

MEDICAID DENTAL BENEFIT PROGRAM MANAGER - DENTAQUEST

LOUISIANA DEPARTMENT OF HEALTH

PERFORMANCE AUDIT SERVICES

Informational Brief
July 31, 2024

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July 31, 2024

The Honorable J. Cameron Henry, Jr.
President of the Senate
The Honorable Phillip R. DeVillier,
Speaker of the House of Representatives

Dear Senator Henry and Representative DeVillier:

This informational brief provides the results of our analysis of DentaQuest, which is a Medicaid dental benefit program manager. This informational brief includes payments it received from LDH and made to providers, adequacy of dental provider networks, provider complaints and formal claims disputes, member grievances and appeals, and noncompliance with contractual requirements. This informational brief is intended to provide timely information related to an area of interest to the legislature based on a legislative request. I hope this information will benefit you in your legislative decision-making process.

Respectfully submitted,



Michael J. "Mike" Waguespack, CPA
Legislative Auditor

MJW/aa

DBPM DENTAQUEST





Informational Brief

Medicaid Dental Benefit Program Manager - DentaQuest

Louisiana Department of Health

MICHAEL J. "MIKE"
WAGUESPACK, CPA

Audit Control# 40240012
Performance Audit Services - July 2024

Background

The Louisiana Department of Health (LDH) began contracting with DentaQuest USA Insurance Company (DentaQuest) and MCNA Insurance Company (MCNA) (collectively known as dental benefit program managers, or DBPMs) on January 1, 2021, to provide Medicaid members with covered dental benefits and services.¹ Eligible Medicaid members include (1) Medicaid members under the age of 21 and (2) Medicaid members who are ages 21 or older *and* whose Medicaid coverage includes the full range of Medicaid services. Children under the age of 21 have comprehensive dental benefits² from these two DBPMs, while adults primarily have denture coverage.³ Louisiana expanded coverage in July 2022 to include adults ages 21 and over who are enrolled in one of the state's waiver programs⁴ and in May 2023 to include adults ages 21 and over who reside in a state intermediate care facility for individuals with intellectual disabilities (ICF/IID).

The total cost of both contracts through December 31, 2023, was approximately \$736.7 million. LDH sought and received approval from the legislature for a two-year extension of MCNA's contract through December 31, 2025, at a maximum additional cost of approximately \$252.4 million. While LDH sought a two-year extension for DentaQuest, the legislature only approved a one-year extension of DentaQuest's contract through December 31,

Why We Compiled This Informational Brief

We conducted this analysis in response to a legislative request asking us to assess the performance of DentaQuest related to types of services provided, provider complaints, member grievances, claims denials, and network adequacy. This informational brief follows-up on issues identified in a [previous report](#). To conduct this analysis, we reviewed DentaQuest's contract, analyzed Medicaid data, and reviewed certain required contract deliverables such as required reports that DentaQuest must submit to LDH. We relied on these reports and did not independently verify all underlying data.

Informational briefs are intended to provide more timely information than standards-based performance audits. While these informational briefs do not follow all *Government Auditing Standards*, we conduct quality assurance activities to ensure the information presented is accurate. In addition, we incorporated feedback we received from LDH throughout the report.

¹ According to LDH, there were three bidders for these contracts.

² Services covered include diagnostic, preventative, restorative, endodontic, periodontics, prosthodontic, fixed prosthodontics, oral and maxillofacial surgery, orthodontic, and adjunctive general.

³ Adults have access to comprehensive oral examinations and radiographs, as well as a range of denture services. Some of the six Healthy Louisiana (Medicaid) health plans offer additional dental coverage for adults as value-added services.

⁴ Includes the New Opportunities Waiver, the Residential Options Waivers, or the Supports Waiver.

2024, at a maximum additional cost of approximately \$125.9 million, due to issues with performance. The legislature asked the LLA to conduct a follow-up review of DentaQuest prior to extending its contract further.

From June 1, 2014, through December 31, 2020, LDH contracted solely with MCNA for dental services under a waiver⁵ from the Centers for Medicare and Medicaid Services (CMS). However, LDH now contracts with two DBPMs because federal law⁶ requires that states give Medicaid members a choice of at least two DBPMs. Therefore, LDH can either seek another one-year extension of DentaQuest’s contract through December 31, 2025, or apply for a waiver from CMS to have only one DBPM for calendar year 2025. LDH pays a per member per month payment (PMPM) to each DBPM for each member to efficiently manage service costs and utilization, to improve access to specialty dental services, and to increase outreach and education to promote healthy dental behavior. Exhibit 1 summarizes the monthly dental PMPM amounts as of June 2024 by coverage type.

Exhibit 1 Monthly Dental PMPMs As of June 2024	
Coverage Type	PMPM
LaCHIP* Affordable Plan	\$20.38
Medicaid Child/CHIP	\$23.14
Medicaid Adult	\$1.39
Medicaid Expansion Child	\$11.11
Medicaid Expansion Adult	\$0.97
Medicaid Adult Waivers	\$24.83
Adult ICF/IID	\$18.34
* The Louisiana Children’s Health Insurance Program (LaCHIP) provides health coverage to uninsured children up to age 19. It is a no-cost health program that pays for hospital care, doctor visits, prescription drugs, shots, and more. Source: Prepared by legislative auditor’s staff using the <i>Louisiana Medicaid Dental Benefit Program Capitation Rate Certification</i> report from Mercer.	

What We Found

LDH paid approximately \$408.0 million in PMPMs to DentaQuest for dental coverage for approximately 1.2 million unique Medicaid members from January 1, 2021, through March 31, 2024. DentaQuest provided approximately \$232.7 million in dental services over this same time period.⁷ Included in the \$408.0 million in PMPMs LDH paid to DentaQuest is \$80.5 million in Full Medicaid Pricing (FMP) payments. The purpose of FMP is to increase payments to contracted providers to maintain and increase access to dental services for Medicaid members. According to LDH, the DBPMs determine the amounts to pay providers.⁸ These FMP payments, as well as the amount directly paid to providers for services, results in a total amount of \$313.2 million paid to

⁵ A Medicaid waiver allows the federal government to waive rules that usually apply to the Medicaid program.

⁶ 42 Code of Federal Regulations (CFR) 438.52

⁷ This number understates the amount of services paid by the DBPMs, because Medicaid providers have up to 365 days to bill for services rendered. Therefore, some services provided from April 2023 through March 2024 may not yet be included in the data. In addition, FMP payments are not included in this amount.

⁸ LDH stated that it produces and publishes an FMP report but does not involve itself with FMP payments to providers or track/monitor FMP provider payments, except to review the aggregated FMP payment amount in each MCO’s quarterly financial statement because of federal regulations [42 CFR 438.6(c)(1)(2021)] prohibiting states from directing payments to individual providers.

DentaQuest’s dental providers during this time period. As of July 2023, LDH no longer makes FMP payments to the DBPMs and instead increased rates on the fee schedule. Exhibit 2 summarizes the number of unique DentaQuest providers who provided services and the amount paid by provider specialty from January 2021 through March 2024.

Exhibit 2 Unique Providers* by Amount Paid** and Specialty January 2021 through March 2024				
Provider Specialty	January 2021 through December 2022		January 2023 through March 2024	
	Unique Providers	Amount Paid	Unique Providers	Amount Paid
General Dentist	733	\$89,207,383	652	\$64,492,950
Pediatric Dentist	95	38,523,220	83	31,582,133
Oral and Maxillofacial Surgeon	40	3,823,214	20	2,132,874
Endodontist	9	1,056,302	8	1,040,309
Prescriber Only and Ordering, Prescribing, and Referring	10	390,115	2	587
Orthodontist	9	97,231	4	190,037
Federally Qualified Health Center and Rural Health Center	23	91,468	3	5,304
Periodontist	2	12,343	2	3,394
American Indian Health Facility	1	11,170	1	29,511
Psychiatrist/Neurologist***	2	183	1	37
Total	868	\$133,212,628	753	\$99,477,136

* Represents the unique number of providers based on the national provider identifier of the provider who rendered services across these specialties and thus is less than the sum of the columns.
 ** Based on information available in Medicaid claims data, which does not include FMP payment amounts. LDH does not track FMP payment amounts by dental provider. Some amounts from January 2021 through December 2022 changed when compared to the previous report because additional claims were paid or denied.
 *** According to LDH staff, these may represent coding errors in the Medicaid data.
Source: Prepared by legislative auditor’s staff using Medicaid data obtained from LDH.

Because DentaQuest did not meet the contract requirement to spend at least 85.0% of its PMPMs on dental benefits and services, it had to refund LDH approximately \$9.1 million for calendar years 2021 and 2022. However, DentaQuest’s Medical Loss Ratio (MLR) improved from calendar year 2021 to 2022. DentaQuest is required by its contract to submit an annual MLR report detailing how much it spent on dental benefits and services compared to how much it spent on administrative and other expenses. LDH contracts with Myers and Stauffer to examine the information in the MLR reports and adjust the numbers as appropriate. If the aggregate MLR for DentaQuest is less than 85.0%, then it must refund LDH the difference. Exhibit 3 summarizes the calendar year 2021 and 2022 MLRs for DentaQuest for the expansion and non-expansion Medicaid populations, the amount of PMPMs paid by LDH to DentaQuest for each population, and the amount DentaQuest refunded LDH as a result of not meeting the required MLR.

Exhibit 3 Comparison of Medical Loss Ratio % and Amount Paid Calendar Years 2021 and 2022*				
Calendar Year	Population	MLR	PMPMs Paid by LDH	Amount Refunded
2021	Expansion	36.4%	\$13,752,824	\$5,669,613
	Non-Expansion	82.7%	113,910,981	2,488,274
2022	Expansion	77.2%	13,187,977	960,615
	Non-Expansion	86.9%	118,344,458	0
Total			\$259,196,240	\$9,118,502

* For both calendar years, this includes claims with dates of service in the calendar year paid through April of the following calendar year.
Source: Prepared by legislative auditor’s staff using Myers and Stauffer’s MLR reports.

DentaQuest did not meet all requirements for network adequacy as of June 2023 or June 2024. However, according to an LDH report, Louisiana has a shortage of dental providers across the state. DentaQuest’s contract requires it to design, develop, and maintain a network that reflects the needs and service requirements of its members, is sufficient to serve its members, and maximizes the availability of primary and specialty dental services. However, the contract does not specify how many providers DentaQuest must have in its network. According to an LDH report,⁹ all but six parishes in Louisiana have been designated as a health professional shortage area for dentists.

DentaQuest is required to submit quarterly network adequacy reports to LDH showing the number of contracted providers in its network. Exhibit 4 summarizes the number of providers contracted by DentaQuest and the provider’s specialty as of June 2023 and June 2024. It shows that for some specialties, such as

endodontists, periodontists, and prosthodontists, DentaQuest contracts with five or fewer providers statewide. In addition, according to DentaQuest’s network adequacy reports as of June 2024, it has no dental providers, including general dentists, in five parishes – Assumption, Cameron, Jackson, Madison, and West Feliciana – and 40 parishes did not have any specialty providers available.¹⁰ According to DentaQuest, some specialty types in June 2024 have fewer dentists than they did in June 2023 because DentaQuest

Exhibit 4 Providers Contracted by Specialty As of June 2023 and June 2024		
Specialty Type	June 2023	June 2024
General Dentist	801	693
Pediatric Dentist	86	74
Endodontist	10	5
Periodontist	5	3
Prosthodontist	23	3
Orthodontist	19	14
Oral and Maxillofacial Surgeon	33	24
Total	977	816

Source: Prepared by legislative auditor’s staff using DentaQuest’s self-reported data. We relied on reports submitted by DentaQuest and did not independently verify the underlying data.

⁹ <https://wellaheadla.com/healthcare-access/health-professional-shortage-areas/>

¹⁰ DentaQuest had three parishes (Assumption, Cameron, and Jackson) with no dental providers as of June 2023, while it had 34 parishes with no specialists as of June 2023.

corrected some inaccuracies identified in the previous reports. Appendix A summarizes the number of providers by parish.

DentaQuest’s contract requires it to meet distance requirements (*see text box at right*) and demonstrate compliance on quarterly reports. LDH changed the distance requirement for specialty dental services from 90 miles to 75 miles in July 2023. We reviewed the report as of June 2024 and compared it to June 2023 to determine the number of parishes that were not in compliance with these distance requirements. We found that DentaQuest did not meet all requirements. Exhibit 5 summarizes the number of parishes where distance requirements were not met, and Appendix B shows this information by parish.

Distance to Primary Dental Services:
 Travel distance from enrollee’s place of residence shall not exceed **thirty (30) miles**; and **ten (10) miles** for urban areas.

Distance to Specialty Dental Services:
 Travel distance shall not exceed **sixty (60) miles** one-way from the enrollee’s place of residence for at least **seventy-five (75)** percent of enrollees; and shall not exceed **seventy-five (75) miles** one-way from the enrollee’s place of residence for **all** enrollees.

Source: DentaQuest contract

Exhibit 5			
Number of Parishes <i>Not</i> Meeting Distance Requirements			
As of June 2023 and June 2024			
Specialist Type	Requirement	June 2023**	June 2024
Primary Dentist*	100% within 30 miles for rural areas	0	0
	100% within 10 miles for urban areas	8	16
Endodontist	75% of members within 60 miles	14	15
	100% of members within 75 miles	4	28
Oral Surgeon	75% of members within 60 miles	13	1
	100% of members within 75 miles	0	6
Orthodontist	75% of members within 60 miles	14	3
	100% of members within 75 miles	1	9
Periodontist	75% of members within 60 miles	29	39
	100% of members within 75 miles	12	50
Prosthodontist	75% of members within 60 miles	13	30
	100% of members within 75 miles	11	36

* Includes general dentists and pediatric dentists.
 ** The requirement was 90 miles as of June 2023 for the 100% of members metrics for endodontists, oral surgeons, orthodontists, periodontists, and prosthodontists.
Source: Prepared by legislative auditor’s staff using DentaQuest’s self-reported data. We relied on reports submitted by DentaQuest and did not independently verify the underlying data.

According to LDH, it does not perform any independent analysis of underlying claims or provider data to validate the information submitted by DentaQuest on these reports. Instead, LDH contracts with an External Quality Review Organization to review network adequacy as part of its external quality review.

While there were a large number of provider complaints attributable to challenges associated with onboarding DentaQuest as a new DBPM in calendar year 2021, the number of complaints appears to have leveled off. Specifically, DentaQuest had 896 complaints in calendar year 2021. From January 2023 through July 2023, DentaQuest had 23 provider complaints, while it had 24 provider complaints from August 2023 through May 2024. DentaQuest is required to submit monthly reports to LDH on the number of complaints received from providers. The most common type of provider complaint was related to claims processing, as 35 (74.5%) of 47 complaints were for this reason. Exhibit 6 summarizes the number of provider complaints by reason between January 2023 and May 2024.

A provider **complaint** is any contact, by phone, in writing, or in person, originating from a provider and delivered to any member of health plan staff voicing dissatisfaction with a policy, procedure or any other communication or action by the dental plan.

A **formal claims dispute** is a process where a provider can appeal a decision by the DBPM to deny or underpay a claim.

Exhibit 6 Provider Complaints January 2023 through May 2024		
Complaint Reason	January 2023 through July 2023 (7 months)	August 2023 through May 2024 (10 months)
Claims Processing	14	21
Reimbursement Rates	0	1
Prior Authorization	0	1
Lack of Access to Providers or Services	1	0
Lack of Information/Response	4	1
Other	4	0
Total	23	24
Source: Prepared by legislative auditor’s staff using DentaQuest’s self-reported data. We relied on reports submitted by DentaQuest and did not independently verify the underlying data.		

Dental providers stated through interviews and documentation that the following are areas of concern with DentaQuest:

- Providers noted continued issues with **denials of claims**. Some providers reported that the denials are inconsistent with current clinical best practices and guidelines and are the opposite of what is being taught in dental school residency programs. One provider stated, “Perception is that they are looking for ways to save money so they can show the state that they are saving, but they are denying medically necessary and needed care. Providers are going to stop accepting them if this continues.” In particular, providers noted ongoing difficulties with stainless steel crowns and sedation services. According to DentaQuest staff, some claims should be denied, such as

those not medically necessary. Further, they stated that sometimes claims are denied because the original claim submissions do not contain sufficient explanation of necessity. However, when providers submit missing information later, it often leads to these claims being approved. See Exhibit 7 for paid and denied claims included in our previous report (January 2021 through December 2022) compared to our additional timeframe (January 2023 through March 2024) and Appendix C for the number of paid and denied claims by provider specialty for the same time period.

Exhibit 7 Paid and Denied Claims* Service Dates January 2021 through March 2024					
Scope	Paid Claims	Denied Claims	Total Submitted Claims	Percentage of Claims Denied	Cost of Claims Paid
January 2021 - December 2022**	2,816,782	434,741	3,251,523	13.4%	\$133,212,628
January 2023 - March 2024	1,795,580	308,119	2,103,699	14.6%	\$99,477,136
Total	4,612,362	742,860	5,355,222	13.9%	\$232,689,764
* Represents the final payment status as of March 2024 and does not account for claims submitted and denied multiple times. Each claim is accounted for one time in this exhibit. ** Some amounts from January 2021 through December 2022 changed when compared to the previous report because additional claims were paid and denied. Source: Prepared by legislative auditor's staff using Medicaid data from LDH.					

- Although previous comments from providers noted issues with **communication**, such as often having to make multiple phone calls to their provider representatives to get any resolution to concerns, providers stated that they see improvements in DentaQuest's communication. According to DentaQuest staff, they replaced some provider representatives and added an additional provider representative.
- One concern noted by several dentists was the **peer-to-peer review**, a tool available to providers to resolve disputes that may arise between a provider and DentaQuest. These reviews provide a means for resolving differences of opinion and focus on appropriateness of care, quality of care, and fees. Several dentists stated that the peer-to-peer reviewers are not truly peers, citing the example that a general dentist is conducting the review instead of a dentist of their specialty (i.e., pediatric dentistry, oral surgery, etc.) who would have the training and expertise to address concerns. The American Dental Association Guidelines for Peer Review¹¹ indicate that the peer review committee should have specialists available as resources who can be appointed if the provider under review requests. According to

¹¹ https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/practice/practice-management/ada_guidelines_for_peer_review.Page

DentaQuest, they generally assign the consultant that originally denied the claim to the review, but specialists are available for providers upon request.

- Providers noted that there are issues with the timeliness of DentaQuest's **credentialing process**. Often times, these are dentists who recently graduated dental school. While providers feel it is reasonable that it could take up to six weeks for a provider to be credentialed, they stated that it takes six to 12 months in some cases. One provider reported that their application was lost on three occasions, despite being sent electronically, by mail, and by fax. Providers stated that MCNA will provisionally credential a provider with the understanding that the dentist would have to repay any amounts paid if their application is denied; however, DentaQuest does not do this.

The most common DentaQuest grievance was related to quality of care issues, while most appeals were related to denials or limited authorizations of services that had been previously authorized.

DentaQuest had 212 grievances from January 2021 through June 2023, and it had 77 grievances from October 2023 through May 2024.¹² Most of DentaQuest's grievances during both periods related to quality of care issues. Between January 2021 and June 2023, DentaQuest had 1,847 appeals, most commonly related to dental procedures not meeting clinical criteria. Between October 2023 through May 2024, DentaQuest had 329 appeals with most related to denials or limited authorizations of services that had been previously authorized. Exhibit 8 summarizes the number and reason for DentaQuest's grievances and appeals from October 2023 through May 2024.

A **grievance** is an expression of member dissatisfaction about any matter other than an adverse benefit determination. Examples of grievances include dissatisfaction with quality of care, quality of service, rudeness of a provider, or a network employee and network administration practices.

An **appeal** is a request for a review of an action and involves a formal process whereby a member has the right to contest an adverse benefit determination by the DBPM, which is the denial or limited authorization of a requested service, including the type or level of service; the reduction, suspension, or termination of a previously authorized service; the denial, in whole or in part, of payment for a service, etc.

¹² LDH changed the information captured for grievances and appeals starting with the October 2023 monthly report, so we only included this month forward in this analysis.

**Exhibit 8
Summary of Grievances and Appeals
October 2023 through May 2024**

Grievances			Appeals		
Type	Number of Grievances	Percent of Total	Type	Number of Appeals	Percent of Total
Quality of care	29	37.7%	Denial, or limited authorization, of services previously authorized	310	94.2%
Access to care	21	27.3%	Other reasons	7	2.1%
Payment or billing issues; benefit limitations/exclusions	16	20.8%	Payment denial	6	1.8%
Plan/provider communications	6	7.8%	Timeliness of plan response	5	1.5%
Customer service	5	6.5%	Denial of expedited appeal	1	0.3%
Total	77		Total	329	

Source: Prepared by legislative auditor’s staff using DentaQuest’s self-reported data. We relied on reports submitted by DentaQuest and did not independently verify the underlying data.

We further analyzed member appeals that had been resolved and found that, when compared to the period covered in our previous report, the appeal was successful for the member less often during the additional months we reviewed (July 2023 through May 2024)¹³ than in the period analyzed during the previous report (January 2021 through June 2023). For example, 845 (43.9%) of 1,925 members’ appeals were found in favor of the member in our previous report, while 167 (35.0%) of 477 members’ appeals were found in favor of the member in the additional months we analyzed. According to an amendment to DentaQuest’s contract as of January 2024, LDH shall penalize DentaQuest if 30.0% or more of denied appeals are reversed in favor of the member within a 12-month period. Exhibit 9 shows how appeals were resolved for each of these periods spanning from January 2021 through May 2024.

¹³ Appeals determination categories did not change like the previous analysis, so we were able to analyze all months not included in the previous report.

Exhibit 9 Outcomes of Appeals January 2021 through May 2024*					
Determination	Meaning	January 2021 – June 2023 (30 months)		July 2023 – May 2024 (11 months)	
		Total	Percent	Total	Percent
Overtured or Reversed for Member	(1) A decision at the State Fair Hearing level which reverses the dental plan's decision in favor of the member, or (2) a decision at the dental plan level to approve a denied request prior to a State Fair Hearing being scheduled by the Division of Administrative Law	845	43.9%	167	35.0%
Invalid, Upheld, or Withdrawn	(1) Appeals request that is found to be unacceptable for timeliness, coverage, or appropriate filing, (2) a decision at the State Fair Hearing level which confirms the DBPM's denial of the member's request, or (3) a written decision made by the appellant to terminate the appeals process	1,080	56.1%	310	65.0%
Total		1,925	100.0%	477	100.0%

* We identified one appeal that was determined to be “partially upheld” and excluded this record from our analysis. **Source:** Prepared by legislative auditor’s staff using DentaQuest’s self-reported data. We relied on reports submitted by DentaQuest and did not independently verify the underlying data.

Between January 2021 and August 2023, LDH issued \$1.1 million in penalties to DentaQuest for 19 instances of noncompliance with the DBPM contract. It issued \$935,000 in penalties to DentaQuest for ten instances of noncompliance between September 2023 and June 2024. The most common category of noncompliance between September 2023 and June 2024 was claims and encounter management, with five (50.0%) of the 10 instances of noncompliance. As of June 2024, LDH had assessed more than \$2.0 million in penalties to DentaQuest for noncompliance with contract requirements, including failure to submit required reports, failure to meet encounter data submission requirements, and failure to meet performance measures. Exhibit 10 summarizes the areas of noncompliance noted and penalties assessed by category and calendar year between January 2021 and June 2024.

Exhibit 10 Comparison of Noncompliance and Penalties Assessed by Category and Calendar Year January 2021 through June 2024				
Calendar Year	Category	Examples of Noncompliance	Count	Total Penalties
January 2021 through August 2023				
2021	Administration	Dental Director not 100% dedicated to the contract	1	\$0
2021	Claims and Encounter Management	Delays in Recycling Claims	1	0
2021	Provider Services	Provider complaints including claims processing issues, inappropriate reimbursement and denial of claims, prior authorization issues and failure to recycle and re-process claims once adjudication errors are identified and corrected	4	0
2022	Administration	Failure to maintain required business hours	1	2,000
2022	Claims and Encounter Management	Failure to meet performance standards	1	50,000
2022	Quality Management	Failure to meet Healthcare Effectiveness Data and Information Set (HEDIS) performance measure target rate for sealants by 15.28%	1	200,000
2022	Reporting	Failure to timely submit quarterly reports – did not submit eight Quarter 1 reports by 4/30/2022; did not submit one Quarter 1 report by 5/31/2022; and failure to use correct template and required agreed upon procedures (AUPs) as noted in updated requirements	3	515,000
2023	Claims and Encounter Management	Failure to meet performance standards in encounter reconciliation reports	2	200,000
2023	Quality Management	Failure to meet compliance in availability of services, assurances of adequate capacity and services, coverages and authorizations of services, provider selection, enrollee rights and protection, grievance and appeal systems, practice guidelines, health information systems, quality assurance and performance improvement, and fraud waste and abuse	2	30,000
2023	Reporting	Failure to timely submit quarterly reports	1	87,500
2023	Services and Benefits	Enrollees removed from Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) prior to 21st birthday	1	0
2023	Provider Network	Based on complaints from providers about a shortage of oral surgeons and lack of primary dental providers available to service intermediate care facilities for individuals with intellectual disabilities	1	40,000
Total			19	\$1,124,500

Exhibit 10 (Cont.) Comparison of Noncompliance and Penalties Assessed by Category and Calendar Year January 2021 through June 2024				
Calendar Year	Category	Examples of Noncompliance	Count	Total Penalties
September 2023 through June 2024				
2023	Claims and Encounter Management	In July, September, and November 2023 Louisiana Encounter Reconciliation Reports, DentaQuest did not meet performance standards for entire plan and value-added services	3	\$150,000
2023	Claims and Encounter Management	Failure to update encounter rates paid to Federally Qualified Healthcare Centers and Rural Healthcare Centers in accordance with Prospective Payment System rate	1	240,000
2023	Reporting	Reporting errors in Reports 200 and 225	1	0
2024	Quality Management	Non-compliance with enrollment/disenrollment terms; Failure to achieve compliance on corrective action plan from 2021 review	1	5,000
2024	Services and Benefits	Continued complaints that DentaQuest is inappropriately denying requests for prior authorization due to lack of medical necessity and engaging clinicians who lack the appropriate experience to make those decisions and participate in peer-to-peer meetings with providers	1	0
2024	Reporting	Failure to submit records as part of an external quality compliance review	1	5,000
2024	Provider Network	Shortage of oral surgeons and lack of primary dental providers available to service intermediate care facilities for individuals with intellectual disabilities	1	485,000
2024	Claims and Encounter Management	In the May 2024 Louisiana Encounter Reconciliation Report, DentaQuest did not meet performance standards for entire plan and value-added services	1	50,000
Total			10	\$935,000
Combined Total			29	\$2,059,500
Source: Prepared by legislative auditor's staff using information provided by LDH.				

APPENDIX A: NUMBER OF PROVIDERS BY SPECIALTY AND PARISH AS OF JUNE 2024

Parish	PRIMARY CARE PROVIDERS		SPECIALISTS				
	General Dentist	Pediatric Dentist	Endodontist	Periodontist	Prosthodontist	Orthodontist	Oral and Maxillofacial Surgeon
ACADIA	23						
ALLEN	9						
ASCENSION	128	18		1	1	3	
ASSUMPTION							
AVOUELLES	12	1					
BEAUREGARD	11						
BIENVILLE	9						
BOSSIER	24	8					5
CADDO	122	17	1			3	42
CALCASIEU	42	2					3
CALDWELL	5						
CAMERON							
CATAHOULA	1						
CLAIBORNE	6						
CONCORDIA	9						
DESOTO	4						
EAST BATON ROUGE	377	24	1			7	5
EAST CARROLL	1						
EAST FELICIANA	26						
EVANGELINE	9						
FRANKLIN	2						
GRANT	7						
IBERIA	12	2					
IBERVILLE	9						
JACKSON							
JEFFERSON	537	21		2	3	6	2
JEFFERSON DAVIS	1						
LAFAYETTE	85	8			1	2	3
LAFOURCHE	187	2	1		1		
LASALLE	2						
LINCOLN	19	6					1
LIVINGSTON	160	10			1	1	
MADISON							
MOREHOUSE	12						

Parish	PRIMARY CARE PROVIDERS		SPECIALISTS				
	General Dentist	Pediatric Dentist	Endodontist	Periodontist	Prosthodontist	Orthodontist	Oral and Maxillofacial Surgeon
NATCHITOCHE	4	6					1
ORLEANS	515	16	1	3	1	4	10
OUACHITA	90	2				2	3
PLAQUEMINES	1						
POINTE COUPEE	7						
RAPIDES	23	14	1				
RED RIVER	2						
RICHLAND	12						
SABINE	7						
SAINT BERNARD	124	1			1		
SAINT CHARLES	129	4		1	1		
SAINT HELENA	7						
SAINT JAMES	4						
SAINT LANDRY	14						
SAINT MARTIN	11				1		
SAINT MARY	10						
SAINT TAMMANY	334	37			2	2	4
SAINT JOHN THE BAPTIST	123	2		1	1		
TANGIPAHOA	178	2	1	1	1	1	2
TENSAS	1						
TERREBONNE	143	3		1		1	1
UNION	3						
VERMILION	15						
VERNON	7						
WASHINGTON	134	1			1	1	
WEBSTER	13	6					
WEST BATON ROUGE	121					1	
WEST CARROLL	1						
WEST FELICIANA							
WINN	8		1				
STATEWIDE (unduplicated)*	693	74	5	3	3	14	24
Total Parishes with 0 Providers	5	40	57	57	51	51	51

* Represents the unique count of providers overall, while the numbers for each parish represent the number of access points where a provider can see a member.
Source: Prepared by legislative auditor’s staff using DentaQuest’s self-reported data. We relied on reports submitted by DentaQuest and did not independently verify the underlying data.

APPENDIX B: COMPLIANCE WITH DISTANCE REQUIREMENTS BY PLAN AND PARISH AS OF JUNE 2024

The following are distance requirements by type of dentist listed in the contracts:

- One-way distance from the member’s place of residence to primary dental services, which includes general dentists and pediatric dentists, shall not exceed 10 miles for urban areas and 30 miles for rural areas.
- One-way distance from the member’s place of residence to specialty dental services, which includes endodontists, oral and maxillofacial surgeons, orthodontists, periodontists, and prosthodontists, shall not exceed 60 miles for at least 75% of members and 75 miles for 100% of enrollees.

Parish	Members	General and Pediatric Dentist		Endodontist		Oral and Maxillofacial Surgeon		Orthodontist		Periodontist		Prosthodontist	
		% of Members in Urban Parishes Residing w/in 10 Miles	% of Members in Rural Parishes Residing w/in 30 Miles	% within 60 miles	% within 75 miles	% within 60 miles	% within 75 miles	% within 60 miles	% within 75 miles	% within 60 miles	% within 75 miles	% within 60 miles	% within 75 miles
ACADIA	11,438		100.00%	0.00%	98.60%	100.00%	100.00%	100.00%	100.00%	0.00%	38.70%	100.00%	100.00%
ALLEN	3,143		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%
ASCENSION	14,817	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
ASSUMPTION	2,999		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
AVOYELLES	9,013		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	10.10%	97.70%	97.70%
BEAUREGARD	3,900		100.00%	93.80%	93.80%	100.00%	100.00%	100.00%	100.00%	0.00%	0.10%	0.00%	22.40%
BIENVILLE	3,159		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%
BOSSIER	19,686	99.20%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%
CADDO	49,842	99.70%		99.90%	99.90%	100.00%	100.00%	100.00%	100.00%	0.10%	0.10%	0.00%	0.10%
CALCASIEU	26,617	96.70%		0.00%	2.20%	100.00%	100.00%	100.00%	100.00%	0.10%	0.10%	0.00%	53.70%
CALDWELL	1,457		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%
CAMERON	555	71.50%		0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	64.10%
CATAHOULA	1,152		100.00%	100.00%	100.00%	100.00%	100.00%	95.50%	95.50%	0.00%	0.00%	0.00%	0.00%
CLAIBORNE	3,467		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%
CONCORDIA	4,080		100.00%	99.90%	99.90%	100.00%	100.00%	0.00%	96.30%	0.00%	0.10%	0.00%	0.40%

		General and Pediatric Dentist		Endodontist		Oral and Maxillofacial Surgeon		Orthodontist		Periodontist		Prosthodontist	
Parish	Members	% of Members in Urban Parishes Residing w/in 10 Miles	% of Members in Rural Parishes Residing w/in 30 Miles	% within 60 miles	% within 75 miles	% within 60 miles	% within 75 miles	% within 60 miles	% within 75 miles	% within 60 miles	% within 75 miles	% within 60 miles	% within 75 miles
DESOTO	2,906	89.90%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%
EAST BATON ROUGE	73,196	100.00%		99.90%	99.90%	100.00%	100.00%	100.00%	100.00%	99.90%	99.90%	100.00%	100.00%
EAST CARROLL	1,996		100.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%
EAST FELICIANA	33,059	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
EVANGELINE	6,972		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.10%	100.00%	100.00%
FRANKLIN	4,362		100.00%	54.50%	54.50%	100.00%	100.00%	100.00%	100.00%	0.00%	0.10%	0.00%	0.00%
GRANT	3,635	98.00%		100.00%	100.00%	99.90%	99.90%	0.00%	22.30%	0.00%	0.00%	0.00%	0.10%
IBERIA	14,357		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.90%	99.90%	100.00%	100.00%
IBERVILLE	5,485	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
JACKSON	2,636		100.00%	98.50%	98.50%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%
JEFFERSON	70,838	99.80%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.90%	99.90%	99.90%	99.90%
JEFFERSON DAVIS	4,304		100.00%	0.00%	83.80%	100.00%	100.00%	100.00%	100.00%	0.00%	0.10%	100.00%	100.00%
LAFAYETTE	38,248	100.00%		0.00%	40.50%	100.00%	100.00%	100.00%	100.00%	0.00%	99.90%	100.00%	100.00%
LAFOURCHE	14,215	99.90%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
LASALLE	1,608		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%
LINCOLN	8,181		100.00%	94.60%	94.60%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%
LIVINGSTON	23,003	100.00%		99.90%	99.90%	100.00%	100.00%	100.00%	100.00%	99.90%	99.90%	100.00%	100.00%
MADISON	2,355		100.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%
MOREHOUSE	2,391		100.00%	0.00%	0.10%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%
NATCHITOCHES	6,127		100.00%	99.90%	99.90%	96.50%	96.50%	96.60%	96.60%	0.00%	0.00%	0.00%	0.00%
ORLEANS	66,894	99.90%		99.90%	99.90%	100.00%	100.00%	100.00%	100.00%	99.90%	99.90%	99.90%	99.90%
OUACHITA	28,619	99.90%		0.00%	5.40%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%
PLAQUEMINES	3,380	80.70%		94.10%	94.10%	100.00%	100.00%	99.00%	100.00%	99.90%	99.99%	99.90%	99.90%
POINTE COUPEE	3,781	100.00%		99.90%	99.90%	100.00%	100.00%	100.00%	100.00%	99.90%	99.90%	100.00%	100.00%
RAPIDES	24,443	95.00%		100.00%	100.00%	0.00%	41.20%	0.00%	11.40%	0.00%	0.10%	0.00%	8.00%
RED RIVER	1,780		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.10%
RICHLAND	4,211		100.00%	0.00%	3.30%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%
SABINE	3,630		100.00%	99.90%	99.90%	97.20%	97.20%	97.00%	97.00%	0.00%	0.00%	0.10%	38.10%
SAINT BERNARD	8,168	99.70%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.90%	99.90%	100.00%	100.00%
SAINT CHARLES	6,739	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
SAINT HELENA	2,557	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

		General and Pediatric Dentist		Endodontist		Oral and Maxillofacial Surgeon		Orthodontist		Periodontist		Prosthodontist	
Parish	Members	% of Members in Urban Parishes Residing w/in 10 Miles	% of Members in Rural Parishes Residing w/in 30 Miles	% within 60 miles	% within 75 miles	% within 60 miles	% within 75 miles	% within 60 miles	% within 75 miles	% within 60 miles	% within 75 miles	% within 60 miles	% within 75 miles
SAINT JAMES	3,301	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.90%	99.90%	100.00%	100.00%
SAINT LANDRY	17,661		100.00%	99.90%	99.90%	100.00%	100.00%	100.00%	100.00%	0.00%	84.60%	99.90%	99.90%
SAINT MARTIN	10,821	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
SAINT MARY	11,790		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.90%	99.90%	100.00%	100.00%
SAINT TAMMANY	36,653	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
ST JOHN THE BAPTIST	9,447	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
TANGIPAOHA	22,019		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
TENSAS	990		100.00%	0.00%	24.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%
TERREBONNE	20,960	99.20%		100.00%	100.00%	100.00%	100.00%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%
UNION	3,371	65.10%		0.00%	12.40%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%
VERMILION	8,494		100.00%	0.00%	60.00%	100.00%	100.00%	100.00%	100.00%	0.00%	76.90%	100.00%	100.00%
VERNON	6,847		100.00%	100.00%	100.00%	95.30%	95.30%	95.30%	95.30%	0.00%	0.10%	0.00%	3.00%
WASHINGTON	10,380		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
WEBSTER	8,535		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%
WEST BATON ROUGE	4,123	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
WEST CARROLL	1,576		100.00%	0.00%	0.10%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.10%
WEST FELICIANA	1,019	92.90%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
WINN	2,696		100.00%	100.00%	100.00%	99.90%	99.90%	99.90%	99.90%	0.00%	0.00%	0.00%	0.00%
Number not met		16	0	15	28	1	6	3	9	39	50	30	36

Source: Prepared by legislative auditor's staff using DentaQuest's self-reported data. We relied on reports submitted by DentaQuest and did not independently verify the underlying data.

APPENDIX C: CLAIMS PAID AND DENIED* BY PROVIDER SPECIALTY

Provider Specialty	January 2021 through December 2022**				January 2023 through March 2024			
	Denied	Paid	Total	% Denied	Denied	Paid	Total	% Denied
General Dentist	327,851	1,896,734	2,224,585	14.7%	241,988	1,188,650	1,430,638	16.9%
Pediatric Dentistry	66,399	864,492	930,891	7.1%	47,834	583,367	631,201	7.6%
Oral and Maxillofacial Surgeon	7,945	36,974	44,919	17.7%	2,403	15,621	18,024	13.3%
Issue/Blank***	23,551	0	23,551	100.0%	13,484	0	13,484	100.0%
Endodontist	835	8,010	8,845	9.4%	871	6,716	7,587	11.5%
Federally Qualified Health Center and Rural Health Center	7,198	2,720	9,918	72.6%	1,060	94	1,154	91.9%
Orthodontist	179	242	421	42.5%	97	914	1,011	9.6%
American Indian Health Facility	428	67	495	86.5%	133	151	284	46.8%
Prescriber Only and Ordering, Prescribing, and Referring	88	7,379	7,467	1.2%	160	15	175	91.4%
Periodontist	258	158	416	62.0%	89	51	140	63.6%
Psychiatrist/Neurologist	9	6	15	60.0%	0	1	1	0.0%
Total	434,741	2,816,782	3,251,523	13.4%	308,119	1,795,580	2,103,699	14.6%

* Represents the final payment status as of March 2024 and does not account for claims submitted and denied multiple times. Each claim is accounted for one time in this exhibit.

** Some amounts from January 2021 through December 2022 changed when compared to the previous report because additional claims were paid and denied.

*** This means the provider type was not defined in the data. All of these instances were for denied claims.

Source: Prepared by legislative auditor's staff using Medicaid data from LDH.