



**Louisiana Department of Health
Informational Bulletin 21-22
October 1, 2021**

Medicaid Dental Benefit Plan Manager Provider Issue Resolution

This bulletin outlines the options available to dental providers for pursuing resolution of claims payment issues. Providers must first seek resolution with the dental benefit plan manager (DBPM) directly, prior to engaging LDH or other third parties.

For issues related to DBPM claims, contact:

DentaQuest



1-800-508-6785

Louisianaproviders@dentaquest.com

MCNA

1-855-701-6262

[LA PR Dept@mcna.net](mailto:LA_PR_Dept@mcna.net)



Click logo to reach each DBPM's provider website		
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 the DBPM within 30 days of receipt.	
How to Submit	Request may be submitted in writing or through the web portal (if applicable). The DBPM shall provide a reference number for all requests for claim reconsideration. This reference number can be used for claims appeals if necessary.	
	<p>By mail: DentaQuest – Complaints, Grievances and Appeals PO Box 2906 Milwaukee, WI 53201-2906</p> <p>By web: www.dentaquest.com</p>	<p>By mail: MCNA Dental, Attn: Provider Appeals 200 West Cypress Creek Road, Suite 500 Fort Lauderdale, FL 33309</p> <p>By web: https://portal.mcna.net/</p>
CLAIM APPEAL		
Time Requirements	An appeal must be received from the provider within 90 calendar days of the Remittance Advice paid date or original denial date. A determination will made by the DBPM within 30 business days of receipt.	
How to Submit	Request may be submitted verbally, in writing or through the web portal (if applicable).	
	<p>By mail: DentaQuest – Complaints, Grievances and Appeals PO Box 2906 Milwaukee, WI 53201-2906</p> <p>By fax: 262-834-3452</p> <p>By web: www.dentaquest.com</p>	<p>By mail: MCNA Dental, Attn: Provider Appeals 200 West Cypress Creek Road, Suite 500 Fort Lauderdale, FL 33309</p> <p>By fax: 954-628-3330</p> <p>By web: https://portal.mcna.net/</p>

Independent Review

INDEPENDENT REVIEW	The Independent Review process may be initiated after claim denial. Note: Per Act 284 of the 2018 Regular Session of the Louisiana Legislature, an adverse determination involved in litigation or arbitration or not associated with a Medicaid enrollee shall not be eligible for independent review.
	<ul style="list-style-type: none">• The independent review process was established by La-RS 46:460.90, et seq. to resolve claims disputes when a provider believes a DBPM has partially or totally denied claims incorrectly. A DBPM’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 DBPM’s receipt of the claim is considered a claims denial.• Independent review is a two-step process which may be initiated by submitting an independent review reconsideration request form to the DBPM within 180 calendar days of the remittance advice paid, denial, or recoupment date. Request forms are available on DBPM websites or at the link below.• 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 DBPM’s decision. Request forms are available at the link below.• Effective Aug. 1, 2018 there is a \$250 fee associated with an independent review request. If the independent reviewer decides in favor of the provider, the DBPM is responsible for paying the fee. Conversely, if the independent reviewer finds in favor of the DBPM, 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: https://ldh.la.gov/index.cfm/page/3284

Provider Issue Escalation and Resolution

LDH and the DBPMs recognize there will be instances when a provider may desire to escalate issue resolution to the attention of LDH or the DBPMs' executive teams. While the above grid is specific to claim issue resolution, the following options are available for resolution of all issue types (including claims). Each DBPM is required to maintain a Provider Complaint System for in-network and out-of-network providers to dispute the DBPM's policies, procedures, or any aspect of the plan's administrative functions. Providers should first seek resolution with the DBPM, using the DBPM contacts outlined below. If a provider is unable to reach satisfactory resolution or get a timely response through the DBPM escalation process, direct contact with LDH is also an option. The following chart outlines provider complaint and escalation contacts for each DBPM and LDH.

<p>Ctrl+Click logo to reach each DBPM's provider website</p>		
DBPM ESCALATION		
<p>Formal Complaint</p>	<p>By phone: 1-800-508-6785 By email: LouisianaProviders@DentaQuest.com By mail: DentaQuest – Complaints, Grievances and Appeals PO Box 2906 Milwaukee, WI 53201-2906</p>	<p>By phone: 1-855-701-6262 By email: LA_PR_Dept@mcna.net By mail: MCNA Dental Attn: Complaints Department - Louisiana Provider Relations P.O. Box 29008 San Antonio, TX 78229</p>
<p>Management Level Contacts</p>	<p>Stephanie Tate Managing Provider Partner Stephanie.Tate@DentaQuest.com</p>	<p>Ginger Spells Regional Provider Relations Manager, Central gchapman@mcna.net</p>
<p>Executive Level Contacts</p>	<p><u>Bridgette Edwards</u> CEO Bridgette.Edwards@dentaquest.com</p>	<p><u>Shannon Turner</u> CEO sturner@mcna.net</p>
LDH ESCALATION		
<p>How to Submit</p>	<p>If a provider is unable to reach satisfactory resolution or receive a timely response through the DBPM escalation process, email LDH staff at Kevin.Guillory@la.gov or Andrea.Perry@la.gov.</p> <p>Always include details on attempts to resolve the issue at the DBPM level, as well as contact information (contact name, provider name, email and phone number) so that LDH staff can follow up with any questions.</p>	