



State Fiscal Year July 1, 2022–June 30, 2023

**External Quality Review
Technical Report**

**Aggregate Report for the
Prepaid Ambulatory Health Plans**

April 2024



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1. Executive Summary

Introduction

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires states that contract with managed care organizations (MCOs), prepaid ambulatory health plans (PAHPs), and prepaid inpatient health plans (PIHPs) (collectively referred to as “managed care entities [MCEs]” in this report) for administering Medicaid and Children’s Health Insurance Program (CHIP) programs to contract with a qualified external quality review organization (EQRO) to provide an independent external quality review (EQR) of the quality, timeliness, and accessibility of services provided by the contracted MCEs. Revisions to the regulations originally articulated in the BBA were released in the May 2016 Medicaid and CHIP Managed Care Regulations,¹⁻¹ with further revisions released in November 2020.¹⁻² The final rule is provided in Title 42 of the Code of Federal Regulations (42 CFR) Part 438 and cross-referenced in the CHIP regulations at 42 CFR Part 457. To comply with 42 CFR §438.358, the Louisiana Department of Health (LDH) has contracted with Health Services Advisory Group, Inc. (HSAG), a qualified EQRO.

The Louisiana Medicaid Managed Care Program

The day-to-day operations of the Louisiana Medicaid managed care program are the responsibility of the Bureau of Health Services Financing within LDH, with oversight of specialized behavioral health services, 1115 Substance Use Demonstration Waiver, and the Coordinated System of Care Waiver provided by the Office of Behavioral Health (OBH). In addition, the Bureau of Health Services Financing receives support from other LDH “program offices”—Office of Public Health (OPH), Office of Aging and Adult Services (OAAS), and Office for Citizens with Developmental Disabilities (OCDD). Louisiana Medicaid managed care provides services to over 1.8 million Louisianans, which is approximately 39 percent of the State’s population.

The current MCE contracts are full-risk capitated Louisiana Medicaid managed care contracts. Under the authority of a 1915(b) waiver from the Centers for Medicare & Medicaid Services (CMS), LDH contracts with six Healthy Louisiana MCOs to provide physical and behavioral healthcare, including Humana Healthy Horizons, which started on January 1, 2023; and two dental PAHPs to provide dental services for Louisiana’s Medicaid and CHIP members. Additionally, under the authority of a

¹⁻¹ Centers for Medicare & Medicaid Services. Medicaid and Children’s Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability, May 6, 2016. Available at: <https://www.federalregister.gov/documents/2016/05/06/2016-09581/medicaid-and-childrens-health-insurance-program-chip-programs-medicaid-managed-care-chip-delivered>. Accessed on: Dec 27, 2023.

¹⁻² Centers for Medicare & Medicaid Services. Medicaid Program; Medicaid and Children’s Health Insurance Program (CHIP) Managed Care, November 13, 2020. Available at: <https://www.federalregister.gov/documents/2020/11/13/2020-24758/medicaid-program-medicaid-and-childrens-health-insurance-program-chip-managed-care>. Accessed on: Dec 27, 2023.

1915(b)/1915(c) waiver from CMS, OBH contracts with a single behavioral health PIHP, Coordinated System of Care (CSoC), to help children with behavioral health challenges who are at risk for out-of-home placement. The MCEs contracted during state fiscal year (SFY) 2023 (July 1, 2022–June 30, 2023) are displayed in Table 1-1.

Table 1-1—Louisiana’s Medicaid MCEs

MCE Name	Plan Type	Services Provided	Service Region	Acronym or Abbreviated Reference
Aetna Better Health	MCO	Behavioral and physical health	Statewide	ABH
AmeriHealth Caritas Louisiana	MCO	Behavioral and physical health	Statewide	ACLA
Healthy Blue	MCO	Behavioral and physical health	Statewide	HBL
Humana Healthy Horizons (new plan as of 01/01/2023)	MCO	Behavioral and physical health	Statewide	HUM
Louisiana Healthcare Connections	MCO	Behavioral and physical health	Statewide	LHCC
UnitedHealthcare Community	MCO	Behavioral and physical health	Statewide	UHC
DentaQuest USA Insurance Company (DentaQuest)	PAHP	Dental	Statewide	DQ
Managed Care North America	PAHP	Dental	Statewide	MCNA
Magellan of Louisiana	PIHP	Behavioral health services for children and youth with significant behavioral health challenges	Statewide	Magellan

Scope of External Quality Review

As set forth in 42 CFR §438.358, HSAG conducted all EQR-related activities in compliance with the CMS EQR Protocols released in February 2023.¹⁻³ For the SFY 2023 assessment, HSAG used findings from the mandatory and optional EQR activities to derive conclusions and make recommendations about

¹⁻³ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols, February 2023*. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Dec 27, 2023.

the quality, timeliness, and accessibility of healthcare services provided by each MCE. Table 1-2 depicts the EQR activities conducted for each plan type.

Table 1-2—EQR Activities Conducted for Each Plan Type

EQR Activities	Description	CMS EQR Protocol	MCO	PAHP	PIHP
Performance Improvement Project (PIP) Validation	This activity verifies whether a PIP conducted by an MCE used sound methodology in its design, implementation, analysis, and reporting and, whether the PIP demonstrated significant improvement in performance.	Protocol 1. Validation of Performance Improvement Projects	✓	✓	✓
Performance Evaluation and Improvement	This activity assesses whether the performance measures calculated by an MCE are accurate based on the measure specifications and State reporting requirements.	Protocol 2. Validation of Performance Measures	✓	✓	✓
Compliance Reviews (CRs)	This activity determines the extent to which a Medicaid and CHIP MCE is in compliance with federal standards and associated state-specific requirements, when applicable.	Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations	✓	✓	✓
Network Adequacy and Availability Validation (NAV)	This activity assesses the extent to which an MCE has adequate provider networks in coverage areas to deliver healthcare services to its managed care members.	Protocol 4. Validation of Network Adequacy*	✓	✓	✓
Consumer Surveys: CAHPS-A and CAHPS-C	This activity reports the results of each MCO's CAHPS survey to HSAG for inclusion in this report.	Protocol 6. Administration or Validation of Quality of Care Surveys	✓		
Behavioral Health Member Satisfaction Survey	This activity assesses adult members with a behavioral or mental health diagnosis and child members with a mental health diagnosis who have received behavioral health services and are enrolled in an MCO.	Protocol 6. Administration or Validation of Quality of Care Surveys	✓		
Case Management Performance Evaluation (CMPE)	This activity evaluates case management (CM) services to determine the number of individuals, the types of conditions, and the impact that CM	Protocol 9. Conducting Focus Studies of Health Care Quality	✓		

EQR Activities	Description	CMS EQR Protocol	MCO	PAHP	PIHP
	services have on members receiving those services.				
Quality Rating System	This activity evaluates and applies a rating to measure the quality of care and performance of the MCOs to provide information to help eligible members choose an MCO.	Protocol 10. Assist With Quality Rating of Medicaid and CHIP MCOs, PIHPs, and PAHPs	✓		

*Protocol 4. *Validation of Network Adequacy* was released in February 2023; therefore, full implementation will occur with the 2024 NAV activities.




Report Purpose

To comply with federal healthcare regulations at 42 CFR Part 438, LDH contracts with HSAG to annually provide to CMS an assessment of the performance of the State’s Medicaid and CHIP MCEs, as required at 42 CFR §438.364. This annual EQR technical report includes results of all EQR-related activities that the EQRO conducted with Louisiana Medicaid MCEs throughout SFY 2023. This EQR technical report is intended to help the Louisiana Medicaid managed care program:

- Identify areas for quality improvement (QI).
- Ensure alignment among an MCE’s Quality Assessment and Performance Improvement (QAPI) requirements, the State’s quality strategy, and the annual EQR activities.
- Purchase high-value care.
- Achieve a higher performance healthcare delivery system for Medicaid and CHIP beneficiaries.
- Improve the State’s ability to oversee and manage the MCEs with which it contracts for services.
- Help the MCEs improve their performance with respect to the quality, timeliness, and accessibility of care.

Definitions

HSAG used the following definitions to evaluate and draw conclusions about the performance of each Louisiana Medicaid MCE in each of the domains of quality, timeliness, and access.

		
Quality	Timeliness	Access
<p>as it pertains to the EQR, means the degree to which an MCO, PIHP, PAHP, or primary care case management (PCCM) entity (described in §438.310[c][2]) increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics; the provision of services that are consistent with current professional, evidence-based knowledge; and interventions for performance improvement.</p>	<p>as it pertains to EQR, is described by NCQA to meet the following criteria: “The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation.” It further discusses the intent of this standard to minimize any disruption in the provision of healthcare. HSAG extends this definition to include other managed care provisions that impact services to members and that require a timely response from the MCO (e.g., processing expedited member appeals and providing timely follow-up care).</p>	<p>as it pertains to EQR, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (network adequacy standards) and §438.206 (availability of services). Under §438.206, availability of services means that each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs, PIHPs, and PAHPs in a timely manner.</p>
<p>¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. Federal Register Vol. 81 No. 18/Friday, May 6, 2016, Rules and Regulations, p. 27882. 42 CFR §438.320 Definitions; Medicaid Program; External Quality Review, Final Rule.</p> <p>² National Committee for Quality Assurance. <i>2013 Standards and Guidelines for MBHOs and MCOs</i>.</p>		

Methodologies

Requirement 42 CFR §438.364(a)(1) describes the manner in which (1) the data from all activities conducted in accordance with 42 CFR §438.358 were aggregated and analyzed, and (2) conclusions were drawn as to the quality, timeliness, and accessibility of care furnished by each PAHP.

Aggregating and Analyzing Statewide Data

HSAG follows a four-step process to aggregate and analyze data collected from all EQR activities and draw conclusions about the quality, timeliness, and accessibility of care furnished by each PAHP, as well as the program overall. To produce the PAHP aggregate SFY 2023 EQR technical report, HSAG performed the following steps to analyze the data obtained and draw statewide conclusions about the quality, timeliness, and accessibility of care and services provided by the PAHPs:

Step 1: HSAG analyzed the quantitative results obtained from each EQR activity for each PAHP to identify strengths and weaknesses in each domain of quality, timeliness, and access to services furnished by the PAHP for the EQR activity.

Step 2: From the information collected, HSAG identified common themes and the salient patterns that emerged across EQR activities for each domain and drew conclusions about overall quality, timeliness, and access to care and services furnished by the PAHP.

Step 3: From the information collected, HSAG identified common themes and the salient patterns that emerged across all EQR activities related to strengths and opportunities for improvement in one or more of the domains of quality, timeliness, and access to care and services furnished by the PAHP.

Step 4: HSAG identified any patterns and commonalities that exist across the program to draw conclusions about the quality, timeliness, and accessibility of care for the program.

Louisiana's Medicaid Managed Care Quality Strategy

In accordance with 42 CFR §438.340, LDH implemented a written quality strategy for assessing and improving the quality of healthcare and services furnished by the MCEs to Louisiana Medicaid managed care members under the Louisiana Medicaid managed care program. Louisiana's Medicaid Managed Care Quality Strategy (quality strategy) dated June 2022 is guided by the Triple Aim of the National Quality Strategy.

LDH's mission is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for citizens of the State of Louisiana. The Louisiana Medicaid managed care program is responsible for providing high-quality, innovative, and cost-effective healthcare to Medicaid members.

Goals and Objectives

The quality strategy identified goals and objectives that focus on process as well as achieving outcomes. The goals and supporting objectives are measurable and take into consideration the health status of all populations served by the Louisiana Medicaid managed care program.

The quality strategy identifies the following three aims and eight associated goals:



Better Care: Make healthcare more person-centered, coordinated, and accessible so it occurs at the “Right care, right time, right place.”

Goal 1: Ensure access to care to meet enrollee needs

Goal 2: Improve coordination and transitions of care

Goal 3: Facilitate patient-centered, whole-person care



Healthier People, Healthier Communities: Improve the health of Louisianans through better prevention and treatment and proven interventions that address physical, behavioral, and social needs.

Goal 4: Promote wellness and prevention

Goal 5: Improve chronic disease management and control

Goal 6: Partner with communities to improve population health and address health disparities



Smarter Spending: Demonstrate good stewardship of public resources by ensuring high-value, efficient care.

Goal 7: Pay for value and incentivize innovation

Goal 8: Minimize wasteful spending

Quality Strategy Evaluation¹⁻⁴

Strengths

LDH considers the quality strategy to be its roadmap for the future. Overall, the quality strategy represents an effective tool for measuring and improving the quality of Louisiana's Medicaid managed care services. The quality strategy promotes identification of creative initiatives to continually monitor, assess, and improve access to care, the quality of care and services, member satisfaction, and the timeliness of service delivery for Louisiana Medicaid managed care members. Additionally, LDH's initiatives tie to the quality strategy aims, goals, and objectives. The quality strategy strives to ensure members receive high-quality care that is safe, efficient, patient-centered, timely, value- and quality-based, data-driven, and equitable.

LDH conducts oversight of the MCEs in coordination with the quality strategy to promote accountability and transparency for improving health outcomes. The MCE should be committed to QI and its overall approach, and specific strategies will be used to advance the quality strategy and incentive-based quality measures.

Recommendations

HSAG's EQR results and guidance on actions assist LDH in evaluating the MCEs' performance and progress in achieving the goals of the program's quality strategy. These actions, if implemented, may assist LDH and the MCEs in achieving and exceeding goals. In addition to providing each MCE with specific guidance, HSAG offers LDH the following recommendations, which should positively impact the quality, timeliness, and accessibility of services provided to Medicaid members:

- HSAG recommends LDH consider a change in metric benchmarks so the MCEs can strive toward a consistent performance level. HSAG recommends LDH remove the target objectives and improvement objectives and establish benchmarks for all MCEs that align with nationally recognized quality measures (e.g., NCQA Quality Compass, CMS Adult and Child Core Sets) or the State's performance published in the CMS Annual State Measure Trends Snapshot, Chart Packs for the Child Core Set and Adult Core Set, or the State Profile pages on Medicaid.gov.

¹⁻⁴ Health Services Advisory Group, Inc.. Medicaid Managed Care Quality Strategy Evaluation, Review Period: March 20, 2022–March 19, 2023, July 2023. Louisiana Department of Health. Available at: <https://ldh.la.gov/assets/docs/MQI/Strategy/MQIStrategyEvaluation.pdf>. Accessed on: Dec 27, 2023.

- HSAG recommends LDH consider using the measurement year (MY) 2023 reported rates in the 2024 quality strategy evaluation, which could include MY 2021 through MY 2023 results in order to include the most current data for evaluation.
- HSAG recommends LDH remove the duplicate objective, promote healthy development and wellness in children and adolescents.
- HSAG recommends LDH consider adding the objectives, improve overall health and promote reproductive health objectives, to the quality strategy.
- HSAG recommends LDH continue to collaborate with the MCOs to support adequate QI capacity, skills, and resources to support current and future PIPs. HSAG recommends LDH continue to meet regularly with the MCOs and share best practices for identifying QI goals, objectives, and interventions. Furthermore, LDH could consider incorporating a similar mechanism for the PAHPs to collaborate on current and future PIPs. HSAG also recommends LDH consider hosting a forum in which the MCEs could discuss programwide solutions to overcome barriers. These QI activities provide opportunities to improve population health by implementing best practices and addressing barriers and challenges.
- HSAG recommends LDH identify expectations for improvement targets over a three-year period. Current target improvements compare to the previous measurement year and do not consider the baseline measurement year.
- HSAG recommends the MCEs consider whether there are disparities within their populations that contributed to lower performance in a particular race or ethnicity, age group, ZIP Code, etc. HSAG recommends the MCEs target QI interventions to reduce the identified disparities.
- HSAG recommends LDH consider working with the MCEs to share performance measure best practices and identify interdependencies across measures.
- HSAG recommends LDH consider a contract statement for all MCEs that the MCE's quality initiatives must be designed to help achieve the goals outlined in the quality strategy. Currently only the MCOs have this contract requirement.
- HSAG recommends LDH consider removing aim statements from the quality strategy. CMS defines "quality strategy goals" as SMART (specific, measurable, attainable, relevant, and time-bound), high-level managed care performance aims that provide direction for the State. CMS defines quality strategy (SMART) objectives as measurable steps toward meeting the State's goals that typically include quality measures.

Overview of External Quality Review Findings

This annual EQR technical report includes aggregated results of all EQR-related activities for the two PAHPs that serve as Louisiana Medicaid's dental benefit program managers (DBPMs), DentaQuest USA Insurance Company (DentaQuest) (DQ) and Managed Care North America (MCNA), conducted with Louisiana Medicaid managed care throughout SFY 2023.

Validation of Performance Improvement Projects

For the SFY 2023 PIP validation, the PAHPs reported performance indicator results and QI activities for the final remeasurement period of PIPs focusing on dental sealant utilization that were initiated prior to HSAG being contracted as the EQRO for LDH. Both PAHPs' PIP submissions demonstrated strengths in adhering to an acceptable methodology for the PIP design and implementation (Steps 1 through 8 of CMS' *EQR Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023 [CMS Protocol 1]),¹⁻⁵ including data analyses and improvement strategies. Only one of the two PAHPs, DQ, reported final remeasurement results that demonstrated statistically significant improvement in utilization of dental sealants for their enrollees.

Validation of Performance Measures

For SFY 2023, HSAG's review of the Information Systems Capabilities Assessment (ISCA) provided by LDH found that both MCNA and DQ met the requirement of maintaining information systems (IS) that collect, analyze, integrate, and report data that comply with LDH and federal reporting requirements. Additionally, both PAHPs' performance measure rates increased from the prior year, indicating that the PAHPs have put forth effort to increase preventative and annual dental services. However, both PAHPs' performance measure rates fell below the LDH target for the most recent reporting period for both CMS-416 12b and *Annual Dental Visit*, indicating opportunities for continuous improvement related to the performance measures.

Assessment of Compliance With Medicaid Managed Care Regulations

HSAG conducted a CR for Standard I—Enrollment and Disenrollment and Standard IX—Subcontractual Relationships and Delegation. PAHP scores for Standard I—Enrollment and Disenrollment, reviewed in 2023, ranged from 28.6 percent (DQ) to 85.7 percent (MCNA) compliance, demonstrating opportunities for improvement. Overall, the PAHPs met eight elements and did not meet six elements. Both PAHPs scored 83.3 percent in Standard IX—Subcontractual Relationships and Delegation. Overall, the PAHPs met 10 elements and did not meet two elements.

HSAG also reviewed the PAHPs' corrective action plans (CAPs) from the LDH-approved 2022 CR. MCNA had no CAPs from the 2022 CR. Overall, DQ closed 65 of 109 CAPs from the 2022 CR, demonstrating compliance with the regulations. However, DQ did not implement the LDH-approved CAPs for 44 *Not Met* elements from the 2022 CR.

¹⁻⁵ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Dec 27, 2023.

Validation of Network Adequacy

For GeoAccess, DQ and MCNA reported the percentage of members having access within required distance standards for six dental provider types, and data were reported for a total of 12 GeoAccess standards. For the entire SFY 2023, DQ met six of 12 GeoAccess standards, and MCNA met three of 12 GeoAccess standards.

2. Validation of Performance Improvement Projects

Aggregate Results

SFY 2023 was the first year that HSAG was contracted as the EQRO for LDH and the first year that HSAG validated the PAHPs' PIPs. Table 2-1 summarizes the SFY 2023 PIP performance for each PAHP. Each PAHP conducted a PIP focusing on increasing utilization of dental sealants.

Validation Results and Confidence Ratings

Table 2-1—PIP Validation Results and Confidence Ratings

PAHP	PIP Topic	Validation Rating 1: PIP Demonstrated Adherence to Acceptable Methodology	Validation Rating 2: PIP Demonstrated Significant Improvement
DQ	<i>Increase Utilization of Sealants on First Permanent Molar by the Age of Ten</i>	<i>High Confidence</i>	<i>High Confidence</i>
		<i>100% of All Evaluation Elements Met</i>	<i>100% of All Evaluation Elements Met</i>
		<i>100% of Critical Evaluation Elements Met</i>	<i>100% of Critical Evaluation Elements Met</i>
MCNA	<i>Improving Dental Sealant Receipt on Permanent 1st Molar</i>	<i>High Confidence</i>	<i>No Confidence</i>
		<i>100% of All Evaluation Elements Met</i>	<i>33% of All Evaluation Elements Met</i>
		<i>100% of Critical Evaluation Elements Met</i>	<i>100% of Critical Evaluation Elements Met</i>

For the SFY 2023 PIP validation, both PAHPs received *High Confidence* for Validation Rating 1. The PAHPs received *Met* scores for 100 percent of applicable evaluation elements in steps 1 through 8 of the PIP validation tool, demonstrating strength in adhering to acceptable methodologies for the PIP design, data collection and analyses, and interpretation of results. For Validation Rating 2, which is based on scores in Step 9 of the PIP validation tool, one PAHP, DQ, received *High Confidence* and the other PAHP, MCNA, received *No Confidence*. While the performance indicator results for DQ's PIP demonstrated statistically significant improvement from baseline to the most recent remeasurement, the indicator results for MCNA's PIP demonstrated a decline in performance from baseline to the most recent remeasurement.

Table 2-2 summarizes the performance indicator results for DQ's *Increase Utilization of Sealants on First Permanent Molar by the Age of Ten* PIP.

Table 2-2—Performance Indicator Results for DQ’s PIP

Performance Indicator	Baseline*		Remeasurement 1**		Remeasurement 2***		Sustained Improvement
1. Dental Quality Alliance (DQA) measure: The percentage of enrolled children who have received sealants on permanent first molar teeth.	N: 231	9.77%	N: 3,144	16.51%	—	—	Not Assessed
	D: 2,364		D: 19,039				
2. CMS-416 Sealant measure: The percentage of children 6 to 9 years of age with 90 days of continuous enrollment who have received a sealant on a permanent molar during the measurement year.	N: 22,979	14.28%	N: 10,807	13.1%	N: 12,734	15.05%	Not Assessed
	D: 160,965		D: 81,937		D: 84,620		

*Baseline period for Indicator 1: 01/01/2021 to 12/31/2021, Baseline period for Indicator 2: 10/01/2018 to 09/30/2019.

**Remeasurement 1 period for Indicator 1: 01/01/2022 to 12/31/2022, Remeasurement 1 period for Indicator 2: 01/01/2021 to 12/31/2021.

***Remeasurement 2 period for Indicator 1: *Not applicable*, Remeasurement 2 period for Indicator 2: 01/01/2022 to 12/31/2022.

For each of the two performance indicators in DQ’s PIP, the PAHP reported results that demonstrated statistically significant improvement from baseline to the most recent remeasurement. The PIP had not progressed to being evaluated for sustained improvement.

Table 2-3 summarizes the performance indicator results for MCNA’s *Improving Dental Sealant Receipt on Permanent 1st Molar* PIP.

Table 2-3—Performance Indicator Results for MCNA’s PIP

Performance Indicator	Baseline*		Remeasurement 1**		Remeasurement 2***		Sustained Improvement
1. Percentage of members who receive at least one sealant on a permanent first molar prior to the 10th birthday.	N: 18,702	56.02%	N: 9,701	50.93%	N: 9,013	48.78%	<i>Not Assessed</i>
	D: 33,384		D: 19,049		D: 18,477		
2. Percentage of members who receive a sealant on all four permanent first molars prior to the 10th birthday.	N: 13,481	40.38%	N: 6,869	36.06%	N: 6,424	34.77%	<i>Not Assessed</i>
	D: 33,384		D: 19,049		D: 18,477		

*Baseline period for Indicator 1 and Indicator 2: 01/01/2020 to 12/31/2020.

**Remeasurement 1 period for Indicator 1 and Indicator 2: 01/01/2021 to 12/31/2021.

***Remeasurement 2 period for Indicator 1 and Indicator 2: 01/01/2022 to 12/31/2022.

For each of the two performance indicators in MCNA’s PIP, the PAHP reported results that demonstrated declines from baseline performance for both Remeasurement 1 and Remeasurement 2. The PIP had not progressed to being evaluated for sustained improvement.

Interventions

Table 2-4 summarizes the barriers each PAHP identified for the PIP and the interventions carried out to address each barrier. Based on HSAG’s validation findings, each PAHP used a methodologically sound approach to identify barriers and develop interventions. HSAG concluded that the interventions carried out for each PAHP’s PIP could reasonably be expected to address identified barriers and had the potential to support improved performance indicator outcomes.

Table 2-4—Barriers and Interventions Reported by the PAHPs for each PIP

PAHP	PIP Topic	Barriers	Interventions
DQ	<i>Increase Utilization of Sealants on First Permanent Molar by the Age of Ten</i>	Lack of parent/guardian awareness of the need for sealants to prevent dental caries	<ul style="list-style-type: none"> Educational interactive voice response (IVR) phone calls describing sealant benefits to heads of household
		Lack of access to dental care providers	<ul style="list-style-type: none"> Live telephone outreach and scheduling assistance for parents/guardians of enrollees 6 to 9 years of age

PAHP	PIP Topic	Barriers	Interventions
			<ul style="list-style-type: none"> Partner with LA Seals Smiles to sponsor sealant days at area schools to facilitate school-based sealant placement for enrollees
		Lack of parent/guardian awareness of assigned dental care provider	<ul style="list-style-type: none"> Distribute lists of enrollees due for sealant placement to dental providers to facilitate direct provider outreach to enrollees
MCNA	<i>Improving Dental Sealant Receipt on Permanent 1st Molar</i>	Limited oral health literacy among parents/guardians of enrollees	<ul style="list-style-type: none"> Educational postcards sent to eligible members 48 months prior to their 10th birthday to promote the importance of dental sealants, summarize coverage benefits, and encourage scheduling a dental appointment Monthly text messages providing education to enrollees and parents/guardians on the importance of dental sealants in preventing tooth decay Targeted outbound call campaign for eligible enrollees who have not received at least one dental sealant 48 months prior to their 10th birthday to provide education on the importance of sealants and coverage benefits, and to encourage scheduling a dental appointment
		Dental providers/facilities are unaware of performance in adhering to preventive care clinical practice guidelines	<i>None reported</i>

Statewide PAHP Strengths, Opportunities for Improvement, and Recommendations

For the PAHPs statewide, the following strengths were identified:

- The PAHPs followed methodologically sound designs for the PIPs that facilitated valid and reliable measurement of objective indicator performance over time. [Quality]
- The PAHPs reported accurate indicator results, and appropriate data analyses and interpretations of results. [Quality]
- The PAHPs conducted barrier analyses to identify and prioritize barriers to improvement, and initiated interventions to address priority barriers. [Quality]

- One of the two PAHPs, DQ, reported performance indicator results that demonstrated a statistically significant improvement in performance from baseline to the final remeasurement. [**Quality, Timeliness, and Access**]

For the PAHPs statewide, the following opportunity for improvement was identified:

- One of the two PAHPs, MCNA, reported performance indicator results that demonstrated a decline in performance from baseline to the final remeasurement. [**Quality, Timeliness, and Access**]

For the PAHPs statewide, the following recommendations were identified:

- The PAHPs should apply lessons learned and knowledge gained throughout the PIP to future PIPs and other QI activities. [**Quality**]
- The PAHPs should continue improvement efforts in the PIP topic areas, and for the successful interventions, consider spreading beyond the narrowed focus. The conclusion of a project should be used as a springboard for sustaining the improvement achieved and attaining new improvements. [**Quality**]
- To address any declines in performance, the PAHPs should revisit root cause analyses identifying barriers to improving access to dental services and use intervention-specific evaluation results to guide decisions about continuing, revising, or discontinuing interventions to promote effective resource use and achievement of improvement goals. [**Quality**]

Methodology

Requirement 42 CFR §438.364(a)(1) describes the manner in which (1) the data from all activities conducted in accordance with 42 CFR §438.358 were aggregated and analyzed, and (2) conclusions were drawn as to the quality, timeliness, and accessibility of care furnished by each PAHP.

Objectives

The purpose of conducting PIPs is to achieve—through ongoing measurements and intervention—significant, sustained improvement in clinical or nonclinical areas. This structured method of assessing and improving PAHP processes was designed to have favorable effects on health outcomes and member satisfaction.

The primary objective of PIP validation is to determine each PAHP's compliance with requirements set forth in 42 CFR §438.240(b)(1), including:

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

The goal of HSAG's PIP validation is to ensure that LDH and key stakeholders can have confidence that any reported improvement is related and can be reasonably linked to the QI strategies and activities the PAHP conducted during the PIP. HSAG's scoring methodology evaluated whether the PAHP executed a methodologically sound PIP.

Technical Methods of Data Collection

HSAG, as the State's EQRO, validated the PIPs through an independent review process. In its PIP evaluation and validation, HSAG used CMS Protocol 1.

HSAG's evaluation of each PIP includes two key components of the QI process:

1. HSAG evaluates the technical structure of the PIP to ensure that the PAHP designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements. HSAG's review determines whether the PIP design (e.g., PIP Aim statement, population, sampling techniques, performance indicator, and data collection methodology) is based on sound methodological principles and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.
2. HSAG evaluates the implementation of the PIP. Once designed, a PIP's effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, and the identification

of barriers and subsequent development of relevant interventions. Through this component, HSAG evaluates how well the PAHP improves indicator results through implementation of effective processes (i.e., barrier analyses, interventions, and evaluation of results).

Description of Data Obtained

HSAG's methodology for PIP validation provided a consistent, structured process and a mechanism for providing the PAHPs with specific feedback and recommendations. The PAHPs used a standardized PIP Submission Form to document information on the PIP design, completed PIP activities, and performance indicator results. HSAG evaluated the documentation provided in the PIP Submission Form to conduct the annual validation.

How Data Were Aggregated and Analyzed

Using the PIP Validation Tool and standardized scoring, HSAG scored each PIP on a series of evaluation elements and scored each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable (NA)*, or *Not Assessed*. HSAG designated some of the evaluation elements pivotal to the PIP process as "critical elements." For a PIP to produce valid and reliable results, all critical elements needed to achieve a *Met* score. HSAG assigned each PIP an overall percentage score for all evaluation elements (including critical elements), calculated by dividing the total number of elements scored as *Met* by the sum of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculated a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*.

In alignment with CMS Protocol 1, HSAG assigned two PIP validation ratings, summarizing overall PIP performance. One validation rating reflected HSAG's confidence that the PAHP adhered to acceptable methodology for all phases of design and data collection and conducted accurate data analysis and interpretation of PIP results. HSAG based this validation rating on the scores for applicable evaluation elements in steps 1 through 8 of the PIP Validation Tool. The second validation rating was only assigned for PIPs that have progressed to the Outcomes stage (Step 9) and reflected HSAG's confidence that the PIP's performance indicator results demonstrated evidence of significant improvement. The second validation rating is based on scores from Step 9 in the PIP validation tool. For each applicable validation rating, HSAG reported the percentage of applicable evaluation elements that received a *Met* score and the corresponding confidence level: *High Confidence*, *Moderate Confidence*, *Low Confidence*, or *No Confidence*. The confidence level definitions for each validation rating are as follows:

1. Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP (Steps 1 Through 8)

- a. *High Confidence*: High confidence in reported PIP results. All critical evaluation elements were *Met*, and 90 percent to 100 percent of all evaluation elements were *Met* across all steps.
- b. *Moderate Confidence*: Moderate confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 percent to 89 percent of all evaluation elements were *Met* across all steps.
- c. *Low Confidence*: Low confidence in reported PIP results. Across all steps, 65 percent to 79 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Partially Met*.
- d. *No Confidence*: No confidence in reported PIP results. Across all steps, less than 65 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Not Met*.

2. Overall Confidence That the PIP Achieved Significant Improvement (Step 9)

- a. *High Confidence*: All performance indicators demonstrated *statistically significant* improvement over the baseline.
- b. *Moderate Confidence*: One of the three scenarios below occurred:
 - i. All performance indicators demonstrated improvement over the baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over the baseline.
 - ii. All performance indicators demonstrated improvement over the baseline, **and** none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
 - iii. Some but not all performance indicators demonstrated improvement over baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over baseline.
- c. *Low Confidence*: The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator **or** some but not all performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
- d. *No Confidence*: The remeasurement methodology was not the same as the baseline methodology for all performance indicators or none of the performance indicators demonstrated improvement over the baseline.

HSAG analyzed the quantitative results obtained from the above PIP validation activities to identify strengths and weaknesses in each domain of quality, timeliness, and accessibility of services furnished by each PAHP. HSAG then identified common themes and the salient patterns that emerged across the PAHPs related to PIP validation or performance on the PIPs conducted.

How Conclusions Were Drawn

PIPs that accurately addressed CMS Protocol 1 requirements were determined to have high validity and reliability. Validity refers to the extent to which the data collected for a PIP measured its intent. Reliability refers to the extent to which an individual could reproduce the project results. For each completed PIP, HSAG assessed threats to the validity and reliability of PIP findings and determined whether a PIP was credible.

To draw conclusions about the quality, timeliness, and accessibility of care and services provided by the PAHPs, HSAG assigned each PIP topic to one or more of these three domains. While the focus of a PAHP's PIP may have been to improve performance related to healthcare quality, timeliness, or accessibility, PIP validation activities were designed to evaluate the validity and quality of the PAHP's process for conducting valid PIPs. Therefore, HSAG assigned all PIPs to the quality domain. In addition, all PIP topics were assigned to other domains as appropriate. This assignment to domains is shown in Table 2-5.

Table 2-5—Assignment of PIPs to the Quality, Timeliness, and Access Domains

PAHP	PIP	Quality	Timeliness	Access
DQ	<i>Increase Utilization of Sealants on First Permanent Molar by the Age of Ten</i>	✓	✓	✓
MCNA	<i>Improving Dental Sealant Receipt on Permanent 1st Molar</i>	✓	✓	✓

3. Validation of Performance Measures

Aggregate Results

Information Systems Standards Review

Since the PAHPs did not have an NCQA HEDIS audit performed, there were no final audit reports (FARs) issued that detailed the ISCA. Therefore, a separate ISCA was issued in June 2022 and provided by LDH to HSAG. HSAG's review of the results found that both MCNA and DQ met the requirement of maintaining IS that collect, analyze, integrate, and report data that comply with LDH and federal reporting requirements. The systems also provided information on utilization, grievances, and appeals. The review comprised the following areas:

1. Enrollment System(s) and Processes
2. Claims/Encounter Data System(s) and Processes
3. Provider Data System(s) and Processes
4. Data Integration and Systems Architecture

Performance Measures

Table 3-1 displays measure definitions, stewards, reporting periods, goals, and PAHP performance measure rates. Both PAHPs' performance measure rates fell below the LDH target for the most recent reporting period.

Table 3-1—PAHP Performance Measures

Measure	Steward	Reporting Period	Goal	MCNA Rate	DQ Rate
Increase the percentage of EPSDT [Early and Periodic Screening, Diagnostic and Treatment] enrollees (enrolled for at least 90 consecutive days), age 1–20 years, receiving at least one preventative dental service (CMS-416 12b)	CMS	Federal Fiscal Year (October 1–September 31) Reported March 2023	57.00%	44.63%	41.53%
HEDIS <i>Annual Dental Visit</i>	NCQA	MY 2022 Reported June 2023	66.25%	52.83%	50.89%

Statewide PAHP Strengths, Opportunities for Improvement, and Recommendations

For the PAHPs statewide, the following strength was identified:

- Both PAHPs' performance measure rates increased from the prior year, indicating that the PAHPs have put forth effort to increase preventative and annual dental services. **[Quality, Timeliness, and Access]**

For the PAHPs statewide, the following opportunities for improvement were identified:

- Both PAHPs' performance measure rates fell below the LDH target for the most recent reporting period for CMS-416 12b, indicating members were not always receiving at least one preventative dental service during the year. Regular preventive dental care is essential for good oral health so one can find problems earlier when they are easier to treat.³⁻¹ **[Quality, Timeliness, and Access]**
- Both PAHPs' performance measure rates fell below the LDH target for the most recent reporting period for *Annual Dental Visit*, indicating members were not always receiving at least one dental visit during the year. Oral health is essential to overall health. Dental diseases have a negative effect on the quality of life in childhood and in older age. Annual dental visits and oral care throughout childhood and adolescence can significantly reduce the risks of developing oral disease.³⁻² **[Quality, Timeliness, and Access]**

For the PAHPs statewide, the following recommendation was identified:

- HSAG recommends that the PAHPs conduct a root cause analysis or focused study to determine why some members were not always receiving at least one preventive dental service or dental visit during the year. Upon identification of a root cause, the PAHPs should implement appropriate interventions to continue to improve performance related to the CMS-416 12b and *Annual Dental Visit* performance measures. **[Quality, Timeliness, and Access]**

³⁻¹ Centers for Disease Control and Prevention. Disparities in Oral Health. Available at: https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm#:~:text=1%20Can%E2%80%99t%20afford%20to%20pay%20out%20of%20pocket,public%20transportation%20to%20get%20to%20dental%20appointments.%201. Accessed on: Dec 27, 2023.

³⁻² National Committee for Quality Assurance. Annual Dental Visit. Available at: <https://www.ncqa.org/hedis/measures/annual-dental-visit/>. Accessed on: Dec 27, 2023.

Methodology

Requirement 42 CFR §438.364(a)(1) describes the manner in which (1) the data from all activities conducted in accordance with 42 CFR §438.358 were aggregated and analyzed, and (2) conclusions were drawn as to the quality, timeliness, and accessibility of care furnished by each PAHP.

Validation of Performance Measures

Objectives

In accordance with 42 CFR §438.330(c), states must require PAHPs to submit performance measurement data as part of their QAPI programs. The validation of performance measures is one of the mandatory EQR activities that the state Medicaid agencies are required to perform according to the Medicaid managed care regulations.

The primary objectives of the performance measure validation (PMV) process were to:

1. Evaluate the accuracy of performance measure data collected by the PAHP.
2. Determine the extent to which the specific performance measures calculated by the PAHP (or on behalf of the PAHP) followed the specifications established for each performance measure.
3. Identify overall strengths and areas for improvement in the performance measure calculation process.

Technical Methods of Data Collection

LDH selects a set of performance measures to evaluate the quality of care delivered by the PAHPs to Louisiana Medicaid members. The EPSDT measures assess the effectiveness of state EPSDT programs for Medicaid-eligible individuals under the age of 21 years. These measures examine the number of children and adolescents who received health screenings and preventive health services, who were referred for corrective treatment, and who received dental treatment. LDH reports two performance measures for the dental program; CMS-416 12b and *Annual Dental Visit*.

LDH utilizes a contractor who produces the performance measures instead of the PAHPs self-reporting. The contractor produces rates for the CMS-416 12b and *Annual Dental Visit* measures.

Description of Data Obtained

HSAG obtained a copy of the *Annual Dental Visit* and CMS-416 12b information from LDH. The *Annual Dental Visit* measure was stratified into the following age groups: 2–3 years, 4–6 years, 7–10 years, 11–14 years, 15–18 years, 19–20 years, and total. Data were reported for the EPSDT CMS-416 12b measure that assessed the total number of children and adolescents receiving preventive dental services.

How Data Were Aggregated and Analyzed

Since the PAHPs did not have an NCQA HEDIS audit performed, there were no FARs issued that detailed the ISCA. Therefore, a separate ISCA was issued in June 2022 and provided by LDH to HSAG. The review comprised the following areas:

1. Enrollment System(s) and Processes
2. Claims/Encounter Data System(s) and Processes
3. Provider Data System(s) and Processes
4. Data Integration and Systems Architecture

How Conclusions Were Drawn

To draw conclusions about the quality, timeliness, and accessibility of care and services that each PAHP provided to members, HSAG evaluated the results for each performance measure based on the LDH target to identify strengths and weaknesses and determine whether each strength and weakness impacted one or more of the domains of quality, timeliness, or access. Additionally, for each weakness, HSAG made recommendations to support improvement in the quality, timeliness, and accessibility of care and services furnished to the PAHP’s Medicaid members.

To draw conclusions about the quality, timeliness, and accessibility of care provided by the Medicaid PAHPs, HSAG assigned each of the components reviewed for PMV to one or more of three domains of care. This assignment to domains of care is depicted in Table 3-2.

Table 3-2—Assignment of Performance Measures to the Quality, Timeliness, and Access Domains

Performance Measure	Quality	Timeliness	Access
Increase the percentage of EPSDT enrollees (enrolled for at least 90 consecutive days), age 1–20 years, receiving at least one preventative dental service (CMS-416 12b)	X	X	X
<i>Annual Dental Visit</i>	X	X	X

4. Assessment of Compliance With Medicaid Managed Care Regulations

Aggregate Results

Table 4-1—Summary of CR Scores for the Three-Year Review Period: CY 2021-CY 2023^{1,2}

Standard Name	DQ			MCNA		
	2021	2022	2023	2021	2022	2023
Enrollment and Disenrollment		28.6%			85.7%	
Member Rights and Confidentiality	74.3%			100%		
Member Information						
Emergency and Post-Stabilization Services	PAHPS are not responsible for inpatient services. 42 CFR 422.113 states that for the purpose of payment, post-stabilization care services begin at the time of admission. Therefore, this requirement is not applicable for the PAHPs.					
Availability of Services	72.7%			100%		
Assurances of Adequate Capacity of Services	86.8%			100%		
Coordination and Continuity of Care	The Coordination and Continuity of Care standard was not reviewed by the previous EQRO for the PAHPs in 2022 because the care coordination completed in dental services occurred from provider to provider and not at the health plan level; therefore, this standard was deemed not applicable to review at the health plan level.					
Coverage and Authorization of Services	96.3%			100%		
Provider Selection	98.3%			100%		
Subcontractual Relationships and Delegation		83.3%			83.3%	
Practice Guidelines	100%			100%		
Health Information Systems	100%			100%		
Quality Assessment and Performance Improvement Program	71.6%			100%		
Grievance and Appeal Systems	84.8%			100%		
Program Integrity	100%			100%		

¹ Grey shading indicates the standard was not reviewed in the CY.

² Bold text indicates scores that were determined by HSAG. All other scores were determined by LDH's former EQRO. HSAG's scoring methodology included three levels: *Met*, *Not Met*, and *Not Applicable*.

Statewide PAHPs Strengths, Opportunities for Improvement, and Recommendations

For the PAHPs statewide, the following strength was identified:

- For Standard IX—Subcontractual Relationships and Delegation, the PAHPs demonstrated that they maintained responsibility for the performance of all LDH contract requirements and verified the subcontractors' and delegated entities' ability to perform the requirements that were included in their contract with the PAHP. **[Quality]**

For the PAHPs statewide, the following opportunities for improvement were identified:

- The PAHPs' policies and procedures failed to include all requirements in Standard I—Enrollment and Disenrollment. **[Quality, Access]**
- The PAHPs' contracts failed to include all requirements in Standard IX—Subcontractual Relationships and Delegation. **[Quality]**

For the PAHPs statewide, the following required actions and recommendations were identified:

- The PAHPs must revise their policies and procedures to include all requirements in Standard I—Enrollment and Disenrollment as detailed in the CR report. **[Quality, Access]**
- The PAHPs must update their contracts to include all requirements in Standard IX—Subcontractual Relationships and Delegation. **[Quality]**

Methodology

Standards

Table 4-2 delineates the CR activities as well as the standards that were reviewed during the first two years of the three-year CR cycle. In addition, HSAG conducted a follow-up review of each PAHP's implementation of CAPs from the CY 2021 CRs.

Table 4-2—Summary of CR Standards

Standard	Year One (CY 2021)			Year Two (CY 2022)		
	MCO	PAHP	PIHP	MCO	PAHP	PIHP
Standard I—Enrollment and Disenrollment				✓	✓	✓
Standard II—Member Rights and Confidentiality	✓	✓	✓			
Standard III—Member Information	✓	✓	✓			
Standard IV—Emergency and Poststabilization Services	✓	NA				✓
Standard V—Adequate Capacity and Availability of Services	✓	✓	✓			
Standard VI—Coordination and Continuity of Care	✓	✓	✓			
Standard VII—Coverage and Authorization of Services	✓	✓	✓			
Standard VIII—Provider Selection	✓	✓	✓			
Standard IX—Subcontractual Relationships and Delegation	✓		✓		✓	
Standard X—Practice Guidelines	✓	✓	✓			
Standard XI—Health Information Systems	✓	✓	✓			
Standard XII—Quality Assessment and Performance Improvement	✓	✓	✓			
Standard XIII—Grievance and Appeal Systems	✓	✓	✓			
Standard XIV—Program Integrity	✓	✓	✓			

HSAG divided the federal regulations into 14 standards consisting of related regulations and contract requirements. Table 4-3 describes the standards and associated regulations and requirements reviewed for each standard.

Table 4-3—Summary of CR Standards and Associated Regulations

Standard	Federal Requirements Included ¹	Standard	Federal Requirements Included
Standard I—Enrollment and Disenrollment	42 CFR §438.3(d) 42 CFR §438.56	Standard VIII—Provider Selection	42 CFR §438.12 42 CFR §438.102 42 CFR §438.106 42 CFR §438.214 42 CFR §438.602(b) 42 CFR §438.608 42 CFR §438.610
Standard II—Member Rights and Confidentiality	42 CFR §438.100 42 CFR §438.224 42 CFR §422.128	Standard IX—Subcontractual Relationships and Delegation	42 CFR §438.230
Standard III—Member Information	42 CFR §438.10	Standard X—Practice Guidelines	42 CFR §438.236
Standard IV—Emergency and Poststabilization Services	42 CFR §438.114	Standard XI—Health Information Systems	42 CFR §438.242
Standard V—Adequate Capacity and Availability of Services	42 CFR §438.206 42 CFR §438.207	Standard XII—Quality Assessment and Performance Improvement	42 CFR §438.330
Standard VI—Coordination and Continuity of Care	42 CFR §438.208	Standard XIII—Grievance and Appeal Systems	42 CFR §438.228 42 CFR §438.400– 42 CFR §438.424
Standard VII—Coverage and Authorization of Services	42 CFR §438.210 42 CFR §438.404	Standard XIV—Program Integrity	42 CFR §438.608

¹ The CR 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).

Objectives

Private accreditation organizations, state licensing agencies, and state Medicaid agencies all recognize that having standards is only the first step in promoting safe and effective healthcare. Making sure that the standards are followed is the second step. The objective of each virtual review was to provide meaningful information to LDH and the PAHP s regarding:

- The PAHP s’ compliance with federal managed care regulations and contract requirements in the standard areas reviewed.

- Strengths, opportunities for improvement, recommendations, or required actions to bring the PAHPs into compliance with federal managed care regulations and contract requirements with the standard areas reviewed.
- The quality, timeliness, and access to care furnished by the PAHPs, as addressed within the specific areas reviewed.
- Possible additional interventions recommended to improve the quality of the PAHPs' care provided and services offered related to the areas reviewed.

Technical Methods of Data Collection

To assess the PAHPs' compliance with regulations, HSAG conducted the five activities described in CMS' *EQR Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023.⁴⁻¹ Table 4-4 describes the five protocol activities and the specific tasks that HSAG performed to complete each activity.

Table 4-4—Protocol Activities Performed for Assessment of Compliance With Regulations

For this protocol activity,	HSAG completed the following activities:
Activity 1:	Establish Compliance Thresholds
	<p>Conducted before the review to assess compliance with federal managed care regulations and LDH contract requirements:</p> <ul style="list-style-type: none"> • HSAG and LDH collaborated to determine the timing and scope of the reviews, as well as scoring strategies. • HSAG developed and submitted CR tools, report templates, and agendas, and sent review dates to LDH for review and approval. • HSAG forwarded the CR tools and agendas to the PAHPs. • HSAG scheduled the virtual reviews to facilitate preparation for the reviews.
Activity 2:	Perform Preliminary Review
	<ul style="list-style-type: none"> • HSAG conducted an PAHP pre-virtual review preparation session to describe HSAG's processes and allow the PAHPs the opportunity to ask questions about the review process and PAHP expectations. • HSAG confirmed a primary PAHP contact person for the review and assigned HSAG reviewers to participate. • During the PAHP pre-virtual review preparation session, HSAG notified the PAHPs of the request for desk review documents. HSAG delivered a desk review form, the CR tool, CAP implementation review tool, and a webinar review agenda via HSAG's Secure Access File Exchange (SAFE) site. The desk review request included

⁴⁻¹ 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: Dec 18, 2023.

For this protocol activity,	HSAG completed the following activities:
	<p>instructions for organizing and preparing the documents to be submitted. The PAHP provided documentation for the desk review, as requested.</p> <ul style="list-style-type: none"> Examples of documents submitted for the desk review and CR consisted of the completed desk review form, the CR tool with the PAHP's section completed, policies and procedures, staff training materials, reports, minutes of key committee meetings, and member and provider informational materials. The HSAG review team reviewed all documentation submitted prior to the scheduled webinar and prepared a request for further documentation and an interview guide to use during the webinar.
Activity 3:	Conduct PAHP Virtual Review
	<ul style="list-style-type: none"> HSAG conducted an opening conference, with introductions and a review of the agenda and logistics for HSAG's virtual review activities. During the review, HSAG met with groups of the PAHP's key staff members to obtain a complete picture of the PAHP's compliance with Medicaid and CHIP managed care regulations and contract requirements, explore any issues not fully addressed in the documents, and increase overall understanding of the PAHP's performance. HSAG requested, collected, and reviewed additional documents, as needed. HSAG conducted a closing conference during which HSAG reviewers summarized preliminary findings, as appropriate.
Activity 4:	Compile and Analyze Findings
	<ul style="list-style-type: none"> HSAG used the 2023 LDH-approved CR Report Template to compile the findings and incorporate information from the CR activities. HSAG analyzed the findings and calculated final scores based on LDH-approved scoring strategies. HSAG determined opportunities for improvement, recommendations, and required actions based on the review findings.
Activity 5:	Report Results to LDH
	<ul style="list-style-type: none"> HSAG populated and submitted the draft reports to LDH and the PAHPs for review and comments. HSAG incorporated the feedback, as applicable, and finalized the reports. HSAG included a pre-populated CAP template in the final report for all requirements determined to be out of compliance with managed care regulations (i.e., received a score of <i>Not Met</i>). HSAG distributed the final reports to the PAHPs and LDH.

Description of Data Obtained

The following are examples of documents reviewed and sources of the data obtained:

- Committee meeting agendas, minutes, and reports
- 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

How Data Were Aggregated and Analyzed

HSAG aggregated and analyzed the data resulting from the desk review, virtual interviews conducted with key PAHP personnel, and any additional documents submitted as a result of the interviews. The data that HSAG aggregated and analyzed included the following:

- Documented findings describing the PAHP's performance in complying with each standard requirement.
- Scores assigned to the PAHP'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.
- Documentation of the actions required to bring performance into compliance with the requirements for which HSAG assigned scores of *Not Met*.
- Recommendations for program enhancements.

Based on the results of the data aggregation and analysis, HSAG prepared and forwarded draft reports to LDH and to each PAHP's staff members for their review and comment prior to issuing final reports.

HSAG analyzed the quantitative results obtained from the above compliance activity to identify strengths and weaknesses in each domain of quality, timeliness, and access to care furnished by each PAHP. HSAG then identified common themes and the salient patterns that emerged across PAHPs related to the compliance activity conducted.

How Conclusions Were Drawn

To draw conclusions about the quality, timeliness, and access to care provided by the PAHPs, HSAG assigned each of the components reviewed for assessment of compliance with regulations to one or more of those domains of care. Each standard may involve assessment of more than one domain of care due to the combination of individual requirements within each standard. HSAG then analyzed, to draw

conclusions and make recommendations, the individual requirements within each standard that assessed the quality, timeliness, or access to care and services provided by the PAHPs. Table 4-5 depicts assignment of the standards to the domains of care.

Table 4-5—Assignment of CR Standards to the Quality, Timeliness, and Access Domains

CR Standard	Quality	Timeliness	Access
Standard I—Enrollment and Disenrollment	✓		✓
Standard II—Member Rights and Confidentiality			✓
Standard III—Member Information			✓
Standard IV—Emergency and Poststabilization Services		✓	✓
Standard V—Adequate Capacity and Availability of Services		✓	✓
Standard VI—Coordination and Continuity of Care	✓	✓	✓
Standard VII—Coverage and Authorization of Services		✓	✓
Standard VIII—Provider Selection	✓	✓	✓
Standard IX—Subcontractual Relationships and Delegation	✓		
Standard X—Practice Guidelines	✓		
Standard XI—Health Information Systems	✓		✓
Standard XII—Quality Assessment and Performance Improvement	✓		
Standard XIII—Grievance and Appeal Systems	✓	✓	✓
Standard XIV—Program Integrity	✓	✓	✓

5. Validation of Network Adequacy

Aggregate Results

GeoAccess Provider Network Accessibility

DQ

DQ's contract with LDH (effective dates January 1, 2021–December 31, 2023) requires DQ to comply with the following GeoAccess standards:

- Travel distance from enrollee's place of residence to primary dental services shall not exceed the following for 100 percent of members:
 - Urban—10 miles
 - Rural—30 miles
- Travel distance from enrollee's place of residence to specialty dental services shall not exceed the following for both urban and rural regions:
 - 60 miles for 75 percent of members
 - 90 miles for 100 percent of members⁵⁻¹

Table 5-1 presents the percentage of members DQ reported having access within the required distance standards for the reporting period of July 1, 2022–June 30, 2023.

Table 5-1—GeoAccess Results for DQ

Specialty	Region	Standard	Fiscal Quarter (FQ) 1 (07/01/2022–09/30/2022)	FQ2 (10/01/2022–12/31/2022)	FQ3 (01/01/2023–03/31/2023)	FQ4 (04/01/2023–06/30/2023)
Primary Dental Providers	Urban	10 miles/100%	98.84%	98.84%	98.84%	98.84%
	Rural	30 miles/100%	100%	100%	100%	100%
Specialty Dental—Endodontist	75%	60 miles	76.02%	76.02%	85.61%	85.61%
	100%	90 miles	94.77%	94.77%	98.90%	98.90%

⁵⁻¹ Effective May 1, 2023, the standard for specialty dental access changed from 90 miles to 75 miles for 100 percent of enrollees. Given the reporting period of July 1, 2022–June 30, 2023, HSAG used the 90-mile distance standard.

Specialty	Region	Standard	Fiscal Quarter (FQ) 1 (07/01/2022–09/30/2022)	FQ2 (10/01/2022–12/31/2022)	FQ3 (01/01/2023–03/31/2023)	FQ4 (04/01/2023–06/30/2023)
Specialty Dental— Oral Surgeon	75%	60 miles	99.16%	99.16%	90.46%	90.46%
	100%	90 miles	99.00%	99.00%	99.31%	99.31%
Specialty Dental— Orthodontist	75%	60 miles	97.63%	97.63%	87.45%	87.45%
	100%	90 miles	99.98%	99.98%	99.86%	99.86%
Specialty Dental— Periodontist	75%	60 miles	75.27%	75.27%	75.05%	75.05%
	100%	90 miles	96.38%	96.38%	96.38%	96.38%
Specialty Dental— Prosthodontist	75%	60 miles	82.0%	82.00%	82.00%	82.00%
	100%	90 miles	93.71%	93.71%	93.71%	93.71%

	Meets the required distance standards
	Results of 99.0% or higher

DQ's GeoAccess results varied very little quarter by quarter with few exceptions. Percentages of members with access within the required distance standards to primary dental providers remained constant each quarter of the state fiscal year, with urban regions showing GeoAccess results near 90 percent (in aggregate) and at 100 percent in rural regions throughout the state fiscal year. Access to oral surgeons and orthodontists remained at or near the required distance standards throughout the state fiscal year with little variation for oral surgeons but showing a slight drop in percentage points for orthodontists in the last two quarters of the state fiscal year.

Access to endodontists, periodontists, and prosthodontics remained at or near the required distance standards throughout the state fiscal year.

DQ's reporting stated that to compensate for deficiencies, DQ agreed to provide services by out-of-network providers, including transportation or lodging, if needed. DQ also stated that outreach to recruit providers was planned. DQ's GeoAccess reporting did not include whether DQ assessed the effectiveness of these actions or whether it had received grievances related to access during the review period.

MCNA

MCNA's contract with LDH (effective dates January 1, 2021–December 31, 2023) requires MCNA to comply with the following GeoAccess standards:

- Travel distance from enrollee's place of residence to primary dental services shall not exceed the following for 100 percent of members:
 - Urban—10 miles
 - Rural—30 miles

- Travel distance from enrollee’s place of residence to specialty dental services shall not exceed the following for both urban and rural regions:
 - 60 miles for 75 percent of members
 - 90 miles for 100 percent of members⁵⁻²

Table 5-2 presents the percentage of members MCNA reported having access within the required distance standards for the reporting period of July 1, 2022–June 30, 2023.

Table 5-2—GeoAccess Results for MCNA

Specialty	Region	Standard	FQ1 (07/01/2022– 09/30/2022)	FQ2 (10/01/2022– 12/31/2022)	FQ3 (01/01/2023– 03/31/2023)	FQ4 (04/01/2023– 06/30/2023)
Primary Dental Providers	Urban	10 miles/100%	90.12%	93.26	90.10%	90.10%
	Rural	30 miles/100%	97.21%	97.21%	99.91%	99.92%
Specialty Dental—Endodontist	75%	60 miles	59.27%	59.26%	59.49%	59.50%
	100%	90 miles	81.24%	81.23%	81.22%	81.21%
Specialty Dental—Oral Surgeon	75%	60 miles	95.84%	95.84%	95.85%	95.87%
	100%	90 miles	99.21%	99.20%	99.21%	99.21%
Specialty Dental—Orthodontist	75%	60 miles	94.19%	94.05%	88.78%	88.80%
	100%	90 miles	99.96%	99.96%	99.94%	99.97%
Specialty Dental—Periodontist	75%	60 miles	41.89%	41.89%	41.89%	41.89%
	100%	90 miles	50.74%	50.74%	50.73%	50.74%
Specialty Dental—Prosthodontics	75%	60 miles	38.18%	38.18%	38.18%	98.17%
	100%	90 miles	48.30%	48.32%	48.32%	48.33%

Meets the required distance standards
 Results of 99.0% or higher

MCNA’s GeoAccess results varied very little quarter by quarter with few exceptions. Percentages of members with access within the required distance standards for primary dental providers remained at or slightly above 90 percent (in aggregate) in urban regions and at or above 97 percent (in aggregate) in rural regions in each quarter of the state fiscal year, with access improving in rural regions overall in the last two quarters of the state fiscal year. Access to oral surgeons and orthodontists remained at or near

⁵⁻² Effective May 1, 2023, the standard for specialty dental access changed from 90 miles to 75 miles for 100 percent of enrollees. Given the reporting period of July 1, 2022–June 30, 2023, HSAG used the 90-mile distance standard.

the required distance standards throughout the state fiscal year with little variation for oral surgeons but showing a slight drop in percentage points for orthodontists in the last two quarters of the state fiscal year.

Access to endodontists, periodontists, and prosthodontist remained well below the required distance standards with little variation in aggregated GeoAccess results noted quarter by quarter.

MCNA's GeoAccess reporting stated that MCNA planned to reach out to noncontracted providers; however, it also stated that in many regions, MCNA had contracted with all available providers. MCNA's reporting did not include whether MCNA had assessed the effectiveness of its outreach, or whether it had received grievances related to access during the review period.

Statewide PAHP Strengths, Opportunities for Improvement, and Recommendations

For the PAHPs statewide, the following strengths were identified:

- For GeoAccess, DQ achieved above 99 percent for eight of 12 standards for the entire SFY 2023. **[Access]**
- Both PAHPs achieved above 99 percent for the following GeoAccess dental provider types: specialty dental—oral surgeon and specialty dental—orthodontist. **[Access]**

For the PAHPs statewide, the following opportunities for improvement were identified:

- For GeoAccess, MCNA achieved above 99 percent for only five of 12 standards for the entire SFY 2023. **[Access]**
- Neither PAHP achieved the GeoAccess standard for the following dental provider types: primary dental providers (urban), specialty dental—periodontist (90 miles), specialty dental—prosthodontist (90 miles). **[Access]**

For the PAHPs statewide, the following recommendations were identified:

- For provider types that did not meet GeoAccess standards, the PAHPs should contract with additional providers, if available, or continue to implement strategies for expanding the provider network. **[Access]**
- The PAHPs should conduct an in-depth review of provider types for which GeoAccess standards were not met, with the goal of determining whether failure to meet the standard(s) resulted from a lack of providers or an inability to contract with providers in the geographic area. Analyses should evaluate the extent to which the PAHP has requested exemptions from LDH for provider types for which providers may not be available or willing to contract. **[Access]**

Methodology

Objectives

The purpose of assessing the PAHP's reporting related to network adequacy is to evaluate the sufficiency of the provider network as reported by the PAHP, ensure the sufficiency of the network to provide adequate access to all services covered under the contract for all members, and provide recommendations to address network deficiencies.

Technical Methods of Data Collection

The PAHP was required to submit network analysis reports, GeoAccess mapping and tables, network gap analysis reports, and development plans depicting interventions or activities designed to address identified gaps in the networks. The PAHP used GeoAccess mapping software to calculate compliance with contractual distance standards for each required provider type. HSAG compared each PAHP's GeoAccess compliance reporting to the contractual standards.

Description of Data Obtained

Each PAHP submitted GeoAccess mapping reports and tables, and gap analysis reports to LDH, which HSAG reviewed.

How Data Were Aggregated and Analyzed

HSAG used a standard reporting table to aggregate the GeoAccess mapping results for each provider type. HSAG determined whether the results for each provider type were compliant or noncompliant with the contract standards. HSAG then reviewed the PAHP's reports to determine whether the PAHP developed interventions to address network deficiencies.

How Conclusions Were Drawn

HSAG determined that GeoAccess mapping not only provides insight into whether the access to specific providers is sufficient, but also, if network gaps exist, the quality of care a member receives may be impacted if care is received by nonqualified providers or not received at all.

Table 5-3—Assignment of NAV Activities to the Quality, Timeliness, and Access Domains

NAV Activity	Quality	Timeliness	Access
GeoAccess Provider Network Accessibility Assessment	✓		✓

6. PAHP Aggregate Strengths, Opportunities for Improvement, and Recommendations

HSAG used its analyses and evaluations of EQR activity findings from SFY 2023 to comprehensively assess the PAHPs' performance in providing quality, timely, and accessible healthcare services to Louisiana's Medicaid and CHIP members. HSAG provides the PAHPs' aggregate strengths, opportunities for improvement, and recommendations in Table 6-1 through Table 6-3.

Table 6-1—Strengths Related to Quality, Timeliness, and Access

Overall PAHP Strengths	
Quality, Access, Timeliness	<ul style="list-style-type: none"> Both PAHPs' rates increased from the prior year for both reported performance measures (CMS-416 12b and <i>Annual Dental Visit</i>), indicating that the PAHPs have put forth effort to increase preventative and annual dental services. One of the two PAHPs, DQ, reported PIP performance indicator results that demonstrated a statistically significant improvement in performance from baseline to the final remeasurement.
Access	<ul style="list-style-type: none"> Both PAHPs achieved above 99 percent for the following GeoAccess dental provider types: specialty dental—oral surgeon and specialty dental—orthodontist.

Table 6-2—Opportunities for Improvement Related to Quality, Timeliness, and Access

Overall PAHP Opportunities for Improvement	
Quality, Access, Timeliness	<ul style="list-style-type: none"> Both PAHPs' rates fell below the LDH target for both reported performance measures (CMS-416 12b and <i>Annual Dental Visit</i>), indicating members were not always receiving at least one preventative dental service or dental visit during the year. Each of the two performance indicators in MCNA's PIP demonstrated a decline in performance from baseline to the final remeasurement.
Access	<ul style="list-style-type: none"> For GeoAccess, MCNA achieved above 99 percent for only five of 12 standards for the entire SFY 2023, and neither PAHP achieved the GeoAccess standard for the following dental provider types: primary dental providers (urban), specialty dental—periodontist (90 miles), specialty dental—prosthodontist (90 miles).

Table 6-3—Recommendations

Overall PAHP Recommendations	
Recommendation	Associated Quality Strategy Goals to Target for Improvement
The PAHPs should conduct a root cause analysis or focused study to determine why some members were not always receiving at least one preventive dental service or dental visit during the year. Upon identification of a root cause, the PAHPs should implement appropriate interventions to continue to improve performance related to the CMS-416 12b and <i>Annual Dental Visit</i> performance measures.	Goal 1: Ensure access to care to meet enrollee needs Goal 4: Promote wellness and prevention
The PAHPs should revisit PIP root cause analyses identifying barriers to improving access to dental services and use intervention-specific evaluation results to guide decisions about continuing, revising, or discontinuing interventions to promote effective resource use and achievement of improvement goals.	Goal 1: Ensure access to care to meet enrollee needs Goal 4: Promote wellness and prevention
The PAHPs should continue improvement efforts in the PIP topic areas, and for the successful interventions, consider spreading beyond the narrowed focus. The conclusion of a project should be used as a springboard for sustaining the improvement achieved and attaining new improvements.	Goal 1: Ensure access to care to meet enrollee needs Goal 4: Promote wellness and prevention
To improve access to care, the PAHPs should conduct an in-depth review of provider types for which GeoAccess standards were not met and use analysis results to guide contracting efforts or implement additional strategies to address network gaps.	Goal 1: Ensure access to care to meet enrollee needs

7. Follow-Up on Prior Year's Recommendations

Table 7-1 through Table 7-8 contain a summary of the follow-up actions that the PAHPs completed in response to the previous EQRO's SFY 2022 recommendations. Furthermore, HSAG assessed the PAHPs' approach to addressing the recommendations. Please note that the responses in this section were provided by the PAHPs and have not been edited or validated by HSAG.

EQRO's Scoring Assessment

HSAG developed a methodology and rating system for the degree to which each health plan addressed the prior year's EQR recommendations. In accordance with CMS guidance, HSAG used a three-point rating system. The health plan's response to each EQRO recommendation was rated as *High*, *Medium*, or *Low* according to the criteria below.

High indicates *all* of the following:

- The plan implemented new initiatives or revised current initiatives that were applicable to the recommendation.
- Performance improvement directly attributable to the initiative was noted *or* if performance did not improve, the plan identified barriers that were specific to the initiative.
- The plan included a viable strategy for continued improvement or overcoming identified barriers.

A rating of *high* is indicated by the following graphic:



Medium indicates one or more of the following:

- The plan continued previous initiatives that were applicable to the recommendation.
- Performance improvement was noted that may or may not be directly attributable to the initiative.
- If performance did not improve, the plan identified barriers that may or may not be specific to the initiative.
- The plan included a viable strategy for continued improvement or overcoming barriers.

A rating of *medium* is indicated by the following graphic:



Low indicates one or more the following:

- The plan did not implement an initiative or the initiative was not applicable to the recommendation.
- No performance improvement was noted *and* the plan did not identify barriers that were specific to the initiative.
- The plan's strategy for continued improvement or overcoming identified barriers was not specific or viable.

A rating of *low* is indicated by the following graphic:



DQ

Table 7-1—Follow-Up on Prior Year's Recommendations for PIPs

Recommendations
None identified.

Table 7-2—Follow-Up on Prior Year's Recommendations for Performance Measures


Recommendations
Not applicable. New plan, was not required to submit PMs.

Table 7-3—Follow-Up on Prior Year's Recommendations for Compliance With Medicaid Managed Care Regulations

Recommendations
As described in Section 4—Assessment of Compliance With Medicaid Managed Care Regulations, LDH contracted with HSAG to validate DQ's remediation of the deficiencies identified in the prior year's CR CAP. HSAG reviewed DQ's responses and the additional documentation they submitted to assess whether compliance had been reached. The details of this follow-up are included in Appendix B.

Table 7-4—Follow-Up on Prior Year's Recommendations for Network Adequacy

Recommendations
DentaQuest should contract with additional endodontists, periodontists, and prosthodontists, where available.
Response
Describe initiatives implemented based on recommendations: DentaQuest continues to recruit and maintain specialists that are participating with the Medicaid Program.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): NA

Recommendations
Identify any barriers to implementing initiatives: None identified.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest will continue to evaluate gaps in access and will continue to recruit and retain providers.
EQRO's assessment to address the recommendations


MCNA

Table 7-5—Follow-Up on Prior Year's Recommendations for PIPs


Recommendations
It is recommended that MCNA develop a member gap report for distribution to providers with corresponding education about dental sealants.
Response
Describe initiatives implemented based on recommendations: MCNA enhanced its quarterly Practice Site Performance Summary (PSPS) report to include reporting of provider/facility rates for members receiving sealants on permanent first molar teeth by the 10 th birthdate. Lower performing providers receive targeted outreach and education from MCNA's Provider Relations team.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): MCNA has experienced improvement in the number of members who are receiving a dental sealant and it's expected to increase throughout the measurement year as providers receive ongoing outreach and education from the Provider Relations team.
Identify any barriers to implementing initiatives: There were no barriers to implementing this initiative.
Identify strategy for continued improvement or overcoming identified barriers: MCNA's strategy for continued improvement is to enhance the Provider Portal with a roster of eligible members who have not received a sealant(s) on their first permanent molar and include messaging reminding providers that through our "Sealants & Smiles" campaign, they can receive an additional \$10 fee per each first permanent molar for children ages 6-9.
EQRO's assessment to address the recommendations


Table 7-6—Follow-Up on Prior Year's Recommendations for Performance Measures


Recommendations
MCNA should determine interventions and steps to increase their performance measure rates.
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>MCNA has disseminated postcards to members providing oral health education and the importance of receiving routine preventive care. Members were encouraged to schedule a dental checkup and provided resources to contact MCNA for assistance locating a provider, scheduling an appointment, etc.</p> <p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>MCNA noted that of those members who received a postcard, 11% completed a dental service within 60 days and 88% of those members who accessed care received a preventive service.</p> <p>Identify any barriers to implementing initiatives:</p> <p>There were no barriers to implementing this initiative.</p> <p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>MCNA's strategy for continued improvement will be to include an outbound call campaign to members who have not received a dental checkup within the last six months. Members will receive appointment assistance and education on their available benefits.</p>
EQRO's assessment to address the recommendations


Table 7-7—Follow-Up on Prior Year's Recommendations for Compliance With Medicaid Managed Care Regulations

As described in Section 4—Assessment of Compliance With Medicaid Managed Care Regulations, LDH contracted with HSAG to validate MCNA's remediation of the deficiencies identified in the prior year's CR CAP. HSAG reviewed MCNA's responses and the additional documentation they submitted to assess whether compliance had been reached. The details of this follow-up are included in Appendix B.

Table 7-8—Follow-Up on Prior Year's Recommendations for Network Adequacy

Recommendations
MCNA should continue to enroll providers to expand provider coverage to meet the distance requirements.
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>MCNA works diligently to increase access to care through our ongoing approach to provider recruitment. MCNA deploys multiple strategies to expand available access points in rural and Dental Health Professional Shortage Areas (HPSAs). Some of our key strategies include expanding the network to include providers in</p>

Recommendations

bordering states, pursuing out-of-network arrangements, and relaxing administrative requirements such as reducing the number of Prior Authorizations required for certain procedures. MCNA's best practice approach for network development begins with boots on the ground, grass roots community mapping of our prospective states. Our Network Development team assess the availability of dentists, dental specialists, FQHCs, RHCs, schools of dentistry, IHCPs, mobile dental clinics, and providers offering school-based services by researching for available providers via LA State Board of Dentistry, NPES NPI Registry, LA Dental Association, or our own Dental Advisory Committee.

Identify any noted performance improvement as a result of initiatives implemented (if applicable):

MCNA will continue to monitor for improvement as our network continues to grow, however, shortage areas continue to be a challenge.

Identify any barriers to implementing initiatives:

1. Limited or no specialists in the state of LA, specifically in rural areas
2. Low reimbursement – specialists believe that the fees are too low
3. Regulatory requirements are burdensome

Identify strategy for continued improvement or overcoming identified barriers:

MCNA is exploring strategies to have mobile units available in shortage areas and will corroborate with key stakeholders in an effort to engage all parties needed for the success of implementation. This is still in an infancy stage at this point.

EQRO's assessment to address the recommendations



Appendix A. PAHP Response to the Health Disparities Focus Study

PAHP Verbatim Response to HSAG's Health Disparities Questionnaire^{A-1}

For the annual EQR technical report, HSAG requested information from each PAHP regarding its activities related to identifying and/or addressing gaps in health outcomes and/or healthcare among its Medicaid population according to at-risk characteristics such as race, ethnicity, gender, and geography. The PAHPs were asked to respond to the following questions for the period of July 1, 2022, through June 30, 2023:

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

DQ Verbatim Response:

DentaQuest implemented the following initiatives during July 1, 2022 and June 30, 2023 to reduce disparities in the Medicaid population. Oral health literacy in the Medicaid population is poor thereby affecting utilization of dental services and ultimately impact health outcomes. To improve oral health literacy, DentaQuest has implemented a range of supports, education and incentives to educate enrollees on the importance of oral health and most importantly arm them with the skills and knowledge to effectively manage their oral health.

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

^{A-1} Please note that the narrative within the MCE Response section was provided by the MCE and has not been altered by HSAG except for formatting.

Management program. Case Management provides high risk enrollees with long term additional supports to promote enrollee self-management, treatment adherence and improved oral health.

For the adult population receiving extractions, there is a potential risk for opioid usage. According to research, opioid analgesics are among the most frequently prescribed drugs by dentist. To help members understand the risk and provide information on effective non-opioid options, an online tool with risk assessment is available to these enrollees. With the understanding that many enrollees may not initially recognize the value in this education, an incentive is provided. Enrollees who complete this program receive a Walmart gift card.

Research shows dental caries is the most common chronic disease in children in the United States. Evidence-based Clinical Recommendations recommend that sealants are effective in reducing the incidence of carious lesions in permanent molars. To help combat dental caries and align with the national average for sealants, a program called Healthy Behaviors was developed. In the Healthy Behaviors program, children receive an oral health kit when they have their adult molars sealed. In addition to this program, DentaQuest conducted an analysis of disproportionate utilization to better understand the sealant usage for children who turned 10 years of age during the measurement year. This analysis stratified the data by race and geography and was used to develop targeted interventions for the disparate populations to improve the percentage of members receiving sealants on a permanent tooth.

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

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

MCNA Verbatim Response:

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

program. MCNA Dental also works with these community partners to assist uninsured people with locating resources from medical to dental to financial.

Corporate level activities to date include:

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

At the local level, MCNA Dental has:

- Worked with various school districts to help ensure children have needed back to school supplies by participating in back-to-school events
- Attended meetings with various health care management organizations to help plan community events to provide dental education to the public
- Participated in health fairs and other community events
- Attended Food Pantry days with the various ministries throughout the state
- Attended and volunteered at the LA Mission of Mercy
- Collaborated with community health care centers to provide information and education

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

- For the time period of July 1, 2022 through June 30, 2023, MCNA deployed 45,945 preventive text messages, (one per household) advising the parent/guardian to schedule an appointment for preventive dental care.
 - Of the 45,945 members who received a text, 16,706 (36%) members visited their primary care dentist and 15,181 (91%) of those members received a preventive service within 60 days post receipt of a text message.

MCNA continued its sealant campaign, “Sealants & Smiles” which offers providers an additional \$10 fee per first permanent molar for children ages 6-9. MCNA also continued its Elite Provider Program, which encourages and incentivizes primary dental providers to enhance their population’s oral health management capabilities and focus. Providers who consistently demonstrate high approval rates for prior authorizations and claims are rewarded with a reduced level of administrative oversight of their practices and other perks highly valued by the provider community.

Lastly, the Practice Site Performance Summary (PSPS) reports were distributed to 1,485 providers. This tool is designed to assist providers in understanding how their clinical and operational performance compares with that of their peers. A preventive services section of the report includes the percent of assigned children receiving a preventive visit in accordance with the American Association of Pediatric Dentistry’s Periodicity Schedule. Each provider receives a detailed quarterly report that outlines individual provider performance with respect to claims, prior authorizations, and preventive services in comparison to goals and peer groupings.

Appendix B. Compliance Review Remediation Follow-Up

Appendix B includes the PAHPs' responses to the CAP recommendations made by the previous EQRO for addressing deficiencies from the prior year's CR and HSAG's findings after reviewing the PAHPs' responses and additional documentation. Please note that the responses in this section were provided by the PAHPs and have not been edited by HSAG.

DQ

Recommendations
<p>Requirement: <i>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.</i></p> <p>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. DentaQuest should include the required language in relevant policies.</p>
Response
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023. Search Results (dentaquest.com) and Search Results (dentaquest.com) will show inclusion in DentaQuest Network for Chitimacha Health Clinic and Christus Coushatta Dental Center.</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates.</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support compliance.</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
Recommendations
<p>Requirement: <i>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.</i></p>

<p>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. DentaQuest should include the required language in relevant policies.</p>
<p>Response</p>
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023. Search Results (dentaquest.com) and Search Results (dentaquest.com) will show inclusion in DentaQuest Network for Chitimacha Health Clinic and Christus Coushatta Dental Center.</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates.</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support compliance.</p>
<p>HSAG Assessment</p>
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
<p>Recommendations</p>
<p>Requirement: <i>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.</i></p> <p>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. DentaQuest should include the required language in relevant policies.</p>
<p>Response</p>
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023. Search Results (dentaquest.com) and Search Results (dentaquest.com) will show inclusion in DentaQuest Network for Chitimacha Health Clinic and Christus Coushatta Dental Center.</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates.</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support compliance.</p>
<p>HSAG Assessment</p>
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>

Recommendations
<p>Requirement: <i>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.</i></p> <p>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. DentaQuest should include the required language in relevant policies.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023.</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates.</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time as all policy recommendations were implemented</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support compliance</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
Recommendations
<p>Requirement: <i>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).</i></p> <p>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. DentaQuest should include the required language in relevant policies.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023.</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates.</p>
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<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support compliance</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>

Recommendations
<p>Requirement: <i>The member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered.</i></p> <p>This requirement was not addressed in any policy documents. This requirement is addressed in the LA Office Reference Manual. DentaQuest should include the required language in relevant policies.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
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<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support compliance.</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
Recommendations
<p>Requirement: <i>Any information the member needs in order to decide among relevant treatment options.</i></p> <p>This requirement was not addressed in any policy documents. This requirement is addressed in the LA Office Reference Manual. DentaQuest should include the required language in relevant policies.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time as all policy recommendations were implemented</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support compliance</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
Recommendations
<p>Requirement: <i>The risks, benefits and consequences of treatment or non-treatment.</i></p> <p>This requirement was not addressed in any policy documents. This requirement is addressed in the LA Office Reference Manual. DentaQuest should include the required language in relevant policies.</p>

Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
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Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support compliance
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>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.</i> This requirement was not addressed in any policy documents. This requirement is addressed in the LA Office Reference Manual. DentaQuest should include the required language in relevant policies.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
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HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>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.</i> This requirement was not addressed in any policy documents. This requirement is addressed in the LA Office Reference Manual. DentaQuest should include the required language in relevant policies.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023

<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support compliance</p>
<p>HSAG Assessment</p> <p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
<p>Recommendations</p> <p>Requirement: <i>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.</i></p> <p>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. DentaQuest should include the required language in relevant policies.</p>
<p>Response</p> <p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented</p>
<p>HSAG Assessment</p> <p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>
<p>Recommendations</p> <p>Requirement: <i>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.</i></p> <p>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. DentaQuest should include the required language in relevant policies.</p>
<p>Response</p> <p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>

<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support compliance</p>
<p>HSAG Assessment</p>
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
<p>Recommendations</p>
<p>Requirement: <i>Any change that would cause more than five percent (5%) of members to change the location where services are received or rendered.</i></p> <p>This requirement is not addressed in any policy or procedure. DentaQuest should incorporate this requirement into the Provider Network Adequacy policy to include this requirement.</p>
<p>Response</p>
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
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<p>HSAG Assessment</p>
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
<p>Recommendations</p>
<p>Requirement: <i>A loss of any participating specialist which may impair or deny the members' adequate access to providers.</i></p> <p>This requirement is not addressed in any policy or procedure. DentaQuest should incorporate this requirement into the Provider Network Adequacy policy to include this requirement.</p>
<p>Response</p>
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023.</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted as a result of the policy updates.</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.</p>

<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support.</p>
<p>HSAG Assessment</p>
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
<p>Recommendations</p>
<p>Requirement: <i>Other adverse changes to the composition of the DBPM, which impair or deny the members' adequate access to providers.</i></p> <p>This requirement is not addressed in the Provider Network Adequacy policy. DentaQuest should incorporate this requirement into the Provider Network Adequacy policy.</p>
<p>Response</p>
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted as a result of the policy updates.</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.</p>
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<p>HSAG Assessment</p>
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
<p>Recommendations</p>
<p>Requirement: <i>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.</i></p> <p>This requirement is not addressed in any policy or procedure. DentaQuest should expand the language in the Provider Network Adequacy and Network Maintenance policies to include this requirement.</p>
<p>Response</p>
<p>Describe initiatives implemented based on recommendations: Screenshots were shown to demonstrate participation on September 15, 2023.</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates.</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support.</p>

HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>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.</i> This requirement is not addressed in any policy or procedure. DentaQuest should expand the language in the Provider Network Adequacy and Network Maintenance policies to include this requirement.
Response
Describe initiatives implemented based on recommendations: September 15, 2023.Screenshots were shown to demonstrate participation on September 15, 2023.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates.
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.
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HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>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.</i> This requirement is partially addressed by the LA Outreach Material-LDH Approval Needed – Teen Vaping Flyer_Approval SAMPLE document. DentaQuest should incorporate this requirement into a policy.
Response
Describe initiatives implemented based on recommendations: September 15, 2023.Screenshots were shown to demonstrate participation on September 15, 2023.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
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Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support

HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.
Recommendations
Requirement: <i>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.</i> This requirement is not addressed in any policy or procedure. DentaQuest should develop processes to monitor and reduce the no-show rate for primary care dentists and incorporate them into a policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>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.</i> This requirement is partially addressed by the sample email Responses to LDH inquiries by DentaQuest. DentaQuest should incorporate this requirement into a policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support.
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.

Recommendations
<p>Requirement: <i>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.</i></p> <p>This requirement is not addressed in any policy or procedure. DentaQuest should incorporate this requirement into the Network Development, Maintenance, and Use policy.</p>
Response
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023.</p> <p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p> <p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented,</p> <p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support.</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
Recommendations
<p>Requirement: <i>The process for conducting informal reconsiderations for adverse determinations.</i></p> <p>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. DentaQuest should include this requirement in a policy or procedure.</p>
Response
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023.</p> <p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p> <p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented</p> <p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support.</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>

Recommendations
<p>Requirement: <i>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.</i></p> <p>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. DentaQuest should include this requirement in a policy or procedure.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023.</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
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<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support.</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
Recommendations
<p>Requirement: <i>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.</i></p> <p>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. DentaQuest should include this requirement in a policy or procedure.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023.</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
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<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>

Recommendations
<p>Requirement: <i>The UM Program policies and procedures shall meet all Utilization Review Accreditation Commission (URAC) standards or equivalent and include: The process for conducting informal reconsiderations for adverse benefit determinations.</i></p> <p>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. DentaQuest should include this requirement in a policy or procedure.</p>
Response
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023.</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
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<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
Recommendations
<p>Requirement: <i>The Informal Reconsideration will in no way extend the 30 day required timeframe for a Notice of Appeal Resolution.</i></p> <p>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. DentaQuest should include this requirement in a policy or procedure.</p>
Response
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023.</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
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HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>

Recommendations
<p>Requirement: <i>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:</i></p> <p>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. DentaQuest should include this requirement in a policy or procedure.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023.</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time as all policy recommendations were implemented</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
Recommendations
<p>Requirement: <i>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.</i></p> <p>This requirement is partially addressed in DentaQuest's Member Notifications of Provider Terminations Policy and Procedure. However, the previous EQRO was unable to locate the 7-day reporting requirement within this policy/procedure. 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>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023.</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time as all policy recommendations were implemented</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>

HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.
Recommendations
Requirement: <i>The DBPM shall identify and educate members who access the system inappropriately and provide continuing education as needed.</i> This requirement was partially addressed by the member web portal demonstration. DentaQuest should incorporate this requirement into a policy.
Response
Describe initiatives implemented based on recommendations: DentaQuest has incorporated training on accessing the member portal into MKT04 Health Literacy Policy
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.
Recommendations
Requirement: <i>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.</i> This requirement is not addressed by the Member Handbook or Welcome Letter. (The enrollment policy furnished was approved in March 2022.) DentaQuest should incorporate this requirement into a policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support

HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>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.</i> This requirement is partially addressed by the Member Handbook. DentaQuest should incorporate the welcome packet requirements into a policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.
Recommendations
Requirement: <i>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.</i> This requirement is partially addressed by the Member Handbook. DentaQuest should incorporate the welcome packet requirements into a policy.
Response
Describe initiatives implemented based on recommendations: The requirement has been added to the Marketing Policy as of the October 2023 audit.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support

HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.
Recommendations
Requirement: <i>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:</i> This requirement is partially addressed by the Member Handbook. DentaQuest should incorporate the welcome packet requirements into a policy.
Response
Describe initiatives implemented based on recommendations: The requirement has been added to the Marketing Policy as of the October 2023 audit
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.
Recommendations
Requirement: <i>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).</i> This requirement is partially addressed by the Provider Directory. DentaQuest should incorporate the provider directory requirements into a policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support

HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>A hard copy directory for members upon request only.</i> This requirement is partially addressed by the Member Handbook. DentaQuest should incorporate the provider directory requirements into a policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>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.</i> This requirement is partially addressed by the file transfer processes. DentaQuest should incorporate this requirement into a policy.
Response
Describe initiatives implemented based on recommendations: NA
Identify any noted performance improvement as a result of initiatives implemented (if applicable): NA
Identify any barriers to implementing initiatives: NA
Identify strategy for continued improvement or overcoming identified barriers: NA
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.

Recommendations
<p>Requirement: <i>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.</i></p> <p>This requirement is partially addressed by the member handbook and website. DentaQuest should incorporate this requirement into a policy.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>The requirement has been added to the Marketing Policy as of the October 2023 audit</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time as all policy recommendations were implemented</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
Recommendations
<p>Requirement: <i>In accordance with 42 CFR §438.10(f) (6), the provider directory shall include, but not be limited to:</i></p> <ul style="list-style-type: none"> <i>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;</i> <i>Whether network providers' offices/facilities have accommodations for people with physical disabilities, including offices, exam room(s) and equipment.</i> <p>This requirement is partially addressed by the website. DentaQuest should incorporate this requirement into a provider directory policy.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time as all policy recommendations were implemented</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>

HSAG Assessment
<p>The documents submitted by the DBPM did not address the recommendation from the 2022 CR for the following requirements, and the DBPM was unable to demonstrate compliance during the virtual review. The DBPM must address this recommendation to remediate the finding.</p> <p><i>In accordance with 42 CFR §438.10(f) (6), the provider directory shall include, but not be limited to:</i></p> <ul style="list-style-type: none"> 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>The DBPM submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the following requirement:</p> <ul style="list-style-type: none"> Whether network providers' offices/facilities have accommodations for people with physical disabilities, including offices, exam room(s) and equipment.
Recommendations
<p>Requirement: <i>Identification of primary care dentists, specialists, and dental groups in the service area.</i></p> <p>This requirement is partially addressed by the website. DentaQuest should incorporate this requirement into a provider directory policy.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time as all policy recommendations were implemented</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>
Recommendations
<p>Requirement: <i>Identification of any restrictions on the enrollee's freedom of choice among network providers; and 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).</i></p> <p>This requirement is partially addressed by the website. DentaQuest should incorporate this requirement into a provider directory policy.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>

<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
<p>HSAG Assessment</p> <p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the following requirement: <i>Identification of any restrictions on the enrollee's freedom of choice among network providers.</i> The documents submitted by the PAHP did not address the recommendations from the 2022 CR for the following requirement, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding. <i>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).</i></p>
<p>Recommendations</p> <p>Requirement: <i>DBPM policies and procedures.</i> This requirement is partially addressed by the Customer Service-Program Overview policy. DentaQuest should incorporate the toll-free requirement into the Customer Service-Program Overview policy.</p>
<p>Response</p> <p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
<p>HSAG Assessment</p> <p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
<p>Recommendations</p> <p>Requirement: <i>Prior authorizations.</i> This requirement is partially addressed by the Customer Service-Program Overview policy. DentaQuest should incorporate the toll-free requirement into the Customer Service-Program Overview policy.</p>

Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>Access information.</i> This requirement is partially addressed by the Customer Service-Program Overview policy. DentaQuest should incorporate the toll-free requirement into the Customer Service-Program Overview policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>Information on primary care dentists or specialists.</i> This requirement is partially addressed by the Customer Service-Program Overview policy. DentaQuest should incorporate the toll-free requirement into the Customer Service-Program Overview policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates

Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>Referrals to participating specialists.</i> This requirement is partially addressed by the Customer Service-Program Overview policy. DentaQuest should incorporate the toll-free requirement into the Customer Service-Program Overview policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>Resolution of service and/or dental delivery problems.</i> This requirement is partially addressed by the Customer Service-Program Overview policy. DentaQuest should incorporate the toll-free requirement into the Customer Service-Program Overview
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support

HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>Member grievances.</i> This requirement is partially addressed by the Customer Service-Program Overview policy. DentaQuest should incorporate the toll-free requirement into the Customer Service-Program Overview policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>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.</i> This requirement is not addressed in the customer service or phone lines policies. DentaQuest should incorporate call center staffing procedures into a policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support

HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
<p>Requirement: <i>The DBPM shall install, operate and monitor an automated call distribution (ACD) system for the customer service telephone call center. The ACD system shall:</i></p> <ul style="list-style-type: none"> Effectively manage all calls received and assign incoming calls to available staff in an efficient manner. Transfer calls to other telephone lines. Provide an option to speak to a live person (during call center hours of operation). <p>This requirement is partially addressed by the Customer Service Incoming Phone Lines policy. DentaQuest should incorporate call center requirements into a policy.</p>
Response
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p> <p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p> <p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented</p> <p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
<p>Requirement: <i>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.</i></p> <p>This requirement is partially addressed by the Customer Service Incoming Phone Lines policy. DentaQuest should incorporate call center requirements into a policy.</p>
Response
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p> <p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p> <p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented</p>

Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>Provide a message that notifies callers that the call may be monitored for quality control purposes.</i> This requirement is partially addressed by the Customer Service Incoming Phone Lines policy. DentaQuest should incorporate call center requirements into a policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>Measure the length of time callers are on hold.</i> This requirement is partially addressed by the Customer Service Incoming Phone Lines policy. DentaQuest should incorporate call center requirements into a policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support

HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>Measure the total number of calls and average calls handled per day/week/month.</i> This requirement is partially addressed by the Customer Service Incoming Phone Lines policy. DentaQuest should incorporate call center requirements into a policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>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> This requirement is partially addressed by the Customer Service Incoming Phone Lines policy. DentaQuest should incorporate call center requirements into a policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.

Recommendations
<p>Requirement: <i>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.</i></p> <p>This requirement is partially addressed in the Member Handbook. DentaQuest should incorporate the member rights and responsibilities into its own section in the handbook, as well as into a policy.</p>
Response
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>
Recommendations
<p>Requirement: <i>Presenting their LDH issued Medicaid ID card when using health care services.</i></p> <p>This requirement is partially addressed in the Member Handbook. DentaQuest should incorporate this requirement into a member ID card policy.</p>
Response
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>

Recommendations
<p>Requirement: <i>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: 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.</i></p> <p>This requirement is partially addressed in the Member Handbook. DentaQuest should incorporate this requirement into a member handbook policy.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>This information is in the Customer Service policy and was presented to HSAG on September 15, 2023.</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time as all policy recommendations were implemented</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
Recommendations
<p>Requirement: <i>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.</i></p> <p>This requirement is partially addressed in the Member Handbook and on the website. DentaQuest should incorporate this requirement into a member materials policy.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time as all policy recommendations were implemented</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>

Recommendations
<p>Requirement: <i>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></p> <p>This requirement is partially addressed in the member materials provided. DentaQuest should incorporate this requirement into a policy.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time as all policy recommendations were implemented.</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>
Recommendations
<p>Requirement: <i>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.</i></p> <p>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.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Complaint Grievance and Appeals Department has since implemented a new CGA module where all cases are tracked, and alerts are generated for acknowledgement letter and resolution letter due date to ensure all SLA's are met.</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>Specialist who worked the case is no longer with the department, in addition to the system enhancement.</p>
<p>Identify any barriers to implementing initiatives:</p> <p>No known barriers at this time</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>CGA leadership runs a daily dashboard to ensure acknowledgement SLA's are met.</p>
HSAG Assessment
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>

Recommendations
<p>Requirement: <i>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.</i></p> <p>This requirement is not addressed in the Member Appeals or Grievances policies. The DBPM should include this requirement in the Appeals and Grievances policies moving forward.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time as all policy recommendations were implemented</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
Recommendations
<p>Requirement: <i>The DBPM shall not create barriers to timely due process. The DBPM shall be subject to sanctions if it is determined by LDH 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.</i></p> <p>This requirement is not addressed in the Member Appeals or Grievances policies. The DBPM should include this requirement in the Appeals and Grievances policies moving forward.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time as all policy recommendations were implemented.</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>

HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>The DBPM shall report on grievances and appeals to LDH in a manner and format determined by LDH.</i> While there was evidence of this in the New Client Report Checklist, there was no evidence of this requirement in a policy. The DBPM should add this requirement to their Member Complaints and Grievances policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.
Recommendations
Requirement: <i>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).</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. The DBPM should include this requirement in a policy or procedure, if required by LDH.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support

HSAG Assessment
The corrective action requirement for this element is no longer applicable.
Recommendations
Requirement: <i>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.</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
Response
Describe initiatives implemented based on recommendations: According to the draft audit response received on 11/29, 2023, this requirement was met. See number 6
Identify any noted performance improvement as a result of initiatives implemented (if applicable): NA
Identify any barriers to implementing initiatives: NA
Identify strategy for continued improvement or overcoming identified barriers: NA
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>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.</i> This requirement is not addressed in any policy or procedure, including the Notice of Action policy. DentaQuest should include this requirement in the Notice of Action policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.

Recommendations
<p>Requirement: <i>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.</i></p> <p>This requirement is not addressed in any policy or procedure, including the Notice of Action policy. DentaQuest should include this requirement in the Notice of Action policy.</p>
Response
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and presented to HSAG on October 3, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>
Recommendations
<p>Requirement: <i>If the DBPM extends the timeframe for a service authorization decision, it shall: Notify the enrollee of the reason for extending the timeframe and advising of the right to file a grievance if the enrollee disagrees with the extension of time; Issue and carry out its determination as expeditiously as possible but no later than the date the extension expires.</i></p> <p>This requirement is not addressed in any policy or procedure, including the Notice of Action policy. DentaQuest should include this requirement in the Notice of Action policy.</p>
Response
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>

HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>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> This requirement is not addressed in any policy or procedure, including the Notice of Action policy. DentaQuest should include this requirement in the Notice of Action policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies on October 3, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>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.</i> This requirement is not addressed in any policy or procedure, including the Notice of Action policy. DentaQuest should include this requirement in the Notice of Action policy.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support

HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
<p>Requirement: <i>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 LDH upon request) a need for additional information and how the extension is in the member's interest.</i></p> <p>This requirement is not addressed in any policy or procedure, including the Notice of Action policy. DentaQuest should include this requirement in the Notice of Action policy.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time as all policy recommendations were implemented.</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
<p>Requirement: <i>Assess the quality and appropriateness of care furnished to enrollees with special health care needs.</i></p> <p>This requirement is partially addressed on the Access to Services for Members policy on page 3; however, this policy focuses on access rather than quality and appropriateness of care. In addition, the Utilization Management Program Description 2021 states that "Special needs members are identified by the plans and processes in the Customer Service Department", but this does not address the quality and appropriateness of care furnished to enrollees with special health care needs. In addition, this requirement is partially addressed in the National Quality Improvement Program Description on page 8; however, this document does not address the quality and appropriateness of care furnished to these enrollees. Develop policies to identify and assess the quality and appropriateness of care furnished to Louisiana Medicaid enrollees with special health care needs.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023 CM01 documents this process.</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>

Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>Objectively and systematically monitor and evaluate the quality and appropriateness of care and services and promote improved patient outcomes through monitoring and evaluation activities.</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. Develop and implement a QAPI evaluation program and corresponding document that is exclusive to Louisiana Medicaid enrollees.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): Louisiana Medicaid Enrollees have been added to the program.
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.
Recommendations
Requirement: <i>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.</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. Develop and implement a QAPI Program and a corresponding description document that is exclusive to Louisiana Medicaid enrollees.

Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): Louisiana Medicaid Enrollees have been added to the program.
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.
Recommendations
Requirement: <i>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.</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. Develop and implement a QAPI Program and corresponding description document that is exclusive to Louisiana Medicaid enrollees.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): Louisiana Medicaid Enrollees have been added to the program
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.
Recommendations
Requirement: <i>The DBPM shall submit its QAPI Program description to LDH for written approval within thirty (30) days from the date the Contract is signed.</i>

<p>This requirement is partially addressed in the National Quality Improvement Program Description 2021 on page 3 and the National Quality Improvement Program Evaluation 2021; however, there is no mention of Louisiana Medicaid enrollees. Instead, TennCare and Florida are mentioned on page 15. Develop and implement a QAPI Program and corresponding description document that is exclusive to Louisiana Medicaid enrollees.</p>
Response
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): Louisiana Medicaid Enrollees have been added to the program</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>
Recommendations
<p>Requirement: <i>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.</i></p> <p>This requirement is partially addressed in the Utilization Management Program description 2021 regarding the Quality Oversight Committee within the Utilization Management Program; however, documentation does not support a dedicated QAPI Program. In addition, the National Quality Improvement Program 2022 cited by DentaQuest in support of this requirement specifically references the Accountability and Governing Body for TennCare. DentaQuest's QAPI governing body should be separate from Utilization Management and be exclusive to Louisiana Medicaid enrollees.</p>
Response
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): Louisiana Medicaid Enrollees have been added to the program</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>

Recommendations
<p>Requirement: <i>The DBPM shall form a QAPI Committee that shall, at a minimum include: Appropriate DBPM staff representing the various departments of the organization will have membership on the committee.</i></p> <p>This requirement is partially addressed in the National Quality Oversight Committee Minutes Q2 2021; however, that was the only quarter for which minutes were provided and only a brief addendum regarding Louisiana was included on page 14. In addition, the National Quality Improvement Program 2022 cited by DentaQuest in support of this requirement specifically references the Quality Improvement Plan Committee for Florida Healthy Kids. DentaQuest's QAPI Committee should be exclusive to Louisiana Medicaid enrollees and meetings should be held quarterly.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>Louisiana has been added to the program</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time as all policy recommendations were implemented.</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>
Recommendations
<p>Requirement: <i>The DBPM is encouraged to include a member advocate representative on the QAPI Committee.</i></p> <p>This requirement is not addressed. DentaQuest states that they do not have a member advocate representative at this time. DentaQuest's QAPI Committee should be exclusive to Louisiana Medicaid enrollees and include a member advocate representative.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>A member advocate has been identified and invited to attend the quarterly meetings.</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>None noted at this time</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None noted at this time.</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>

Recommendations
<p>Requirement: <i>Meet on a quarterly basis.</i></p> <p>This requirement is partially addressed in the National Quality Oversight Committee Minutes Q2 2021; however, that was the only quarter for which minutes were provided and only a brief addendum regarding Louisiana was included on page 14. DentaQuest's QAPI Committee should be exclusive to Louisiana Medicaid enrollees and should meet quarterly.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>Louisiana Medicaid Enrollees have been added to the program</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time as all policy recommendations were implemented.</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>
Recommendations
<p>Requirement: <i>Direct and review quality improvement (QI) activities.</i></p> <p>This requirement is partially addressed in the National Quality Oversight Committee Minutes Q2 2021; however, that was the only quarter for which minutes were provided and only a brief addendum regarding Louisiana was included on page 14. DentaQuest's QAPI Committee should be exclusive to Louisiana Medicaid enrollees and should meet quarterly.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>Louisiana Medicaid Enrollees have been added to the program</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time as all policy recommendations were implemented.</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>

Recommendations
<p>Requirement: Conduct individual primary care dentist and primary care dentist practice quality performance measure profiling.</p> <p>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. Conduct individual primary care dentist and primary care dentist practice quality performance measure profiling and report summary findings in a Program Evaluation document.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p>
<p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p>
<p>To be determined.</p>
<p>Identify any barriers to implementing initiatives:</p>
<p>None identified at this time.</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p>
<p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>
Recommendations
<p>Requirement: <i>Report findings to appropriate executive authority, staff, and departments within the DBPM.</i></p> <p>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. Develop and implement a QAPI program and corresponding evaluation document that is exclusive to Louisiana Medicaid enrollees.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p>
<p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p>
<p>Louisiana Medicaid Enrollees have been added to the program</p>
<p>Identify any barriers to implementing initiatives:</p>
<p>None identified at this time</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p>
<p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>

Recommendations
<p>Requirement: <i>Direct and analyze periodic reviews of members' service utilization patterns.</i></p> <p>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. Develop and implement a QAPI program and corresponding evaluation document that is exclusive to Louisiana Medicaid enrollees.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>Louisiana Medicaid Enrollees have been added to the program</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>
Recommendations
<p>Requirement: <i>Maintain minutes of all committee and sub-committee meetings and submit meeting minutes to LDH with other quarterly reports.</i></p> <p>This requirement is partially addressed in the National Quality Oversight Committee Minutes provided for Q2 2021 on page 14; however, there were no other quarterly meeting minutes that documented a Louisiana update included. DentaQuest's QAPI Committee should be exclusive to Louisiana Medicaid enrollees and meet quarterly.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>Louisiana Medicaid Enrollees have been added to the program</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>

Recommendations
<p>Requirement: <i>Report an evaluation of the impact and effectiveness of the QAPI program to LDH annually. This report shall include, but is not limited to, all care management activities.</i></p> <p>This requirement is not addressed in the National Quality Improvement Program Evaluation 2021 documented cited by DentaQuest because this document references TennCare on page 18 and Florida Healthy Kids on page 20, but there is no mention of Louisiana Medicaid enrollees. Develop and implement a QAPI program and corresponding evaluation document that is exclusive to Louisiana Medicaid enrollees.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>Louisiana Medicaid Enrollees have been added to the program</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>
Recommendations
<p>Requirement: <i>Ensure that a QAPI committee designee attends LDH Quality Committee meetings.</i></p> <p>This requirement is not met. Develop and implement a QAPI program that specifies this requirement exclusively for Louisiana Medicaid enrollees.</p>
Response
<p>Describe initiatives implemented based on recommendations:</p> <p>Dr. [redacted] attends LDH Quality Committee meetings</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>None identified at this time.</p>
<p>Identify any barriers to implementing initiatives:</p> <p>None identified at this time</p>
<p>Identify strategy for continued improvement or overcoming identified barriers:</p> <p>Will collect and store the meeting minutes</p>
HSAG Assessment
<p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
Recommendations
<p>Requirement: <i>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 LDH within thirty (30) days from the date the Contract with LDH is signed by the DBPM and annually thereafter, and prior to revisions. The QAPI plan, at a minimum, shall:</i></p>

<p>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. Develop and implement a workplan specifically for Louisiana Medicaid enrollees.</p>
<p>Response</p>
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on October 3, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): Louisiana Medicaid Enrollees have been added to the program</p>
<p>Identify any barriers to implementing initiatives: None identified at this time</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
<p>HSAG Assessment</p>
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>
<p>Recommendations</p>
<p>Requirement: <i>Reflect a coordinated strategy to implement the QAPI Program, including planning, decision making, intervention and assessment of results.</i></p> <p>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. Develop and implement a workplan specifically for Louisiana Medicaid enrollees.</p>
<p>Response</p>
<p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on October 3, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): Louisiana Medicaid Enrollees have been added to the program</p>
<p>Identify any barriers to implementing initiatives: None identified at this time</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
<p>HSAG Assessment</p>
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>
<p>Recommendations</p>
<p>Requirement: <i>Include processes to evaluate the impact and effectiveness of the QAPI Program.</i></p> <p>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. Develop and implement a workplan specifically for Louisiana Medicaid enrollees.</p>

Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on October 3, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): Louisiana Medicaid Enrollees have been added to the program
Identify any barriers to implementing initiatives: None identified at this time
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.
Recommendations
Requirement: <i>Include a description of the DBPM staff assigned to the QAPI Program, their specific training, how they are organized, and their responsibilities.</i> This requirement is not addressed. Develop and implement a QAPI Program Description that addresses this requirement and is exclusive to Louisiana Medicaid enrollees.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): Louisiana Medicaid Enrollees have been added to the program
Identify any barriers to implementing initiatives: None identified at this time
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.
Recommendations
Requirement: <i>The DBPM shall submit QAPI reports annually to LDH 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. LDH reserves the right to request additional reports as deemed necessary. LDH will notify the DBPM of additional required reports no less than sixty (60) days prior to due date of those reports.</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. Develop and implement a QAPI program and corresponding evaluation document that is exclusive to Louisiana Medicaid enrollees.

Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): Louisiana Medicaid Enrollees have been added to the program
Identify any barriers to implementing initiatives: None identified at this time.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.
Recommendations
Requirement: <i>The DBPM shall report clinical and administrative performance measure (PM) data on at least an annual basis, as specified by LDH.</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. Develop and implement, and annual Program Evaluation report for Louisiana Medicaid enrollees.
Response
Describe initiatives implemented based on recommendations: DentaQuest reports are driven by LDH. We supply monthly, quarterly and annual reports as presented to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None noted at this time
Identify any barriers to implementing initiatives: None noted at this time.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.
Recommendations
Requirement: <i>The DBPM shall meet all performance measures as stated in the Contract.</i> <i>3.1.1.1 All administrative performance measures are reporting measures. Administrative performance measure reporting is required at least monthly upon LDH's request.</i> <i>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</i>

certain percentage toward the benchmarks. Clinical performance measures shall be reported at least annually twelve (12) months after services begin.

3.1.1.3 Clinical performance measures include:

3.1.1.3.1 Healthcare Effectiveness and Information Set (HEDIS) Annual Dental Visits (ADV); and

3.1.1.3.2 Total Eligibles Receiving Preventive Dental Services based on data reported on the CMS 416.

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. Develop and implement a QAPI program and corresponding evaluation document that is exclusive to Louisiana Medicaid enrollees.

Response

Describe initiatives implemented based on recommendations:

Recommendations were implemented into policies and sent to HSAG on September 15, 2023

Identify any noted performance improvement as a result of initiatives implemented (if applicable):

Louisiana Medicaid Enrollees have been added to the program

Identify any barriers to implementing initiatives:

None noted at this time.

Identify strategy for continued improvement or overcoming identified barriers:

DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support

HSAG Assessment

The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.

Recommendations

Requirement: *The DBPM shall have processes in place to monitor and report all performance measures.*

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. Develop and submit reports on all performance measures.

Response

Describe initiatives implemented based on recommendations:

DentaQuest will report on all performance measures via the LA Medicaid Oral Health Outreach Plan

Identify any noted performance improvement as a result of initiatives implemented (if applicable):

To be evaluated

Identify any barriers to implementing initiatives:

None identified at this time

Identify strategy for continued improvement or overcoming identified barriers:

DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support

HSAG Assessment

The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.

Recommendations
<p>Requirement: <i>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.</i></p> <p>This requirement is partially addressed in the Performance Improvement Project to Increase Utilization of Sealants on First Permanent Molar by The Age of Ten; however, the TPL Claim Dental report provided by DentaQuest in support of adherence to clinical practice guidelines does not support this requirement because it is a Third Party Liability Report of claims paid. Performance measure reporting should reflect evidence-based clinical guidelines.</p>
Response
<p>Describe initiatives implemented based on recommendations: DentaQuest will report on all performance measures via the LA Medicaid Oral Health Outreach Plan</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): To be evaluated</p>
<p>Identify any barriers to implementing initiatives: None identified at this time</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
HSAG Assessment
<p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>
Recommendations
<p>Requirement: <i>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.</i></p> <p>This requirement is partially addressed in the Louisiana Medicaid Managed Care Reporting Dental Provider Call Center Report 2021, the Healthy Louisiana Reporting Utilization Management Summary Report 2021, and the Early Warning System Report 2021; however, there was no Program Evaluation Report with annual performance measure data for Louisiana Medicaid enrollees. Develop and implement, and annual Program Evaluation report for Louisiana Medicaid enrollees.</p>
Response
<p>Describe initiatives implemented based on recommendations: DentaQuest will report on all performance measures via the LA Medicaid Oral Health Outreach Plan</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): To be evaluated</p>
<p>Identify any barriers to implementing initiatives: None identified at this time</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>

HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.
Recommendations
<p>Requirement: <i>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%.</i></p> <p>This requirement is partially addressed in the Performance Improvement Project to Increase Utilization of Sealants on First Permanent Molar by The Age of Ten; however, the Quality Improvement Workplan 2022 does not include any of these performance measures and there was not 2021 Work Plan provided. Develop a QAPI workplan to include each of these measures, goals and status for Louisiana Medicaid enrollees.</p>
Response
Describe initiatives implemented based on recommendations:
Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable):
To be determined
Identify any barriers to implementing initiatives:
None identified at this time.
Identify strategy for continued improvement or overcoming identified barriers:
DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.
Recommendations
<p>Requirement: <i>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 LDH 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.</i></p> <p>This requirement is partially addressed in the DentaQuest LA DBPM QAPI Tool; however, there is no supporting policy. DentaQuest is advised to develop and implement a policy to address this requirement.</p>
Response
Describe initiatives implemented based on recommendations:
Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable):
None identified at this time as all policy recommendations were implemented.

Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.
Recommendations
Requirement: <i>The DBPM shall submit a CAP, within thirty (30) calendar days of the date of notification or as specified by LDH, for the deficiencies identified by LDH.</i> This requirement is not addressed in the Development and Execution of Compliance CAP policy. DentaQuest is advised to modify this policy to address performance measures and include the 30-day submission requirement.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023
Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement: <i>Within thirty (30) calendar days of receiving the CAP, LDH 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 LDH.</i> This requirement is not addressed in the Development and Execution of Compliance CAP policy. DentaQuest is advised to modify this policy to address performance measures and include the 14-day resubmission requirement.
Response
Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023

<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
<p>HSAG Assessment</p> <p>The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.</p>
<p>Recommendations</p> <p>Requirement: <i>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 LDH.</i></p> <p>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 LDH is not included. DentaQuest is advised to modify this policy to address this requirement.</p>
<p>Response</p> <p>Describe initiatives implemented based on recommendations: Recommendations were implemented into policies and sent to HSAG on September 15, 2023</p>
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates</p>
<p>Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.</p>
<p>Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support</p>
<p>HSAG Assessment</p> <p>The PAHP submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.</p>
<p>Recommendations</p> <p>Requirement: <i>The DBPM shall cooperate with LDH, the independent evaluation contractor (External Quality Review Organization), and any other Department designees during monitoring.</i></p> <p>DentaQuest has provided documentation in response to the EQRO requests; however, there is no policy and procedure to support this process. DentaQuest is advised to develop and implement a policy to meet this requirement and educate staff.</p>
<p>Response</p> <p>Describe initiatives implemented based on recommendations: DentaQuest has added the requirement to the National Improvement Quality Program</p>

Identify any noted performance improvement as a result of initiatives implemented (if applicable): No performance improvements were identified due to this being a policy update only. No operating processes were impacted because of the policy updates
Identify any barriers to implementing initiatives: None identified at this time as all policy recommendations were implemented.
Identify strategy for continued improvement or overcoming identified barriers: DentaQuest appreciates HSAG recommendations and strives to continually improve policy and documentation to support
HSAG Assessment
The documents submitted by the PAHP did not address the recommendation from the 2022 CR, and the PAHP was unable to demonstrate compliance during the virtual review. The PAHP must address this recommendation to remediate the finding.

MCNA

Not applicable as MCNA did not have any CAPs from the previous compliance review.