State of Louisiana Department of Health

MCNA Dental

Annual External Quality Review Technical Report

Review Period: July 1, 2018 – June 30, 2019
Report Issued: March, 2020

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I. Introduction

The Centers for Medicare and Medicaid Services (CMS) require that state agencies contract with an External Quality Review Organization (EQRO) to conduct an annual external quality review (EQR) of the services provided by contracted Medicaid managed care entities (PAHPs). This EQR must include an analysis and evaluation of aggregated information on quality, timeliness, and access to the health care services that a PAHP furnishes to Medicaid recipients. Quality is defined in 42 CFR §438.320 as *"the degree to which a PAHP or PIHP increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge."*

In order to comply with these requirements, Louisiana Department of Health (LDH) contracted with IPRO to assess and report the impact of its Medicaid dental program on the accessibility, timeliness, and quality of services. Specifically, this report provides IPRO's independent evaluation of the services provided by the State's dental vendor, MCNA Dental (MCNA). The framework for IPRO's assessment is based on the guidelines and protocols established by CMS, as well as State requirements.

The framework for IPRO's assessment is based on the guidelines and protocols established by CMS, as well as Louisiana State requirements. IPRO's assessment included an evaluation of the mandatory activities, which encompass: performance measure validation, Performance Improvement Project (PIP) validation and compliance audits.

II. MCNA Corporate Profile

Table 1: Corporate Profile

MCNA Dental	
Type of Organization	Prepaid Ambulatory Health Plan (PAHP)
Tax Status	For Profit
Year Operational	2014
Product Line(s)	Medicaid and LaCHIP
Total Medicaid Enrollment (as of March 2019)	1,582,078

III. Provider Network

Provider Network

LDH requires MCNA to report on a quarterly basis the total number of network providers. **Table 2** shows the sum of MCNA's general dentist, endodontist, oral surgeon, orthodontist, periodontist, and prosthodontist providers within each parish as of March 31, 2019,

Table 2: GeoAccess Provider Network Accessibility (as of 03/31/19)

Provider Type	Access Standard	% of Members
General Dentists - Urban	1 within 20 miles	99.8%
General Dentists - Rural	1 within 40 miles	100%[1]
Endodontist	1 within 60 miles	76.3%
Oral Surgeon	1 within 60 miles	100%[1]
Orthodontist	1 within 60 miles	100%[1]
Periodontist	1 within 60 miles	65.5%
Prosthodontist	1 within 60 miles	84.5%

Source: Network Adequacy Review Report 220, Q1 2019.
[1]Rounded up to 100%
During the 2019 compliance review MCNA indicated that for all parishes of Vermillion

IV. Quality Improvement Program

Performance Improvement Projects

Performance Improvement Projects (PIPs) engage PAHP care and quality managers, providers and members as a team with the common goal of improving patient care. The PAHP begins the PIP process by targeting improvement in annual baseline performance indicator rates. The next step is to identify barriers to quality of care, and to use barrier analysis findings to inform interventions designed to overcome the barriers to care. Interventions are implemented and monitored on an ongoing basis using quarterly intervention tracking measures. Declining quarterly intervention tracking measure rates signal the need to modify interventions and re-chart the PIP course. Improving intervention tracking measures are an indication of robust interventions.

MCNA Dental conducted a PIP to improve member receipt of oral health services. The baseline measurement period covered 1/1/15-12/31/15, with 3 re-measurement periods that included an extension year from 1/1/18-12/31/18. The Final Extension PIP Report was submitted to IPRO and LDH on 4/1/2019.

PIP Title: Improving Member Receipt of Oral Health Services

Indicators, Baseline Rates and Goals: The indicators, baseline rates and corresponding target rates for performance improvement from baseline to final measurement are as follows:

- Any Dental Service, Ages 1-20: Baseline rate=51.24%; Target rate at baseline=53.24%; Target rate at re-measurement 1=53.24%; Target rate at re-measurement 2=55.24%; Target rate at re-measurement 3=57.24%.
- Preventive Dental Services, Ages 1-20: Baseline rate=48.80%; Target rate at baseline=50.80%; Target rate at re-measurement 1=50.80%; Target rate at re-measurement 2=52.80%; Target rate at re-measurement 3=54.80%.
- Dental Sealants, Ages 6-9: Baseline rate=15.45%; Target rate at baseline=17.45%; Target rate at re-measurement 1=17.45%; Target rate at re-measurement 2=19.45%; Target rate at re-measurement 3=21.45%.

Intervention Summary:

Member interventions:

Targeted member outreach calls by MCNA's Care Connections team were initiated in 3/16 but discontinued in 12/16 due to low rates of success.

- Community outreach via events targeted to high opportunity areas was initiated in 4/16.
- Provider outreach to targeted providers to facilitate provider outreach to members using MCNA member listings were initiated 4/16.
- Preventive Service Reminders went to members via text message, as of 4/16.
- Sealant Service Text Message Reminders were implemented from 8/16-12/16 but discontinued due to the low success rate.
- The Summer Preventive Care Campaign was designed to increase the utilization of preventive services by increasing provider reimbursement and providing a roster of members to providers. This intervention was implemented from 6/1/17-9/30/17 and was reactivated as of 3/1/19.

Provider interventions:

- The Summer Sealant Campaign was designed to increase the utilization of dental sealants and incentivize providers by increasing the reimbursement fee. This intervention was implemented from 7/25/16-6/30/18 and reactivated 3/1/19.

- The Summer Preventive Care Campaign was designed to increase the utilization of preventive services by increasing provider reimbursement and providing a roster of members to providers. This intervention was implemented from 6/1/17-9/30/17 and was reactivated as of 3/1/19.
- The Primary Care Physician (PCP) Outreach intervention was designed to engage high volume PCP offices and target MCNA members identified by the PCP. Beginning 4/19, PCPs will receive a tear off pad that includes a listing of in-network dental offices within a five mile radius of the PCP office.

Results:

- Any Dental Service, Ages 1-20: The rate increased from 51.24% at baseline to 53.27% at re-measurement 3 and exceeded the target rate of 53.24% at re-measurement 1; however, the target rate of 57.24% was not met at re-measurement 3.
- Preventive Dental Services, Ages 1-20: The rate increased from 48.80% at baseline to 50.53% at re-measurement 3; however, the target rate was not met for any of the re-measurement years.
- Dental Sealants, Ages 6-9: The rate increased from 15.45% at baseline to 17.8% at re-measurement 3 and exceeded the target rate of 17.45% at re-measurement 1; however, the target rates were not met for the subsequent two years.

Overall Credibility of Results: There are no validation findings that indicate that the credibility of the study is at risk.

Strengths:

- MCNA assessed progress of interventions annually and responded to low success rates with a new intervention for PCP outreach to begin 4/19.
- MCNA assessed the monthly progress of the performance indicators to identify trends.

Opportunities for Improvement:

- Monthly and quarterly monitoring of the progress of interventions using Intervention Tracking Measures (ITMs) is merited for more timely response to lack of intervention progress. In contrast to the monthly monitoring of performance indicators conducted by MCNA, monthly monitoring of ITMs facilitates ongoing quality improvement using the Plan-Do-Study-Act test process. Stagnating or declining ITMs should be used to flag lack of intervention progress, trigger drill down analysis to identify barriers, and use of barrier analysis findings to inform modified interventions during the course of the PIP.

V. Performance Measure

The Louisiana Department of Health did not require MCNA to report performance measures during the review period (July 1 2018 – June 30 2019).

VI. Compliance Monitoring

Medicaid Compliance Audit Findings for Contract Year 2019

IPRO conducted the 2019 Compliance Audit on behalf of the LDH. Full compliance audits occur every three years, with partial audits occurring within the intervening years. The 2019 annual compliance audit was a full audit of the MCO's compliance with contractual requirements during the period of April 1, 2018 through March 31, 2019.

The audit included a comprehensive evaluation of MCNA's policies, procedures, files, and other materials corresponding to the following nine contractual domains:

1. Eligibility and Enrollment & Disenrollment
2. Fraud, Waste, and Abuse
3. Member Education
4. Member Grievances and Appeals
5. Provider Network
6. Provider Relations
7. Quality Management
8. Reporting
9. Utilization Management

The file review component assessed the PAHP's implementation of policies and its operational compliance with regulations related to complaints and grievances, member appeals, informal reconsiderations, care management (physical and behavioral health), utilization management, and provider credentialing and recredentialing.

Specifically, file review consisted of the following four areas:

1. Appeals
2. Credentialing/recredentialing
3. Member Grievances
4. UM Denials

Sample sizes for each file review type are presented in **Table 3**.

Table 3: File Review Sample Sizes

File Type	Sample Size
Appeals	15
Credentialing/recredentialing	5
Member Grievances	10
UM Denials	10

For this audit, determinations of "full compliance," "substantial compliance," "minimal compliance," "non-compliance," and "Not Applicable" were used for each element under review. The definition of each of the review determinations is presented in **Table 4**.

Table 4: Review Determination Definitions

Review Determination	Definition
Full	The PAHP is compliant with the standard.
Substantial	The PAHP is compliant with most of the requirements of the standard but has minor deficiencies.
Minimal	The PAHP is compliant with some of the requirements of the standard, but has significant deficiencies that require corrective action.
Non-compliance	The PAHP is not in compliance with the standard.
Not Applicable	The requirement was not applicable to the PAHP.

PAHP Summary of Findings

Table 5 below provides a summary of the audit results by audit domain. Detailed findings for each of the elements that were less than "fully compliant" follow within this section of the report.

Table 5: Audit Results by Audit Domain

Audit Domain	Total Elements	Full	Substantial	Minimal	Non-compliance	N/A	% Full[1]
Eligibility and Enrollment & Disenrollment	17	17	0	0	0	0	100%
Fraud, Waste, and Abuse	96	96	0	0	0	0	100%
Member Education	78	78	0	0	0	0	100%
Member Grievances and Appeals	65	65	0	0	0	0	100%
Provider Network	103	101	2	0	0	0	98%
Provider Relations	45	45	0	0	0	0	100%
Quality Management	50	49	1	0	0	0	98%
Reporting	1	1	0	0	0	0	100%
Utilization Management	79	73	0	0	0	6	100%
TOTAL	**534**	**525**	**3**	**0**	**0**	**6**	**99%**

[1] N/As are not included in the calculation.

As presented in **Table 5**, 534 elements were reviewed for compliance. Of the 534, 525 were determined to fully meet the regulations, while 3 substantially met the regulations, and none were determined to be non-compliant. Six elements were "not applicable." The overall compliance score for MCNA was 99% elements in full compliance.

It is the expectation of both IPRO and the LDH that MCNA submit a corrective action plan (CAP) for each of the three elements determined to be less than fully compliant, along with a timeframe for completion of the corrective action

VII. Strengths, Opportunities for Improvement, and Recommendations

This section summarizes the accessibility, timeliness and quality of services provided by MCNA to Medicaid recipients based on data presented in the previous sections of this report. The MCO's strengths in each of these areas are noted, as well as opportunities for improvement. Recommendations for enhancing the quality of healthcare are also provided, based on the opportunities for improvement noted.

Strengths

- MCNA met the provider network distance requirements for the following provider types:
  - General dentists: 99.8% of urban and 100% of rural members had access to providers within the distance requirements.
  - Oral surgeons: 100% of members had access to providers within the distance requirements.
  - Orthodontist: 100% of members had access to providers within the distance requirements.
- For the Improving Member Receipt of Oral Health Services PIP:
  - MCNA assessed progress of interventions annually and responded to low success rates with a new intervention.
  - MCNA assessed the monthly progress of the performance indicators to identify trends.
- MCNA was fully compliant with 99% of compliance review elements.

Opportunities for Improvement

- MCNA did not meet the provider network distance requirements for the following provider types:
  - Endodontist: 76.3% of members had access to providers within the distance requirements.
  - Periodontist: 65.5% of members had access to providers within the distance requirements.
  - Prosthodontist: 84.5% members had access to providers within the distance requirements.
- PIP intervention tacking measures were not monitored monthly or quarterly.

Recommendations

- For the Improving Member Receipt of Oral Health Services PIP intervention tracking measures were not monitored frequently. For future PIPs MCNA should monitor ITMS monthly to facilitate ongoing quality improvement. Stagnating or declining ITMs should be used to flag lack of intervention progress, trigger drill down analysis to identify barriers, and the use of barrier analysis findings to inform modified interventions during the course of the PIP.