthier Communities:** Improve the health of Louisianans through better prevention and treatment and proven interventions that address physical, behavioral, and social needs.
  3. **Smarter Spending:** Demonstrate good stewardship of public resources by ensuring high-value, efficient care.
  4. In compliance with federal regulations, the EQRO prepared federally required Annual Technical Report. Results are posted on the LDH website.
  5. There is a structured and standardized approach in place for conducting and validating PIPs. Individual conference calls with the EQRO provide valuable insight on PIP progress, and through the use of intervention tracking measures can help quantify opportunities for improvement.

Recommendations

Overall, LDH is successfully implementing the 2019 Quality Strategy, which met minimum CMSS standards, but it is recommended that LDH in collaboration with the DBPMs and EQRO include greater metrics and evaluations for the DBPMS in its Quality Strategy.

III. Validation of Performance Improvement Projects

Objectives

Title 42 CFR § 438.330(d) establishes that state agencies require contracted DBPMs to conduct PIPs that focus on both clinical and non-clinical areas. According to the CMS, the purpose of a PIP is to assess and improve the processes and outcomes of health care provided by an DBPM. LDH contracted with IPRO to conduct the annual validation of PIPs.

Section 2.11.3 of the contract requires the **Dental Benefit Program Manager** (DBPM) to conduct PIPs that focus on dental services, as identified by LDH.

Performance Improvement Projects shall be designed to achieve, through ongoing measurements and intervention, significant improvement sustained over time, with favorable effects on health outcomes and enrollee satisfaction. Each project must involve the following:

- Measurement of performance using objective quality indicators;
- Implementation of interventions to achieve improvement in the access to and
- quality of care;
- Evaluation of the effectiveness of the interventions; and
- Planning and initiation of activities for increasing or sustaining improvement.

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

The PIP validation procedure builds on the CMS PIP Validation Protocol by evaluating quantitative and qualitative data regarding each of the following PIP components:

1. Topic/Rationale
    a. Impacts the maximum proportion of members that is feasible;
    b. Potential for meaningful impact on member health, functional status, or satisfaction;
    c. Reflects high-volume or high-risk conditions; and
    d. Supported with DBPM member data (baseline rates [e.g., disease prevalence]).
2. Aim
    a. Specifies performance indicators for improvement with corresponding goals;
    b. Goal sets a target improvement rate that is bold, feasible, and based upon baseline data and strength of interventions, with rationale (e.g., benchmark); and
    c. Objectives align aim and goals with interventions.
3. Methodology
    a. Annual PMs indicated
    b. Specifies numerator and denominator criteria
    c. Procedures indicate data source, hybrid versus administrative, reliability
    d. Sampling method explained for each hybrid measure
4. Barrier analysis, using one or more of the following:
    a. Susceptible subpopulations identified using claims data on PMs stratified by demographic and clinical characteristics;

   b. Obtain direct member input from focus groups, quality meetings, surveys, and/or care management outreach;
   c. Obtain direct provider input from focus groups, quality meetings, surveys, and/or care management outreach; or
   d. Quality improvement (QI) process data (e.g., fishbone diagram, process flow diagrams).
5. Robust interventions that are measurable using ITMs
   a. Informed by barrier analysis;
   b. Actions that target member, provider, and DBPM;
   c. New or enhanced, starting after baseline year; and
   d. With corresponding monthly or quarterly ITMs to monitor progress of interventions.
6. Results table
   a. Performance Indicator rates, numerators, and denominators; and
   b. Target rate.
7. Discussion
   a. Interpretation of extent to which PIP is successful (e.g., compare final to baseline rates, compare final to target rates, interpret ITM rate trends in support of performance indicator improvement).
8. Next steps
   a. Lessons learned;
   b. System-level changes made and/or planned; and
   c. Next steps for each intervention.

Technical Methods of Data Collection and Analysis

IPRO collects performance indicator data and ITM data reported by the plans in annual PIP reports, quarterly PIP reports, and monthly plan-do-study-act (PDSA) run chart presentations.

IPRO's validation process begins at the PIP proposal phase and continues through the life of the PIP. During the conduct of the PIPs, IPRO provides technical assistance to each DBPM. The technical assistance includes feedback.

CMS's *Protocol 1. Validation of Performance Improvement Projects* was used as the framework to assess the quality of each PIP, as well as to score the compliance of each PIP with both federal and state requirements. IPRO's assessment involves the following 10 elements:

1. Review of the selected study topic(s) for relevance of focus and for relevance to the MCO's enrollment.
2. Review of the study question(s) for clarity of statement.
3. Review of the identified study population to ensure it is representative of the MCO's enrollment and generalizable to the MCO's total population.
4. Review of selected study indicator(s), which should be objective, clear, unambiguous, and meaningful to the focus of the PIP.
5. Review of sampling methods (if sampling used) for validity and proper technique.
6. Review of the data collection procedures to ensure complete and accurate data were collected.
7. Review of the data analysis and interpretation of study results.
8. Assessment of the improvement strategies for appropriateness.
9. Assessment of the likelihood that reported improvement is "real" improvement.
10. Assessment of whether the MCO achieved sustained improvement.

Following the review of the listed elements, the review findings are considered to determine whether the PIP outcomes should be accepted as valid and reliable.

IPRO provided PIP report templates to each MCO for the submission of project proposals, interim updates, and results. All data needed to conduct the validation were obtained through these report submissions.

Upon final reporting, a determination was made as to the overall credibility of the results of each PIP, with assignment of one of three categories:

- There were no validation findings which indicate that the credibility of the PIP results is at risk.
- The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution. (Concerns are enumerated.)
- There are one or more validation findings that indicate a bias in the PIP results. The concerns that put the conclusion at risk are enumerated.

IPRO's assessment of indicator performance was based on the following four categories:

- Target met (or exceeded), and performance improvement demonstrated.
- Target not met, but performance improvement demonstrated.
- Target not met, and performance decline demonstrated.
- Unable to evaluate performance at this time.

Description of Data Obtained

Information obtained throughout the reporting period included project rationale, aims and goals, target population, performance indicator descriptions, performance indicator rates (baseline, interim, and final), methods for performance measure calculations, targets, benchmarks, interventions (planned and executed), tracking measures and rates, barriers, limitations, and next steps for continuous quality improvement.

IPRO received copies of each DBPM's Performance Improvement Project report. The reports included the project topic and rationale (include baseline and benchmark data), objectives, description of the methodology and interventions, results and major conclusions of the project, and next steps.

Conclusions and Comparative Findings

The following PIPs were active during the annual technical review (ATR) review period (July 1, 2020–June 30, 2021):

- Increase Utilization of Sealants on First Permanent Molar by The Age of Ten

The baseline measurement period of the PIP was January 1, 2020, to December 31, 2020, with intervention period beginning May 3, 2021. The PIP has since been extended to December 31, 2022.

Review elements are assessed using a scale of "met," "partially met," and "not met." Review elements evaluated include project topic, topic relevance, quality indicators, study design and analysis, study population, interventions, and achievement of demonstrable (initial) and sustained (ongoing) improvement. **Table 2** shows PIP validation results for the two DBPMs.

IPRO has moderate confidence that the PIP was methodologically sound, produced evidence of significant improvement, and the demonstrated improvement was clearly linked to the quality improvement processes implemented. At this time, since the PIP is in the baseline stage, a determination as to overall improvement cannot be made.

Table 2: PIP Validation Results by DBPM

PIP Validation Element	DentaQuest	MCNA
1. Topic/ Rationale		
a. Impacts the maximum proportion of members that is feasible	M	M

PIP Validation Element	DentaQuest	MCNA
b. Potential for meaningful impact on member health, functional status or satisfaction	M	M
c. Reflects high-volume or high risk-conditions	M	M
d. Supported with MCO member data (baseline rates [e.g., disease prevalence])	M	M
2. Aim		
a. Specifies Performance Indicators for improvement with corresponding goals	PM	M
b. Goal sets a target improvement rate that is bold, feasible, and based upon baseline data and strength of interventions, with rationale (e.g., benchmark)	PM	M
c. Objectives align aim and goals with interventions	M	M
3. Methodology		
a. Annual Performance Measures indicated	M	M
b. Specifies numerator and denominator criteria	M	M
c. Procedures indicate methods for data collection and analysis	M	M
d. Sampling method explained for each hybrid measure	M	Not Applicable
4. Barrier Analysis		
a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	M	M
b. Member feedback	M	M
c. Provider feedback	M	M
d. QI Process data ("5 Why's", fishbone diagram)	M	M
5. Robust Interventions that are Measurable using Intervention Tracking Measures		
a. Informed by barrier analysis	PM	M
b. Actions that target member, provider and MCO	M	M
c. New or enhanced, starting after baseline year	M	M
d. With corresponding monthly or quarterly intervention tracking (process) measures, (i.e., numerator/denominator; specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	PM	PM
6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years)		
a. Table shows Performance Indicator rates, numerators and denominators	PM	M
b. Table shows target rates and rationale (e.g., next highest Quality Compass percentile)	PM	M

PIP: performance improvement project; DBPM: dental benefits provider manager; MCNA: MCNA Dental Plan; M: Met; PM: Partially Met; MCO: managed care organization.

Comments for DentaQuest

2a. IPRO Review of Proposal/Baseline 6/10/21: Partially Met. Footnotes 10 and 11 on page 7 explain that "DQ can compute DQA measure to remove 48-month look back. Once done, DQ will update the table." In addition, regarding the CMS 416 Sealant measure reported as a preliminary measure, the Plan explains, "The earliest available data is based on the CMS-416 Annual EPSDT Participation Report. This is based on a federal fiscal year. DentaQuest will not be able to compute the DQA Receipt of Sealants on First Molars until 1/1/2025 due to the 48-month look-back period required for the measure.

2b. IPRO Review of Proposal/Baseline 6/10/21: Not Met. Per CMS data (at https://www.medicaid.gov/state-overviews/stateprofile.html?state=louisiana, accessed 6/10/21), there is a higher national benchmark that the Plan should target. The Plan set a target rate of 14.52% based upon statistical significance testing applied to a preliminary baseline rate of 14.28%; however, this is not meaningful from a population health perspective. The 2019 LA statewide rate for the percentage of children ages 6–9 years at elevated risk of dental caries who received sealant on permanent first molar = 20.4% and the national median = 22.7%; the 22.7% rate is feasible and recommended as a PIP target rate. If this target rate is achieved, a new target rate would be set higher for ongoing improvement.

5a. IPRO Review of Proposal/Baseline 6/10/21: Partially Met. Findings from the disproportionate analysis of dental sealant under-representation should be used to inform tailored and targeted intervention, as indicated by DentaQuest in Table 4, Intervention #4. ITM 4a should be specified in terms of each specific intervention tailored and targeted to each of the one or more prioritized susceptible subpopulations.

5d. IPRO Review of Proposal/Baseline 6/10/21: Partially Met. The Plan has indicated that, pending the analysis of disproportionate representation, the Plan will identify one or more susceptible subpopulations with corresponding ITM(s). At least one provider interventions with a corresponding ITM should be added.

6a. IPRO Review of Proposal/Baseline 6/10/21: Partially Met. Please complete Table 5: Results by entering available performance indicator data. Footnotes 10 and 11 on page 7 explain that "DQ can compute DQA measure to remove 48-month look back. Once done, DQ will update the table." In addition, regarding the CMS 416 Sealant measure reported as a preliminary measure, the Plan explains, "The earliest available data is based on the CMS-416 Annual EPSDT Participation Report. This is based on a federal fiscal year. DentaQuest will not be able to compute the DQA Receipt of Sealants on First Molars until 1/1/2025 due to the 48-month look-back period required for the measure."

6b. IPRO Review of Proposal/Baseline 6/10/21: Not Met. Please complete Table 5: Results by entering bold, feasible target rates that address the following guidance: Per CMS data (https://www.medicaid.gov/state-overviews/stateprofile.html?state=louisiana, accessed 6/10/21), there is a higher national benchmark that the Plan should target. The Plan set a target rate of 14.52% based upon statistical significance testing applied to a preliminary baseline rate of 14.28%; however, this is not meaningful from a population health perspective. The 2019 LA statewide rate for the percentage of children ages 6–9 years at elevated risk of dental caries who received sealant on permanent first molar = 20.4% and the national median = 22.7%; the 22.7% rate is feasible and recommended as a PIP target rate. If this target rate is achieved, a new target rate would be set higher for ongoing improvement.

Note that results above cover the ATR review period, which was from July 1, 2020 – June 30, 2021. The PIP proposal was resubmitted to IPRO and reviewed again in August 2021, resulting in updates to the findings above. The final results of the PIP will be reported in the FY 2022 ATR.

Comments for MCNA

5d. IPRO Review of Proposal/Baseline Report 6/14/21: Partially Met. Add corresponding ITM for the provider CPG education and care gap report intervention. Revise ITMs to include the eligible population in the denominator that is not restricted to children turning 10 years of age during the measurement year.

DBPM PIP interventions are summarized in **Table 3**.

Table 3: DBPM PIP Interventions – Increase Utilization of Sealants on First Permanent Molar by the Age of Ten

DBPM Interventions
DentaQuest
Partner with LA Seal Smiles supporting their efforts in area schools to improve the percent of Louisiana Medicaid members ages 6–9 who have received sealants from baseline to final measurement.
Implement educational outreach calls to improve the percent of Louisiana Medicaid members ages 6–9 who have received sealants from baseline to final measurement.
Implement provider recall letters to improve the percent of Louisiana Medicaid members ages 6–9 who have received sealants from baseline to final measurement
MCNA
Sealant Postcards – Postcard sent to all eligible members during the 48 months prior to their 10th birthdate, who have not received at least one dental sealant on a permanent first molar to provide education on the importance of dental sealants, coverage benefits, and encourage them to schedule an appointment with their dentist.
Sealant Text Messages – Monthly text messages to all eligible members who have not received at least one dental sealant on a permanent first molar. Members will be educated on what a dental sealant is and its role in preventing tooth decay.
Region 6 Targeted Sealant Outbound Call Campaign – MCNA's Care Connections team will conduct monthly outbound calls to all eligible members during the 48 months prior to their 10th birthdate who reside in Region 6 and have not received at least one dental sealant on a permanent first molar. Members will be provided education on the importance of dental sealants, coverage benefits, and encourage them to schedule an appointment with their dentist.
Enhance MCNA's Practice Site Performance Summary (PSPS) Report, which offers providers comparative operational and clinical results for their practice. This quarterly report will be enhanced to include reporting of provider/facility rates for members receiving sealants on permanent first molar teeth by the 10th birthdate. Lower performing providers will receive targeted outreach and education from MCNA's Provider Relations team.

DBPM: dental benefits provider manager; PIP: performance improvement project; MCNA: MCNA Dental Plan.

Table 4 and **Table 5** summarizes the PIPs currently being conducted by the dental DBPMs. (Note that the strengths listed apply to the PIP proposal and not the results.)

Table 4: DentaQuest DBPM PIP Summaries, 2020–2021

DentaQuest
PIP: Increase Utilization of Sealants on First Permanent Molar by The Age of Ten **Validation Summary:** Not Available
Aim To increase utilization of sealants on first permanent molar by age 10. **Interventions in 2020/2021** Partner with LA Seal Smiles supporting their efforts in area schools to improve the percent of Louisiana Medicaid members ages 6–9 who have received sealants from baseline to final measurement. Implement educational outreach calls to improve the percent of Louisiana Medicaid members ages 6–9 who have received sealants from baseline to final measurement. Implement provider recall letters to improve the percent of Louisiana Medicaid members ages 6–9 who have received sealants from baseline to final measurement **Performance Improvement Summary**

Strengths:

- Interventions with corresponding ITMs are indicated for individual member outreach and community outreach.
- A more resource intensive intervention is planned to conduct live calls to susceptible subpopulations (to be identified).
- As a new plan, to address the lack of historical data for the DQA performance indicator, DentaQuest has provided an interim substitute measure (i.e., CMS 416 data).
- The Plan described a process for ongoing analysis of ITMs for continuous quality improvement.

Opportunities for Improvement:

None identified (PIP not yet completed)

DBPM: dental benefits provider manager; PIP: performance improvement project; DQA: dental quality alliance; CMS: Centers for Medicare & Medicaid Services; ITM: intervention tracking measure.

Table 5: MCNA DBPM PIP Summaries, 2020–2021

MCNA
PIP: Increase Utilization of Sealants on First Permanent Molar by The Age of Ten **Validation Summary:** Not Available
Aims 1. By the end of 2022, MCNA aims to increase the percentage of members receiving at least one sealant on a permanent first molar by the 10th birthdate by four percentage points compared to 2020. 2. By the end of 2022, MCNA aims to increase the percentage of members receiving sealants on all four permanent first molars by the 10th birthdate by four percentage points compared to 2020. **Interventions** 1. Sealant Postcards – Postcard sent to all eligible members during the 48 months prior to their 10th birthdate, who have not received at least one dental sealant on a permanent first molar to provide education on the importance of dental sealants, coverage benefits, and encourage them to schedule an appointment with their dentist. 2. Sealant Text Messages – Monthly text messages to all eligible members who have not received at least one dental sealant on a permanent first molar. Members will be educated on what a dental sealant is and its role in preventing tooth decay. 3. Region 6 Targeted Sealant Outbound Call Campaign – MCNA's Care Connections team will conduct monthly outbound calls to all eligible members during the 48 months prior to their 10th birthdate who reside in Region 6 and have not received at least one dental sealant on a permanent first molar. Members will be provided education on the importance of dental sealants, coverage benefits, and encourage them to schedule an appointment with their dentist. 4. Enhance MCNA's Practice Site Performance Summary (PSPS) Report, which offers providers comparative operational and clinical results for their practice. This quarterly report will be enhanced to include reporting of provider/facility rates for members receiving sealants on permanent first molar teeth by the 10th birthdate. Lower performing providers will receive targeted outreach and education from MCNA's Provider Relations team. **Performance Improvement Summary** *Strengths:* • The barrier analysis included an analysis of disproportionate representation and findings were used to inform a tailored and targeted intervention, with a corresponding ITM. • Direct member and provider feedback was obtained to inform the barrier analysis. • Interventions were initiated in May 2021. • Member interventions are targeted to all enrollees eligible for dental sealants, include both postcards and Care Connections team direct outreach, with corresponding ITMs to facilitate monitoring of progress to meeting all enrollee's oral health needs. • Provider interventions employ practice pattern analysis by educating providers about their performance relative to their peers. • The driver diagram demonstrates an understanding and operationalization of the drivers of the PIP aim to improve performance on eligible children's receipt of dental sealants.

MCNA
Opportunities for Improvement: None identified (PIP not yet completed)

MCNA: MCNA Dental Plans; DBPM: dental benefits provider manager; PIP: performance improvement project; ITM: intervention tracking measure.

IV. Validation of Performance Measures

For the period 7/1/2020 to 12/31/2020, there were no performance measures (PMs) in place as this was an emergency contract with MCNA that had a short runout period. DentaQuest began operations in January 2021 and therefore no performance measures were reported during this contract year.

Objectives

LDH selects a set of PMs to evaluate the quality of care delivered by the DBPMs to Louisiana Medicaid members. EPSDT measures assess the effectiveness of state EPSDT programs for Medicaid-eligible individuals under the age of 21 years. These measures examine the number of children and adolescents who received health screenings and preventive health services, were referred for corrective treatment, and who received dental treatment. Individuals enrolled in managed care and FFS programs are included in the EPSDT measures. LDH reports two performance measures for the dental program.

Title 42 CFR 438.358(a)(1) and 438.358(b)(ii) require that these PMs be validated by the state, its agent, or an EQRO. IPRO conducted this activity on behalf of LDH.

Technical Methods of Data Collection and Analysis

LDH utilizes a contractor who produces the performance measures instead of the DBPMs self-reporting. The contractor produces rates for the CMS-416 measure and HEDIS Annual Dental Visit (ADV) measure.

Description of Data Obtained

IPRO obtained a copy of the HEDIS ADV and CMS-416 information from LDH. The HEDIS ADV measure was stratified into the following age groups: 2-3 Years, 4-6 Years, 7-10 Years, 11-14 Years, 15-18 Years, 19-20 Years and Total. Data was reported for EPSDT measures that assess the total number of children and adolescents receiving dental treatment services: Any Dental Services, Preventive Dental Services, Dental Treatment Services, Sealant on a Permanent Molar, Dental Diagnostic Services, Oral Health Services Provided by a Non-Dentist Provider, and Any Dental or Oral Health Services. The PM reported is for CMS-416 12b which is for Total Eligibles Receiving Any Dental Services.

Conclusions and Findings

Since the DBPMs do not have an NCQA HEDIS audit performed there is no Final Audit Report (FAR) issued that details the Information Systems Assessment. As part of the 2019/2020 compliance review IPRO found that MCNA met the requirement of maintaining a management information system (MIS) that collects, analyzes, integrates and reports data that complies with LDH and federal reporting requirements. The system provides information on utilization, grievances and appeals.

Table 6 displays measure definitions, steward, reporting period and goals. Both performance measures fell below the LDH target for the most recent reporting period.

Table 6: DBPM Performance Measures-MCNA

Measure	Steward	Reporting Period	Goal	Rate
Increase the percentage of EPSDT enrollees (enrolled for at least 90 consecutive days), age 1-20, receiving at least 1 preventative dental service (CMS-416-line 12b)	CMS	Federal Fiscal Year (October 1 – September 31) Reported March 2021	52.10%	39.20%
HEDIS Annual Dental Visits (ADV)	NCQA	Measurement year 2020 Reported June 2021	61.25%	47.24%

DBPM: dental benefit program manager; EPSDT: early and periodic screening, diagnostic and treatment; CMS: centers for Medicare and Medicaid; HEDIS: Healthcare Effectiveness Data and Information Set; NCQA: National Committee for Quality Assurance.

V. Review of Compliance with Medicaid and CHIP Managed Care Regulations

Objectives

Each annual detailed technical report must contain data collected from all mandatory EQR activities. Federal regulations at 42 CFR 438.358 delineate that a review of an MCO's compliance with standards established by the state to comply with the requirements of § 438 Subpart E is a mandatory EQR activity. Further, this review must be conducted within the previous three-year period, by the state, its agent, or the EQRO.

LDH annually evaluates the DBPM's performance against contract requirements and state and federal regulatory standards through its EQRO contractor, as well as by an examination of each MCO's accreditation review findings.

In order to determine which regulations must be reviewed annually, IPRO performs an assessment of the DBPM's performance on each of the federal managed care regulations over the prior 3-year period. Results of both the EQRO reviews and accreditation survey are examined. The following guidelines are used to determine which areas are due for assessment:

- regulations for which accrediting organization standards have been cross-walked and do not fully meet equivalency with federal requirements;
- regulations that are due for evaluation, based on the 3-year cycle;
- regulations for which the MCO received less than full compliance on the prior review by either the EQRO or accrediting organization;
- state- and contract-specific requirements beyond the federal managed care regulatory requirements;
- areas of interest to the state, or noted to be at risk by either the EQRO and/or state; and
- note that Quality Management: Measurement and Improvement – Quality Assessment and Performance improvement (QAPI) (42 CFR 438.240) is assessed annually, as is required by federal regulations.

Technical Methods of Data Collection and Analysis

In developing its review protocols, IPRO followed a detailed and defined process, consistent with the CMS EQRO protocols for monitoring regulatory compliance of MCOs. For each set of standards reviewed, IPRO prepared standard-specific review tools with standard-specific elements (i.e., sub-standards). The tools include the following:

- statement of federal regulation and related federal regulations;
- statement of state regulations;
- statement of state and MCO contract requirement(s);
- suggested evidence;
- reviewer determination;
- prior results;
- descriptive reviewer findings and comments related to findings; and
- MCO response and action plan.

IPRO's compliance audit included a comprehensive evaluation of policies, procedures, files and other materials corresponding to the following 11 domains:

(1) Core Benefits and Services
(2) Provider Network
(3) Utilization Management
(4) Eligibility, Enrollment and Disenrollment
(5) Marketing and Member Education

(6) Member Grievances and Appeals
(7) Quality Management
(8) Reporting
(9) Fraud, Waste and Abuse
(10) Subcontracting
(11) QAPI

During these audits, determinations of full compliance, substantial compliance, minimal compliance and compliance not met were used for each element under review. Definitions for these review determinations are presented below:
Full – The MCO has met or exceeded the standard
Substantial – The MCO has met most of the requirements of the standard but has minor deficiencies.
Minimal – The MCO has met some of the requirements of the standard but has significant deficiencies that require corrective action.
Not Met – The MCO has not met the standard.

Description of Data Obtained

MCNA and DentaQuest are the two dental services providers in Louisiana during the ATR review period. MCNA is an existing DBPM. DentaQuest began providing services to Louisiana members on 1/1/2021; therefore, no compliance review results are available. Both plans will undergo a full compliance review in 2022.

IPRO conducted Compliance Review (CR) on behalf of the LDH in 2019 and 2020 for MCNA. Full compliance audits occur every 3 years, with partial audits occurring within the intervening years. The last full compliance audit occurred in 2019. The 2020 annual compliance audit was a partial review of each MCO's compliance with contractual requirements during the period of April 1, 2019, through March 31, 2020, for any contract element that received a compliance determination of less than full in 2019.

Table 7 shows a crosswalk from CFR standards for the compliance review and the compliance audit results. For this audit, compliance determinations of "full," "substantial," "minimal," "non-compliance," and "not applicable" were used for each element under review.

Table 7: CFR Standards for Compliance Review and MCNA Compliance

CFR Standard Name	CFR Citation	MCNA
Overall compliance score:		
Availability of services	**438.206**	Full
Assurances of adequate capacity and services	**438.207, 438.680**	Substantial
Coordination and continuity of care	**438.208**	Full
Coverage and authorization of services	**438.114, 438.404, 438.210**	Full
Provider selection	**438.214**	Full
Confidentiality	**438.224, 438.56, 438.100, 438.10**	Full
Grievance and appeal systems	**438.228, 438.402, 438.406, 438.408, 438.424, 438.410, 438.420**	Full
Subcontractual relationships and delegation	**438.230**	Full
Practice guidelines	**438.236**	Full
Health information systems	**438.242**	Full
QAPI	**438.330, 438.240, 438.242**	Substantial

CFR: Code of Federal Regulations; MCNA: MCNA Dental Plans; QAPI: quality assessment and performance improvement.

Conclusions and Comparative Findings

MCNA demonstrated full compliance in 9 of the 11 domains in the most recent review conducted in 2019. The following details findings of CFR standards for which there was less than full compliance. LDH contracted with IPRO to conduct a full compliance review every 3 years, per CFR standards. LDH reviews and approves all compliance monitoring tools. Any compliance review elements that warrant corrective action are identified and a request made to the DBPMs to provide a plan of action.

Adequate Capacity and Service

- **Finding:** GeoAccess Report for Q1 2019 showed MCNA compliant in all but Plaquemines Parish, where MCNA states they have contracted with 100% of available primary care dentists (PCDs). Also reached out to other providers who declined to join network.
- **Recommendation:** MCNA should continue to enroll providers to expand provider coverage to meet the time and distance requirements.
- **Finding:** GeoAccess Report for Q1 2019 showed MCNA fully compliant for oral surgery and orthodontists. There were gaps in prosthodontists (18.75%), endodontists (29.69%), and periodontists (54.68%). MCNA states that for all but Vermillion Parish endodontists, MCNA has contracted with all available providers. In some rural parishes, there is no availability of providers. Where non-Medicaid participating specialists are available, MCNA reaches out quarterly to engage providers in the network. MCNA also reaches out to neighboring states.
- **Recommendation**: MCNA should continue to enroll providers to expand provider coverage to meet the time and distance requirements.

QAPI

- **Finding:** The QAPI Work Plan does mention the member advocate in passing. The requirement is "encouraged" rather than "must." MCNA has outreach specialists on the QI Committee.
- **Recommendation:** MCNA should include in its policy that it has a member advocate on its QI Committee.

With regard to the QAPI Work Plan, a follow up compliance review has not been conducted since 2019, with the next review due in 2022. MCNA updated Policy 2.103LA QI Program Description that lists the Member Advocate Outreach Specialist (MAOS) as a member of the Quality Improvement Committee (QIC) and a voice of the member community through their role in outreach events and partnerships with various community organizations.

VI. Validation of Network Adequacy

General Network Access Requirements

Louisiana DBPMs are required to meet standards set by LDH to ensure that members have access to providers within reasonable time (or distance) parameters. The DBPMs are required to maintain and monitor a network of appropriate providers that is supported by written network provider agreements and that is sufficient to provide adequate access to all services covered the contract for all members, including those with limited English proficiency or physical or mental disabilities.

Objectives

In the absence of a CMS protocol for 42 CFR § 438.358 Activities related to external quality review (b)(1)(iv), IPRO assessed DBPM compliance with the standards of 42 CFR § 438.358 Network adequacy standards and Section 2.6.2 of the state's Medicaid Managed Care Services Contract.

DBPMs must ensure that a sufficient number of primary and specialty care providers are available to members to allow for a reasonable choice among providers. This is required by federal Medicaid requirements, state licensure requirements, NCQA accreditation standards, and the state's Medicaid Managed Care Services Contract.

Dental Access to Care and Network Availability Standards

Network Capacity and Geographic Access Standards

- The Primary Dental Provider may practice in a solo or group practice or may practice in a clinic (i.e., Federally Qualified Health Center, Rural Health Clinic or outpatient clinic). The Dental Benefit Program Manager shall contract with a sufficient number of PDPs needed to meet the geographic access, appointment, and wait time standards outlined in the contract.
- The DBPM shall provide access to dentists that offer extended office hours (before 8:00 a.m., after 4:30 p.m., and/or on Saturdays) at least one (1) day per week.
- Network providers must offer office hours at least equal to those offered by commercial dental insurance plans.
- If an enrollee requests a provider who is located beyond access standards, and the DBPM has an appropriate provider within the DBPM network who accepts new patients, it shall not be considered a violation of the access requirements for the DBPM to grant the enrollee's request. The DBPM shall not submit encounters for travel outside of the access standards if an appropriate provider was available within the access standards.
- The DBPM shall comply with the following maximum distance requirements, as determined by mapping software (e.g., MapQuest, Google Maps, ArcGIS). Requests for exceptions as a result of prevailing community standards must be submitted in writing to LDH for approval.

Distance to Primary Dental Services

- Travel distance from enrollee's place of residence shall not exceed thirty (30) miles or sixty (60) minutes one-way for rural areas and ten (10) miles or twenty (20) minutes for urban areas.

Distance to Specialty Dental Services

- Travel distance shall not exceed sixty (60) miles one-way from the enrollee's place of residence for at least seventy-five (75) percent of enrollees and shall not exceed ninety (90) minutes one-way from the enrollee's place of residence for all enrollees.
    - The DBPM shall ensure, at a minimum, the availability of the following specialists and other providers for enrollees under the age of twenty-one (21) years:

- Endodontists;
- Maxillofacial Surgeons;
- Oral Surgeons;
- Orthodontists;
- Pedodontists;
- Periodontists;
- Prosthodontists; and
- Special Needs Pedodontists.

Timely Access Standards

- Urgent care services – within twenty-four (24) hours of a request for services that do not require prior authorization and within forty-eight (48) hours for a request for services that do require prior authorization;
- Primary dental care – within thirty (30) days; and
- Follow-up dental services – within thirty (30) days after assessment.

Technical Methods of Data Collection and Analysis

IPRO's evaluation was performed using the DBPMs' quarterly GeoAccess reports, which document the geographic availability of network dental providers.

IPRO's validation of network adequacy for CY 2021 was performed using network data, provider directories, and policies and procedures submitted to LDH by the DBPMs. Relevant information collected by IPRO during the compliance review was also utilized during this validation activity and incorporated into this report when applicable. IPRO compared each DBPM's calculated distance analysis by specialty and by region to the LDH standards. A determination of whether the standard was met or not met was made.

Description of Data Obtained

The DBPM monitors its provider network for accessibility and network adequacy using the GeoAccess software program. This program assigns geographic coordinates to addresses so that the distance between providers and members can be assessed to determine whether members have access to care within a reasonable distance from their homes. Each DBPM is required to submit monthly reports to LDH. IPRO received these reports from LDH.

Conclusions and Comparative Findings

Table 8 shows that the DBPMs met both the 10-mile and 30-mile benchmarks of 95% for open practice main dentists. Green cells indicate that the DBPM met the benchmark for that region and standard, while red cells indicate that it did not.

Among dental specialties, both DentaQuest and MCNA met the benchmark for oral surgeons (1 in 60 miles), orthodontists (1 in 60 miles). MCNA also met the orthodontist and oral surgeon benchmarks (1 in 90 miles). The remaining specialties did not meet the standard. (Note that per the 2019 compliance review, MCNA noted that it had contracted with all available dental specialty providers in the area.)

It should be noted that General Dentists provide specialty services, as it is within their scope of practice. MCNA ensures that specialty care is provided to members as needed throughout the state. In addition, according to a 2019 compliance review, MCNA noted that it had contracted with all available dental specialty providers in those service areas.

Table 8: GeoAccess Provider Network Accessibility, Month Year

Specialty	Region	Standard	DentaQuest	MCNA
Open Practice Main Dentist[1]	Urban	1 in 10 Miles	99.6%	96.7%
	Rural	1 in 30 Miles	96.5%	99.9%
Endodontist	All	1 in 60 Miles	70.5%	68.4%
	All	1 in 90 Miles	72.4%	87.0%
Oral Surgeon	All	1 in 60 Miles	85.1%	99.9%
	All	1 in 90 Miles	94.1%	100%
Orthodontist	All	1 in 60 Miles	94.0%	91.0%
	All	1 in 90 Miles	95.0%	100%
Periodontist	All	1 in 60 Miles	54.4%	61.0%
	All	1 in 90 Miles	54.8%	69.3%
Prosthodontist	All	1 in 60 Miles	47.2%	55.2%
	All	1 in 90 Miles	53.9%	65.8%

[1] Benchmark is 95% for Open Practice Main Dentists and 90% for all specialties.
MCNA: MCNA Dental Plans; red: did not meet or exceed benchmark; green: met or exceeded benchmark.

VII. MCO Strengths, Opportunities and EQR Recommendations

Table 9 and **Table 10** highlight each DBPM's performance strengths and opportunities for improvement, follow-up on prior EQRO recommendations, and this year's recommendations based on the aggregated results of SFY 2021 EQR activities as they relate to **quality**, **timeliness** and **access**.

Table 9: MCNA Strengths, Opportunities and EQR Recommendations

EQR Activity		Quality	Timeliness	Access
Strengths				
PIPs	Interventions with corresponding ITMs are indicated for individual member outreach and community outreach. • A more resource-intensive intervention is planned to conduct live calls to susceptible subpopulations (to be identified). • The Plan described a process for ongoing analysis of ITMs for continuous quality improvement.	**X**	--	--
Compliance with Medicaid and CHIP Managed Care Regulations	MCNA is fully compliant with the federal and state Medicaid standards for 9 of the 11 domains.	**X**	**X**	**X**
Performance Measures	None identified.	**X**	**X**	**X**
Network Adequacy	MCNA demonstrated full compliance with Network Adequacy standards for open practice main dentists. Among the dental specialties, the standards were met for oral surgeons and orthodontists within the 60-mile range.	--	**X**	**X**
Opportunities for Improvement				
PIPs	None identified.	**X**	--	--
Compliance with Medicaid and CHIP Managed Care Regulations	Two of the compliance review domains were partially met (Network Adequacy and QAPI)	**X**	**X**	**X**
Performance Measures	Both performance measure rates were below the targe goals.	**X**	**X**	**X**
Network Adequacy	Among the dental specialties, the standards were not met for endodontists, periodontists and prosthodontists.	--	--	**X**
Recommendations to MCNA to Address Quality, Timeliness and Access				
PIPs	None identified.	--	--	--
Compliance with Medicaid and CHIP Managed Care Regulations	MCNA should address the two domains that were found partially met. **Adequate Capacity and Service** • **Recommendation**: MCNA should continue to enroll providers to expand provider coverage to meet the time and distance requirements. • **Recommendation**: MCNA should continue to enroll providers to expand provider coverage to meet the time and distance requirements. **QAPI** • **Recommendation**: MCNA should include in its policy that it has a member advocate on its QI Committee. This recommendation was made during the 2019	**X**	**X**	**X**

EQR Activity		Quality	Timeliness	Access
	compliance review. Subsequently, MCNA has updated their policy to include the member advocated on the member committee.			
Performance Measures	MCNA should determine interventions and steps to increase their performance measure rates.	X	X	X
Network Adequacy	MCNA should continue to enroll providers to expand provider coverage to meet the time and distance requirements.	--	--	X

MCNA: MCNA Dental Plans; EQR: external quality review; PIP: performance improvement project; ITM: intervention tracking measure; DQA: dental quality alliance; CMS: Centers for Medicare & Medicaid Services; CHIP: Children's Health Insurance Program; QAPI: quality assessment and performance improvement; QI: quality improvement.

Table 10: DentaQuest Strengths, Opportunities and EQR Recommendations

EQR Activity		Quality	Timeliness	Access
Strengths				
PIPs	• Interventions with corresponding ITMs are indicated for individual member outreach and community outreach. • A more resource intensive intervention is planned to conduct live calls to susceptible subpopulations (to be identified). • As a new plan, to address the lack of historical data for the DQA performance indicator, DentaQuest has provided an interim substitute measure (i.e., CMS 416 data). • The Plan described a process for ongoing analysis of ITMs for continuous quality improvement.	X	--	--
Compliance with Medicaid and CHIP Managed Care Regulations	NA—New plan, did not undergo a compliance review.	X	X	X
Performance Measures	NA—New plan, was not required to submit PMs.	--	--	--
Network Adequacy	DentaQuest demonstrated full compliance with network adequacy standards for open practice main dentists. DentaQuest demonstrated partial compliance with network adequacy standards for oral surgeons and orthodontists (standard was met for the 60-mile range but not the 90-mile range).	--	--	X
Opportunities for Improvement				
PIPs	None identified	X	--	--
Compliance with Medicaid and CHIP Managed Care Regulations	NA—New plan and did not undergo a compliance review.	X	X	--
Performance Measures	NA—New plan, was not required to submit PMs.	--	--	--
Network Adequacy	DentaQuest did not meet the 90-mile standard for either oral surgeons or orthodontists.	--	--	X
Recommendations to DentaQuest to Address Quality, Timeliness and Access				
PIPs	None identified.	X	--	--
Compliance with	NA—New plan and did not undergo a compliance review.	X	X	X

EQR Activity		Quality	Timeliness	Access
Medicaid and CHIP Managed Care Regulations				
Performance Measures	NA—New plan, was not required to submit PMs.	--	--	--
Network Adequacy	DentaQuest should contract with additional oral surgeons and orthodontists, where available.	--	--	**X**

EQR: external quality review; PIP: performance improvement project; ITM: intervention tracking measure; DQA: dental quality alliance; CMS: Centers for Medicare & Medicaid Services; CHIP: Children's Health Insurance Program; QAPI: quality assessment and performance improvement; QI: quality improvement.

VIII. MCO Responses to Previous EQR Recommendations

Title 42 CFR § 438.364 External quality review results (a)(6) require each annual technical report include "an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for QI made by the EQRO during the previous year's EQR." **Table 11** displays the DBPM's responses to the recommendations for QI made by IPRO during the previous EQR, as well as IPRO's assessment of these responses. Because DentaQuest was not an active DBPM during the prior compliance review, no responses to prior recommendations are included.

Table 11: MCNA Response to Previous EQR Recommendations

Recommendation for MCNA	MCNA Response/Actions Taken	IPRO Assessment of MCO Response[1]
For the Improving Member Receipt of Oral Health Services PIP, the performance indicators did not show improvement, and the implementation of robust interventions was not supported with corresponding ITMs. During the PIP cycle, MCNA should identify stagnating or declining ITM rates, conduct barrier analysis, and use barrier analysis findings to inform modified interventions to re-chart the PIP course for improvement.	While this PIP has expired, MCNA has implemented processes to ensure measurement of interim rates and to subsequently conduct barrier analysis when targeted interventions are not demonstrating improvement at a rate that would meet or exceed goal.	Partially Addressed

[1] IPRO assessments are as follows: **addressed**: MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: MCP's QI response did not address the recommendation; improvement was not observed, or performance declined.
MCNA: MCNA Dental Plans; EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; ITM: intervention tracking measure.