



VIA E-MAIL ONLY

September 17, 2021

Stacy Guidry
Section Chief, Medicaid Program Operations and Compliance
628 N. Fourth St.
Baton Rouge, Louisiana 70821-9030

RE: Notice of Action – Performance Under the Current Contract

Dear Stacy Guidry:

Please see the below responses from DentaQuest Notice of Action (NOA. DentaQuest was directed to resolve several critical performance issues. DentaQuest is responding to the NOA items #2, #3, and #4. The response to #1 will be submitted next week.

#2 DentaQuest has a large volume of provider complaints and member grievances and appeals

DentaQuest responded that updates to the provider complaint process had been made in the ORM, including the addition of a telephone number and physical mailing address for provider complaints. It does not appear that DentaQuest has opted to designate an e-mail address for complaints. Providers have indicated that they do not receive timely responses (and oftentimes, no response at all) to e-mails sent to DentaQuest's general e-mail account. How does DentaQuest address complaints that are received via email?

Within five calendar days of the date of this notice, please describe the workflow for handling complaints received via e-mail, including how often the account is checked and how those complaints are routed to ensure timely resolution. LDH recommends that DentaQuest establish a designated e-mail account for complaints to facilitate the timely receipt and resolution of complaints.

Resolution:

To further clarify the process for inquiries for assistance and complaints DentaQuest would like to include the clarification content below for publication in a bulletin and in the office reference manual. This will be a user-friendly issue resolution guide for providers.

Bulletin and ORM content proposed:

Provider Issue Resolution:

DentaQuest makes every effort to provide the highest quality of service to our members and providers. We understand there are times when you have questions, our teams are ready to help. Should you need assistance with claims please contact:

- Provider Customer Service - 800.508.6785 or
- LouisianaProviders@DentaQuest.com (Local Network Relations Team)

Louisiana Medicaid Escalation for Issue Resolution



Claim Reconsideration and Claim Appeal:

A provider complaint is defined as any verbal or written expression, originating from a provider and delivered to any employee of the DBPM, expressing dissatisfaction with a policy, procedure, payment or any other communication or action by the DBPM, excluding a request for reconsideration or appeal of specific claims. It does include general complaints about claim payment policies.

The following chart outlines claim dispute procedures for filling formal claim reconsideration requests and claim appeals with DentaQuest.

Claim Reconsideration	
Time Requirements	Request for claim reconsideration review must be received from the provider within 365 calendar days of the Remittance Advice paid date or original denial date. A determination will be made by DentaQuest within 30 days of receipt.
How to Submit	Providers may submit their request on the Provider Portal provideraccess.dentaquest.com
Claim Appeal	
Time Requirements	Must be received within 90 calendar days of the date on the determination letter from the original request for claim reconsideration. A determination will be made by DentaQuest within 30 calendar days of receipt.
How to Submit	Claim appeals must be submitted in writing.
Address for Submission	Providers may submit their request on the Provider Portal provideraccess.dentaquest.com Providers may also mail an appeal to DentaQuest's Complaints, Grievances and

	<p><u>Appeals department:</u> DentaQuest – Complaints, Grievances and Appeals PO Box 2906 Milwaukee, WI 53201-2906</p>
<p>Arbitration</p>	<p>Providers who have completed the dispute process and remain dissatisfied with DentaQuest determination may submit a written request for arbitration. The request should include documentations of decisions from all claim reconsiderations requests and claim appeals.</p> <p>Note: Per House Bill No. 349, an adverse determination involved in litigation or arbitration or not associated with a Medicaid enrollee shall not be eligible for independent review.</p>
<p>Address for Submission</p>	<p>Within 30 calendar days from the date of the appeal determination, submit written request to</p> <p><u>Appeals department:</u> DentaQuest – Complaints, Grievances and Appeals PO Box 2906 Milwaukee, WI 53201-2906</p>
<p>Independent Review</p>	<p>The Independent Review process may be initiated after claim denial. Note: Per House Bill No. 492 Act. No. 349, an adverse determination involved in litigation or arbitration or not associated with a Medicaid enrollee shall not be eligible for independent review.</p>
	<ul style="list-style-type: none"> • The Independent Review process was established by La-RS 46:460.81, et seq. to resolve claims disputes when a provider believes an DBM has partially or totally denied claims incorrectly. An DBM’s failure to send a provider a remittance advice or other written or electronic notice either partially or totally denying a claim within 60 days of the DBM’s receipt of the claim is considered a claims denial. • Independent Review is a two (2) step process which may be initiated by submitting an Independent Review Reconsideration Request Form to the DBM within 365 calendar days of the Remittance Advice paid, denial, or recoupment date. Request forms are

	<p>available on DBM websites or at the link below.</p> <ul style="list-style-type: none">• If a provider remains dissatisfied with the outcome of an Independent Review Reconsideration Request, the provider may submit an Independent Review Request Form to LDH within 60 calendar days of the DBM's decision. Request form available at the link below.• Effective Jan. 1, 2018 there is a \$750 fee associated with an independent review request. If the independent reviewer decides in favor of the provider, the DBM is responsible for paying the fee. Conversely, if the independent reviewer finds in favor of the DBM, the provider is responsible for paying the fee.• SIU post-payment reviews are not considered claims denials or underpayment disputes; therefore, SIU findings are exempt from the Independent Review Process.• Additional detailed information and copies of above referenced forms are available at: http://ldh.la.gov/index.cfm/page/2982
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#3 DentaQuest has failed to provide timely resolution to provider complaints

LDH confirmed that all provider complaints that had been outstanding for more than 15 days at the time of the NOA were resolved with one exception. On June 17, 2021, an appeal was submitted to DentaQuest regarding the termination of Dr. Ambrose Martin from the DentaQuest network. The attorney representing Dr. Martin reached out to DentaQuest on at least two occasions, including July 7, 2021, and July 13, 2021, to follow-up on the appeal, but, as of September 9, 2021, this appeal had not been resolved.

Within five calendar days of the date of this notice, DentaQuest must resolve the appeal and communicate the resolution to the appeal to the provider.

Resolution:

Upon receipt of the letter from LDH DentaQuest on September 9, 2021 it was submitted to Rebecca Woelfel for research and resolution. A thorough search was completed by the legal team, Rebecca, and mailroom staff. The letter was never received. Immediately Rebecca called the attorney for Dr. Martin and initiated the appeal process. The appeal is set for 9/27/2021 at 2:30 pm CST.

#4 DentaQuest has experienced overall delays in recycling claims

In response to the NOA, DentaQuest proposed a new protocol for the triage and escalation of claims issues that is inserted below.

Although positions were identified in this protocol, the names and contact information for the Managing Provider Partner, the Director of Network Management, the Vice President



of Client Engagement and the Vice President of Network Management were not provided. For the escalation process to be meaningful and effective, this information needs to be provided to providers via a bulletin or addition to the ORM. **Within 10 calendar days of the date of this letter**, please provide a revised protocol that includes contact information and a plan for dissemination of the information.

Resolution:

DentaQuest has resolved this NOA notice. DentaQuest added the requested language to the providers in the above notice that will be issued to the providers once approved by LDH.

Please feel free to call us with any questions.

Sincerely,

A handwritten signature in black ink that reads "Steven J. Brady". The signature is written in a cursive style with a large initial "S".

Steven J. Brady, MBA
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