



# **2023 External Quality Review Compliance Review**

*for*

**DentaQuest USA Insurance Company  
(DentaQuest)**

*December 2023*



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## 1. Executive Summary

### Introduction

In accordance with Title 42 of the Code of Federal Regulations (42 CFR) §438.358, the Louisiana Department of Health (LDH) or an external quality review organization (EQRO) may perform the mandatory and optional external quality review (EQR) activities, and the data from these activities must be used for the annual EQR and technical report described in 42 CFR §438.350 and §438.364. One of the four mandatory activities required by the Centers for Medicare & Medicaid Services (CMS) is:

- A review, conducted within the previous three-year period, to determine the managed care organization's (MCO's), prepaid ambulatory health plan's (PAHP's), or prepaid inpatient health plan's (PIHP's) compliance with the standards set forth in Subpart D of this part (42 CFR §438), the disenrollment requirements and limitations described in §438.56, the enrollee rights requirements described in §438.100, the emergency and post-stabilization services requirements described in §438.114, and the quality assessment and performance improvement requirements described in §438.330.

As LDH's EQRO, Health Services Advisory Group, Inc. (HSAG) is contracted to conduct the compliance review activity with each of the Healthy Louisiana MCOs, PAHPs, and PIHPs delivering services to members enrolled in the Louisiana Medicaid managed care program. When conducting the compliance review, HSAG adheres to the methodologies and guidelines established in CMS EQR *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023 (CMS EQR Protocol 3).<sup>1-1</sup>

### Description of the External Quality Review Compliance Review

LDH requires its managed care entities (MCEs) to undergo periodic compliance reviews to ensure that an assessment is conducted to meet federal requirements. The 2023 compliance review, which comprises the calendar year (CY) 2022 review period (January 1, 2022–December 31, 2022), is the second year of the three-year cycle of compliance reviews. The compliance review focused on standards identified in 42 CFR §438.358(b)(1)(iii) and applicable state-specific requirements. The compliance reviews for the Louisiana Medicaid managed care program consist of 14 program areas referred to as "standards." LDH requested that HSAG conduct a compliance review of all standards not yet reviewed during the three-year compliance review cycle for each MCO, PAHP, and PIHP. Table 1-1 outlines the division of standards reviewed in Year One (CY 2021) and Year Two (CY 2022).

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<sup>1-1</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Aug 1, 2023.

Table 1-1—Compliance Review Standards

Standard	Associated Federal Citation <sup>1</sup>	Year One (CY 2021)			Year Two (CY 2022)		
		MCO	PAHP	PIHP	MCO	PAHP	PIHP
Standard I—Enrollment and Disenrollment	§438.56				✓	✓	✓
Standard II—Member Rights and Confidentiality	§438.100 §438.224	✓	✓	✓			
Standard III—Member Information	§438.10	✓	✓	✓			
Standard IV—Emergency and Poststabilization Services	§438.114	✓	NA				✓
Standard V—Adequate Capacity and Availability of Services	§438.206 §438.207	✓	✓	✓			
Standard VI—Coordination and Continuity of Care	§438.208	✓	✓	✓			
Standard VII—Coverage and Authorization of Services	§438.210	✓	✓	✓			
Standard VIII—Provider Selection	§438.214	✓	✓	✓			
Standard IX—Subcontractual Relationships and Delegation	§438.230	✓		✓		✓	
Standard X—Practice Guidelines	§438.236	✓	✓	✓			
Standard XI—Health Information Systems	§438.242	✓	✓	✓			
Standard XII—Quality Assessment and Performance Improvement	§438.330	✓	✓	✓			
Standard XIII—Grievance and Appeal Systems	§438.228	✓	✓	✓			
Standard XIV—Program Integrity	§438.608	✓	✓	✓			

<sup>1</sup> The compliance review standards comprise a review of all requirements, known as “elements,” under the associated federal citation, including all requirements that are cross-referenced within each federal standard, as applicable (e.g., Standard XIII—Grievance and Appeal Systems includes a review of §438.228 and all requirements under 42 CFR Subpart F).

## Summary of Findings

Table 1-2 and Table 1-3 present an overview of the results of the 2023 compliance review for **DentaQuest USA Insurance Company (DentaQuest) (DQ)**. HSAG assigned a score of *Met* or *Not Met* to each of the individual elements it reviewed based on a scoring methodology, which is detailed in Section 2. If a requirement was not applicable to **DQ** during the period covered by the review, HSAG used a *Not Applicable (NA)* designation. In addition to an aggregated score for each standard, HSAG assigned an overall percentage-of-compliance score across all standards. Refer to appendices B and C for a detailed description of the findings.

**Table 1-2—Summary of Scores for the CY 2022 Compliance With Standards Review**

Standard #	Standard Name	Total Elements	Number of Elements		Total Compliance Score
			<i>M</i>	<i>NM</i>	
I	Enrollment and Disenrollment	7	2	5	28.6%
IX	Subcontractual Relationships and Delegation	6	5	1	83.3%
Total Compliance Score		13	7	6	53.8%

*M=Met, NM=Not Met*

**Total Elements:** The total number of elements in each standard. This represents the denominator.

**Total Compliance Score:** The overall percentages of the number of elements that received a score of *Met* (1 point) then dividing this total by the total number of elements.

**Table 1-3—Summary of Scores for the CAP From the CY 2021 Review**

	Total Elements in CAP	Number of Elements			Total Compliance Score From CAP
		<i>M</i>	<i>NM</i>	<i>NA</i>	
Follow-Up on Corrective Action Plans From Prior Compliance Review	110	65	44	1	59.6%

*M=Met, NM=Not Met, NA=Not Applicable*

**Total Elements in CAP:** The total number of elements within the CAP from the CY 2021 review. This represents the denominator.

**Total Compliance Score From CAP:** The overall percentages of the number of elements that received a score of *Met* (1 point) then dividing this total by the total number of elements.

**DQ** received performance scores below 90 percent for Standard I—Enrollment and Disenrollment (28.6 percent) and Standard IX—Subcontractual Relationships and Delegation (83.3 percent), which identified **DQ** has opportunities for improvement. Appendix A documents strengths and opportunities for improvement. Appendix B documents detailed findings, including recommendations for program enhancements.

**DQ** achieved compliance in 65 of 109 applicable elements from the LDH-approved 2022 compliance review CAP. **DQ** must implement the remaining approved CAPs for the 44 elements for which

compliance was not achieved. Appendix B documents detailed findings of the review of the implementation of the **DQ**-approved 2022 compliance review CAPs and actions required to show compliance with the federal and State contract requirements.

## Corrective Action Process

For any elements HSAG scored *Not Met*, **DQ** is required to submit a CAP to bring the element into compliance with the applicable standard(s). The process for submitting the CAP is described in Section 3.

## 2. Methodology

### Activity Objectives

According to 42 CFR §438.358, a state or its EQRO must conduct a review within a three-year period to determine the MCEs' compliance with standards set forth in 42 CFR §438—Managed Care Subpart D, the disenrollment requirements and limitations described in §438.56, the enrollee rights requirements described in §438.100, the emergency and post-stabilization services requirements described in §438.114, and the quality assessment and performance improvement requirements described in §438.330. To complete this requirement, HSAG, through its EQRO contract with LDH, performed compliance reviews of the five MCOs, two PAHPs, and one PIHP contracted with LDS to deliver services to Louisiana Medicaid managed care members.

The 2023 compliance review is the second year of the three-year cycle. The compliance review focused on standards identified in 42 CFR §438.358(b)(1)(iii) and applicable state-specific requirements. LDH requested that HSAG conduct a compliance review of all standards not yet reviewed during the three-year compliance review cycle for each MCO, PIHP, and PAHP. Table 2-1 outlines the division of standards reviewed in Year One and Year Two.

**Table 2-1—Compliance Review Standards**

Standard	Associated Federal Citation <sup>1</sup>	Year One (CY 2021)			Year Two (CY 2022)		
		MCO	PAHP	PIHP	MCO	PAHP	PIHP
Standard I—Enrollment and Disenrollment	§438.56				✓	✓	✓
Standard II—Member Rights and Confidentiality	§438.100 §438.224	✓	✓	✓			
Standard III—Member Information	§438.10	✓	✓	✓			
Standard IV—Emergency and Poststabilization Services	§438.114	✓	NA				✓
Standard V—Adequate Capacity and Availability of Services	§438.206 §438.207	✓	✓	✓			
Standard VI—Coordination and Continuity of Care	§438.208	✓	✓	✓			
Standard VII—Coverage and Authorization of Services	§438.210	✓	✓	✓			
Standard VIII—Provider Selection	§438.214	✓	✓	✓			

Standard	Associated Federal Citation <sup>1</sup>	Year One (CY 2021)			Year Two (CY 2022)		
		MCO	PAHP	PIHP	MCO	PAHP	PIHP
Standard IX—Subcontractual Relationships and Delegation	§438.230	✓		✓		✓	
Standard X—Practice Guidelines	§438.236	✓	✓	✓			
Standard XI—Health Information Systems	§438.242	✓	✓	✓			
Standard XII—Quality Assessment and Performance Improvement	§438.330	✓	✓	✓			
Standard XIII—Grievance and Appeal Systems	§438.228	✓	✓	✓			
Standard XIV—Program Integrity	§438.608	✓	✓	✓			

<sup>1</sup> The compliance review standards comprise a review of all requirements, known as elements, under the associated federal citation, including all requirements that are cross-referenced within each federal standard, as applicable (e.g., Standard XIII—Grievance and Appeal Systems includes a review of §438.228 and all requirements under 42 CFR Subpart F).

This report presents the results of the 2023 compliance review, review period CY 2022 (January 1, 2022–December 31, 2022). LDH and the individual MCEs use the information and findings from the compliance reviews to:

- Evaluate the quality, timeliness, and accessibility of healthcare services furnished by the MCEs.
- Identify, implement, and monitor system interventions to improve quality.
- Evaluate current performance processes.
- Plan and initiate activities to sustain and enhance current performance processes.

## Technical Methods of Data Collection and Analysis

Prior to beginning the compliance review, HSAG developed data collection tools, referred to as “compliance review tools,” to document the review. The content in the tools was selected based on applicable federal and State regulations as they related to the scope of the review. The review processes used by HSAG to evaluate the MCEs’ compliance were consistent with CMS EQR Protocol 3.

For each of the MCEs, HSAG’s desk review consisted of the following activities.



### **Pre-Virtual Review Activities**

- Collaborated with LDH to develop the scope of work, compliance review methodology, and compliance review tools.
- Prepared and forwarded to the MCE a detailed timeline, description of the compliance review process, pre-virtual review information packet, and a post-virtual review document tracker.
- Scheduled the virtual review with the MCE.
- Hosted a pre-virtual review preparation session with all MCEs.
- Generated a sample of cases for delegation file reviews.
- Conducted a desk review of supporting documentation the MCE submitted to HSAG.
- Followed up with the MCE, as needed, based on the results of HSAG's preliminary desk review.
- Developed an agenda for the virtual review interview sessions and provided the agenda to the MCE to facilitate preparation for HSAG's review.

### **Virtual Review Activities**

- Conducted an opening conference, with introductions and a review of the agenda and logistics for HSAG's review activities.
- Interviewed MCE key program staff members.
- Conducted a review of delegation records.
- Conducted an IS review of the data systems that the MCE used in its operations, applicable to the standards under review.
- Conducted a closing conference during which HSAG reviewers summarized their preliminary findings, as appropriate.

### **Post-Virtual Review Activities**

- Conducted a review of additional documentation submitted by the MCE.
- Documented findings and assigned each element a score (*Met* or *Not Met*) within the compliance review tool, as described in the Data Aggregation and Analysis section.
- Prepared an MCE-specific report and CAP template for the MCE to develop and submit its CAPs for each element that received a *Not Met* score.

### **Data Aggregation and Analysis**

HSAG used scores of *Met* and *Not Met* to indicate the degree to which the MCE's performance complied with the requirements. A designation of *NA* was used when a requirement was not applicable to an MCE during the period covered by HSAG's review. This scoring methodology is consistent with CMS EQR Protocol 3.

**Met** indicates full compliance defined as *all* of the following:

- All documentation listed under a regulatory provision, or component thereof, is present.
- Staff members are able to provide responses to reviewers that are consistent with each other and with the documentation.
- Documentation, staff responses, case file reviews, and IS reviews confirmed implementation of the requirement.

**Not Met** indicates noncompliance defined as *one or more* of the following:

- There is compliance with all documentation requirements, but staff members are unable to consistently articulate processes during interviews.
- Staff members can describe and verify the existence of processes during the interviews, but documentation is incomplete or inconsistent with practice.
- Documentation, staff responses, case file reviews, and IS reviews do not demonstrate adequate implementation of the requirement.
- No documentation is present and staff members have little or no knowledge of processes or issues addressed by the regulatory provisions.
- For those provisions with multiple components, key components of the provision could not be identified and any *Not Met* findings would result in an overall provision finding of noncompliance, regardless of the findings noted for the remaining components.

From the scores that it assigned for each of the requirements, HSAG calculated a total percentage-of-compliance score for each standard and an overall percentage-of-compliance score across the standards. HSAG calculated the total score for each standard by totaling the number of *Met* (1 point) elements and the number of *Not Met* (0 points) elements, then dividing the summed score by the total number of applicable elements for that standard. Elements not applicable to the MCE were scored *NA* and were not included in the denominator of the total score.

HSAG determined the overall percentage-of-compliance score across all areas of review by following the same method used to calculate the scores for each standard (i.e., by summing the total values of the scores and dividing the result by the total number of applicable elements).

HSAG conducted file reviews of the MCE's records for delegation to verify that the MCE had put into practice what the MCE had documented in its policies. HSAG selected 10 records for delegation from the full universe of records provided by the MCE. The file reviews were not intended to be a statistically significant representation of all the MCE's files. Rather, the file reviews highlighted instances in which practices described in policy were not followed by MCE staff members. Based on the results of the file reviews, the MCE must determine whether any area found to be out of compliance was the result of an anomaly or if a more serious breach in policy occurred. Findings from the file reviews were documented within the applicable standard and element in the compliance review tool.

To draw conclusions about the quality, timeliness, and accessibility of care and services the MCE provided to members, HSAG aggregated and analyzed the data resulting from its desk and virtual review activities. The data that HSAG aggregated and analyzed included:

- Documented findings describing the MCE’s progress in achieving compliance with State and federal requirements.
- Scores assigned to the MCE’s performance for each requirement.
- The total percentage-of-compliance score calculated for each standard.
- The overall percentage-of-compliance score calculated across the standards.
- Documented actions required to bring performance into compliance with the requirements for which HSAG assigned a score of *Not Met*.
- Documented recommendations for program enhancement, when applicable.

## Description of Data Obtained

To assess the MCE’s compliance with federal regulations, State rules, and contract requirements, HSAG obtained information from a wide range of written documents produced by the MCE, including, but not limited to:

- Committee meeting agendas, minutes, and handouts.
- Written policies and procedures.
- Management/monitoring reports and audits.
- Narrative and/or data reports across a broad range of performance and content areas.
- Records for delegation.
- Member and provider materials.

HSAG obtained additional information for the compliance review through interactions, discussions, and interviews with the MCE’s key staff members. Table 2-2 lists the major data sources HSAG used to determine the MCE’s performance in complying with requirements and the time period to which the data applied.

**Table 2-2—Description of MCE Data Sources and Applicable Time Period**

Data Obtained	Time Period to Which the Data Applied
Documentation submitted for HSAG’s desk review and additional documentation available to HSAG during and after the site review	January 1, 2022–December 31, 2022
Information obtained through interviews	October 3, 2023
Information obtained from a review of a sample of delegated entity files	Listing of all delegates serving the Louisiana Medicaid managed care program at any time between January 1, 2022–December 31, 2022

### 3. Corrective Action Plan Process

**DQ** is required to submit to the HSAG SAFE site a CAP for all elements scored as *Not Met*. Appendix C contains the CAP template that HSAG prepared for **DQ** to use in preparing its plans of action to remediate any deficiencies identified during the 2023 compliance review. The CAP template lists each element for which HSAG assigned a score of *Not Met*, as well as the associated findings and required actions documented to bring **DQ** into full compliance with the deficient requirements. **DQ** must use this template to submit its CAP to bring any elements scored as *Not Met* into compliance with the applicable standard(s). **DQ**'s CAP must be submitted to the HSAG SAFE site **no later than 30 calendar days after receipt of the final report**.

The following criteria will be used by HSAG and LDH to evaluate the sufficiency of the CAP:

- The completeness of the CAP document in addressing each required action and assigning a responsible individual, a timeline/completion date, and specific plans of action/interventions that **DQ** will implement to bring the element into compliance.
- The degree to which the planned activities/interventions meet the intent of the requirement.
- The degree to which the planned interventions are anticipated to bring **DQ** into compliance with the requirement.
- The appropriateness of the timeline for correcting the deficiency.

Any CAPs that do not meet the preceding criteria will require resubmission by the MCO until approved by HSAG and LDH. Implementation of the CAP may begin once approval is received. LDH maintains ultimate authority for approving or disapproving any corrective action strategies proposed by **DQ** in its submitted CAP.

## Appendix A. Conclusions and Recommendations

### Standard I—Enrollment and Disenrollment

#### Strengths Related to Quality



The PAHP's policies demonstrated that the PAHP does not discriminate against individuals based on health status or the need for healthcare services, race, color, national origin, sex, or disability.

#### Strengths Related to Access and Timeliness



The PAHP's policies demonstrated compliance with timeliness with notices for member disenrollment with cause or without cause as requested by the member.

#### Opportunities for Improvement and Recommendations



**Opportunities for Improvement:** The PAHP submitted ENR01-INS-Member Enrollment 10.4.2023, which did not include language about accepting individuals enrolled into the PAHP in the order in which they apply without restriction (unless authorized by the Department).

**Recommendations:** The PAHP must include language in policy to accept individuals enrolled into the PAHP in the order in which they apply without restriction (unless authorized by the Department).



**Opportunities for Improvement:** The PAHP submitted the DQ ORM Provider Manual, as evidence of compliance for the PAHP requesting disenrollment of a member as outlined in 42 CFR §438.56(b)(1-3) and 42 CFR §438.56(d)(5). The DQ ORM Provider Manual did not include language related to the PAHP requesting disenrollment of a member.

**Recommendations:** The PAHP must include language in a policy or procedure regarding the PAHP requesting disenrollment of a member as outlined in 42 CFR §438.56(b)(1-3) and 42 CFR §438.56(d)(5). The PAHP should include this language in an enrollment or disenrollment policy.

## Standard IX—Subcontractual Relationships and Delegation

### Strengths Related to Quality

+	The PAHP's subcontract and delegated agreements ensured that the PAHP is ultimately responsible for complying with all terms and conditions of its contract with LDH. The agreements outlined the subcontractors' and delegated entities' obligations and reporting responsibilities.
+	The PAHP implemented policies and procedures to evaluate a prospective subcontractor's qualifications and ability to perform the delegated activities.

### Strengths Related to Access and Timeliness

+	The PAHP implemented processes to monitor the subcontractor's performance on an ongoing basis and to conduct a formal review of the subcontractor or delegated entity according to a periodic schedule.
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### Opportunities for Improvement and Recommendations

-	<p><b>Opportunities for Improvement:</b> The PAHP submitted Exhibit C Delegation Addendum. The agreement was dated 2019 and did not have the most current federal regulations. The elements of 42 CFR §438.230(c)(3) were not present in the agreement.</p> <p><b>Recommendations:</b> The PAHP must include all elements of 42 CFR §438.230(c)(3) federal requirements in all of its delegated agreements including.</p> <ul style="list-style-type: none"> <li>• The State, CMS, the HHS Inspector General, the Comptroller General, or their designees have the right to audit, evaluate, and inspect any books, records, contracts, computer or other electronic systems of the subcontractor, or of the subcontractor's contractor, that pertain to any aspect of services and activities performed, or determination of amounts payable under the PAHP's contract with the State.</li> <li>• The subcontractor will make available, for purposes of an audit, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems related to Medicaid members.</li> <li>• The right to audit will exist through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.</li> <li>• If the State, CMS, or HHS Inspector General determines that there is a reasonable probability of fraud or similar risk, the State, CMS, or HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.</li> </ul>
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## Appendix B. 2023 Compliance With Standards Review Tool

This appendix includes the completed review tool that HSAG used to evaluate **DQ**'s performance and to document its findings; the scores it assigned associated with the findings; and, when applicable, the actions required to bring **DQ**'s performance into full compliance.



**Louisiana Department of Health**  
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**for DentaQuest USA Insurance Company (DentaQuest)**

## CY 2022 Compliance With Standards Review

Standard I—Enrollment and Disenrollment		
Requirement	Evidence as Submitted by the PAHP	Score
<p>1. The PAHP agrees to accept individuals enrolled into its PAHP in the order in which they apply without restriction (unless authorized by the Department).</p> <p>2022 Contract Citation: 2.3.4.1.2</p>	<ul style="list-style-type: none"><li>ENR01-INS-Member Enrollment 10.20.2020: Pg 1, A, i, ii, iii</li></ul> <p><b>Additional Documentation</b></p> <ul style="list-style-type: none"><li>EE_Workflow (as requested from the virtual review – which was shared on screen by Mike Duhamel live 10.3.23)</li><li>ENR01-INS-Member Enrollment 10.4.2023 <i>[See Exhibit H: Louisiana]</i></li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>HSAG Findings:</b> The submitted policy did not include language stating that the PAHP agreed to accept individuals enrolled into its PAHP in the order in which they apply without restriction (unless authorized by the Department).		
<b>Required Actions:</b> The PAHP must include in its policy that the PAHP agrees to accept individuals enrolled into its PAHP in the order in which they apply without restriction (unless authorized by the Department).		
<p>2. The PAHP does not discriminate against individuals enrolled or use any policy or practice that has the effect of discriminating against individuals, based on health status or need for healthcare services, race, color, national origin, sex, or disability.</p> <p>42 CFR §438.3(d)(3-4)</p> <p>2022 Contract Citation: 2.3.4.1.3</p>	<ul style="list-style-type: none"><li>COM15-ENT-Non-Discrimination Compliance Program page 1</li></ul> <p><b>Additional Documentation</b></p> <ul style="list-style-type: none"><li>Please see updated policy COM15-ENT-Nondiscrimination Compliance Program.<i>[highlighted in the Policy section – Paragraph 1]</i></li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<p>3. The PAHP may not request disenrollment of a member because of an adverse change in the member's health status or because of the member's:</p>	<ul style="list-style-type: none"><li>DQ ORM Provider Manual page 17,18</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met





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Standard I—Enrollment and Disenrollment		
Requirement	Evidence as Submitted by the PAHP	Score
<ul style="list-style-type: none"><li>Utilization of medical services.</li><li>Diminished mental capacity.</li><li>Uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment seriously impairs the PAHP's ability to furnish services to the member or to other members).</li></ul> <p style="text-align: right;"><i>42 CFR §438.56(b)(2)</i></p> <p>2022 Contract Citation: 2.3.7.3.4</p>		
<b>HSAG Findings:</b> The PAHP submitted the Louisiana Medicaid Dental Program Office Reference Manual, revised May 1, 2023. The manual did not include language pertaining to this requirement.		
<b>Required Actions:</b> The PAHP must include language in a policy or procedure stating that the PAHP may not request disenrollment of a member because of an adverse change in the member's health status or because of the member's: <ul style="list-style-type: none"><li>Utilization of medical services.</li><li>Diminished mental capacity.</li><li>Uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment seriously impairs the PAHP's ability to furnish services to the member or to other members).</li></ul> The PAHP should include this language in an enrollment or disenrollment policy.		
4. The PAHP may initiate disenrollment of any member's participation in the PAHP on one or more of the following grounds: <ul style="list-style-type: none"><li>When the member ceases to be eligible for medical assistance under the State Plan as determined by the Department</li><li>Upon termination or expiration of the Contract</li><li>Death of the member</li></ul>	<ul style="list-style-type: none"><li>DQ ORM Provider Manual page 17,18</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met



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Standard I—Enrollment and Disenrollment		
Requirement	Evidence as Submitted by the PAHP	Score
<ul style="list-style-type: none"><li>Confinement of the member in a facility or institution when confinement is not a covered service under the Contract</li></ul> <p style="text-align: right;"><i>42 CFR §438.56(b)(1)</i></p> <p>2022 Contract Citations: 2.3.7.3; 2.3.7.3.5</p>		
<b>HSAG Findings:</b> The PAHP submitted the Louisiana Medicaid Dental Program Office Reference Manual, revised May 1, 2023, which did not include elements of this requirement.		
<b>Required Actions:</b> The PAHP must include language in a policy or procedure stating that the PAHP may initiate disenrollment of any member's participation in the PAHP on one or more of the following grounds: <ul style="list-style-type: none"><li>When the member ceases to be eligible for medical assistance under the State Plan as determined by the Department</li><li>Upon termination or expiration of the contract</li><li>Death of the member</li><li>Confinement of the member in a facility or institution when confinement is not a covered service under the contract</li></ul> The PAHP should include this language in an enrollment or disenrollment policy.		
<p>5. The PAHP shall not request disenrollment for reasons other than those stated in the Contract. In accordance with 42 CFR §438.56(b)(3), LDH shall ensure that the PAHP is not requesting disenrollment for other reasons by reviewing and rendering decisions on all Disenrollment Request Forms submitted to the enrollment broker.</p> <p style="text-align: right;"><i>42 CFR §438.56(b)(3)</i></p> <p>2022 Contract Citations: 2.3.7.3.2; 2.3.7.3.5</p>	<ul style="list-style-type: none"><li>DQ ORM Provider Manual page 17,18</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>HSAG Findings:</b> The PAHP submitted the Louisiana Medicaid Dental Program Office Reference Manual, revised May 1, 2023, which did not include the requirements of this element.		
<b>Required Actions:</b> The PAHP must revise the Louisiana Medicaid Dental Program Office Reference Manual to include language stating that the PAHP shall not request disenrollment for reasons other than those stated in the contract.		



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**for DentaQuest USA Insurance Company (DentaQuest)**

Standard I—Enrollment and Disenrollment		
Requirement	Evidence as Submitted by the PAHP	Score
<p>6. If the Department approves the PAHP’s disenrollment request, the PAHP gives the member written notice of the proposed disenrollment and notifies the member of his or her right to submit a request for a State Fair Hearing.</p> <p style="text-align: right;"><i>42 CFR §438.56(d)(5)</i></p> <p>Contract: 2.3.7.3.7</p>	<ul style="list-style-type: none"><li>DQ ORM Provider Manual page 17,18</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>HSAG Findings:</b> The PAHP submitted the Louisiana Medicaid Dental Program Office Reference Manual, revised May 1, 2023, which did not include the requirements of this element.		
<b>Required Actions:</b> The PAHP must include language in a policy or procedure stating that if the Department approves the PAHP’s disenrollment request, the PAHP gives the member 30 days written notice of the proposed disenrollment and notifies the member of his or her right to submit a request for a State Fair Hearing. The PAHP should include this language in an enrollment or disenrollment policy.		
<p>7. The member may request disenrollment as follows:</p> <ul style="list-style-type: none"><li>For cause at any time, including:<ul style="list-style-type: none"><li>The member has moved out of the PAHP’s service area;</li><li>The PAHP does not (due to moral or religious objections) cover the service the member seeks;</li><li>The member needs related services to be performed at the same time, not all related services are available from the PAHP’s plan, and the member’s primary care provider (or another provider) determines that receiving the services separately would subject the member to unnecessary risk;</li><li>Poor quality of care; or</li><li>Lack of access, or lack of access to providers experienced in dealing with the member’s specific needs.</li></ul></li></ul>	<ul style="list-style-type: none"><li>DQ ORM Provider Manual page 17,18</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met



## Louisiana Department of Health

### Review of Compliance With Medicaid and CHIP Managed Care Regulations for DentaQuest USA Insurance Company (DentaQuest)

Standard I—Enrollment and Disenrollment		
Requirement	Evidence as Submitted by the PAHP	Score
<ul style="list-style-type: none"> <li>Without cause at the following times:               <ul style="list-style-type: none"> <li>During the 90 days following the date of the member's initial enrollment</li> <li>At least once every 12 months thereafter</li> <li>Upon automatic reenrollment if temporary loss of eligibility has caused the member to miss the annual disenrollment opportunity</li> <li>When the Department has imposed sanctions on the PAHP (consistent with 42 CFR §438.702[a][4])</li> </ul> </li> </ul> <p style="text-align: right;"><i>42 CFR §438.56(c)-(d)(2)</i></p> <p>2022 Contract Citations: 2.3.7.2.1; 203.7.2.2</p>		

Results for Standard I—Enrollment and Disenrollment						
<b>Total</b>	Met	=	2	X	1.0	= 2.0
	Not Met	=	5	X	0.0	= 0.0
<b>Total Applicable</b>		=	7	<b>Total Score</b>	=	2.0

<b>Total Score ÷ Total Applicable</b>	=	<b>28.6%</b>
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**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

Standard IX—Subcontractual Relationships and Delegation		
Requirement	Evidence as Submitted by the PAHP	Score
<p>1. Notwithstanding any relationship(s) with any subcontractor, the PAHP maintains ultimate responsibility for adhering to and otherwise fully complying with all terms and conditions of its contract with the State.</p> <p style="text-align: right;"><i>42 CFR §438.230(b)(1)</i></p> <p>Contract: 13 (Terms and Conditions); 2.15.6</p>	<ul style="list-style-type: none"><li>• COM11-ENT-Delegation Oversight Page 1</li></ul> <p><b>Additional Documentation:</b></p> <ul style="list-style-type: none"><li>• Delegation Oversight Committee Q4 Minutes 2022</li><li>• Sagility (HGS) Scorecard 2023</li><li>• Expert Translators dated 5/14/2020, section 2.1 and 2.2</li><li>• TraduccioNola_DSA_041420, Sections 2.1(a), 2.3, Delegation Services Addendum</li><li>• Delegation Services Addendum_Template</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<p>2. All contracts or written arrangements between the PAHP and any subcontractor specify:</p> <ul style="list-style-type: none"><li>• The delegated activities or obligations and related reporting responsibilities.</li><li>• That the subcontractor agrees to perform the delegated activities and reporting responsibilities.</li><li>• Provision for revocation of the delegation of activities or obligation, or specify other remedies in instances wherein the State or PAHP determines that the subcontractor has not performed satisfactorily.</li></ul> <p style="text-align: right;"><i>42 CFR §438.230(b)(2); (c)(1)</i></p> <p>Contract: 2.15.6.3</p>	<ul style="list-style-type: none"><li>• Sagility_HGS_Delegation Addendum_08.13.2019: Exhibit 1<ul style="list-style-type: none"><li>– American Direction Exhibit 1.2</li><li>– Expert Translators section 1.1</li><li>– Sagility_HGS_Delegation Addendum_08.13.2019: Section 2.2</li><li>– Sagility_HGS_Delegation Addendum-08.13.2019: Section 7.2</li></ul></li><li>• Expert translators section 13</li></ul> <p><b>Additional Documentation:</b></p> <ul style="list-style-type: none"><li>• Delegation Services Addendum Template Sections 2.1, 2.2(a), 2.3</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

Standard IX—Subcontractual Relationships and Delegation		
Requirement	Evidence as Submitted by the PAHP	Score
<p>3. The PAHP’s written agreement with any subcontractor includes:</p> <ul style="list-style-type: none"><li>The subcontractor’s agreement to comply with all applicable Medicaid laws and regulations, including applicable subregulatory guidance and contract provisions.</li></ul> <p style="text-align: right;"><i>42 CFR §438.230(c)(2)</i></p> <p>Contract: 2.12.1.1; 2.15.6.3</p>	<ul style="list-style-type: none"><li>Sagility_HGS_Delegation Addendum: Section 3.4</li><li>(Expert Translators section 1.2)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<p>4. The written agreement with the subcontractor includes:</p> <ul style="list-style-type: none"><li>The State, CMS, the HHS Inspector General, the Comptroller General, or their designees have the right to audit, evaluate, and inspect any books, records, contracts, computer or other electronic systems of the subcontractor, or of the subcontractor’s contractor, that pertain to any aspect of services and activities performed, or determination of amounts payable under the PAHP’s contract with the State.</li><li>The subcontractor will make available, for purposes of an audit, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems related to Medicaid members.</li><li>The right to audit will exist through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.</li><li>If the State, CMS, or HHS Inspector General determines that there is a reasonable probability of fraud or similar risk, the State, CMS, or HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.</li></ul> <p style="text-align: right;"><i>42 CFR §438.230(c)(3)</i></p> <p>Contract: 2.12.1.3; 2.12.1.4; 2.15.11.1</p>	<ul style="list-style-type: none"><li>Sagility_HGS_Delegation Addendum: Section 4.3<ul style="list-style-type: none"><li>(Expert Translators section 11)</li><li>Audits in General refer to American Directions Section 4.6</li></ul></li><li>Sagility_HGS_Delegation Addendum: Section 4<ul style="list-style-type: none"><li>(American Directions section 4.6)</li></ul></li><li>Sagility_HGS_Delegation Addendum: Section 4</li><li>Sagility_HGS_Delegation Addendum: Section 4</li></ul> <p><b>Additional Documentation:</b> Delegation Services Addendum_Template: 1. Section 4.3, Access to Records, 4.5 Delegated Service Records, 4.6 Audits in General, and 4.9 Maintenance and Transfer, 2. Section 4.3, Access to Records, 3. Section 4.5 Delegated Service Records 4. Section 4.6, Audits in General</p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

Standard IX—Subcontractual Relationships and Delegation		
Requirement	Evidence as Submitted by the PAHP	Score
<b>HSAG Findings:</b> The PAHP submitted Exhibit C Delegation Addendum as evidence of compliance with the requirement. The agreement was dated 2019 and did not include the most current federal regulations. The elements of 42 CFR §438.230(c)(3) were not present in the agreement.		
<b>Required Actions:</b> The PAHP must include all elements of 42 CFR §438.230(c)(3) federal requirements in all of its delegated agreements including: <ul style="list-style-type: none"><li>• The State, CMS, the HHS Inspector General, the Comptroller General, or their designees have the right to audit, evaluate, and inspect any books, records, contracts, computer or other electronic systems of the subcontractor, or of the subcontractor's contractor, that pertain to any aspect of services and activities performed, or determination of amounts payable under the PAHP's contract with the State.</li><li>• The subcontractor will make available, for purposes of an audit, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems related to Medicaid members.</li><li>• The right to audit will exist through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.</li><li>• If the State, CMS, or HHS Inspector General determines that there is a reasonable probability of fraud or similar risk, the State, CMS, or HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.</li></ul>		
5. Prior to executing a subcontract, the PAHP must evaluate the prospective subcontractor's qualifications and ability to perform the activities to be delegated.  Contract: 2.15.6.2	<ul style="list-style-type: none"><li>• COM11-ENT-Delegation Oversight Page 1 Procedure Section</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
6. The PAHP shall monitor the subcontractor's performance on an ongoing basis and subject it to formal review according to a periodic schedule consistent with industry standards. The PAHP shall identify deficiencies or areas for improvement and take corrective action.  Contract: 2.15.6.4; 2.15.6.5	<ul style="list-style-type: none"><li>• COM11-ENT-Delegation Oversight Page 1 Procedure Section</li></ul> <b>Additional Documentation:</b> <ul style="list-style-type: none"><li>• Delegation Oversight Committee Q4 Minutes 2022</li><li>• Sagility (HGS) Scorecard 2023</li><li>• Expert Translators dated 5/14/2020, section 2.1 and 2.2</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

Standard IX—Subcontractual Relationships and Delegation		
Requirement	Evidence as Submitted by the PAHP	Score
	<ul style="list-style-type: none"> <li>• TraduccioNola_DSA_041420, Sections 2.1(a), 2.3, Delegation Services Addendum</li> <li>• Delegation Services Addendum_Template</li> <li>• CAP Narrative Report Template</li> <li>• Cathedral CAP Responses</li> <li>• Cathedral Corrective Action Letter</li> </ul>	

Results for Standard IX—Subcontractual Relationships and Delegation					
<b>Total</b>	Met	=	5	X	1.0 = 5.0
	Not Met	=	1	X	0.0 = 0.0
<b>Total Applicable</b>		=	6	<b>Total Score</b>	= 5.0

<b>Total Score ÷ Total Applicable</b>	=	<b>83.3%</b>
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**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

**CY 2021 Review CAP**

State Contract Requirements		
Requirement	Evidence as Submitted by the PAHP	Score
1. The DBPM shall demonstrate that there are sufficient IHCPs participating in the provider network of the Plan to ensure timely access to services available under the Contract from such providers for Indian enrollees who are eligible to receive services.  Contract: 2.8.4.1	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>200101 LA FQHC RHC IHCPs Dental Provider Agreement</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET01-INS (annotated and highlighted)</li><li>NET05-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement was not addressed in any policy documents. DentaQuest states they are contracted with both IHCP's available. Screenshots to show the clinics are available.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include the required language in relevant policies.		
<b>2022 PAHP Comments:</b> DBPM agrees with Determination. Network will update the policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Network Development, Maintenance, and Use policy and procedure, revised on May 10, 2023. The policy included that for Indian Health Care Providers (IHCPs), the PAHP shall demonstrate that there are sufficient IHCPs participating in the provider network of the PAHP to ensure timely access to services available under the contract from such providers for Indian enrollees who are eligible to receive services.		
<b>2023 CAP Review Required Actions:</b> None.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

State Contract Requirements		
Requirement	Evidence as Submitted by the PAHP	Score
<p>2. The DBPM shall pay IHCPs, whether participating or not, for covered services provided to Indian enrollees who are eligible to receive services from such providers as follows: (i) At a rate negotiated between the DBPM and the IHCP, or (ii) In the absence of a negotiated rate, at a rate not less than the level and amount of payment that the DBPM would make for the services to a participating provider which is not an IHCP; and (iii) Make payment to all IHCPs in its network in a timely manner as required for payments to practitioners in individual or group practices under 42 C.F.R. § 447.45 and § 447.46.</p> <p>Contract: 2.8.4.4</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>200101 LA FQHC RHC IHCPs Dental Provider Agreement</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>NET01-INS (annotated and highlighted)</li><li>NET05-INS (annotated and highlighted)</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement was not addressed in any policy documents. DentaQuest states they are contracted with both IHCP's available. Screenshots to show the clinics are available.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include the required language in relevant policies.		
<b>2022 PAHP Comments:</b> DBPM agrees with Determination. Network will update the policy accordingly.		
<p><b>2023 CAP Review Findings:</b> The PAHP submitted the Network Development, Maintenance, and Use policy and procedure that was revised on May 10, 2023. The policy included that the PAHP shall “pay IHCPs, whether participating or not, for covered services provided to Indian enrollees who are eligible to receive services from such providers as follows:</p> <ul style="list-style-type: none"><li>At a rate negotiated between the DBPM and the IHCP, or</li><li>In the absence of a negotiated rate, at a rate not less than the level and amount of payment that the DBPM would make for the services to a participating provider which is not an IHCP; and</li><li>Make payment to all IHCPs in its network in a timely manner as required for payments to practitioners in individual or group practices under 42.CFR 447.45 and 447.46.”</li></ul>		
<b>2023 CAP Review Required Actions:</b> None.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

State Contract Requirements		
Requirement	Evidence as Submitted by the PAHP	Score
3. The DBPM shall permit any Indian who is enrolled in the Plan that is not an IMCE and eligible to receive services from a IHCP primary care provider participating as a network provider, to choose that IHCP as his or her primary care provider, as long as that provider has capacity to provide the services.  Contract: 2.8.4.5	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>200101 LA FQHC RHC IHCPs Dental Provider Agreement</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET01-INS (annotated and highlighted)</li><li>NET05-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement was not addressed in any policy documents. DentaQuest states they are contracted with both IHCP's available. Screenshots to show the clinics are available.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include the required language in relevant policies.		
<b>2022 PAHP Comments:</b> DBPM agrees with Determination. Network will update the policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Network Development, Maintenance, and Use policy and procedure that was revised on May 10, 2023. The policy included that the PAHP “shall permit any Indian who is enrolled in the DBPM that is not an Indian Managed Care Entity (IMCE) and eligible to receive services from a IHCP primary care provider participating as a network provider, to choose that IHCP as his or her primary care provider, as long as that provider has capacity to provide the services.”		
<b>2023 CAP Review Required Actions:</b> None.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

State Contract Requirements		
Requirement	Evidence as Submitted by the PAHP	Score
4. The Plan shall permit Indian enrollees to obtain services covered under the Contract from out-of-network IHCPs from whom the enrollee is otherwise eligible to receive such services.  Contract: 2.8.4.6	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>200101 LA FQHC RHC IHCPS Dental Provider Agreement</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET01-INS (annotated and highlighted)</li><li>NET05-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement was not addressed in any policy documents. DentaQuest states they are contracted with both IHCP's available. Screenshots to show the clinics are available		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include the required language in relevant policies.		
<b>2022 PAHP Comments:</b> DBPM agrees with Determination. Network will update the policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Network Development, Maintenance, and Use policy and procedure, revised on May 10, 2023, which included that the PAHP “shall permit Indian enrollees to obtain services covered under the Contract from out-of-network IHCPs from whom the enrollee is otherwise eligible to receive such services.”		
<b>2023 CAP Review Required Actions:</b> None.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

State Contract Requirements		
Requirement	Evidence as Submitted by the PAHP	Score
<p>5. The Plan shall permit an out-of-network IHCP to refer an Indian enrollee to a network provider. Enrollment in IMCEs. An IMCE may restrict its enrollment to Indians in the same manner as Indian Health Programs, as defined in 25 U.S.C. § 1603(12), may restrict the delivery of services to Indians, without being in violation of the requirements in 42 C.F.R. § 438.3(d).</p> <p>Contract: 2.8.4.9.1</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• 200101 LA FQHC RHC IHCPS Dental Provider Agreement</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• NET01-INS (annotated and highlighted)</li><li>• NET05-INS (annotated and highlighted)</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement was not addressed in any policy documents. DentaQuest states they are contracted with both IHCP's available. Screenshots to show the clinics are available.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include the required language in relevant policies.		
<b>2022 PAHP Comments:</b> DBPM agrees with Determination. Network will update the policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Network Development, Maintenance, and Use policy and procedure, revised on May 10, 2023. The policy included that the PAHP “shall permit an out-of-network IHCP to refer an Indian enrollee to a network provider. Enrollment in IMCEs. An IMCE may restrict its enrollment to Indians in the same manner as Indian Health Programs, as defined in 25 USC 1603(12), may restrict the delivery of services to Indians, without being in violation of the requirements in 42 CFR 438.3(d).”		
<b>2023 CAP Review Required Actions:</b> None.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

State Contract Requirements		
Requirement	Evidence as Submitted by the PAHP	Score
6. The member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered.  Contract: 2.6.9.5.1.1	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>LA_Medicaid_ORM rev042522</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET01-INS (annotated and highlighted)</li><li>NET05-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement was not addressed in any policy documents. This requirement is addressed in the LA Office Reference Manual. Policies and Procedures are required to ensure implementation will follow the contractual requirements. Determination is upheld		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include the required language in relevant policies. Policies and Procedures are required to ensure implementation will follow the contractual requirements. Determination is upheld.		
<b>2022 PAHP Comments:</b> The information is located on page 11 under member rights in the member handbook. DQ has fully address this requirement per our contract.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Provider Network Adequacy policy and procedure, which the PAHP revised on June 29, 2023. The policy stated that the “member’s health status, medical care, or treatment options, including any alternative treatment that may be self-administered.”		
<b>2023 CAP Review Required Actions:</b> None.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

State Contract Requirements		
Requirement	Evidence as Submitted by the PAHP	Score
7. Any information the member needs in order to decide among relevant treatment options;  Contract: 2.6.5.1.2	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>LA_Medicaid_ORM rev042523</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET01-INS (annotated and highlighted)</li><li>NET05-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement was not addressed in any policy documents. This requirement is addressed in the LA Office Reference Manual. Policies and Procedures are required to ensure implementation will follow the contractual requirements. Determination is upheld.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include the required language in relevant policies.		
<b>2022 PAHP Comments:</b> The information is located on page 9 under member rights in the member handbook. DQ has fully address this requirement per our contract.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Provider Network Adequacy policy and procedure, which the PAHP revised on June 29, 2023. The policy included the requirement of “any information the member needs in order to decide among relevant treatment options.”		
<b>2023 CAP Review Required Actions:</b> None.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

State Contract Requirements		
Requirement	Evidence as Submitted by the PAHP	Score
8. The risks, benefits and consequences of treatment or non-treatment.  Contract: 2.6.9.5.1.3	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>LA_Medicaid_ORM rev042524</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET01-INS (annotated and highlighted)</li><li>NET05-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement was not addressed in any policy documents. This requirement is addressed in the LA Office Reference Manual.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include the required language in relevant policies. Policies and Procedures are required to ensure implementation will follow the contractual requirements. Determination is upheld		
<b>2022 PAHP Comments:</b> The information is located on page 9 under member rights in the member handbook. DQ has fully address this requirement per our contract.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Provider Network Adequacy policy and procedure, which the PAHP revised on June 29, 2023. The policy included the requirement of “the risks, benefits and consequences of treatment or non-treatment.”		
<b>2023 CAP Review Required Actions:</b> None.		





**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

State Contract Requirements		
Requirement	Evidence as Submitted by the PAHP	Score
9. The member's right to participate in decisions regarding their health care, including, the right to refuse treatment, and to express preferences about future treatment decisions.  Contract: 2.6.9.5.1.4	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>LA member handbook</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET01-INS (annotated and highlighted)</li><li>NET05-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement was not addressed in any policy documents. This requirement is addressed in the LA Office Reference Manual. Policies and Procedures are required to ensure implementation will follow the contractual requirements. Determination is upheld.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include the required language in relevant policies.		
<b>2022 PAHP Comments:</b> The information is located on page 9 under member rights in the member handbook. DQ has fully address this requirement per our contract.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Provider Network Adequacy policy and procedure, which the PAHP revised on June 29, 2023. The policy included “the members right to participate in decisions regarding their health care, including, the right to refuse treatment; And to express preferences about future treatment decisions.”		
<b>2023 CAP Review Required Actions:</b> None.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

State Contract Requirements		
Requirement	Evidence as Submitted by the PAHP	Score
10. The DBPM shall comply with the provisions of 42 CFR §438.102(a)(1)(ii) concerning the integrity of professional advice to members, including interference with provider’s advice to members and information disclosure requirements related to Provider Incentive Plans.  Contract: 2.7.6.2	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>LA_Medicaid_ORM rev042524</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET01-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement was not addressed in any policy documents. This requirement is addressed in the LA Office Reference Manual.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include the required language in relevant policies. Policies and Procedures are required to ensure implementation will follow the contractual requirements. Determination is upheld.		
<b>2022 PAHP Comments:</b> The information is located on page 5-9 in the member handbook under (member privacy). DQ has fully address this requirement per our contract.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Network Development, Maintenance, and Use policy and procedure, which was revised on May 10, 2023. The policy stated that the PAHP “shall comply with the provisions of 42 CFR 438.102(a)(1)(ii) concerning the integrity of professional advice to members, including interference with provider’s advice to members and information disclosure requirements related to Provider Incentive Plans.”		
<b>2023 CAP Review Required Actions:</b> None.		



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State Contract Requirements		
Requirement	Evidence as Submitted by the PAHP	Score
11. The DBPM shall provide access to dentists that offer extended office hours (minimum of 2 hours) at least one day per week (before 8:00 am and after 4:30 pm) and on Saturdays within sixty (60) miles of a member’s residence for urgent care.  Contract: 2.6.2.3	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET05-INS-Provider Network Adequacy</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET05-INS (annotated and highlighted)</li></ul> <b>Virtual Review Follow-Up Document Submission:</b> <ul style="list-style-type: none"><li>Please see NET05-INS Provider Network Adequacy page 7 Exhibit D</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —DentaQuest provided policy NET-05-INS Provider Network Adequacy. Section B contains high level standards and references the Office Reference Manual. Specific standards such as ratios of members to providers, minimum offices hours, extended office hours etc. were not found in either document		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include the required language in relevant policies.		
<b>2022 PAHP Comments:</b> DBPM agrees with Determination. Network will update the policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP’s Provider Network Adequacy policy and procedure was revised on June 29, 2023. The policy stated that the PAHP “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.” In addition, the policy stated that DQ “will monitor network scope to 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.” The policy did not include the requirement of a minimum of two hours of extended office hours or office hours on Saturdays within 60 miles of a member’s residence for urgent care.		
<b>2023 CAP Review Required Actions:</b> The PAHP must update the Provider Network Adequacy policy to include the requirement that the PAHP shall provide access to dentists that offer extended office hours a minimum of two hours at least one day per week, and on Saturdays within 60 miles of a member’s residence for urgent care.		



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State Contract Requirements		
Requirement	Evidence as Submitted by the PAHP	Score
12. Network providers must offer office hours at least equal to those offered by fee-for-service (FFS) Medicaid at the time the DBP is implemented.  Contract: 2.6.2.4	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET05-INS-Provider Network Adequacy</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET05-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —DentaQuest provided policy NET-05-INS Provider Network Adequacy. Section B contains high level standards and references the Office Reference Manual. Specific standards such as ratios of members to providers, minimum offices hours, extended office hours etc. were not found in either document.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include the required language in relevant policies.		
<b>2022 PAHP Comments:</b> DBPM agrees with Determination. Network will update the policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP’s Provider Network Adequacy policy and procedure was revised on June 29, 2023. The policy stated that “participating network providers must offer office hours at least equal to those offered by commercial dental insurance plans.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PAHP	Score
1. Any change that would cause more than five percent (5%) of members to change the location where services are received or rendered.  <i>42 CFR 438.207</i>  Contract: 2.6.7.1.1	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET05-INS-Provider Network Adequacy</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET05-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in any policy or procedure.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into the Provider Network Adequacy policy to include this requirement.		
<b>2022 PAHP Comments:</b> Network will update our policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP’s Provider Network Adequacy policy was reviewed on June 29, 2023. The policy stated “any change that would cause more than five percent (5%) or members to change the location where services are received or rendered.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PAHP	Score
2. A loss of any participating specialist which may impair or deny the members' adequate access to providers  Contract: 2.6.7.1.3  <i>42 CFR 438.207</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET05-INS-Provider Network Adequacy</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CORR01</li><li>PEC05-INS</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in any policy or procedure.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into the Provider Network Adequacy policy to include this requirement.		
<b>2022 PAHP Comments:</b> Network will update our policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP's Member Notifications of Provider Terminations policy was reviewed on July 3, 2023. The policy included the language that "a loss of any participating specialist which may impair or deny the enrollees' adequate access to providers."		
<b>2023 CAP Review Required Actions:</b> None.		



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Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PAHP	Score
3. Other adverse changes to the composition of the DBPM, which impair or deny the members' adequate access to providers.  Contract: 2.6.7.1.4  <i>42 CFR 438.207</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET05-INS-Provider Network Adequacy</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CORR01</li><li>PEC05-INS</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> This requirement is not addressed in the Provider Network Adequacy policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into the Provider Network Adequacy policy.		
<b>2022 PAHP Comments:</b> Network will update our policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP's Member Notifications of Provider Terminations policy was reviewed on July 3, 2023. The policy included the "other adverse changes to the composition of the DBPM which impair or deny the members' adequate access to providers."		
<b>2023 CAP Review Required Actions:</b> None.		



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Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PAHP	Score
<p>4. When the DBPM has advance knowledge that a material change will occur, the DBPM must submit a request for approval of the material change in their provider network, including a copy of draft notification to affected members, sixty (60) days prior to the expected implementation of the change.</p> <p style="text-align: right;"><i>42 CFR 438.207</i></p> <p>Contract: 2.6.7.3</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• NET05-INS-Provider Network Adequacy</li><li>• NET01 Network Maintenance</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• NET05-INS (annotated and highlighted)</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in any policy or procedure.		
<b>2022 Compliance Review Recommendation:</b> The entity should expand the language in the Provider Network Adequacy and Network Maintenance policies to include this requirement.		
<b>2022 PAHP Comments:</b> Network will update the policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP’s Provider Network Adequacy policy was reviewed on July 3, 2023. The policy included language stating when DQ has “advance knowledge that a material change will occur, DentaQuest must submit a request for approval of the material change in their provider network, including a copy of the draft notification to affected members, sixty (60) days prior to the expected implementation of the change.”		
<b>2023 CAP Review Required Actions:</b> None.		





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Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PAHP	Score
5. The request must include a description of any short-term gaps identified as a result of the change and the alternatives that will be used to fill them.  Contract: 2.6.7.4  <i>42 CFR 438.207</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET05-INS-Provider Network Adequacy</li><li>NET01 Network Maintenance</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET05-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in any policy or procedure.		
<b>2022 Compliance Review Recommendation:</b> The entity should expand the language in the Provider Network Adequacy and Network Maintenance policies to include this requirement.		
<b>2022 PAHP Comments:</b> Network will update our policy accordingly		
<b>2023 CAP Review Findings:</b> The PAHP’s Provider Network Adequacy policy was reviewed on July 3, 2023. The policy included language stating that “the request will include a description of any short-term gaps identified as a result of the change and the alternatives that will be used to fill them.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PAHP	Score
<p>6. LDH will respond within thirty (30) calendar days to the material change request and the notice received by DBPM. If LDH fails to respond within such time, the request and notice will be considered approved. Changes and alternative measures must be within the contractually agreed requirements. The DBPM shall within thirty (30) calendar days give advance written notice of provider network material changes to affected members. The DBPM shall notify LDH of emergency situation and submit request to approve material changes. LDH will act to expedite the approval process.</p> <p style="text-align: right;"><i>42 CFR 438.207</i></p> <p>Contract: 2.6.7.5</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>FW_LA Outreach Material-LDH Approval Needed – Teen Vaping Flyer_Approval SAMPLE</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>NET05-INS (annotated and highlighted)</li></ul> <p><b>Virtual Review Follow-Up Document Submission:</b></p> <ul style="list-style-type: none"><li>No document submissions</li></ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the LA Outreach Material-LDH Approval Needed – Teen Vaping Flyer_Approval SAMPLE document.		
This requirement is partially addressed by the Teen Vaping Flyer_Approval SAMPLE document. Determination unchanged.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into a policy.		
<b>2022 PAHP Comments:</b> DQ believes this requirement is fully met.		
<b>2023 CAP Review Findings:</b> The PAHP’s Provider Network Adequacy policy was reviewed on July 3, 2023. The policy did not include the requirement that the PAHP will notify LDH of emergency situations and submit requests to approve material changes.		
<b>2023 CAP Review Required Actions:</b> The PAHP must include in the policy that the PAHP shall notify LDH of emergency situations and submit requests to approve material changes.		



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Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PAHP	Score
<p>7. The DBPM shall establish processes to monitor and reduce the appointment “no-show” rate for primary care dentists. As best practices are identified, LDH may require implementation by the DBPM.</p> <p style="text-align: right;"><i>42 CFR 438.207</i></p> <p>Contract: 2.6.5.8</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>DentaQuestPIP2022_3_3_2022</li> </ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>NET05-INS (annotated and highlighted)</li> <li>QAPIAttachmentCSupDoc</li> <li>ACC S2.6.5</li> </ul> <p><b>Virtual Review Follow-Up Document Submission:</b></p> <ul style="list-style-type: none"> <li>ACCS2.6.5.8SuppDoc.docx page 8</li> </ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—This requirement is not addressed in any policy or procedure.</p>		
<p><b>2022 Compliance Review Recommendation:</b> The entity should develop processes to monitor and reduce the no-show rate for primary care dentists and incorporate them into a policy.</p> <p>This requirement is partially addressed by the Broken Appointment program. Determination changed to partially met.</p>		
<p><b>2022 PAHP Comments:</b> Outreach - The Broken Appointment program monitors claims for missed or cancelled appointments, and those members are outreached via live call with assistance to re-schedule the missed or cancelled appointment.</p>		
<p><b>2023 CAP Review Findings:</b> The PAHP’s Provider Network Adequacy policy was reviewed on July 3, 2023. The policy included a section titled “Outreach and Interventions, Broken Appointment Program.” The target of the program was enrollees who missed a scheduled dental appointment. For the process, “providers will report enrollees who failed to keep appointments by submitting dental codes D9986-Missed Appointment or D9987-Cancelled Appointment using the Medicaid dental claims process. An automated report is generated twice per month based on the codes above and those members receive a live call to provide education on the importance of keeping dental appointments and to offer immediate assistance to re-schedule their missed or cancelled dental appointment. If call attempts to enrollees are unsuccessful, a follow-up mailing will be sent.”</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		



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Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PAHP	Score
<p>8. Inquiries from LDH must be acknowledged by the next business day and the resolution, or process for resolution, communicated to LDH within twenty-four (24) hours.</p> <p style="text-align: right;"><i>42 CFR 438.207</i></p> <p>Contract: 2.1.6</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Per the contract page 7 2.1.6 Communication with LDH Inquiries from LDH must be acknowledged by the next business day and the resolution, or process for resolution, communicated to LDH within twenty-four (24) hours</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>NET12-INS (annotated and highlighted)</li></ul> <p><b>Virtual Review Follow-Up Document Submission:</b></p> <ul style="list-style-type: none"><li>NET12-INS-Reporting Implementation and delivery Exhibit B #2</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the sample email Responses to LDH inquiries by DentaQuest.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should incorporate this requirement into a policy.		
<b>2022 PAHP Comments:</b> DQ will develop a policy to meet the requirement for 2022.		
<b>2023 CAP Review Findings:</b> The PAHP’s Reporting Implementation and Delivery policy was reviewed on July 3, 2023. The policy included the requirement that DQ will acknowledge inquiries from LDH by the next business day, and the resolution, or process for resolution, will be communicated to LDH within 24 hours.		
<b>2023 CAP Review Required Actions:</b> None.		



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Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PAHP	Score
<p>9. Significant Traditional Providers. The DBPM shall make a good faith effort to include in its network, primary care dentists and specialists who are significant traditional providers (STPs) provided that the STP: agrees to participate as an in-network provider and abide by the provisions of the provider contract; and meets the credentialing requirements. The list of STPs will be available on the LDH web site.</p> <p style="text-align: right;"><i>42 CFR 438.207</i></p> <p>Contract: 2.6.9.8</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>NET-01 INS-Network Development Maintenance and Use</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>NET05-INS (annotated and highlighted)</li><li>NET01-INS (annotated and highlighted)</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in any policy or procedure.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into the Network Development, Maintenance, and Use policy.		
<b>2022 PAHP Comments:</b> Network will update our policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP’s Provider Network Adequacy policy was reviewed on July 3, 2023. The policy included a paragraph labeled “Significant Traditional Providers.” The paragraph stated that DQ “shall make a good faith effort to include in its network, primary care dentists and specialists who are significant traditional providers (STPs) provider that the STP: agrees to participate as an in-network provider and abide by the provisions of the provider contract; and meets the credentialing requirements. The list of STPs will be available on the LDH website.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PAHP	Score
10. The process for conducting informal reconsiderations for adverse determinations.  Contract: 2.5.2.3.4  <i>42 CFR 438.207</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>2022 UM Program Description, Pages 7-6, Authorization Determination Notification section.</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>UM08-INS</li></ul> <b>Virtual Review Follow-Up Document Submission:</b> <ul style="list-style-type: none"><li>UM08-INS Authorization Review Exhibit U pages 10-11</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed, as it addressed in the Office Reference Manual, but the contract specifically calls for it to be referenced in policies and procedures.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include this requirement in a policy or procedure.		
<b>2022 PAHP Comments:</b> This element has been placed in UM08-INS-Authorization Review Exhibit T-Louisiana Medicaid for our annual policy compliance review.		
<b>2023 CAP Review Findings:</b> The PAHP’s Authorization Review policy was reviewed on August 4, 2023. The policy included a process for conducting informal reconsiderations for adverse determinations. The policy included the following language in Section VI. Reconsideration:  A. “In the event that an adverse determination was rendered without attempting to discuss such matter with the Member’s health care Provider, there is an opportunity to request reconsideration. Except in retrospective reviews, such reconsiderations occur within one (1) business day of receipt of the request and will be conducted by the Member’s health care Provider and the clinical peer reviewer making the original determination or a designated clinical peer reviewer if the original clinical peer reviewer cannot be available. The reconsideration will in no way extend the thirty (30) calendar day required timeframe for a Notice of Appeal Resolution.  D. If the Dental Director upholds the original decision, the requestor is notified verbally of the decision during the discussion, and the next course of action will be to follow the formal appeal process.		



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Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PAHP	Score
E. In a case involving an initial determination, the DBPM should provide the member or a provider acting on behalf of the member and with the member’s written consent an opportunity to request an informal reconsideration of an adverse determination by the dentist or clinical peer making the adverse determination.”		
2023 CAP Review Required Actions: None.		



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Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PAHP	Score
11. As part of the DBPM appeal procedures, the DBPM should include an Informal Reconsideration process that allows the member a reasonable opportunity to present evidence, and allegations of fact or law, in person as well as in writing.  42 CFR 438.207 Contract: 2.10.3.1.3	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>UM-04-INS-Notice of Action Letters</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CGA01-INS, Ex L (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed, as it addressed in the Office Reference Manual, but the contract specifically calls for it to be referenced in policies and procedures.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include this requirement in a policy or procedure.		
<b>2022 PAHP Comments:</b> This element has been placed in UM08-INS-Authorization Review Exhibit T-Louisiana Medicaid for our annual policy compliance review.		
<b>2023 CAP Review Findings:</b> The PAHP’s Authorization Review policy was reviewed on August 4, 2023. As part of the PAHP appeal procedures, the policy included the requirement that the PAHP “should include an informal reconsideration process that allows the member a reasonable opportunity to present evidence, and allegations of fact or law, in person as well as in writing.”		
<b>2023 CAP Review Required Actions:</b> None.		





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Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PAHP	Score
<p>12. In a case involving an initial determination, the DBPM should provide the member or a provider acting on behalf of the member and with the member's written consent an opportunity to request an informal reconsideration of an adverse determination by the dentist or clinical peer making the adverse determination.</p> <p style="text-align: right;"><i>42 CFR 438.207</i></p> <p>Contract: 2.14.8; 2.5.2.3.4</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>UM-04-INS-Notice of Action Letters</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>UM08-INS (annotated and highlighted)</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —Ten (10) of 10 files met the requirement. This requirement is partially addressed, as it addressed in the Office Reference Manual, but the contract specifically calls for it to be referenced in policies and procedures. The letters generally give opportunity to call and discuss.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include this requirement in a policy or procedure.		
<b>2022 PAHP Comments:</b> This element has been placed in UM08-INS-Authorization Review Exhibit T-Louisiana Medicaid for our annual policy compliance review.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Authorization Review policy, which was reviewed on August 4, 2023. The policy included the requirement that “in a case involving an initial determination, the DBPM should provide the member or a provider acting on behalf of the member and with the member’s written consent an opportunity to request an informal reconsideration of an adverse determination by the dentist or clinical peer making the adverse determination.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PAHP	Score
<p>13. The UM Program policies and procedures shall meet all Utilization Review Accreditation Commission (URAC) standards or equivalent and include:</p> <p>The process for conducting informal reconsiderations for adverse benefit determinations.</p> <p style="text-align: right;"><i>42 CFR 438.207</i></p> <p>Contract: 2.5.2.3.4</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>UM-04-INS-Notice of Action Letters</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>UM08-INS (annotated and highlighted)</li></ul> <p><b>Virtual Review Follow-Up Document Submission:</b></p>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> This requirement is partially addressed, as it addressed in the Office Reference Manual, but the contract specifically calls for it to be referenced in policies and procedures.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include this requirement in a policy or procedure.		
<b>2022 PAHP Comments:</b> This element has been placed in UM08-INS-Authorization Review Exhibit T-Louisiana Medicaid for our annual policy compliance review.		
<b>2023 CAP Review Findings:</b> The PAHP's Authorization Review policy was reviewed on August 4, 2023. The policy included the language that DQ will comply with all Utilization Review Accreditation Commission (URAC) standards and included the process for conducting informal reconsiderations for adverse benefit determinations.		
<b>2023 CAP Review Required Actions:</b> None.		



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Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PAHP	Score
14. The Informal Reconsideration will in no way extend the 30 day required timeframe for a Notice of Appeal Resolution.  Contract: 2.10.3.7  42 CFR 438.207	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>UM-08-INS-Authorization Review</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>UM08-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed, as it addressed in the Office Reference Manual, but the contract specifically calls for it to be referenced in policies and procedures.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include this requirement in a policy or procedure.		
<b>2022 PAHP Comments:</b> This element has been placed in UM08-INS-Authorization Review Exhibit T-Louisiana Medicaid for our annual policy compliance review.		
<b>2023 CAP Review Findings:</b> The PAHP’s Authorization Review policy and procedure was reviewed on August 4, 2023. The policy stated that “in the event that an adverse determination was rendered without attempting to discuss such matter with the member’s health care provider, there is an opportunity to request reconsideration. Except in retrospective reviews, such reconsiderations occur within one (1) business day of receipt of the request and will be conducted by the member’s health care provider and the clinical peer reviewer making the original determination or a designated clinical peer reviewer if the original clinical peer reviewer cannot be available. The reconsideration will in no way extend the thirty (30) calendar day required timeframe for a Notice of Appeal Resolution.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Assurances of Adequate Capacity and Services CFR 438.207		
Requirement	Evidence as Submitted by the PAHP	Score
15. The DBPM UM Program policies and procedures shall include service authorization policies and procedures consistent with 42 CFR 438.210 and state laws and regulations and the court-ordered requirements of Chisholm v. Kliebert and Wells v. Kliebert for initial and continuing authorization of services that include, but are not limited to, the following:  <div>Contract: 2.5.4.1</div> <div>42 CFR 438.207</div>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>UM-08-INS-Authorization Review</li><li>UM-01-INS-Establishment and Adoption of Utilization Review Criteria and Clinical Guidelines</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>UM08-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed in the Establishment and Adoption of Utilization Review Criteria and Clinical Guidelines policy and procedure for the CFR, but does not describe the LA court-ordered processes noted. Are they covered elsewhere? Per the interview, the team will take this back and follow up on it.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include this requirement in a policy or procedure.		
<b>2022 PAHP Comments:</b> This element has been placed in UM08-INS-Authorization Review Exhibit T-Louisiana Medicaid for our annual policy compliance review.		
<b>2023 CAP Review Findings:</b> The PAHP’s Authorization Review policy and procedure was reviewed on August 4, 2023. The policy stated that DQ “shall have written procedures listing the information required from an enrollee or dental care provider in order to make medical necessity determinations. DentaQuest policies and procedures are consistent with 42 CFR 438.210 and state laws and regulations and the court-ordered requirements of Chisholm v. Kliebert and Wells v. Kliebert for initial and continuing authorization of services.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Provider Selection CFR 438.214		
Requirement	Evidence as Submitted by the PAHP	Score
<p>1. The DBPM may terminate a provider's contract for cause. The DBPM shall provide written notice of termination to the provider. The DBPM shall notify LDH of the termination as soon as the written notification of cancelation is sent to the provider, but no later than seven (7) calendar days.</p> <p style="text-align: right;"><i>42 CFR 438.214</i></p> <p>Contract: 2.3.7.2.1; 2.3.14.1.5.2.1; 2.6.9.12</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• 200101 LA Dental Provider Agreement</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• DQ ORM Providers Manual</li><li>• CORR1</li></ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—This requirement is partially addressed in DentaQuest's Member Notifications of Provider Terminations Policy and Procedure. However, IPRO was unable to locate the 7-day reporting requirement within this policy/procedure.</p> <p><b><u>IPRO File Finding</u></b></p> <p>No change in review determination.</p>		
<p><b>2022 Compliance Review Recommendation:</b> DentaQuest should include language in the DBPM policy and procedures stating that DentaQuest shall notify LDH of the termination as soon as the written notification of cancelation is sent to the provider, but no later than seven (7) calendar days.</p>		
<p><b>2022 PAHP Comments:</b> Network will update our policy accordingly.</p>		
<p><b>2023 CAP Review Findings:</b> The PAHP submitted the CORR01-INS policy dated July 3, 2023. The policy did not include the requirements of this element. The PAHP also submitted its provider manual, which also did not include the requirements of this element. The MCO acknowledged during the virtual review that the PAHP did not have a policy or procedure that addressed this requirement.</p>		
<p><b>2023 CAP Review Required Actions:</b> The PAHP must include language in the PAHP's policy and procedure stating that DQ shall notify LDH of the termination of a provider as soon as the written notification of cancelation is sent to the provider, but no later than seven calendar days.</p>		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
<p>1. The DBPM shall identify and educate members who access the system inappropriately and provide continuing education as needed.</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: 2.9.8.3.5</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Member web portal demonstration</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>See link, this is the only external document where a member could access incorrectly.</li><li><a href="https://www.dentaquest.com/en/members/louisiana-medicaid-dental-coverage/epsdt-dental-program">https://www.dentaquest.com/en/members/louisiana-medicaid-dental-coverage/epsdt-dental-program</a></li></ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement was partially addressed by the member web portal demonstration.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into a policy.		
<b>2022 PAHP Comments:</b> DQ will incorporate this into the member handbook with next update.		
<b>2023 CAP Review Findings:</b> The PAHP did not submit a policy, nor provide evidence of implementation of its CAP, which was to incorporate the requirement that the PAHP shall identify and educate members who access the system inappropriately and provide continuing education as needed into the member handbook with the next update. During the virtual review, DQ acknowledged a lack of a policy that included the CAP requirements.		
<b>2023 CAP Review Required Actions:</b> The PAHP must incorporate the requirement that the PAHP shall identify and educate members who access the system inappropriately and provide continuing education as needed into a policy.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
<p>2. LDH's FI shall send the DBPM a daily file in the format specified in the DBPM Systems Companion Guide. The file shall contain the names, addresses and phone numbers of all newly eligible members, as determined by the DBPM. The DBPM shall use the Member File to assign primary care dentists and to identify and initiate communication with new members via welcome packet mailings as prescribed in this RFP.</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: 2.3.13.1; 2.9.8.1; 2.13.7.3</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Member Handbook and Welcome Letter/ID card</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>ENR01-INS</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed by the Member Handbook or Welcome Letter. (The enrollment policy furnished was approved in March 2022.)		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into a policy.		
<b>2022 PAHP Comments:</b> DQ will incorporate this requirement into a policy going forward for 2022.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Member Enrollment policy, which was dated June 21, 2023. The policy stated that “LDH's FI shall send the DBPM a daily file in the format specified in the DBPM Systems Companion Guide. The file shall contain the names, addresses and phone numbers of all newly eligible members, as determined by the DBPM. The DBPM shall use the Member File to assign primary care dentists and to identify and initiate communication with new members via welcome packet mailings as prescribed in this RFP.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
<p>3. The DBPM shall send a welcome packet to new members within ten (10) business days from the date of receipt of the Member File from the FI. During the transition of the DBPM Program from the FFS Program, the DBPM may have up to twenty-one (21) days to provide welcome packets.</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: 2.9.9.6</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>None listed</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>MKT03-INS-MCD</li></ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Member Handbook.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate the welcome packet requirements into a policy.		
<b>2022 PAHP Comments:</b> DentaQuest currently follows this process and meets the 10-business day turnaround time. MKT03-INS Member Communications Distribution.		
<b>2023 CAP Review Findings:</b> The PAHP’s MKT03-INS-MCD policy was dated July 3, 2023. The documentation submitted by the PAHP did not support that the PAHP incorporated the requirement of this element into a policy or procedure. During the virtual review, the PAHP acknowledged that DQ did not incorporate the requirements of this element into the welcome packet or into a policy.		
<b>2023 Review Required Actions:</b> The PAHP must incorporate the requirements into the policy that the welcome packet for new members shall be sent within 10 business days from the date of receipt of the member file from the FI, and during the transition of the PAHP program from the fee-for-service (FFS) program, the PAHP may have up to 21 days to provide welcome packets into the policy.		





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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
<p>4. The DBPM must mail a welcome packet to each new member. When the name of the responsible party for the new member is associated with two (2) or more new members, the DBPM is only required to send one welcome packet.</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: 2.9.8.4; 2.9.9.6</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>None listed</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>MKT03-INS-MCD</li></ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Member Handbook.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate the welcome packet requirements into a policy.		
<b>2022 PAHP Comments:</b> DentaQuest currently follows this process. MKT03-INS Member Communications Distribution.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Member Communications Distribution policy, dated July 3, 2023. The policy did not include the requirements of this element or CAP. During the virtual review, the PAHP acknowledged that DQ did not incorporate the requirements of this element into the member handbook.		
<b>2023 CAP Review Required Actions:</b> The PAHP must incorporate the welcome packet requirement that the PAHP must mail a welcome packet to each new member. The PAHP’s policy must also include language stating that when the name of the responsible party for the new member is associated with two or more new members, the PAHP is only required to send one welcome packet.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
<p>5. All contents of the welcome packet are considered member education materials and, as such, shall be reviewed and approved in writing by LDH prior to distribution according to the provisions described in this RFP. Contents of the welcome packets shall include those items specified in the Contract. The welcome packet shall include, but is not limited to:</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: 2.9.9.6</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>None listed</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>MKT03-INS-MCD</li></ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Member Handbook.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate the welcome packet requirements into a policy.		
<b>2022 PAHP Comments:</b> DentaQuest currently follows this process. MKT03-INS Member Communications Distribution		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Member Communications Distribution policy, dated July 3, 2023. The policy did not include the requirements of this element or CAP. During the virtual review, the PAHP acknowledged that DQ did not incorporate the requirements of this element into a policy.		
<b>2023 CAP Review Required Actions:</b> The PAHP must incorporate the requirement that all contents of the welcome packet are considered member education materials and, as such, shall be reviewed and approved in writing by LDH prior to distribution according to the provisions described in this RFP. Contents of the welcome packets shall include those items specified in the contract and must be included in the policy.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
6. The DBPM shall adhere to the requirements for the Provider Directory as specified in this RFP, the Dental Benefit Program Companion Guide, its attachments, and in accordance with 42 CFR §438.10 (f)(6).  Contract: 2.9.2; 2.9;.2.1  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>• Yes</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>• NET17-INS (annotated and highlighted)</li><li>• NET01-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Provider Directory.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate the provider directory requirements into a policy. While DentaQuest currently follows this process, it is recommended that the requirement be required into a policy. Determination unchanged.		
<b>2022 PAHP Comments:</b> DentaQuest currently follows this process. Addressed in the Provider directory.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Network Development, Maintenance, and Use policy, dated June 10, 2023. DQ added Exhibit G for Louisiana Medicaid and, on the final page of the exhibit, it included the requirement that the PAHP shall adhere to the requirements for the provider directory as specified in this RFP, the Dental Benefit Program Companion Guide, its attachments, and in accordance with 42 CFR §438.10(f)(6).		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
7. A hard copy directory for members upon request only.  Contract: 2.9.2; 2.9.2.1  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Customer Service assists with sending a listing of providers in the member's area to their email.</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>MKT03-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Member Handbook.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate the provider directory requirements into a policy.		
<b>2022 PAHP Comments:</b> None.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Member Communications Distribution policy, dated July 3, 2023. DQ added Exhibit C, which stated that should the member request a printed provider directory, one will be mailed upon request. DQ will adhere to the requirements for the provider directory as specified in this RFP, the Dental Benefit Program Companion Guide, its attachments, and in accordance with 42 CFR §438.10(f)(6). The PAHP confirmed during the virtual review that a hard copy directory will be mailed to members upon request.		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
<p>8. LDH or its designee shall provide the file layout for the electronic directory to the DBPM after approval of the Contract. The DBPM shall submit templates of its provider directory to LDH within thirty (30) days from the date the Contract is signed, but no later than prior to Readiness Review.</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: 2.9.2.1.2.1</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• Molina SFTP Outbound Process - DQ Provider Response File from DXC</li><li>• Molina SFTP Inbound Process - DQ Provider File to DXC</li><li>• Molina SFTP Out Process - DQ Provider Reconciliation File from DXC</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• NET17-INS (annotated and highlighted)</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the file transfer processes.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into a policy.		
<b>2022 PAHP Comments:</b> DQ will develop a policy for 2022.		
<b>2023 CAP Review Findings:</b> The PAHP’s Government Business Website Provider Directory policy, dated September 14, 2023, included the addition of Exhibit B for Louisiana. The exhibit stated that LDH or its designee shall provide the file layout for the electronic directory to the PAHP after approval of the Contract. The PAHP shall submit templates of its provider directory to LDH within 30 days from the date the Contract is signed, but no later than prior to the Readiness Review.		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
<p>9. The hard copy directory for members shall be reprinted with updates at least annually. Inserts may be used to update the hard copy directories monthly for new members and to fulfill only requests. The web-based online version shall be updated in real time, however no less than weekly.</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: 2.9.2</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>The directories are geo coded and sent upon member request. Therefore, an updated directory is always available.</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>NET17-INS (annotated and highlighted)</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the member handbook and website.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into a policy.		
<b>2022 PAHP Comments:</b> Network will update policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP’s Government Business Website Provider Directory policy, dated September 14, 2023, included the addition of Exhibit B for Louisiana. The exhibit included the requirement that the hard copy directory for members shall be reprinted with updates at least annually. Inserts may be used to update the hard copy directories monthly for new members and to fulfill only requests. The web-based online version shall be updated in real time, however, no less than weekly.		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
10. In accordance with 42 CFR §438.10(f) (6), the provider directory shall include, but not be limited to:  Contract: 2.9.2.1.2.1  42 CFR 438.224	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Please see: <a href="https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&amp;state=&amp;postalCode=&amp;country=&amp;insurerCode=DENTAQUEST_I&amp;brandCode=DENTAQUEST">https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&amp;state=&amp;postalCode=&amp;country=&amp;insurerCode=DENTAQUEST_I&amp;brandCode=DENTAQUEST</a></li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET17-INS (annotated and highlighted)</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the website.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into a provider directory policy.		
<b>2022 PAHP Comments:</b> Network will update policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP's Government Business Website Provider Directory policy, dated September 14, 2023, did not include the requirements of this element. During the virtual review, the PAHP acknowledged that it did not have a policy that included this requirement.		
<b>2023 CAP Review Required Actions:</b> The MCO must include in a provider directory policy the requirement that states in accordance with 42 CFR §438.10(f) (6), the provider directory shall include, but not be limited to.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
<p>11. Names, as well as any group affiliations, locations, telephone numbers of, website URLs, as appropriate and non-English languages spoken by current contracted providers or skilled interpreter at the provider's office in the Medicaid enrollee's service area, and whether the provider has completed cultural competence training, including identification of providers, primary care dentists, specialists, and providers that are not accepting new patients at a minimum;</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: 2.9.2.1.2.1</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Please see: <a href="https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&amp;state=&amp;postalCode=&amp;country=&amp;insurerCode=DENTAQUESTI&amp;brandCode=DENTAQUEST">https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&amp;state=&amp;postalCode=&amp;country=&amp;insurerCode=DENTAQUESTI&amp;brandCode=DENTAQUEST</a></li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>NET17-INS (annotated and highlighted)</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the website.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into a provider directory policy.		
<b>2022 PAHP Comments:</b> Network will update policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP's Government Business Website Provider Directory policy, dated September 14, 2023, included Exhibit B for Louisiana. The exhibit included the requirement that the provider directory shall include, but not be limited to: "Names, as well as any group affiliations, locations, telephone numbers of, website URLs, as appropriate and non-English languages spoken by current contracted providers or skilled interpreter at the provider's office in the Medicaid enrollee's service area, and whether the provider has completed cultural competence training, including identification of providers, primary care dentists, specialists, and providers that are not accepting new patients at a minimum."		
<b>2023 CAP Review Required Actions:</b> None.		





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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
12. Whether network providers' offices/facilities have accommodations for people with physical disabilities, including offices, exam room(s) and equipment.  Contract: 2.6.1.10; 2.9.2.1.2.1  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Please see: <a href="https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&amp;state=&amp;postalCode=&amp;country=&amp;insurerCode=DENTAQUESTI&amp;brandCode=DENTAQUEST">https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&amp;state=&amp;postalCode=&amp;country=&amp;insurerCode=DENTAQUESTI&amp;brandCode=DENTAQUEST</a></li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Online Provider Directory Policies</li><li>2022 HCSC-WAS Product Accessibility (Healthsparq is FAD vendor)</li></ul> <b>Virtual Review Follow-Up Document Submission:</b> <ul style="list-style-type: none"><li>Online Provider Directory Policies and SoP (Standard) section A/1/d</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the website.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into a provider directory policy.		
<b>2022 PAHP Comments:</b> Network will update policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP submitted an updated Provider Directory policy. The policy included language regarding accessibility details, such as wheelchair accessibility. The updated policy did not include the requirement for a provider directory policy regarding whether network providers' offices/facilities have accommodations for people with physical disabilities, including offices, exam room(s), and equipment.		
<b>2023 CAP Review Required Actions:</b> The PAHP must include the requirement in a provider directory policy regarding whether network providers' offices/facilities have accommodations for people with physical disabilities, including offices, exam room(s), and equipment.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
13. Identification of primary care dentists, specialists, and dental groups in the service area.  Contract: 2.6.4.1.2  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Please see: <a href="https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&amp;state=&amp;postalCode=&amp;country=&amp;insurerCode=DENTAQUESTI&amp;brandCode=DENTAQUEST">https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&amp;state=&amp;postalCode=&amp;country=&amp;insurerCode=DENTAQUESTI&amp;brandCode=DENTAQUEST</a></li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET05-INS (annotated and highlighted)</li></ul> <b>Virtual Review Follow-Up Document Submission:</b> <ul style="list-style-type: none"><li>Online Provider Directory Policies and SoP (Standard) section A/1/d</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the website.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into a provider directory policy.		
<b>2022 PAHP Comments:</b> Network will update policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP’s Provider Network Adequacy policy, dated July 3, 2023, stated that the PAHP “maintains a sufficient number, mix and geographic distribution of providers, including providers who are accepting new Medicaid patients to provide adequate access to all services covered under the contract for all enrollees in the service area.” The policy did not include the requirement to identify primary care dentists, specialists, and dental groups in the service area.		
<b>2023 CAP Review Required Actions:</b> The PAHP must update its provider directory policy to include the requirement to identify primary care dentists, specialists, and dental groups in the service area.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
<p>14. Identification of any restrictions on the enrollee's freedom of choice among network providers; and</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: 2.6.1.11</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Please see: <a href="https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&amp;state=&amp;postalCode=&amp;country=&amp;insurerCode=DENTAQUESTI&amp;brandCode=DENTAQUEST">https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&amp;state=&amp;postalCode=&amp;country=&amp;insurerCode=DENTAQUESTI&amp;brandCode=DENTAQUEST</a></li> </ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>NET05-INS (annotated and highlighted)</li> </ul> <p><b>Virtual Review Follow-Up Document Submission:</b></p> <ul style="list-style-type: none"> <li>Online Provider Directory Policies and SoP (Standard) section A/1/d</li> </ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the website.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into a provider directory policy.		
<b>2022 PAHP Comments:</b> Network will update policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP's Provider Network Adequacy policy, dated July 3, 2023, included Exhibit D for Louisiana. The exhibit stated that the PAHP "shall allow each enrollee to choose among participating providers."		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
15. Identification of hours of operation including identification of providers with non-traditional hours (Before 8 a.m. or after 5 p.m. or any weekend hours).  Contract: 2.13.7.2.8  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Please see: <a href="https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&amp;state=&amp;postalCode=&amp;country=&amp;insurerCode=DENTAQUESTI&amp;brandCode=DENTAQUEST">https://dentaquest.healthsparq.com/healthsparq/public/#/one/city=&amp;state=&amp;postalCode=&amp;country=&amp;insurerCode=DENTAQUESTI&amp;brandCode=DENTAQUEST</a></li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET05-INS (annotated and highlighted)</li></ul> <b>Virtual Review Follow-Up Document Submission:</b> <ul style="list-style-type: none"><li>Online Provider Directory Policies and SoP (Standard) section A/1/d</li><li>Link to Hours of Operations section on the PAHP's website.</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the website.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into a provider directory policy.		
<b>2022 PAHP Comments:</b> Network will update policy accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP's Provider Network Adequacy policy, dated July 3, 2023, did not include the requirements of this element. The PAHP acknowledged during the virtual review that the requirement was not included in a provider directory policy.		
<b>2023 CAP Review Required Actions:</b> The PAHP must update its provider directory policy to include the requirement to identify hours of operation including identification of providers with non-traditional hours (before 8 a.m. or after 5 p.m., or any weekend hours).		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
16. DBPM policies and procedures.  Contract: 2.1.5; 2.1.5.1; 2.9.10; 2.9.10.1; 2.9.10.1.1  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CS04-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Customer Service-Program Overview policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate the toll-free requirement into the Customer Service-Program Overview policy.		
<b>2022 PAHP Comments:</b> None.		
<b>2023 CAP Review Findings:</b> The PAHP’s Customer Service Staffing policy, dated July 3, 2023, included Exhibit A for Louisiana. The exhibit included the requirement that the PAHP “shall operate a toll-free enrollee help line, physically located in the United States, that utilizes telephony infrastructure and qualified staff to respond to inquiries regarding all aspects of the Dental Benefit Program. The help line shall be adequately staffed with agents trained to accurately respond to enrollee questions in all areas including: <b>a. Dental Benefit Program policies and procedures;</b> prior authorizations; access information; information on primary dental providers or specialists; referrals to participating specialists; resolution of service and/or dental delivery problems; and grievances.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
17. Prior authorizations.  Contract: 2.9.10.1.1  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CS04-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Customer Service-Program Overview policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate the toll-free requirement into the Customer Service-Program Overview policy.		
<b>2022 PAHP Comments:</b> None.		
<b>2023 CAP Review Findings:</b> The PAHP’s Customer Service Staffing policy, dated July 3, 2023, included Exhibit A for Louisiana. The exhibit included the requirement that the PAHP “shall operate a toll-free enrollee help line, physically located in the United States, that utilizes telephony infrastructure and qualified staff to respond to inquiries regarding all aspects of the Dental Benefit Program. The help line shall be adequately staffed with agents trained to accurately respond to enrollee questions in all areas including: a. Dental Benefit Program policies and procedures; <b>prior authorizations</b> ; access information; information on primary dental providers or specialists; referrals to participating specialists; resolution of service and/or dental delivery problems; and grievances.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
18. Access information.  Contract: 2.9.10.1.1  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CS04-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Customer Service-Program Overview policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate the toll-free requirement into the Customer Service-Program Overview policy.		
<b>2022 PAHP Comments:</b> None.		
<b>2023 CAP Review Findings:</b> The PAHP’s Customer Service Staffing policy, dated July 3, 2023, included Exhibit A for Louisiana. The exhibit included the requirement that the PAHP “shall operate a toll-free enrollee help line, physically located in the United States, that utilizes telephony infrastructure and qualified staff to respond to inquiries regarding all aspects of the Dental Benefit Program. The help line shall be adequately staffed with agents trained to accurately respond to enrollee questions in all areas including: a. Dental Benefit Program policies and procedures; prior authorizations; <b>access information</b> ; information on primary dental providers or specialists; referrals to participating specialists; resolution of service and/or dental delivery problems; and grievances.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
19. Information on primary care dentists or specialists.  Contract: 2.9.10.1.1  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CS04-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Customer Service-Program Overview policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate the toll-free requirement into the Customer Service-Program Overview policy.		
<b>2022 PAHP Comments:</b> None.		
<b>2023 CAP Review Findings:</b> The PAHP’s Customer Service Staffing policy, dated July 3, 2023, included Exhibit A for Louisiana. The exhibit included the requirement that the PAHP “shall operate a toll-free enrollee help line, physically located in the United States, that utilizes telephony infrastructure and qualified staff to respond to inquiries regarding all aspects of the Dental Benefit Program. The help line shall be adequately staffed with agents trained to accurately respond to enrollee questions in all areas including: a. Dental Benefit Program policies and procedures; prior authorizations; access information; <b>information on primary dental providers or specialists</b> ; referrals to participating specialists; resolution of service and/or dental delivery problems; and grievances.”		
<b>2023 CAP Review Required Actions:</b> None.		





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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
20. Referrals to participating specialists.  Contract: 2.9.10.1.1  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CS04-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Customer Service-Program Overview policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate the toll-free requirement into the Customer Service-Program Overview policy.		
<b>2022 PAHP Comments:</b> None.		
<b>2023 CAP Review Findings:</b> The PAHP’s Customer Service Staffing policy, dated July 3, 2023, included Exhibit A for Louisiana. The exhibit included the requirement that the PAHP “shall operate a toll-free enrollee help line, physically located in the United States, that utilizes telephony infrastructure and qualified staff to respond to inquiries regarding all aspects of the Dental Benefit Program. The help line shall be adequately staffed with agents trained to accurately respond to enrollee questions in all areas including: a. Dental Benefit Program policies and procedures; prior authorizations; access information; information on primary dental providers or specialists; <b>referrals to participating specialists</b> ; resolution of service and/or dental delivery problems; and grievances.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
21. Resolution of service and/or dental delivery problems.  Contract: 2.9.10.1.1  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CS04-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Customer Service-Program Overview policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate the toll-free requirement into the Customer Service-Program Overview policy.		
<b>2022 PAHP Comments:</b> None.		
<b>2023 CAP Review Findings:</b> The PAHP’s Customer Service Staffing policy, dated July 3, 2023, included Exhibit A for Louisiana. The exhibit included the requirement that the PAHP “shall operate a toll-free enrollee help line, physically located in the United States, that utilizes telephony infrastructure and qualified staff to respond to inquiries regarding all aspects of the Dental Benefit Program. The help line shall be adequately staffed with agents trained to accurately respond to enrollee questions in all areas including: a. Dental Benefit Program policies and procedures; prior authorizations; access information; information on primary dental providers or specialists; referrals to participating specialists; <b>resolution of service and/or dental delivery problems</b> ; and grievances.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
22. Member grievances.  Contract: 2.9.10.1.1  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"> <li>None listed</li> </ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"> <li>CS04-INS (annotated and highlighted)</li> </ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Customer Service-Program Overview policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate the toll-free requirement into the Customer Service-Program Overview policy.		
<b>2022 PAHP Comments:</b> None.		
<b>2023 CAP Review Findings:</b> The PAHP’s Customer Service Staffing policy, dated July 3, 2023, included Exhibit A for Louisiana. The exhibit included the requirement that the PAHP “shall operate a toll-free enrollee help line, physically located in the United States, that utilizes telephony infrastructure and qualified staff to respond to inquiries regarding all aspects of the Dental Benefit Program. The help line shall be adequately staffed with agents trained to accurately respond to enrollee questions in all areas including: a. Dental Benefit Program policies and procedures; prior authorizations; access information; information on primary dental providers or specialists; referrals to participating specialists; resolution of service and/or dental delivery problems; and <b>grievances.</b> ”		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
<p>23. The DBPM must develop a contingency plan for hiring call center staff to address overflow calls and emails and to maintain call center access standards set forth for DBPM performance. The DBPM must develop and implement a plan to sustain call center performance levels in situations where there is high call/e-mail volume or low staff availability. Such situations may include, but are not limited to, increases in call volume, emergency situations (including natural disasters such as hurricanes), staff in training, staff illnesses and vacations.</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: 2.9.10; 2.9.10.4</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>None listed</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>CS04-INS (annotated and highlighted)</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in the customer service or phone lines policies.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate call center staffing procedures into a policy.		
<b>2022 PAHP Comments:</b> Workforce Management continually runs forecasting tasks to ensure the appropriate amount of staff is allocated as needed. Staffing schedules are adjusted to accommodate any shifts in volumes.		
<b>2023 CAP Review Findings:</b> The DBPM’s policy CS04-INS, dated July 3, 2023 included Exhibit A for Louisiana. The exhibit stated that the DBPM “must develop a contingency plan for hiring call center staff to address overflow calls and emails and to maintain call center access standards set forth for DBPM performance. The DBPM must develop and implement a plan to sustain call center performance levels in situations where there is high call/e-mail volume or low staff availability. Such situations may include, but are not limited to, increases in call volume, emergency situations (including natural disasters such as hurricanes), staff in training, staff illnesses and vacations.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
24. The DBPM shall install, operate and monitor an automated call distribution (ACD) system for the customer service telephone call center. The ACD system shall:  Contract: 2.9.10.8  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CS04-INS (annotated and highlighted)</li></ul> <b>Virtual Review Follow-Up Document Submission:</b> <ul style="list-style-type: none"><li>CS02-INS, page 3</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Customer Service Incoming Phone Lines policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate call center requirements into a policy.		
<b>2022 PAHP Comments:</b> DentaQuest does utilize an ACD system to distribute calls accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP’s Customer Service Staffing policy, dated July 3, 2023, included Exhibit A for Louisiana. The exhibit stated that the PAHP “must develop a contingency plan for hiring call center staff to address overflow calls and emails and to maintain call center access standards set forth for DBPM performance. The DBPM must develop and implement a plan to sustain call center performance levels in situations where there is high call/e-mail volume or low staff availability. Such situations may include, but are not limited to, increases in call volume, emergency situations (including natural disasters such as hurricanes), staff in training, staff illnesses and vacations.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
25. Effectively manage all calls received and assign incoming calls to available staff in an efficient manner.  Contract: 2.9.10.8  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CS02-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Customer Service Incoming Phone Lines policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate call center requirements into a policy.		
<b>2022 PAHP Comments:</b> Calls are routed, based on incoming phone line and caller intent, to the appropriate team and is answered by the first available agent.		
<b>2023 CAP Review Findings:</b> The PAHP’s Customer Service Staffing policy, dated July 3, 2023, included Exhibit A for Louisiana. The exhibit included the requirement that the call center “effectively manages all calls received and assign incoming calls to available staff in an efficient manner.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
26. Transfer calls to other telephone lines.  Contract: 2.9.10.8.13  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CS02-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Customer Service Incoming Phone Lines policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate call center requirements into a policy.		
<b>2022 PAHP Comments:</b> The option to transfer to other telephone lines is possible, however, currently there is no requirements to do so.		
<b>2023 CAP Review Findings:</b> The PAHP’s Customer Service Staffing policy, dated July 3, 2023, included Exhibit A for Louisiana. The exhibit included the requirement that the call center “transfers calls to other telephone lines.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
27. Provide an option to speak to a live person (during call center hours of operation).  Contract: 2.9.10.8.1.4  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CS02-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Customer Service Incoming Phone Lines policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate call center requirements into a policy.		
<b>2022 PAHP Comments:</b> DentaQuest's IVR system has a natural language response and a call can ask to speak to a representative and the IVR will understand the intent and route the call accordingly.		
<b>2023 CAP Review Findings:</b> The PAHP's Customer Service Staffing policy, dated July 3, 2023, included Exhibit A for Louisiana. The exhibit included the requirement that the call center "provide an option to speak to a live person (during call center hours of operation)."		
<b>2023 CAP Review Required Actions:</b> None.		





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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
28. Provide detailed analysis as required for the reporting requirements, as specified, including the quantity, length and types of calls received, elapsed time before the calls are answered, the number of calls transferred or referred; abandonment rate; wait time; busy rate; response time; and call volume.  Contract: 2.9.10.8.1.6  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CS02-INS (annotated and highlighted)</li><li>CS08-INS (annotated and highlighted)</li></ul> <b>Virtual Review Follow-Up Document Submission:</b> <ul style="list-style-type: none"><li>CS08-INS-DENT-Customer Service-Call Metric Reporting-Dental</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Customer Service Incoming Phone Lines policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate call center requirements into a policy.		
<b>2022 PAHP Comments:</b> Workforce Management and Customer Service management continually monitor incoming call metrics against any contractual expectations.		
<b>2023 CAP Review Findings:</b> The PAHP’s Customer Service Staffing policy, dated July 3, 2023, included Exhibit A for Louisiana. The exhibit included the requirement that the call center “provide detailed analysis as required for the reporting requirements, as specified, including the quantity, length and types of calls received, elapsed time before the calls are answered, the number of calls transferred or referred; abandonment rate; wait time; busy rate; response time; and call volume.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
29. Provide a message that notifies callers that the call may be monitored for quality control purposes.  Contract: 2.9.10.8.1.5  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CS02-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Customer Service Incoming Phone Lines policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate call center requirements into a policy.		
<b>2022 PAHP Comments:</b> Incoming phone lines provide a message to the caller prior to routing to an agent that the call may be recorded for quality and training purposes.		
<b>2023 CAP Review Findings:</b> The PAHP’s Customer Service Staffing policy, dated July 3, 2023, included Exhibit A for Louisiana. The exhibit included the requirement that the call center “provide a message that notifies callers that the call may be monitored for quality control purposes.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
30. Measure the length of time callers are on hold.  Contract: 2.9.10.9.3  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CS02-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Customer Service Incoming Phone Lines policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate call center requirements into a policy.		
<b>2022 PAHP Comments:</b> None.		
<b>2023 CAP Review Findings:</b> The PAHP’s Customer Service Staffing policy, dated July 3, 2023, included Exhibit A for Louisiana. The exhibit included the requirement that the call center “measure the length of time callers are on hold.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
31. Measure the total number of calls and average calls handled per day/week/month.  Contract: 2.9.10.9  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CS02-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Customer Service Incoming Phone Lines policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate call center requirements into a policy.		
<b>2022 PAHP Comments:</b> None.		
<b>2023 CAP Review Findings:</b> The PAHP’s Customer Service Staffing policy, dated July 3, 2023, included Exhibit A for Louisiana. The exhibit included the requirement that the call center “measure the total number of calls and average calls handled per day/week/month.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
32. Provide a backup telephone system that shall operate in the event of line trouble, emergency situations including natural disasters, or other problems so that access to the telephone lines is not disrupted.  <i>Contract: 2.9.10.8.1.7</i> <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CS02-INS (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed by the Customer Service Incoming Phone Lines policy.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate call center requirements into a policy.		
<b>2022 PAHP Comments:</b> A redundant system is in place to reroute traffic if there is a natural disaster at one of our hub locations. Staff is located across the nation allowing the ability to route calls to various locations in the event of a regional outage/disaster.		
<b>2023 CAP Review Findings:</b> The PAHP’s Customer Service Staffing policy, dated July 3, 2023, included Exhibit A for Louisiana. The exhibit included the requirement that the call center “provide a backup telephone system that shall operate in the event of line trouble, emergency situations including natural disasters, or other problems so that access to the telephone lines is not disrupted.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
<p>33. The DBPM shall encourage each member to be responsible for his own health care by becoming an informed and active participant in their care. Members have the responsibility to cooperate fully with providers in following mutually acceptable courses of treatment, providing accurate dental, medical and personal histories, and being present at scheduled appointments and reporting on treatment progress, such as notifying their health care provider promptly if serious side effects and complications occur, and/or worsening of the condition arises.</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: 2.9.1.2</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Member handbook</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>HealthyMedicaid Member Handbook Approved</li></ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed in the Member Handbook.		
<p><b>2022 Compliance Review Recommendation:</b> The entity should incorporate the member rights and responsibilities into its own section in the handbook, as well as into a policy.</p> <p>While the entity may be addressing this requirement in practice, it should incorporate the member rights and responsibilities into its own section in the handbook, as well as into a policy. Determination unchanged.</p>		
<b>2022 PAHP Comments:</b> DQ has fully address this requirement.		
<b>2023 CAP Review Findings:</b> The Healthy Medicaid Member Handbook did not include all requirements of this element. During the virtual review, the PAHP acknowledged that the requirements were not included in a policy or in the member handbook.		
<b>2023 CAP Review Required Actions:</b> The PAHP must incorporate all member rights and responsibilities into the member handbook and the member rights and responsibilities into a policy.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
34. Presenting their LDH issued Medicaid ID card when using health care services.  Contract: 2.9.9  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Welcome letter/ID</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>HealthyMedicaid Member Handbook Approved</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed in the Member Handbook.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into a member ID card policy. While the entity may be addressing this requirement in practice, it should incorporate the member ID card requirement into a policy. Determination unchanged.		
<b>2022 PAHP Comments:</b> DQ has fully address this requirement.		
<b>2023 CAP Review Findings:</b> The Healthy Medicaid Member Handbook did not include the requirements of this element. During the virtual review, the PAHP acknowledged that the requirements were not included in a policy or in the member handbook.		
<b>2023 CAP Review Required Actions:</b> The PAHP must incorporate this requirement for members to present their LDH-issued Medicaid ID card when using healthcare services into a member ID card policy.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
<p>35. The DBPM shall operate a toll-free enrollee help line, physically located in the United States, that utilizes telephony infrastructure and qualified staff to respond to inquiries regarding all aspects of the Dental Benefit Program. The help line shall be adequately staffed with agents trained to accurately respond to enrollee questions in all areas including:</p> <p>Dental Benefit Program policies and procedures; prior authorizations; access information; information on primary dental providers or specialists; referrals to participating specialists; resolution of service and/or dental delivery problems; and grievances.</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: 2.9.10.1.1</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Member handbook</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>CS04-INS (annotated and highlighted)</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—This requirement is partially addressed in the Member Handbook. While the entity may be addressing this requirement in practice, it should incorporate the member familiarity with DBPM procedures requirement into a policy. Determination unchanged.</p>		
<p><b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into a member handbook policy.</p>		
<p><b>2022 PAHP Comments:</b> DQ has fully address this requirement.</p>		
<p><b>2023 CAP Review Findings:</b> The PAHP’s Customer Service Standards policy, dated July 3, 2023, included Exhibit A for Louisiana. The exhibit included the requirement that the PAHP “shall operate a toll-free enrollee help line, physically located in the United States, that utilizes telephony infrastructure and qualified staff to respond to inquiries regarding all aspects of the Dental Benefit Program. The help line shall be adequately staffed with agents trained to accurately respond to enrollee questions in all areas including that the Dental Benefit Program policies and procedures; prior authorizations; access information; information on primary dental providers or specialists; referrals to participating specialists; resolution of service and/or dental delivery problems; and grievances.”</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		





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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
<p>36. The DBPM shall prepare and distribute educational materials, not less than two (2) times a year, that provide information on preventive care, health promotion, access to care or other targeted dental related issues.</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: 2.9.8.4.1</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• Member handbook</li><li>• Please find attached the Welcome Call Script for LA. Additionally, we launched a HEDIS call campaign targeting a total of 125,458 members with two scripts: (1) for members living in areas affected by Hurricane Ida, and (2) one specific for members who resided in areas not directly impacted by the Hurricane. Lastly, we also created a Pain Medication Safety section in the LA Website with educational materials for adults who could potentially be prescribed an opioid following a tooth extraction(s). I believe we launched this on November of 2021. You can review those materials here: <a href="https://dentaquest.com/state-plans/regions/louisiana/member-page/pain-medication-safety/">https://dentaquest.com/state-plans/regions/louisiana/member-page/pain-medication-safety/</a></li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• MKT03-INS (annotated and highlighted)</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed in the Member Handbook and in the website.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into a member materials policy, While the entity may be addressing this requirement in practice, it should incorporate it into a policy. Determination unchanged.		
<b>2022 PAHP Comments:</b> DQ has fully address this requirement.		
<b>2023 CAP Review Findings:</b> The PAHP’s Member Communications Distribution policy, dated July 3, 2023, included Exhibit C for Louisiana Medicaid. The exhibit stated that DQ “will prepare and distribute educational materials, not less than two (2) times a year, that provide information on preventive care, health promotion, access to care or other targeted dental related issues.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Enrollee Rights and Protection: CFR 438.224		
Requirement	Evidence as Submitted by the PAHP	Score
37. The DBPM shall include in all member materials the following: the date of issue; the date of revision; and/or if prior versions are obsolete.  <i>42 CFR 438.224</i> Contract: 2.9.7.6; 2.9.7.6.1; 2.9.7.6.2; 2.9.7.6.3	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>MKT03-INS (annotated and highlighted)</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed in the member materials provided.		
<b>2022 Compliance Review Recommendation:</b> The entity should incorporate this requirement into a policy. While the entity may be addressing this requirement in practice, it should incorporate it into a policy. Determination unchanged.		
<b>2022 PAHP Comments:</b> DentaQuest currently follow this process.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Member Communications Distribution policy, dated July 3, 2023. The policy included Exhibit C for Louisiana Medicaid. The policy did not include the requirement that the PAHP shall include in all member materials the following: the date of issue, the date of revision, and/or if prior versions are obsolete.		
<b>2023 CAP Review Required Actions:</b> The PAHP must include in a policy the requirement that all member materials include the following: the date of issue, the date of revision, and/or if prior versions are obsolete.		



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Grievance and Appeal Systems: CFR 438.228		
Requirement	Evidence as Submitted by the PAHP	Score
<p>1. The DBPM must have a grievance system. The DBPM shall establish and maintain a procedure for the receipt and prompt internal resolution of all grievances and appeals in accordance with all applicable state and federal laws.</p> <p style="text-align: right;">42 CFR 438.228</p> <p>Contract: 2.10</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>None listed</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>CGA05-INS</li></ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —Nine (9) out of 10 files met the requirements for grievances due to the lack of acknowledgement letter, and 10 out of 10 files met the requirements for appeals. This requirement is addressed in the Member Complaints and Grievances policy. Case #10.		
<b>2022 Compliance Review Recommendation:</b> None.		
<b>2022 PAHP Comments:</b> Please provide the case that did not meet the requirements to allow DentaQuest to provide coaching to the appropriate staff member.		
<b>2023 CAP Review Findings:</b> The PAHP’s Monitoring Resolution Timeframes policy was reviewed on July 3, 2023. The PAHP included grievance system language but did not include the requirements of this element. The requirements of this element related to appeals was found in the Member Appeals policy with a review date of July 2, 2023.		
<p><b>2023 CAP Review Required Actions:</b> The PAHP must develop a “grievance” policy that includes a detailed procedure that is to be followed for the receipt and prompt internal resolution of all grievances and appeals in accordance with all applicable State and federal laws. The policy must include language stating the following:</p> <ul style="list-style-type: none"><li>The PAHP must give enrollees reasonable assistance in completing forms and taking other procedural steps related to a grievance or appeal. This includes, but is not limited to, auxiliary aids and services upon request, such as providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.</li><li>Ensure that the individuals who make decisions on grievances and appeals are individuals—<ul style="list-style-type: none"><li>(i) Who were neither involved in any previous level of review or decision-making nor a subordinate of any such individual.</li><li>(ii) Who, if deciding any of the following, are individuals who have the appropriate clinical expertise, as determined by the State, in treating the enrollee’s condition or disease.<ul style="list-style-type: none"><li>(A) An appeal of a denial that is based on lack of medical necessity.</li></ul></li></ul></li></ul>		



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Grievance and Appeal Systems: CFR 438.228		
Requirement	Evidence as Submitted by the PAHP	Score
<p>(B) A grievance regarding denial of expedited resolution of an appeal.</p> <p>(C) A grievance or appeal that involves clinical issues.</p> <p>(iii) Who take into account all comments, documents, records, and other information submitted by the enrollee or their representative without regard to whether such information was submitted or considered in the initial adverse benefit determination.</p> <ul style="list-style-type: none"><li>• Maintenance of grievance records that, at a minimum, include the following:<ul style="list-style-type: none"><li>(1) A general description of the reason for the appeal or grievance.</li><li>(2) The date received.</li><li>(3) The date of each review or, if applicable, review meeting.</li><li>(4) Resolution at each level of the appeal or grievance, if applicable.</li><li>(5) Date of resolution at each level, if applicable.</li><li>(6) Name of the covered person for whom the appeal or grievance was filed.</li></ul></li></ul>		



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Grievance and Appeal Systems: CFR 438.228		
Requirement	Evidence as Submitted by the PAHP	Score
<p>2. The DBPM shall refer all DBPM members who are dissatisfied with the DBPM or its subcontractor in any respect to the DBPM's designee authorized to review and respond to grievances and appeals and require corrective action.</p> <p style="text-align: right;"><i>42 CFR 438.228</i></p> <p>Contract: 2.10.1.5</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• None listed</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• CGA07-INS (annotated and highlighted)</li><li>• CGA01-INS (annotated and highlighted)</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in the Member Appeals or Grievances policies.		
<b>2022 Compliance Review Recommendation:</b> The DBPM should include this requirement in the Appeals and Grievances policies moving forward.		
The submitted documentation is dated from 2022. This documentation does not apply to this review period of CY 2021, therefore no change in determination.		
<b>2022 PAHP Comments:</b> CGA06-INS-Member Complaints and Grievances-Primary Delegation. Page 6. 4.		
<b>2023 CAP Review Findings:</b> The PAHP's Member Appeals, Complaints & Grievances—Secondary Delegation policy was reviewed on July 24, 2023. The policy referenced DQ's contact information when a member's complaint and/or appeal is received by the health plan; the policy did not include language stating that the PAHP will refer all PAHP members who are dissatisfied with the PAHP or its subcontractor to the PAHP's designee authorized to review and respond to grievances and appeals and require corrective action. The PAHP also submitted the Member Appeals policy with a review date July 3, 2023. The policy included that the PAHP shall refer all PAHP members who are dissatisfied with the PAHP or its subcontractor in any respect to the PAHP's designee authorized to review and respond to grievances and appeals and require corrective action. The PAHP also submitted the Member Complaints and Grievances Primary Delegation policy that included that DQ will refer all members who are dissatisfied with DQ or its subcontractors in any respect to DQ's designee who is authorized to review and respond to grievances and require corrective action.		
<b>2023 CAP Review Required Actions:</b> None.		



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Grievance and Appeal Systems: CFR 438.228		
Requirement	Evidence as Submitted by the PAHP	Score
<p>3. The DBPM shall not create barriers to timely due process. The DBPM shall be subject to sanctions if it is determined by DHH that the DBPM has created barriers to timely due process, and/or, if ten (10) percent or higher of grievance decisions appealed to the State Fair Hearing level within a twelve (12) month period have been reversed or otherwise resolved in favor of the member. Examples of creating barriers shall include but not be limited to: labeling complaints as inquiries and funneled into an informal review; failing to inform members of their due process rights; failing to log and process grievances and appeals; failure to issue a proper notice including vague or illegible notices; failure to inform of continuation of benefits; and failure to inform of right to State Fair Hearing.</p> <p style="text-align: right;"><i>42 CFR 438.228</i></p> <p>Contract: 2.10.6.11</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• None listed</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• CGA07-INS (annotated and highlighted)</li><li>• CGA01-INS (annotated and highlighted)</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in the Member Appeals or Grievances policies.		
<b>2022 Compliance Review Recommendation:</b> The DBPM should include this requirement in the Appeals and Grievances policies moving forward.		
The submitted documentation is dated from 2022. This documentation does not apply to this review period of CY 2021, therefore no change in determination.		
<b>2022 PAHP Comments:</b> CGA01-INS-MCD-Member Appeals-Medicaid Page 13. 4		
<b>2023 CAP Review Findings:</b> The PAHP’s Member Appeals policy with a review date of July 3, 2023, included the following language:		
<ul style="list-style-type: none"><li>• “DentaQuest will not create barriers to timely due process. DentaQuest will be subject to sanctions if it is a determined by LDH that DentaQuest has created barriers to timely due process and/or, if ten (10) percent or higher of grievance decisions are appealed at the State Fair Hearing Level within a twelve (12) month period have been reversed or otherwise resolved in favor of the member. Examples of creating barriers shall include but not limited to:</li></ul>		



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Grievance and Appeal Systems: CFR 438.228		
Requirement	Evidence as Submitted by the PAHP	Score
a. labeling complaints as inquiries and funneled into an informal review, b. failing to inform members of their due process rights, c. failing to log and process grievances and appeals, d. failure to issue proper notice including vague or illegible notices, e. failure to inform of continuation of benefits, and f. failure to inform of right to State Fair Hearing.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Grievance and Appeal Systems: CFR 438.228		
Requirement	Evidence as Submitted by the PAHP	Score
4. The DBPM shall report on grievances and appeals to LDH in a manner and format determined by LDH.  Contract: 2.10.1.9  42 CFR 438.228	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CGA01-INS (annotated and highlighted)</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —While there was evidence of this in the New Client Report Checklist, there was no evidence of this requirement in a policy.		
<b>2022 Compliance Review Recommendation:</b> The DBPM should add this requirement to their Member Complaints and Grievances policy. The submitted documentation is dated from 2022. This documentation does not apply to this review period of CY 2021, therefore no change in determination.		
<b>2022 PAHP Comments:</b> CGA01-INS-MCD-Member Appeals-Medicaid Page 13. 2; CGA06-INS-Member Complaints and Grievances-Primary Delegation. Page 6. 2		
<b>2023 CAP Review Findings:</b> The PAHP’s Member Appeals policy, with a review date of July 3, 2023, did not address the grievance requirements.		
<b>2023 CAP Review Required Actions:</b> The PAHP must develop or include in a grievance policy that the PAHP shall report on grievances to LDH in a manner and format determined by LDH.		





**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

Grievance and Appeal Systems: CFR 438.228		
Requirement	Evidence as Submitted by the PAHP	Score
5. The DBPM will provide a form for the enrollee to sign and send back, as well as the options available for receipt of written confirmation (fax, email, regular postal mail).  Contract: 2.10.3.1.2  42 CFR 438.228	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>CGA01-INS-MCD Ex L (annotated and highlighted)</li></ul>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in any of the policies or procedures. DentaQuest stated they will speak with LDH about this requirement since CMS had removed this requirement.		
<b>2022 Compliance Review Recommendation:</b> The DBPM should include this requirement in a policy or procedure, if required by LDH. The submitted documentation is dated from 2022. This documentation does not apply to this review period of CY 2021, therefore no change in determination.		
<b>2022 PAHP Comments:</b> CGA01-INS-MCD-Member Appeals-Medicaid Page 12. A. e) i		
<b>2023 CAP Review Findings:</b> The Medicaid Managed Care Rule no longer allows MCEs to require that the member follow up on oral grievances in writing.		
<b>2023 CAP Review Required Actions:</b> The corrective action requirement for this element is no longer applicable.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

Grievance and Appeal Systems: CFR 438.228		
Requirement	Evidence as Submitted by the PAHP	Score
<p>6. Standard Disposition of Grievances - For standard disposition of a grievance and notice to the affected parties, the timeframe is established as ninety (90) days from the day the DBPM receives the grievance. This timeframe may be extended under the terms of the RFP.</p> <p style="text-align: right;"><i>42 CFR 438.228</i></p> <p>Contract: 2.10.2.4</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>None listed</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>CGA01-INS-MCD Ex L (annotated and highlighted)</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—Nine (9) out of 10 files met the requirements for grievances due to the lack of acknowledgement letter, and 10 out of 10 files met the requirements for appeals. Case #10</p> <p>This requirement is addressed in the Member Complaints and Grievances policy.</p>		
<p><b>2022 Compliance Review Recommendation:</b> None.</p>		
<p><b>2022 PAHP Comments:</b> Please provide the case that did not meet the requirements to allow DentaQuest to provide coaching to the appropriate staff member</p>		
<p><b>2023 CAP Review Findings:</b> The PAHP’s Member Appeals policy was reviewed on July 3, 2023. The policy did not include the required language; however, the required language was located in the PAHP’s Monitoring Resolution Timeframes policy, which was reviewed on July 3, 2023. The policy included:</p> <ul style="list-style-type: none"><li>“The DBPM shall review the grievance and provide written notice to the enrollee of the disposition of a grievance no later than ninety (90) calendar days from the date the DBPM receives the grievance.</li><li>The DBPM shall extend the timeframe of disposition for a grievance by up to fourteen (14) calendar days if: a. The enrollee requests the extension; or b. The DBPM shows (to the satisfaction of LDH, upon its request) that there is a need for additional information and how the delay is in the enrollee's interest.”</li></ul> <p>HSAG recommends that the PAHP develop a policy specific to grievances that includes the required language.</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		



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**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

Grievance and Appeal Systems: CFR 438.228		
Requirement	Evidence as Submitted by the PAHP	Score
<p>7. For termination, suspension, or reduction of previously authorized Medicaid-covered services, at least ten (10) days before the date of action, except when the period of advanced notice is shortened to five days if probable member fraud has been verified by the date of the action.</p> <p style="text-align: right;"><i>42 CFR 438.228</i></p> <p>Contract: 2.5.8.5.1.1</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>None listed</li> </ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>UM08 (annotated and highlighted)</li> </ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Not Met</i>—This requirement is not addressed in any policy or procedure, including the Notice of Action policy.</p>		
<p><b>2022 Compliance Review Recommendation:</b> DentaQuest should include this requirement in the Notice of Action policy.</p> <p>No change in determination.</p>		
<p><b>2022 PAHP Comments:</b> These requirements will be added within the UM08-INS-Authorization Review policy in the Louisiana Medicaid Exhibit.</p>		
<p><b>2023 CAP Review Findings:</b> The PAHP’s Authorization Review policy, with a review date of August 4, 2023, did not include language stating the period of advanced notice is shortened to five days if probable member fraud has been verified by the date of action. The PAHP acknowledged during the virtual review that the language was not included in a policy.</p>		
<p><b>2023 CAP Review Required Actions:</b> The PAHP must revise the Authorization Review policy to include language stating that the period of advanced notice is shortened to five days if probable member fraud has been verified by the date of action.</p>		



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Grievance and Appeal Systems: CFR 438.228		
Requirement	Evidence as Submitted by the PAHP	Score
<p>8. The DBPM shall make eighty percent (80%) of standard service authorization determinations within two (2) business days of obtaining appropriate medical information regarding a proposed procedure or service requiring a review determination. All standard authorization decisions shall be made within no more than (14) calendar days following receipt of the request for service.</p> <p style="text-align: right;"><i>42 CFR 438.228</i></p> <p>Contract: 2.5.7.2.1; 2.5.7.2.2</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>None listed</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>CGA07-INS (annotated and highlighted)</li></ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in any policy or procedure, including the Notice of Action policy.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include this requirement in the Notice of Action policy. No change in determination.		
<b>2022 PAHP Comments:</b> These requirements will be added within the UM08-INS-Authorization Review policy in the Louisiana Medicaid Exhibit.		
<b>2023 CAP Review Findings:</b> The PAHP’s Member Appeals, Complaints & Grievances—Secondary Delegation policy, which was reviewed on July 24, 2023, was specific to adjudication of appeals, complaints, and grievances when DQ is not delegated to perform that function on a client’s behalf, and not authorizations. The language located in the PAHP’s Authorization Review policy contradicted the requirement that 80 percent of standard authorizations be completed within two business days of obtaining appropriate medical information regarding a proposed procedure or service requiring a review determination.		
<b>2023 CAP Review Required Actions:</b> The PAHP must revise the UM08 Authorization Review policy to include language stating the PAHP will make 80 percent of standard service authorization determinations within two business days of obtaining appropriate medical information regarding a proposed procedure or service requiring a review determination. In addition, all standard authorization decisions will be made within no more than 14 calendar days following receipt of the request for service.		



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**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
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Grievance and Appeal Systems: CFR 438.228		
Requirement	Evidence as Submitted by the PAHP	Score
<p>9. If the DBPM extends the timeframe for a service authorization decision, it shall:</p> <p>Notify the enrollee of the reason for extending the timeframe and advising of the right to file a grievance if the enrollee disagrees with the extension of time;</p> <p>Issue and carry out its determination as expeditiously as possible but no later than the date the extension expires.</p> <p style="text-align: right;"><i>42 CFR 438.228</i></p> <p>Contract: 2.5.7.3; 2.5.7.3.1; 2.5.7.3.2</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>None listed</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>CGA01-INS (annotated and highlighted)</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in any policy or procedure, including the Notice of Action policy.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include this requirement in the Notice of Action policy. No change in determination.		
<b>2022 PAHP Comments:</b> These requirements will be added within the UM08-INS-Authorization Review policy in the Louisiana Medicaid Exhibit.		
<b>2023 CAP Review Findings:</b> The PAHP’s Member Appeals policy, which was reviewed by the PAHP on July 3, 2023, included the requirement that “if the DBPM extends the timeframe in accordance, it must: give the member written notice of the reason for the decision to extend the timeframe and inform the member of the right to file a grievance if he or she disagrees with that decision; and issue and carry out its determination as expeditiously as the member’s health condition requires and no later than the date the extension expires.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Grievance and Appeal Systems: CFR 438.228		
Requirement	Evidence as Submitted by the PAHP	Score
10. For service authorization decisions not reached within required timeframes, on the date the timeframes expire. Such failures constitute a denial and are, therefore, an adverse benefit determination.  <i>42 CFR 438.228</i>  Contract: 2.5.8.3.4	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>None listed</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>UM08 (annotated and highlighted)</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in any policy or procedure, including the Notice of Action policy.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include this requirement in the Notice of Action policy. No change in determination.		
<b>2022 PAHP Comments:</b> These requirements will be added within the UM08-INS-Authorization Review policy in the Louisiana Medicaid Exhibit.		
<b>2023 CAP Review Findings:</b> The PAHP’s Authorization Review policy, which was reviewed by the PAHP on August 4, 2023, included that “for service authorization decisions not reached within required timeframes, on the date the timeframes expire. Such failures constitute a denial and are, therefore, an adverse benefit determination.”		
<b>2023 CAP Review Required Actions:</b> None.		



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Grievance and Appeal Systems: CFR 438.228		
Requirement	Evidence as Submitted by the PAHP	Score
<p>11. For expedited service authorization decisions where a provider indicates, or the DBPM determines, that following the standard timeframe could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function, the DBPM must make an expedited authorization decision and provide notice as expeditiously as the member's health condition requires and no later than seventy-two (72) hours after receipt of the request for service.</p> <p style="text-align: right;"><i>42 CFR 438.228</i></p> <p>Contract: 2.5.7.2.3</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>None listed</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>UM08 (annotated and highlighted)</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in any policy or procedure, including the Notice of Action policy.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include this requirement in the Notice of Action policy.		
<b>2022 PAHP Comments:</b> These requirements will be added within the UM08-INS-Authorization Review policy in the Louisiana Medicaid Exhibit.		
<b>2023 CAP Review Findings:</b> The PAHP's Authorization Review policy with an PAHP review date of August 4, 2023, included that "for time frames, unless specified differently by the Plan or regulation, determinations are completed within the following time frames from the receipt of the request: a. Standard: fourteen (14) calendar days; b. Emergent/Urgent: seventy-two (72) hours."		
<b>2023 CAP Review Required Actions:</b> None.		



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Grievance and Appeal Systems: CFR 438.228		
Requirement	Evidence as Submitted by the PAHP	Score
<p>12. The DBPM may extend the seventy-two (72) hour time period by up to fourteen (14) calendar days if the member requests an extension, or if the DBPM justifies (to DHH upon request) a need for additional information and how the extension is in the member's interest.</p> <p style="text-align: right;"><i>42 CFR 438.214</i></p> <p>Contract: 2.5.7.2.2; 2.5.7.2.4</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• None listed</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>• CGA07-INS (annotated and highlighted)</li></ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in any policy or procedure, including the Notice of Action policy.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest should include this requirement in the Notice of Action policy.		
<b>2022 PAHP Comments:</b> These requirements will be added within the UM08-INS-Authorization Review policy in the Louisiana Medicaid Exhibit.		
<b>2023 CAP Review Findings:</b> The PAHP's Member Appeals, Complaints & Grievances—Secondary Delegation policy with a review date of July 24, 2023, stated that “for member appeals resolutions a resolution to the appeal will be rendered and communicated to the member, and provider, or authorized representative within specified regulatory or contractual guidelines, as applicable. The resolution for an appeal can be extended for up to fourteen (14) days if: a) the member or authorized representative requests an extension verbally or in writing; or DentaQuest can show the extension would be in the member's best interest. The submitted policy was specific to adjudication of appeals, complaints, and grievances when DentaQuest was not delegated to perform that function on a client's behalf. The requirement was located in the DBPM's Member Appeals policy with a DBPM review date of July 3, 2023. The policy stated that a resolution for an appeal can be extended for up to fourteen (14) days if a) the member or authorized representative requests an extension verbally or in writing.”		
<b>2023 CAP Review Required Actions:</b> None.		





**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
1. Assess the quality and appropriateness of care furnished to enrollees with special health care needs.  Contract: 2.11.1.1.4  42 CFR 438.330	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>N/A</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>DQT20230915CMPD</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed on the Access to Services for Members policy on page 3; however, this policy focuses on access rather than quality and appropriateness of care. In addition, the Utilization Management Program Description 2021 states that "Special needs members are identified by the plans and processes in the Customer Service Department", but this does not address the quality and appropriateness of care furnished to enrollees with special health care needs. In addition, this requirement is partially addressed in the National Quality Improvement Program Description on page 8; however, this document does not address the quality and appropriateness of care furnished to these enrollees.		
<b>2022 Compliance Review Recommendation:</b> Develop policies to identify and assess the quality and appropriateness of care furnished to Louisiana Medicaid enrollees with special health care needs. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> This requirement has previously been placed in Exhibit C-Louisiana Medicaid within UM15-INS-Access to Services-Out of Network for the 2022 updates. 2021 versions of UM policies were requested for this audit.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the DentaQuest Case Management Program Description, which included the requirement of an assessment of the quality and appropriateness of care furnished to enrollees with special health care needs.		
<b>2023 CAP Review Required Actions:</b> None.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>2. Objectively and systematically monitor and evaluate the quality and appropriateness of care and services and promote improved patient outcomes through monitoring and evaluation activities.</p> <p style="text-align: right;"><i>42 CFR 438.330</i></p> <p>Contract: 2.11.1.1.1</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>National Quality Improvement Program Evaluation</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Quality Assessment and Performance Improvement Evaluation 2022_LA</li></ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—This requirement is partially addressed in the National Quality Improvement Program Description 2021 on page 3 and the National Quality Improvement Program Evaluation 2021; however, there is no mention of Louisiana Medicaid enrollees. Instead, TennCare is mentioned on page 18 and Florida on page 29. In addition, the Utilization Management Program Description 2021 addresses member utilization, satisfaction and care coordination on page 12; however, documentation is lacking to support systematic monitoring and evaluation of the quality of care and patient outcomes.</p>		
<p><b>2022 Compliance Review Recommendation:</b> Develop and implement a QAPI evaluation program and corresponding document that is exclusive to Louisiana Medicaid enrollees.</p> <p>After further review, there is no change to the final determination.</p>		
<p><b>2022 PAHP Comments:</b> QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.</p>		
<p><b>2023 CAP Review Findings:</b> The PAHP’s Quality Assessment and Performance Improvement Evaluation included the PAHP’s performance improvement project (PIP) results and analysis; however, it did not include evidence of monitoring and evaluating the other activities included in the Quality Improvement Workplan. The PAHP indicated that the implementation of the program is scheduled to go live in the fourth quarter of 2024.</p>		
<p><b>2023 CAP Review Required Actions:</b> The PAHP must revise the Quality Assessment and Performance Improvement Evaluation to reflect monitoring and evaluation of all activities included in the Quality Improvement Workplan. The Quality Assessment and Performance Improvement Evaluation should monitor and evaluate the quality and appropriateness of care and services and promote improved patient outcomes through monitoring and evaluation activities for all activities included in the Quality Improvement Workplan.</p>		



## Louisiana Department of Health

### Review of Compliance With Medicaid and CHIP Managed Care Regulations for DentaQuest USA Insurance Company (DentaQuest)

Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>3. The QAPI Program's written policies and procedures shall address components of effective healthcare management and define processes for ongoing monitoring and evaluation that will promote quality of care. High risk and high volume areas of patient care should receive priority in selection of QAPI activities.</p> <p style="text-align: right;"><i>42 CFR 438.330</i></p> <p>Contract: 2.11.1.2</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>National Quality Improvement Program</li> </ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Quality Assessment and Performance Improvement Evaluation 2022_LA</li> </ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—This requirement is partially addressed in the National Quality Improvement Program Description 2021 on page 3 and the National Quality Improvement Program Evaluation 2021; however, there is no mention of Louisiana Medicaid enrollees. Instead, TennCare and Florida are mentioned on page 15.</p>		
<p><b>2022 Compliance Review Recommendation:</b> Develop and implement a QAPI Program and a corresponding description document that is exclusive to Louisiana Medicaid enrollees.</p> <p>After further review, there is no change to the final determination.</p>		
<p><b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.</p>		
<p><b>2023 CAP Review Findings:</b> The PAHP submitted the Quality Assessment and Performance Improvement Evaluation. This document did not include evidence of written policies and procedures that address components of effective healthcare management and define processes for ongoing monitoring and evaluation. High-risk and high-volume areas of patient care are not referenced in the Quality Assessment and Performance Improvement Evaluation. The Quality Improvement Workplan should describe these areas and how the PAHP prioritizes them. The evaluation of its results should then be included in the Quality Assessment and Performance Improvement Evaluation. The QAPI program evaluation, program description, and workplan have not been finalized.</p>		
<p><b>2023 CAP Review Required Actions:</b> The PAHP must revise the Quality Assessment and Performance Improvement Evaluation to address components of effective healthcare management and ongoing monitoring and evaluation of them. The revision must also address high-risk and high-volume areas of patient care and how the PAHP will prioritize and address them.</p>		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>4. The QAPI Program shall define and implement improvements in processes that enhance clinical efficiency, provide effective utilization, and focus on improved outcome management achieving the highest level of success.</p> <p style="text-align: right;"><i>42 CFR 438.330</i></p> <p>Contract: 2.11.1.3</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>National Quality Improvement Program</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Quality Assessment and Performance Improvement Evaluation 2022_LA</li></ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—This requirement is partially addressed in the National Quality Improvement Program Description 2021 on page 3 and the National Quality Improvement Program Evaluation 2021; however, there is no mention of Louisiana Medicaid enrollees. Instead, TennCare and Florida are mentioned on page 15. In addition, the Utilization Management Program Description 2021 addresses member utilization on page 12; however, documentation is lacking to support comprehensive improvement processes to improve patient outcomes.</p>		
<p><b>2022 Compliance Review Recommendation:</b> Develop and implement a QAPI Program and corresponding description document that is exclusive to Louisiana Medicaid enrollees.</p> <p>After further review, there is no change to the final determination.</p>		
<p><b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.</p>		
<p><b>2023 CAP Review Findings:</b> The PAHP submitted the Quality Assessment and Performance Improvement Evaluation. This included results and analysis of the member satisfaction surveys and provider satisfaction surveys at the national level. The Quality Assessment and Performance Improvement Evaluation did not include member satisfaction survey results and provider satisfaction survey results specific to Louisiana. It also did not include other activities to enhance clinical efficiency, provide effective utilization, and focus on improved outcome management. The Quality Assessment and Performance Improvement Evaluation and the QAPI workplan should also align with the dental components of the State Quality Strategy. The QAPI program evaluation, program description, and workplan have not been finalized.</p>		
<p><b>2023 CAP Review Required Actions:</b> The PAHP must revise the Quality Assessment and Performance Improvement Evaluation to address all activities that enhance clinical efficiency, provide effective utilization, and focus on improved outcome management. The PAHP must also revise the QAPI workplan to include goals and objectives. These goals and objectives must be evaluated in the Quality Assessment and Performance Improvement Evaluation.</p>		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
5. The DBPM shall submit its QAPI Program description to DHH for written approval within thirty (30) days from the date the Contract is signed.  Contract: 2.11.1.4  <i>42 CFR 438.330</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>National Quality Improvement Program</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Quality Assessment and Performance Improvement Evaluation 2022_LA</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed in the National Quality Improvement Program Description 2021 on page 3 and the National Quality Improvement Program Evaluation 2021; however, there is no mention of Louisiana Medicaid enrollees. Instead, TennCare and Florida are mentioned on page 15.		
<b>2022 Compliance Review Recommendation:</b> Develop and implement a QAPI Program and corresponding description document that is exclusive to Louisiana Medicaid enrollees. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Quality Assessment and Performance Improvement Evaluation. The PAHP did not submit evidence that the QAPI Program Description had been submitted for written approval within 30 days from the date the contract was signed.		
<b>2023 CAP Review Required Actions:</b> The PAHP must submit evidence that the QAPI Program Description had been submitted for written approval within 30 days from the date the contract was signed.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>6. The DBPM’s governing body shall oversee and evaluate the impact and effectiveness of the QAPI Program. The role of the DBPM’s governing body shall include providing strategic direction to the QAPI Program, as well as ensuring the QAPI Program is incorporated into the operations throughout the DBPM.</p> <p style="text-align: right;"><i>42 CFR 438.330</i></p> <p>Contract: 2.11.1.5</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>National Quality Improvement Program</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>National Quality Improvement Program Meeting Minutes – LA Exhibit</li></ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—This requirement is partially addressed in the Utilization Management Program description 2021 regarding the Quality Oversight Committee within the Utilization Management Program; however, documentation does not support a dedicated QAPI Program. In addition, the National Quality Improvement Program 2022 cited by DentaQuest in support of this requirement specifically references the Accountability and Governing Body for TennCare.</p>		
<p><b>2022 Compliance Review Recommendation:</b> DentaQuest's QAPI governing body should be separate from Utilization Management and be exclusive to Louisiana Medicaid enrollees.</p> <p>After further review, there is no change to the final determination.</p>		
<p><b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.</p>		
<p><b>2023 CAP Review Findings:</b> The PAHP submitted meeting minutes from the National Quality Improvement Committee for Q4 2022 and Q1 2023. These minutes did not include evidence of overseeing and evaluating the impact and effectiveness of the QAPI Program in Louisiana. The National Quality Improvement Committee meeting minutes also did not provide evidence of strategic direction for the QAPI Program and its incorporation into the operations of DentaQuest.</p>		
<p><b>2023 CAP Review Required Actions:</b> The PAHP must show evidence of implementation of the CAP, including the Governing body’s approval of a separate QAPI Program Description (separate and distinct from the Utilization Management Program Description) that is specific to Louisiana Medicaid.</p>		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
7. The DBPM shall form a QAPI Committee that shall, at a minimum include:  <i>42 CFR 438.330</i>  Contract: 2.11.2.1	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>National Quality Improvement Program</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Draft_ Quality Assessment and Performance Improvement Program_LA</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed in the National Quality Oversight Committee Minutes Q2 2021; however, that was the only quarter for which minutes were provided and only a brief addendum regarding Louisiana was included on page 14. In addition, the National Quality Improvement Program 2022 cited by DentaQuest in support of this requirement specifically references the Quality Improvement Plan Committee for Florida Healthy Kids.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest's QAPI Committee should be exclusive to Louisiana Medicaid enrollees and meetings should be held quarterly. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the draft version of the QAPI Program, which included the following language related to the QAPI Committee: The program meets quarterly and focuses on: <ul style="list-style-type: none"><li>Administrative and clinical services.</li><li>Identification and investigation of potential quality issues and resolving confirmed quality issues.</li><li>Objectively and systematically monitor and evaluate the quality and appropriateness of care and services.</li><li>Monitoring and evaluation of primary care providers to assess the level of preventive care provided to enrollees.</li><li>Assess the quality and appropriateness of care furnished to enrollees with special health care needs.</li><li>Promote improved patient outcomes through monitoring and evaluation activities.</li><li>Assessment of provider performance and remediation or termination, if necessary.</li></ul>		





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**for DentaQuest USA Insurance Company (DentaQuest)**

Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<ul style="list-style-type: none"><li>• Evaluation of over- and underutilization of dental care services.</li><li>• Monitoring availability, accessibility, coordination, and continuity of care.</li><li>• Development of standards, criteria, and practice guidelines.</li><li>• Development and implementation of a system for conducting quality of care studies and reporting performance measures.</li><li>• Assessment of provider and enrollees' satisfaction.</li></ul> <p>The QAPI program evaluation, program description, and workplan have not been finalized.</p>		
<b>2023 CAP Review Required Actions:</b> The PAHP must submit evidence that the PAHP's QAPI Committee is exclusive to Louisiana Medicaid and approved the PAHP's QAPI Program Description, inclusive of a QAPI workplan. The PAHP must submit evidence of quarterly QAPI Committee meetings.		





## Louisiana Department of Health

### Review of Compliance With Medicaid and CHIP Managed Care Regulations for DentaQuest USA Insurance Company (DentaQuest)

Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>8. Appropriate DBPM staff representing the various departments of the organization will have membership on the committee; and</p> <p style="text-align: right;"><i>42 CFR 438.330</i></p> <p>Contract: 2.11.2.1.2</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>National Quality Improvement Program</li> </ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Draft_ Quality Assessment and Performance Improvement Program_LA</li> </ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—This requirement is partially addressed in the National Quality Oversight Committee Minutes Q2 2021; however, that was the only quarter for which minutes were provided and only a brief addendum regarding Louisiana was included on page 14. In addition, the National Quality Improvement Program 2022 cited by DentaQuest in support of this requirement specifically references the Quality Improvement Plan Committee for Florida Healthy Kids.</p>		
<p><b>2022 Compliance Review Recommendation:</b> DentaQuest's QAPI Committee should be exclusive to Louisiana Medicaid enrollees and meetings should be held quarterly.</p> <p>After further review, there is no change to the final determination.</p>		
<p><b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI Committee.</p>		
<p><b>2023 CAP Review Findings:</b> The PAHP submitted the draft version of the QAPI Program (description), which included the following language related to representing the various departments of the organization on the QAPI Committee:</p> <p>“Unless specifically required by contract, Committee members include, but are not limited to the following subject matter experts each area’s leadership team:</p> <ul style="list-style-type: none"> <li>Clinical Management</li> <li>Utilization Management</li> <li>Provider Network -Credentialing</li> <li>Market Directors</li> <li>Complaints, Grievances and Appeals</li> <li>Vision</li> </ul>		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<ul style="list-style-type: none"><li>• Customer Service</li><li>• Quality</li><li>• Compliance</li><li>• Claims</li><li>• Manager Quality Assurance</li><li>• Client Engagement personnel, as required</li><li>• Enrollees Advocate, as required</li><li>• Enrollees and/or Providers and/or other clinical directors, as required”</li></ul> <p>The PAHP submitted LA QAPI Program Members. This document showed the committee includes national voting committee members and that Louisiana members of the committee are non-voting.</p>		
<b>2023 CAP Review Required Actions</b> The PAHP must submit evidence that the PAHP’s QAPI Committee is exclusive to Louisiana Medicaid, and that the committee membership includes PAHP staff representing the various PAHP departments of the organization. The PAHP must submit evidence of quarterly QAPI Committee meetings that includes a list of the meeting attendees.		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
9. The DBPM is encouraged to include a member advocate representative on the QAPI Committee.  Contract: 2.11.2.1.3  <i>42 CFR 438.330</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>DentaQuest does not have a member advocate representative at this time.</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>National Quality Improvement Program Meeting Minutes – LA Exhibit</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed. DentaQuest states that they do not have a member advocate representative at this time.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest's QAPI Committee should be exclusive to Louisiana Medicaid enrollees and include a member advocate representative. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI Committee.		
<b>2023 CAP Review Findings:</b> The PAHP's QAPI Program included a member advocate representative on the QAPI Committee. The PAHP submitted a list of committee members, and listed Dr. Damien Cuffie as the member advocate for Louisiana.		
<b>2023 CAP Review Required Actions:</b> None.		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
10. Meet on a quarterly basis;  Contract: 2.11.2.2  <i>42 CFR 438.330</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Please see National Quality Oversight Committee Minutes - Q1 through Q4</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Draft_ Quality Assessment and Performance Improvement Program_LA</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed in the National Quality Oversight Committee Minutes Q2 2021; however, that was the only quarter for which minutes were provided and only a brief addendum regarding Louisiana was included on page 14.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest's QAPI Committee should be exclusive to Louisiana Medicaid enrollees and should meet quarterly. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the draft QAPI Program, which included the following language related to the QAPI Committee meeting quarterly: “The QAPI is a multidisciplinary program designed to support and achieve DQ’s mission. The purpose of the QAPI is to monitor, evaluate, and take appropriate actions to improve the provision of quality dental care services, ensure patient safety, and increase enrollees access rates to dental services. The QAPI is reviewed annually and revised accordingly to respond to the ever-changing environment of health and dental care. The program meets quarterly.”		
<b>2023 CAP Review Required Actions:</b> The PAHP must submit evidence of implementation of the CAP, including quarterly QAPI Committee meeting minutes.		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
11. Direct and review quality improvement (QI) activities;  Contract: 2.11.2.2.2  <i>42 CFR 438.330</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Please see National Quality Oversight Committee Minutes - Q1 through Q4</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Draft_ Quality Assessment and Performance Improvement Program_LA</li></ul> <b>Virtual Review Additional Documentation</b> <ul style="list-style-type: none"><li>LA QAPI Members (highlighted)</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed in the National Quality Oversight Committee Minutes Q2 2021; however, that was the only quarter for which minutes were provided and only a brief addendum regarding Louisiana was included on page 14.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest's QAPI Committee should be exclusive to Louisiana Medicaid enrollees and should meet quarterly. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the draft QAPI Program, which included the following language related to directing and reviewing quality improvement (QI) activities:  “Quality Improvement (QI) Annual Evaluation The purpose of the Quality Improvement Annual Evaluation is to determine if Quality Improvement and Utilization Management processes and recommendations made throughout the year, resulted in quality improvements with enrollee and provider satisfaction, dental disease prevention, and delivery of dental care and services. In addition, the annual Quality Improvement evaluation provides information that is used to develop the QI work plan for the upcoming year. The annual evaluation assesses whether quality improvement activities are systematically tracking improvement projects, resulting in improved dental care and services, and providing appropriate follow-up of corrective actions to monitor effectiveness. The QOC and relevant		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>subcommittees are responsible for assessing reports, analyzing study and survey findings, and identifying areas that demonstrate improvement, and other areas still needing improvement. This process occurs during the first quarter of each calendar year for the prior calendar year. Once determinations are made, the program is evaluated to see if certain processes require modification and/or on-going surveillance. Upon completion of this evaluation, an annual work plan is developed by the Director of Compliance and Quality and relevant subcommittees, which outlines activities to be conducted the following year to ensure continuous quality improvement. The QOC reviews and approves the QI Evaluation annually.</p> <p>The following aspects may be included in the annual Quality Assessment and Performance Improvement Program Evaluation:</p> <ul style="list-style-type: none"><li>• A summary of all QI activities completed</li><li>• A summary of all UM program activities completed</li><li>• Presentation of clinical and service indicators and other performance data</li><li>• Results of QI studies and performance measure monitoring</li><li>• Areas of deficiency and corrective actions undertaken</li><li>• An evaluation of the overall effectiveness of the QAPI</li><li>• Evidence that activities have contributed to significant improvements in care delivered to enrollees”</li></ul> <p>The PAHP submitted LA QAPI Program Members. This document showed the committee includes national voting committee members and that Louisiana members of the committee are non-voting.</p>		
<b>2023 CAP Review Required Actions:</b> The PAHP must submit evidence of implementation of the CAP, including quarterly QAPI Committee meeting minutes. The PAHP must submit evidence that the QAPI Committee is exclusive to Louisiana Medicaid.		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
12. Conduct individual primary care dentist and primary care dentist practice quality performance measure profiling;  Contract: 2.11.2.2.7  <i>42 CFR 438.330</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>National Quality Improvement Program</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Quality Assessment and Performance Improvement Evaluation 2022_LA</li></ul> <b>Virtual Review Additional Documentation</b> <ul style="list-style-type: none"><li>0217 QAPI early warning system performance measure 2023 Q2</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed in the National Quality Improvement Program description on page 7 and in the Healthy Louisiana Utilization Management Summary Report 2021 identifies # of linked members, # records reviewed, % performance score per PCD and % compliance rate per group; however, the quality performance measures are not documented.		
<b>2022 Compliance Review Recommendation:</b> Conduct individual primary care dentist and primary care dentist practice quality performance measure profiling and report summary findings in a Program Evaluation document. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.		
<b>2023 CAP Review Findings:</b> The PAHP did not submit evidence that it conducted individual primary care dentist and primary care dentist practice quarterly performance measure profiling in the 2022 QAPI Evaluation. The PAHP submitted the 0217 QAPI early warning system performance measure for 2023 Q2. This tool can be used for evaluation of measures and subcontractors but did not include evidence that the PAHP conducted individual primary care dentist and primary care dentist practice quarterly performance measure profiling.		
<b>2023 CAP Review Required Actions:</b> The PAHP must submit evidence that it conducted individual primary care dentist and primary care dentist practice quarterly performance measure profiling and include the results in the 2023 QAPI Evaluation.		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
13. Report findings to appropriate executive authority, staff, and departments within the DBPM;  Contract: 2.11.2.2.8  <i>42 CFR 438.330</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>National Quality Improvement Program Evaluation</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Quality Assessment and Performance Improvement Evaluation 2022_LA</li></ul> <b>Virtual Review Additional Documentation</b> <ul style="list-style-type: none"><li>0217 QAPI early warning system performance measure 2023 Q2</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed in the National Quality Improvement Program Evaluation 2021; however, this document references TennCare on page 18 and Florida Healthy Kids on page 20, but there is no mention of Louisiana Medicaid enrollees.		
<b>2022 Compliance Review Recommendation:</b> Develop and implement a QAPI program and corresponding evaluation document that is exclusive to Louisiana Medicaid enrollees. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.		
<b>2023 CAP Review Findings:</b> The PAHP did not submit evidence that the QAPI Program Description and the QAPI evaluation is specific to Louisiana Medicaid.  The PAHP submitted the 0217 QAPI early warning system performance measure for 2023 Q2. This tool can be used for evaluation of measures and subcontractors but did not include evidence that the PAHP conducted individual primary care dentist and primary care dentist practice quarterly performance measure profiling and reported these findings to the appropriate executive authority, staff, and departments within the PAHP.		
<b>2023 CAP Review Required Actions:</b> The PAHP must submit evidence of implementation of the CAP including submission of reporting of the findings of the primary care dentist and primary care dentist practice quarterly quality measure profiling to appropriate executive authority, staff, and departments within the PAHP. The PAHP must submit evidence that the QAPI program and QAPI evaluation are exclusive to Louisiana Medicaid.		





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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
14. Direct and analyze periodic reviews of members' service utilization patterns.  Contract: 2.11.2.2.9  <i>42 CFR 438.330</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>National Quality Improvement Program Evaluation</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Quality Assessment and Performance Improvement Evaluation 2022_LA</li></ul> <b>Virtual Review Additional Documentation</b> <p>DentaQuest has drafted and will implement a QAPI program exclusive to Louisiana Medicaid enrollees. The program has a go live date of Q4 2023. A workplan and program description are to be reviewed and approved in Q3 prior to the meeting start date of the program. After a 12-month review of performance has been concluded, DentaQuest will publish a QAPI program evaluation exclusive to the performance for Louisiana Medicaid enrollees.</p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed in the National Quality Improvement Program Evaluation 2021; however, this document references TennCare on page 18 and Florida Healthy Kids on page 20, but there is no mention of Louisiana Medicaid enrollees.		
<b>2022 Compliance Review Recommendation:</b> Develop and implement a QAPI program and corresponding evaluation document that is exclusive to Louisiana Medicaid enrollees.  After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<b>2023 CAP Review Findings:</b> The PAHP did not submit evidence that the QAPI program and the QAPI evaluation are specific to Louisiana Medicaid.		
<b>2023 CAP Review Required Actions:</b> The PAHP must submit evidence of implementation of the CAP including that the QAPI program directs and analyzes periodic reviews of Louisiana Medicaid members' service utilization patterns. The PAHP must submit evidence that the QAPI program, QAPI workplan, and QAPI evaluation are exclusive to Louisiana Medicaid.		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>15. Maintain minutes of all committee and sub-committee meetings and submit meeting minutes to DHH with other quarterly reports;</p> <p style="text-align: right;"><i>42 CFR 438.330</i></p> <p>Contract: 2.11.2.2.10</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Quality Improvement Meeting Minutes</li> </ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Quality Assessment and Performance Improvement Evaluation 2022_LA</li> <li>Quality Improvement Workplan_LA</li> </ul> <p><b>Virtual Review Additional Documentation</b></p> <ul style="list-style-type: none"> <li>Screenshot evidence of QAPI submission to the state</li> </ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—This requirement is partially addressed in the National Quality Oversight Committee Minutes provided for Q2 2021 on page 14; however, there were no other quarterly meeting minutes that documented a Louisiana update included.</p>		
<p><b>2022 Compliance Review Recommendation:</b> DentaQuest's QAPI Committee should be exclusive to Louisiana Medicaid enrollees and meet quarterly.</p> <p>After further review, there is no change to the final determination.</p>		
<p><b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI Committee.</p>		
<p><b>2023 CAP Review Findings:</b> The PAHP submitted the Quality Improvement Workplan and Quality Assessment and Performance Improvement Evaluation as evidence of this requirement.</p>		
<p><b>2023 CAP Review Required Actions:</b> None.</p>		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
16. Report an evaluation of the impact and effectiveness of the QAPI program to DHH annually. This report shall include, but is not limited to, all care management activities; and  Contract: 2.11.2.4; 2.11.2.4.1.3  <i>42 CFR 438.330</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>National Quality Improvement Program Evaluation</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Quality Assessment and Performance Improvement Evaluation 2022_LA</li></ul> <b>Virtual Review Additional Documentation</b> <ul style="list-style-type: none"><li>Draft QAPI Program_LA and LA_Quality Workplan_Draft</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in the National Quality Improvement Program Evaluation 2021 documented cited by DentaQuest because this document references TennCare on page 18 and Florida Healthy Kids on page 20, but there is no mention of Louisiana Medicaid enrollees.		
<b>2022 Compliance Review Recommendation:</b> Develop and implement a QAPI program and corresponding evaluation document that is exclusive to Louisiana Medicaid enrollees. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Quality Assessment and Performance Improvement Evaluation as evidence of this activity. The PAHP did not submit evidence that the Quality Assessment and Performance Improvement Evaluation is exclusive to Louisiana. The Quality Assessment and Performance Improvement Evaluation did not include care management activities. The PAHP submitted the draft Quality Workplan, which is specific to Louisiana but had no reference to care management activities. The PAHP also submitted the Draft QAPI Program_LA, which is specific to Louisiana. The QAPI program evaluation, program description, and workplan have not been finalized.		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p><b>2023 CAP Review Required Actions:</b> The PAHP submitted the Quality Assessment and Performance Improvement Evaluation as evidence of this activity. The PAHP did not submit evidence that the Quality Assessment and Performance Improvement Evaluation is exclusive to Louisiana. The Quality Assessment and Performance Improvement Evaluation did not include care management activities.</p> <p>The PAHP submitted the draft Quality Workplan, which is specific to Louisiana but had no reference to care management activities. The PAHP also submitted the Draft QAPI Program_LA, which is specific to Louisiana. The QAPI program evaluation, program description, and workplan have not been finalized.</p>		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
17. Ensure that a QAPI committee designee attends DHH Quality Committee meetings.  Contract: 2.11.2.2.11  42 CFR 438.330	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>DentaQuest’s Client Engagement representatives are to attend meetings.</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>National Quality Improvement Program Meeting Minutes – LA Exhibit</li></ul> <b>Virtual Review Additional Documentation</b> <ul style="list-style-type: none"><li>Medicaid Quality Committee Minutes 5.2023</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not met.		
<b>2022 Compliance Review Recommendation:</b> Develop and implement a QAPI program that specifies this requirement exclusively for Louisiana Medicaid enrollees. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> Incorporating LA into existing meeting but LA Reps were represented in 2021 on the meeting.		
<b>2023 CAP Review Findings:</b> The PAHP’s Medicaid Quality Committee meeting minutes showed evidence of a QAPI Committee designee’s attendance at the LDH Quality Committee meetings.		
<b>2023 CAP Review Required Actions:</b> None.		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>18. The QAPI Committee shall develop and implement a written QAPI plan which incorporates the strategic direction provided by the governing body. The QAPI plan shall be submitted to DHH within thirty (30) days from the date the Contract with DHH is signed by the DBPM and annually thereafter, and prior to revisions. The QAPI plan, at a minimum, shall:</p> <p style="text-align: right;"><i>42 CFR 438.330</i></p> <p>Contract: 2.11.2.3.1</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>See Quality Improvement Program Workplan</li> </ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Quality Improvement Workplan_LA</li> </ul> <p><b>Virtual Review Additional Documentation</b></p> <ul style="list-style-type: none"> <li>DentaQuest does not have evidence of the original submission to the State</li> </ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Not Met</i>—This requirement is not met in the Quality Improvement Workplan 2022 because this document does not specifically address activities planned and in progress for Louisiana Medicaid enrollees and was not effective during the review period.</p>		
<p><b>2022 Compliance Review Recommendation:</b> Develop and implement a workplan specifically for Louisiana Medicaid enrollees. After further review, there is no change to the final determination.</p>		
<p><b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.</p>		
<p><b>2023 CAP Review Findings:</b> The PAHP did not submit evidence of submission of the QAPI workplan to LDH within 30 days from the date of the Contract.</p>		
<p><b>2023 CAP Review Required Actions:</b> The PAHP must submit evidence of submission of the QAPI workplan to LDH within 30 days from the date of the Contract.</p>		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
19. Reflect a coordinated strategy to implement the QAPI Program, including planning, decision making, intervention and assessment of results;  Contract: 2.11.2.3.1.1  <i>42 CFR 438.330</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>See National Quality Improvement Program Evaluation</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Quality Improvement Workplan_LA</li></ul> <b>Virtual Review Additional Documentation</b> <ul style="list-style-type: none"><li>DentaQuest has drafted and will implement a QAPI program exclusive to Louisiana Medicaid enrollees. The program has a go live date of Q4 2023. A workplan and program description are to be reviewed and approved in Q3 prior to the meeting start date of the program. After a 12-month review of performance has been concluded, DentaQuest will publish a QAPI program evaluation exclusive to the performance for Louisiana Medicaid enrollees.</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not met in the Quality Improvement Workplan 2022 because this document does not specifically address activities planned and in progress for Louisiana Medicaid enrollees and was not effective during the review period.		
<b>2022 Compliance Review Recommendation:</b> Develop and implement a workplan specifically for Louisiana Medicaid enrollees. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Quality Improvement Workplan, which detailed planned activities, assessment of results, interventions, and decision making. The Quality Improvement Workplan has not been finalized.		
<b>2023 CAP Review Required Actions:</b> The PAHP must submit a final version of its Quality Improvement Workplan that has been approved internally by the QAPI Committee.		





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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
20. Include processes to evaluate the impact and effectiveness of the QAPI Program;  Contract: 2.11.2.3.1.2  <i>42 CFR 438.330</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>See National Quality Improvement Program Evaluation</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Quality Improvement Workplan_LA</li></ul> <b>Virtual Review Additional Documentation</b> <ul style="list-style-type: none"><li>DentaQuest has drafted and will implement a QAPI program exclusive to Louisiana Medicaid enrollees. The program has a go live date of Q4 2023. A workplan and program description are to be reviewed and approved in Q3 prior to the meeting start date of the program. After a 12-month review of performance has been concluded, DentaQuest will publish a QAPI program evaluation exclusive to the performance for Louisiana Medicaid enrollees.</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially met in the National Quality Improvement Program Description 2021 and the National Quality Improvement Program Evaluation 2021; however, the latter document does not specifically address Louisiana Medicaid enrollees.		
<b>2022 Compliance Review Recommendation:</b> Develop and implement a workplan specifically for Louisiana Medicaid enrollees. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Quality Improvement Workplan, which shows the QAPI Evaluation and other activities as planned activities to evaluate the impact and effectiveness of the QAPI Program. The Quality Improvement Workplan has not been finalized.		
<b>2023 CAP Review Required Actions:</b> The PAHP must submit a final version of its Quality Improvement Workplan that has been approved internally by the QAPI Committee.		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>21. Include a description of the DBPM staff assigned to the QAPI Program, their specific training, how they are organized, and their responsibilities; and</p> <p style="text-align: right;"><i>42 CFR 438.330</i></p> <p>Contract: 2.11.2.3.1.3</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>See Quality Improvement Committee Charter</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Draft_ Quality Assessment and Performance Improvement Program_LA</li></ul> <p><b>Virtual Review Additional Documentation</b></p> <ul style="list-style-type: none"><li>DentaQuest has drafted and will implement a QAPI program exclusive to Louisiana Medicaid enrollees. The program has a go live date of Q4 2023. A workplan and program description are to be reviewed and approved in Q3 prior to the meeting start date of the program. After a 12-month review of performance has been concluded, DentaQuest will publish a QAPI program evaluation exclusive to the performance for Louisiana Medicaid enrollees.</li></ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed.		
<b>2022 Compliance Review Recommendation:</b> Develop and implement a QAPI Program Description that addresses this requirement and is exclusive to Louisiana Medicaid enrollees.		
After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the QAPI Program. This document addressed the PAHP staff assigned to the QAPI program, how they are organized, and their responsibilities. The QAPI Program has not been finalized.		
<b>2023 CAP Review Required Actions:</b> The PAHP must submit a final version of the QAPI Program Description and describe the training of the PAHP staff members assigned to the QAPI Program.		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>22. The DBPM shall submit QAPI reports annually to DHH which, at a minimum, shall include: Quality improvement (QI) activities; Recommended new and/or improved QI activities; and Evaluation of the impact and effectiveness of the QAPI program. DHH reserves the right to request additional reports as deemed necessary. DHH will notify the DBPM of additional required reports no less than sixty (60) days prior to due date of those reports.</p> <p style="text-align: right;"><i>42 CFR 438.330</i></p> <p>Contract: 2.11.2.4; 2.11.2.4.1 – 2.11.2.4.2</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>See National Quality Improvement Program Evaluation</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>Draft_ Quality Assessment and Performance Improvement Program_LA</li></ul> <p><b>Virtual Review Additional Documentation</b></p> <ul style="list-style-type: none"><li>DentaQuest has drafted and will implement a QAPI program exclusive to Louisiana Medicaid enrollees. The program has a go live date of Q4 2023. A workplan and program description are to be reviewed and approved in Q3 prior to the meeting start date of the program. After a 12-month review of performance has been concluded, DentaQuest will publish a QAPI program evaluation exclusive to the performance for Louisiana Medicaid enrollees.</li></ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in the National Quality Improvement Program Evaluation 2021 documented cited by DentaQuest because this document references TennCare on page 18 and Florida Healthy Kids on page 20, but there is no mention of Louisiana Medicaid enrollees.		
<b>2022 Compliance Review Recommendation:</b> Develop and implement a QAPI program and corresponding evaluation document that is exclusive to Louisiana Medicaid enrollees. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<b>2023 CAP Review Findings:</b> The PAHP submitted the QAPI Program. It was not clearly defined in this document that the PAHP submits QAPI reports annually to LDH according to the minimum requirements outlined in this requirement.		
<b>2023 CAP Review Required Actions:</b> The PAHP must submit a final version of the QAPI Program Description and specify reporting requirements as outlined in the federal requirement.		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>23. The DBPM shall report clinical and administrative performance measure (PM) data on at least an annual basis, as specified by DHH.</p> <p style="text-align: right;"><i>42 CFR 438.330</i></p> <p>Contract: 3.1.1.2; 3.1.1.3</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>See National Quality Improvement Evaluation</li> </ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>Quality Assessment and Performance Improvement Evaluation 2022_LA</li> </ul> <p><b>Virtual Review Additional Documentation</b></p> <ul style="list-style-type: none"> <li>Louisiana Department of Health Reports and Reporting Schedule</li> </ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—This requirement is partially addressed in the Louisiana Medicaid Managed Care Reporting Dental Provider Call Center Report 2021, the Healthy Louisiana Reporting Utilization Management Summary Report 2021, and the Early Warning System Report 2021; however, there was no Program Evaluation Report with annual performance measure data for Louisiana Medicaid enrollees.</p>		
<p><b>2022 Compliance Review Recommendation:</b> Develop and implement, and annual Program Evaluation report for Louisiana Medicaid enrollees.</p> <p>After further review, there is no change to the final determination.</p>		
<p><b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.</p>		
<p><b>2023 CAP Review Findings:</b> The PAHP submitted the Quality Assessment and Performance Improvement Evaluation, which included annual key performance indicators for claims, customer service, utilization management, complaints/grievances and appeals, and credentialing. These were reported at a national level and not specific to Louisiana.</p> <p>The PAHP submitted the Louisiana Department of Health Reports and Reporting Schedule. This document did not include an evaluation of clinical and administrative performance measure data.</p>		
<p><b>2023 CAP Review Required Actions:</b> The PAHP must submit an evaluation that includes clinical and administrative performance measure data at least annually that is specific to Louisiana.</p>		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>24. The DBPM shall meet all performance measures as stated in the Contract.</p> <p>3.1.1.1 All administrative performance measures are reporting measures. Administrative performance measure reporting is required at least monthly upon LDH's request.</p> <p>3.1.1.2 LDH will establish benchmarks for clinical performance measures utilizing statewide data of the Medicaid population from the previous calendar year(s) with the expectation that performance improves by a certain percentage toward the benchmarks. Clinical performance measures shall be reported at least annually twelve (12) months after services begin.</p> <p>3.1.1.3 Clinical performance measures include:</p> <p>3.1.1.3.1 Healthcare Effectiveness and Information Set (HEDIS) Annual Dental Visits (ADV); and</p> <p>3.1.1.3.2 Total Eligibles Receiving Preventive Dental Services based on data reported on the CMS 416.</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: 3.1</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>The annual QAPI plan which is due on 6/30 and still being worked. There is nothing from past years as this is the first time we have any information. Approval will be available at LDH's discretion 30 days after the fact.</li> </ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>QAPI AttachmentC SUPP Doc</li> </ul>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding: <i>Partially Met</i></b>—This requirement is partially addressed in the Performance Improvement Project to Increase Utilization of Sealants on First Permanent Molar by the Age of Ten; however, there was no documentation of comprehensive reporting in the National Quality Improvement Program Evaluation 2021 documented cited by DentaQuest because this document references TennCare on page 18 and Florida Healthy Kids on page 20 without mention of Louisiana Medicaid enrollees.</p>		
<p><b>2022 Compliance Review Recommendation:</b> Develop and implement a QAPI program and corresponding evaluation document that is exclusive to Louisiana Medicaid enrollees.</p> <p>After further review, there is no change to the final determination.</p>		
<p><b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.</p>		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<b>2023 CAP Review Findings:</b> The PAHP submitted the QAPI Oral Health Promotion and Disease Prevention Plan Healthy Louisiana Dental Program, with Louisiana references. The attachment stated that DQ will annually complete an evaluation of work completed in the previous year and update the Outreach Plan. Contractual monitoring measures were also included in the attachment.		
<b>2023 CAP Review Required Actions:</b> None.		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>25. The DBPM shall have processes in place to monitor and report all performance measures.</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: 3.1.1.5</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>We supply monthly, quarterly and annual reports on SLAs.</li> </ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>QAPI AttachmentC SUPP Doc</li> </ul> <p><b>Virtual Review Additional Documentation</b></p> <ul style="list-style-type: none"> <li>Louisiana Department of Health Reports and Reporting Schedule</li> </ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—This requirement is partially addressed in the Performance Improvement Project to Increase Utilization of Sealants on First Permanent Molar by The Age of Ten; however, there were no reports submitted in support of DentaQuest's reporting on all PMs listed in Appendix N.</p>		
<p><b>2022 Compliance Review Recommendation:</b> Develop and submit reports on all performance measures.</p> <p>After further review, there is no change to the final determination.</p>		
<p><b>2022 PAHP Comments:</b> DQ submit monthly, quarterly and annually reports as required by the contract as well as ad hoc reports upon request. A corrective action plan is submitted with each report found to be non-compliant.</p>		
<p><b>2023 CAP Review Findings:</b> The PAHP submitted the QAPI Oral Health Promotion &amp; Disease Prevention Plan Healthy Louisiana Dental Program with Louisiana references. The attachment stated that “DentaQuest will complete an evaluation of work completed in the previous year annually and update the Outreach Plan,” and page 11 listed the “two contractual monitoring measures and the annual measure reporting deadline.” However, no example reports or reports schedule were submitted to evaluate how or if DQ produces and submits monthly, quarterly, and annual reports for the contract, or ad hoc reports upon request.</p> <p>The PAHP submitted Louisiana Department of Health Reports and Reporting Schedule, which outlined weekly, monthly, quarterly, and annual reports but did not provide examples of reports submitted.</p>		
<p><b>2023 CAP Review Required Actions:</b> The PAHP must provide examples and evidence that it submits monthly, quarterly, and annual reports as required by the contract as well as ad hoc reports upon request.</p>		





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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>26. LDH will establish benchmarks for clinical performance measures utilizing statewide data of the Medicaid population from the previous calendar year(s) with the expectation that performance improves by a certain percentage toward the benchmarks. Clinical performance measures shall be reported at least annually twelve (12) months after services begin.</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: 3.1.1.2</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>All reports from LDH have specific instruction and guidelines. Please see TPL Claim Detail Report this is for report 22</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>QAPI AttachmentC SUPP Doc</li></ul> <p><b>Virtual Review Additional Documentation</b></p> <ul style="list-style-type: none"><li>Louisiana Department of Health Reports and Reporting Schedule</li></ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Not Met</i>—This requirement is partially addressed in the Performance Improvement Project to Increase Utilization of Sealants on First Permanent Molar by The Age of Ten; however, the TPL Claim Dental report provided by DentaQuest in support of adherence to clinical practice guidelines does not support this requirement because it is a Third Party Liability Report of claims pad.</p>		
<p><b>2022 Compliance Review Recommendation:</b> Performance measure reporting should reflect evidence-based clinical guidelines. After further review, there is no change to the final determination.</p>		
<p><b>2022 PAHP Comments:</b> DQ submit monthly, quarterly and annually reports as required by the contract as well as ad hoc reports upon request. A corrective action plan is submitted with each report found to be non-compliant.</p>		
<p><b>2023 CAP Review Findings:</b> The PAHP submitted the QAPI Oral Health Promotion &amp; Disease Prevention Plan Healthy Louisiana Dental Program with Louisiana references. Page 11 listed the two contractual monitoring measures and the annual measure reporting deadlines for two years: HEDIS OED and CMS 416 PDENT. Included was the target increase of two percentage points from baseline with interventions listed. No baseline or data were provided, nor reporting format. No example reports or reports schedule were submitted to evaluate how or if DQ produces and submits monthly, quarterly, and annual reports for the contract, or ad hoc reports upon request.</p> <p>The PAHP submitted the Louisiana Department of Health Reports and Reporting Schedule, which outlined weekly, monthly, quarterly, and annual reports but did not provide examples of reports submitted.</p>		
<p><b>2023 CAP Review Required Actions:</b> The PAHP must provide examples and evidence that it submits monthly, quarterly, and annual reports as required by the contract as well as ad hoc reports upon request. The PAHP must provide examples and evidence that it submits clinical performance measures annually.</p>		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
27. LDH will require the DBPM to submit monthly, quarterly, and annual reports that will allow LDH to assess the DBPM's performance. The DBPM shall comply with all reporting requirements and timelines established by LDH.  Contract: 3.3.4.1  <i>42 CFR 438.224</i>	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>Please see the Dental Record Review Tool in supporting Documents</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>NET12-INS</li></ul> <b>Virtual Review Additional Documentation</b> <ul style="list-style-type: none"><li>Screenshot evidence of weekly, monthly, quarterly, and annual report submission to LDH</li></ul>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed in the Louisiana Medicaid Managed Care Reporting Dental Provider Call Center Report 2021, the Healthy Louisiana Reporting Utilization Management Summary Report 2021, and the Early Warning System Report 2021; however, there was no Program Evaluation Report with annual performance measure data for Louisiana Medicaid enrollees.		
<b>2022 Compliance Review Recommendation:</b> Develop and implement, and annual Program Evaluation report for Louisiana Medicaid enrollees. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> This is address in the annual PIP plan already submitted. DQ has fully address this requirement.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the Reporting Implementation and Delivery policy, dated July 3, 2023, for all states, all lines of business, which included Exhibit B for Louisiana and indicated “DentaQuest will comply with all contractual obligations outlined under 3.3.4 of contract on reporting. DQ will submit monthly, quarterly, and annual reports that will allow LDH to assess performance.” However, the PAHP did not indicate that it developed and implemented an annual Program Evaluation report for Louisiana Medicaid enrollees. No example reports or reports schedule were submitted to evaluate how or if DQ submits monthly, quarterly, and annual reports that will allow LDH to assess the PAHP's performance. No evidence was provided that the PAHP complied with all reporting requirements and timelines. The PAHP submitted screenshot evidence of weekly, monthly, quarterly, and annual report submissions to LDH but did not provide examples of reports submitted.		
<b>2023 CAP Review Required Actions:</b> The PAHP must provide examples and evidence that it submits monthly, quarterly, and annual reports that will allow LDH to assess the PAHP's performance, and that the PAHP complies with all reporting requirements and timelines.		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>28. The Performance Measure Goals are contained in Appendix N. Appendix N PM Goals: - Percentage of EPSDT members (enrolled for at least 90 consecutive days) receiving one annual dental preventive service Baseline - 47.60% Contract Year 1 - 52.6% Contract Year 2 – 54.6% Contract Year 3 – 55% - Percentage of EPSDT members (enrolled for at least 90 consecutive days), age 6-9 years, receiving one or more sealants on permanent molar teeth. Baseline – 14.31% Contract Year 1 – 16.31% Contract Year 2 – 18.31% Contract Year 3 – 20.31%.</p> <p style="text-align: right;">42 CFR 438.224</p> <p>Contract: Not referenced</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>The annual QAPI plan which is due on 6/30 and still being worked. There is nothing from past years as this is the first time we have any information. Approval will be available at LDH’s discretion 30 days after the fact.</li> </ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>OAPIAtachmentCSoppDoc</li> </ul> <p><b>Virtual Review Additional Documentation</b></p> <ul style="list-style-type: none"> <li>DentaQuest has drafted and will implement a QAPI program exclusive to Louisiana Medicaid enrollees. The program has a go live date of Q4 2023. A workplan and program description are to be reviewed and approved in Q3 prior to the meeting start date of the program. After a 12-month review of performance has been concluded, DentaQuest will publish a QAPI program evaluation exclusive to the performance for Louisiana Medicaid enrollees.</li> </ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—This requirement is partially addressed in the Performance Improvement Project to Increase Utilization of Sealants on First Permanent Molar by The Age of Ten; however, the Quality Improvement Workplan 2022 does not include any of these performance measures and there was not 2021 Work Plan provided.</p>		
<p><b>2022 Compliance Review Recommendation:</b> Develop a QAPI workplan to include each of these measures, goals and status for Louisiana Medicaid enrollees.</p> <p>After further review, there is no change to the final determination.</p>		



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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<b>2022 PAHP Comments:</b> DentaQuest has drafted the 2023 version of our QAPI workplan specific to Louisiana Medicaid enrollees that will go into effect upon approval. The workplan details the quarterly and annual activities planned by the QAPI committee.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the QAPI Oral Health Promotion & Disease Prevention Plan Healthy Louisiana Dental Program with Louisiana references. The document was labeled with Attachment C and contained the two contractual performance measures, but no data or baseline details were included. The QAPI program evaluation, program description, and workplan have not been finalized.		
<b>2023 CAP Review Required Actions:</b> The PAHP must provide examples and evidence that it developed and implemented a QAPI workplan to include each of the required measures, goals, and status for Louisiana Medicaid enrollees.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>29. The DBPM shall comply with External Quality Review, review of the Quality Assessment Committee meeting minutes and annual dental audits to ensure that it provides quality and accessible health care to DBPM members, in accordance with standards contained in the Contract. Such audits shall allow DHH or its duly authorized representative to review individual dental records, identify and collect management data, including but not limited to, surveys and other information concerning the use of services and the reasons for member disenrollment.</p> <p style="text-align: right;">42 CFR 438.224</p> <p>Contract: 2.11.6; 2.11.1</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>DentaQuest complies with audit requests. DentaQuest has a team to help facilitate audit requests.</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>QAPI AttachmentC SUPP Doc</li></ul> <p><b>Virtual Review Additional Documentation</b></p> <ul style="list-style-type: none"><li>DQ acknowledges the lack of policy. Cleandria Hart and team to draft and deliver in accordance with HSAG next steps.</li></ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed in the DentaQuest LA DBPM QAPI Tool; however, there is no supporting policy.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest is advised to develop and implement a policy to address this requirement. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> DQ will develop a policy for 2022.		
<b>2023 CAP Review Findings:</b> The PAHP did not submit a policy for this requirement. The document indicated on the submission tool is the QAPI Program Description.		
<b>2023 CAP Review Required Actions:</b> The PAHP must develop and implement a policy as approved in its CAP to address this requirement.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
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Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
30. The DBPM shall submit a CAP, within thirty (30) calendar days of the date of notification or as specified by DHH, for the deficiencies identified by DHH.  Contract: 6.3.5.3  2 CFR 438.224	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>We have not received a CAP however we do understand the process. Please see policy COM16-ENT</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>COM16-ENT-Corrective Action Plans</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in the Development and Execution of Compliance CAP policy.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest is advised to modify this policy to address performance measures and include the 30-day submission requirement. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> CE/ Compliance DentaQuest has revised its COM16-ENT policy to address these performance measures and include the 30-day submission requirement, as an addendum.		
<b>2023 CAP Review Findings:</b> The PAHP’s Corrective Action Plans policy, which was dated June 28, 2023, included in Exhibit B that the PAHP shall submit a CAP, within 30 calendar days of the date of notification or as specified by DHH, for the deficiencies identified by DHH.		
<b>2023 CAP Review Required Actions:</b> None.		



**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>31. Within thirty (30) calendar days of receiving the CAP, DHH will either approve or disapprove the CAP. If disapproved, the DBPM shall resubmit, within fourteen (14) calendar days, a new CAP that addresses the deficiencies identified by DHH.</p> <p style="text-align: right;"><i>42 CFR 438.224</i></p> <p>Contract: No Reference</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>We have not received a CAP however we do understand the process. Please see policy COM16-ENT</li></ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"><li>COM16-ENT</li></ul> <p><b>Virtual Review Additional Documentation</b></p> <ul style="list-style-type: none"><li>DQ acknowledges the lack of policy. Cleandria Hart and team to draft and deliver in accordance with HSAG next steps.</li></ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<b>2022 Compliance Review Finding:</b> <i>Not Met</i> —This requirement is not addressed in the Development and Execution of Compliance CAP policy.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest is advised to modify this policy to address performance measures and include the 14-day resubmission requirement. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> CE/ Compliance DentaQuest has revised its Development and Execution of Compliance CAP policy to address these performance measures and include 14-day resubmission requirement., as an addendum.		
<b>2023 CAP Review Findings:</b> The PAHP submitted the COM16-ENT—Corrective Action Plans policy, dated June 28, 2023, for all states and lines of business. The contract language was not cited or found within the document. Note that the requirement referenced 42 CFR §438.224, which was not included in the document.		
<b>2023 CAP Review Required Actions:</b> The PAHP must modify this policy to address performance measures and include the 14-day resubmission requirement according to 42 CFR §438.224.		





**Louisiana Department of Health**  
**Review of Compliance With Medicaid and CHIP Managed Care Regulations**  
**for DentaQuest USA Insurance Company (DentaQuest)**

Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
32. Upon approval of the CAP, whether the initial CAP or the revised CAP, the DBPM shall implement the CAP within the time frames specified by DHH.  <i>42 CFR 438.330</i>  Contract: No Reference	<b>2022 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>We have not received a CAP however we do understand the process. Please see policy COM16-ENT</li></ul> <b>2023 PAHP Document Submission:</b> <ul style="list-style-type: none"><li>COM16-ENT</li></ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
<b>2022 Compliance Review Finding:</b> <i>Partially Met</i> —This requirement is partially addressed in the Development and Execution of Compliance CAP policy on page 3; however, implementation within the time frames specified by DHH is not included.		
<b>2022 Compliance Review Recommendation:</b> DentaQuest is advised to modify this policy to address this requirement. After further review, there is no change to the final determination.		
<b>2022 PAHP Comments:</b> CE/ Compliance DentaQuest has revised its COM16-ENT policy to address this requirement.		
<b>2023 CAP Review Findings:</b> The PAHP's Development and Execution of Compliance CAP policy included that the PAHP shall submit a CAP, within 30 calendar days of the date of notification or as specified by DHH, for the deficiencies identified by DHH.		
<b>2023 CAP Review Required Actions:</b> None.		





## Louisiana Department of Health

### Review of Compliance With Medicaid and CHIP Managed Care Regulations for DentaQuest USA Insurance Company (DentaQuest)

Quality Assessment and Performance Improvement Program (QAPI) CFR 438.330		
Requirement	Evidence as Submitted by the PAHP	Score
<p>33. The DBPM shall cooperate with DHH, the independent evaluation contractor (External Quality Review Organization), and any other Department designees during monitoring.</p> <p style="text-align: right;"><i>42 CFR 438.330</i></p> <p>Contract: 2.11.6.1</p>	<p><b>2022 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>N/A this is a requirement of DHH, not the DBPM</li> </ul> <p><b>2023 PAHP Document Submission:</b></p> <ul style="list-style-type: none"> <li>NET19-INS</li> </ul> <p><b>Virtual Review Additional Documentation</b></p> <ul style="list-style-type: none"> <li>DQ acknowledges the lack of policy. Cleandria Hart and team to draft and deliver in accordance with HSAG next steps.</li> </ul>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p>
<p><b>2022 Compliance Review Finding:</b> <i>Partially Met</i>—DentaQuest has provided documentation in response to the EQRO requests; however, there is no policy and procedure to support this process.</p>		
<p><b>2022 Compliance Review Recommendation:</b> DentaQuest is advised to develop and implement a policy to meet this requirement and educate staff. After further review, there is no change to the final determination.</p>		
<p><b>2022 PAHP Comments:</b> This is NA for DQ</p>		
<p><b>2023 CAP Review Findings:</b> The PAHP cited but did not submit the NET19-INS policy as evidence for this requirement.</p>		
<p><b>2023 CAP Review Required Actions:</b> The PAHP must submit evidence of cooperation with LDH, the independent evaluation contractor (EQRO), and any other Department designees during monitoring.</p>		

Results for Follow-Up on 2022 Deficiencies Corrective Action Plans						
<b>Total</b>	Met	=	65	X	1.0	= 65
	Not Met	=	44	X	0.0	= 0.0
	NA	=	1	X	1.0	= –
<b>Total Applicable</b>		=	109	<b>Total Score</b>	=	65

<b>Total Score ÷ Total Applicable</b>	=	<b>59.6%</b>
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## Appendix C. 2023 Corrective Action Plan Template

Standard I—Enrollment and Disenrollment			
Requirements—HSAG’s Findings and PAHP Required Corrective Actions			
<p><b>Element 1:</b> The PAHP agrees to accept individuals enrolled into its PAHP in the order in which they apply without restriction (unless authorized by the Department).</p> <p>2022 Contract Citation: 2.3.4.1.2</p>			
<p><b>Findings:</b> The submitted policy did not include language stating that the PAHP agreed to accept individuals enrolled into its PAHP in the order in which they apply without restriction (unless authorized by the Department).</p>			
<p><b>Required Actions:</b> The PAHP must include in its policy that the PAHP agrees to accept individuals enrolled into its PAHP in the order in which they apply without restriction (unless authorized by the Department).</p>			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
CAP Approval Status:			

Standard I—Enrollment and Disenrollment			
Requirements—HSAG’s Findings and PAHP Required Corrective Actions			
<p><b>Element 3:</b> The PAHP may not request disenrollment of a member because of an adverse change in the member’s health status or because of the member’s:</p> <ul style="list-style-type: none"> <li>Utilization of medical services.</li> <li>Diminished mental capacity.</li> <li>Uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment seriously impairs the PAHP’s ability to furnish services to the member or to other members.</li> </ul> <p style="text-align: right;">42 CFR §438.56(b)(2)</p> <p>2022 Contract Citation: 2.3.7.3.4</p>			
<p><b>Findings:</b> The PAHP submitted the Louisiana Medicaid Dental Program Office Reference Manual, revised May 1, 2023. The manual did not include language pertaining to this requirement.</p>			
<p><b>Required Actions:</b> The PAHP must include language in a policy or procedure stating that the PAHP may not request disenrollment of a member because of an adverse change in the member’s health status or because of the member’s:</p> <ul style="list-style-type: none"> <li>Utilization of medical services.</li> <li>Diminished mental capacity.</li> <li>Uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment seriously impairs the PAHP’s ability to furnish services to the member or to other members).</li> </ul> <p>The PAHP should include this language in an enrollment or disenrollment policy.</p>			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
<b>CAP Approval Status:</b>			

Standard I—Enrollment and Disenrollment			
Requirements—HSAG’s Findings and PAHP Required Corrective Actions			
<p><b>Element 4:</b> The PAHP may initiate disenrollment of any member’s participation in the PAHP on one or more of the following grounds:</p> <ul style="list-style-type: none"> <li>• When the member ceases to be eligible for medical assistance under the State Plan as determined by the Department</li> <li>• Upon termination or expiration of the Contract</li> <li>• Death of the member</li> <li>• Confinement of the member in a facility or institution when confinement is not a covered service under the Contract</li> </ul> <p style="text-align: right;"><i>42 CFR §438.56(b)(1)</i></p> <p>2022 Contract Citations: 2.3.7.3; 2.3.7.3.5</p>			
<p><b>Findings:</b> The PAHP submitted the Louisiana Medicaid Dental Program Office Reference Manual, revised May 1, 2023, which did not include elements of this requirement.</p>			
<p><b>Required Actions:</b> The PAHP must include language in a policy or procedure stating that the PAHP may initiate disenrollment of any member’s participation in the PAHP on one or more of the following grounds:</p> <ul style="list-style-type: none"> <li>• When the member ceases to be eligible for medical assistance under the State Plan as determined by the Department</li> <li>• Upon termination or expiration of the contract</li> <li>• Death of the member</li> <li>• Confinement of the member in a facility or institution when confinement is not a covered service under the contract</li> <li>• The PAHP should include this language in an enrollment or disenrollment policy.</li> </ul>			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
<b>CAP Approval Status:</b>			

Standard I—Enrollment and Disenrollment			
Requirements—HSAG’s Findings and PAHP Required Corrective Actions			
<p><b>Element 5:</b> The PAHP shall not request disenrollment for reasons other than those stated in the Contract. In accordance with 42 CFR §438.56(b)(3), LDH shall ensure that the PAHP is not requesting disenrollment for other reasons by reviewing and rendering decisions on all Disenrollment Request Forms submitted to the enrollment broker.</p> <p style="text-align: right;">42 CFR §438.56(b)(3)</p> <p>2022 Contract Citations: 2.3.7.3.2; 2.3.7.3.5</p>			
<p><b>Findings:</b> The PAHP submitted the Louisiana Medicaid Dental Program Office Reference Manual, revised May 1, 2023, which did not include the requirements of this element.</p>			
<p><b>Required Actions:</b> The PAHP must revise the Louisiana Medicaid Dental Program Office Reference Manual to include language stating that the PAHP shall not request disenrollment for reasons other than those stated in the contract.</p>			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
CAP Approval Status:			

Standard I—Enrollment and Disenrollment			
Requirements—HSAG’s Findings and PAHP Required Corrective Actions			
<p><b>Element 6:</b> If the Department approves the PAHP’s disenrollment request, the PAHP gives the member written notice of the proposed disenrollment and notifies the member of his or her right to submit a request for a State Fair Hearing.</p> <p style="text-align: right;"><i>42 CFR §438.56(d)(5)</i></p> <p>Contract: 2.3.7.3.7</p>			
<p><b>Findings:</b> The PAHP submitted the Louisiana Medicaid Dental Program Office Reference Manual, revised May 1, 2023, which did not include the requirements of this element.</p>			
<p><b>Required Actions:</b> The PAHP must include language in a policy or procedure stating that if the Department approves the PAHP’s disenrollment request, the PAHP gives the member 30 days written notice of the proposed disenrollment and notifies the member of his or her right to submit a request for a State Fair Hearing. The PAHP should include this language in an enrollment or disenrollment policy.</p>			
Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date
CAP Approval Status:			

### Standard IX—Subcontractual Relationships and Delegation

#### Requirements—HSAG’s Findings and PAHP Required Corrective Actions

**Element 4:** The written agreement with the subcontractor includes:

- The State, CMS, the HHS Inspector General, the Comptroller General, or their designees have the right to audit, evaluate, and inspect any books, records, contracts, computer or other electronic systems of the subcontractor, or of the subcontractor’s contractor, that pertain to any aspect of services and activities performed, or determination of amounts payable under the PAHP’s contract with the State.
- The subcontractor will make available, for purposes of an audit, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems related to Medicaid members.
- The right to audit will exist through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.
- If the State, CMS, or HHS Inspector General determines that there is a reasonable probability of fraud or similar risk, the State, CMS, or HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.

42 CFR §438.230(c)(3)

Contract: 2.12.1.3; 2.12.1.4; 2.15.11.1

**Findings:** The PAHP submitted Exhibit C Delegation Addendum as evidence of compliance with the requirement. The agreement was dated 2019 and did not include the most current federal regulations. The elements of 42 CFR §438.230(c)(3) were not present in the agreement.

**Required Actions:** The PAHP must include all elements of 42 CFR §438.230(c)(3) federal requirements in all of its delegated agreements including:

- The State, CMS, the HHS Inspector General, the Comptroller General, or their designees have the right to audit, evaluate, and inspect any books, records, contracts, computer or other electronic systems of the subcontractor, or of the subcontractor’s contractor, that pertain to any aspect of services and activities performed, or determination of amounts payable under the PAHP’s contract with the State.
- The subcontractor will make available, for purposes of an audit, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems related to Medicaid members.
- The right to audit will exist through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.

If the State, CMS, or HHS Inspector General determines that there is a reasonable probability of fraud or similar risk, the State, CMS, or HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.

Interventions Planned	Intervention Evaluation Method	Individual(s) Responsible	Proposed Completion Date

**CAP Approval Status:**