



Office of State Procurement Contract Certification of Approval

This certificate serves as a confirmation that the Office of State Procurement has reviewed and approved the contract referenced below.

Reference Number: 2000506243

Amendment Number: 9

Vendor: MCNA INSURANCE COMPANY

Description: MCNA Insurance Co

Approved By: PAMELA RICE

Approval Date: 09/25/2023 11:28:17

AMENDMENT TO
AGREEMENT BETWEEN STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH

Amendment #: 9
LAGOV#: 2000506243
LDH #:
Original Contract Amount \$355,700,072.00
Original Contract Begin Date 01-01-2021
Original Contract End Date 12-31-2023
RFP Number: 3000013043

(Regional/ Program/ Facility) Medical Vendor Administration
Bureau of Health Services Financing
AND
MCNA Insurance Company, d/b/a MCNA Dental
Contractor Name

AMENDMENT PROVISIONS

Change Contract From: Current Maximum Amount: \$368,376,574.00 Current Contract Term: 1/1/2021 - 12/31/2023

Attachment B - Statement of Work
Attachment C - Dental Benefit Plan Performance Measurement Goals

Change Contract To: If Changed, Maximum Amount: \$368,376,574.00 If Changed, Contract Term: 1/1/2021 - 12/31/2023

Amd 9 Attachment B9 - Changes to Attachment B - Statement of Work
Amd 9 Attachment C9 - Changes to Attachment C - Dental Benefit Plan Performance Measurement Goals
Amd 9 Attachment E - OIG Addendum
Amd 9 Attachment F - Equity, Diversity, & Inclusion Statement

Justifications For Amendment:

Revisions contained in this amendment are within scope and comply with the terms and conditions as set forth in the RFP.
This amendment will add a new monetary penalty, remove the retainage of capitation rate payments, and add the ICF population mandated by Act 55 of the 2022 legislative session. It also includes the addition of two new attachments (C and E) required by LDH legal for all contracts. These revisions are necessary in order to align with all provisions of state and federal laws, regulations, rules, and the State Plan.

This Amendment Becomes Effective: 05-01-2023

This amendment contains or has attached hereto all revised terms and conditions agreed upon by contracting parties.

IN WITNESS THEREOF, this amendment is signed and entered into on the date indicated below.

CONTRACTOR

MCNA Insurance Company, d/b/a MCNA Dental

DocuSigned by: Tom Wiffler 7/17/2023
486524F1737B4AA... SIGNATURE DATE

PRINT NAME Tom Wiffler

CONTRACTOR TITLE CEO

STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH

Secretary, Louisiana Department of Health or Designee

DocuSigned by: Sara A. LeBlanc 7/25/2023
SIGNATURE DATE
338F7ABF393C405...

NAME Tara A. LeBlanc

TITLE Medicaid Executive Director

OFFICE Louisiana Department of Health

PROGRAM SIGNATURE DATE

NAME



DBPM Amendment 9
Attachment B9 – Changes to Attachment B, Statement of Work

Item	Change From	Change To	Justification
1	2.2.1.6 The DBPM’s administrative office shall maintain normal business hours of 8:00 a.m. to 5:00 p.m. CT Monday through Friday, excluding LDH designated state holidays. The administrative office shall not assume it may close if the LDH administrative office closes.	2.2.1.6 The DBPM’s administrative office shall maintain normal business hours of 8:00 a.m. to 5:00 p.m. CT Monday through Friday, excluding LDH designated state- <u>designated</u> holidays. The administrative office shall not assume it may close if the LDH administrative office closes.	This revision clarifies that holidays are designated by the State.
2	<p>2.3.1 Mandatory Populations</p> <p>2.3.1.1 The DBPM will serve eligible Louisiana Medicaid enrollees in the following categories:</p> <p>2.3.1.1.1 Group A - as specified in LAC 50:XV.6901, Medicaid beneficiaries who are under twenty-one (21) years of age; and</p> <p>2.3.1.1.2 Group B - as specified in LAC 50:XXV.303, Medicaid beneficiaries who are twenty-one (21) years of age and older and whose Medicaid coverage includes the full range of Medicaid services.</p> <p>2.3.1.1.3 Group C – Medicaid beneficiaries who are twenty-one (21) years of age and older and who are enrolled in any Medicaid waiver program for persons with developmental or intellectual disabilities.</p>	<p>2.3.1 Mandatory Populations</p> <p>2.3.1.1 The DBPM will serve eligible Louisiana Medicaid enrollees in the following categories:</p> <p>2.3.1.1.1 Group A - as specified in LAC 50:XV.6901, Medicaid beneficiaries who are under twenty-one (21) years of age; and</p> <p>2.3.1.1.2 Group B - as specified in LAC 50:XXV.303, Medicaid beneficiaries who are twenty-one (21) years of age and older and whose Medicaid coverage includes the full range of Medicaid services.</p> <p>2.3.1.1.3 Group C – Medicaid beneficiaries who are twenty-one (21) years of age and older and who are enrolled in any Medicaid waiver program for persons with developmental or intellectual disabilities.</p> <p><u>2.3.1.1.4 Group D - Medicaid beneficiaries who are twenty-one (21) years of age and older residing in an Intermediate Care Facility.</u></p>	This revision is necessary to comply with requirements of Act 366 of the 2022 Regular Legislative Session.
3	[new provisions]	<u>2.4.2.1.4 Group D - Adult ICF/IID Dental Age Twenty-One (21) and Above</u>	This revision is necessary to comply with requirements of Act 366 of the 2022 Regular Legislative Session.

		<p><u>The DBPM shall provide Group D the services listed in accordance with Act 366 of the 2022 Regular Legislative Session and as specified in the LDH DBPM Manual, which include, but are not limited to, the following services:</u></p> <p><u>2.4.2.1.4.1 Diagnostic Services including radiographs and oral/facial images, diagnostic casts and accession of tissue – gross and microscopic examinations;</u></p> <p><u>2.4.2.1.4.2 Preventative Services which include prophylaxis, topical fluoride treatments, sealants, fixed space maintainers and re-cementation of space maintainers;</u></p> <p><u>2.4.2.1.4.3 Restorative Services which include amalgam restorations, composite restorations, stainless steel and polycarbonate crowns, stainless steel crowns with resin window, pins, core build-ups, pre-fabricated posts and cores, resin-based composite restorations, appliance removal, and unspecified restorative procedures;</u></p> <p><u>2.4.2.1.4.4 Endodontic Services which include pulp capping, pulpotomy, endodontic therapy on primary and permanent teeth (including treatment plan, clinical procedures and follow-up care), apexification/recalcification, apicoectomy/periradicular services and unspecified endodontic procedures;</u></p> <p><u>2.4.2.1.4.5 Periodontics Services which include gingivectomy, periodontal scaling and root planning, full mouth debridement, and unspecified periodontal procedures;</u></p> <p><u>2.4.2.1.4.6 Prosthodontic Services which include complete dentures, partial dentures, denture repairs, denture relines and unspecified prosthodontics procedures;</u></p> <p><u>2.4.2.1.4.7 Fixed Prosthodontics services which include fixed partial denture pontic, fixed partial denture retainer and other unspecified fixed partial denture services;</u></p>	
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4	2.4.2.3.1.1 The DBPM shall make provisions for and advise all enrollees described in Group A and Group C of the provisions governing emergency use pursuant to federal regulations. Emergency-related terms are in the Glossary.	2.4.2.3.1.1 The DBPM shall make provisions for and advise all enrollees described in Group A, and Group C <u>and Group D</u> of the provisions governing emergency use pursuant to federal regulations. Emergency-related terms are in the Glossary.	This revision is necessary to comply with requirements of Act 366 of the 2022 Regular Legislative Session.
5	2.6.2.6.2 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 ninety (90) miles one-way from the enrollee's place of residence for all enrollees.	2.6.2.6.2 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 ninety (90) <u>seventy-five (75)</u> miles one-way from the enrollee's place of residence for all enrollees.	This revision corrects the unintentional increase to the distance standard in Amendment 2.
6	2.6.2.10 The DBPM shall ensure the availability of access to specialty providers for all Group A and Group C enrollees. The DBPM shall ensure access standards and guidelines to specialty providers are met as specified in this Section in regard to timeliness and service area.	2.6.2.10 The DBPM shall ensure the availability of access to specialty providers for all Group A, and Group C <u>and Group D</u> enrollees. The DBPM shall ensure access standards and guidelines to specialty providers are met as specified in this Section in regard to timeliness and service area.	This revision is necessary to comply with requirements of Act 366 of the 2022 Regular Legislative Session.
7	2.10.2.4 The DBPM shall extend the timeframe of disposition for a grievance by up to fourteen (14) calendar days if: 2.10.2.4.1 The enrollee requests the extension; or	2.10.2.4 The DBPM shall <u>may</u> extend the timeframe of disposition for a grievance by up to fourteen (14) calendar days if: 2.10.2.4.1 The enrollee requests the extension; or	This revision aligns the contract with 42 CFR §438.408.

	<p>2.10.2.4.2 The DBPM shows (to the satisfaction of LDH, upon its request) that there is a need for additional information and how the delay is in the enrollee's interest.</p> <p>2.10.2.5 If the timeframe is extended other than at the enrollee's request, the DBPM shall provide oral notice of the reason for the delay to the enrollee by close of business on the day of the determination, and written notice of the reason for the delay within two (2) calendar days of the determination.</p>	<p>2.10.2.4.2 The DBPM shows (to the satisfaction of LDH, upon its request) that there is a need for additional information and how the delay is in the enrollee's interest.</p> <p>2.10.2.5 If the timeframe is extended other than at the enrollee's request, the DBPM shall <u>complete all of the following:</u></p> <p><u>2.10.2.5.1 Provide</u> oral notice of the reason for the delay to the enrollee by close of business on the day of the determination;</p> <p><u>2.10.2.5.2 and Provide</u> written notice of the reason for the delay <u>decision to extend the timeframe</u> within two (2) calendar days of the determination.</p> <p><u>2.10.2.5.3 Resolve the grievance as expeditiously as the enrollee's health condition requires and no later than the date the extension expires.</u></p>	
8	[new provisions]	<p><u>2.12.1.3.1 The DBPM and any subcontractors or major subcontractors, shall cooperate fully with the agencies that conduct investigations; full cooperation includes, but is not limited to, timely exchange of information and strategies for addressing fraud and abuse, allowing prompt access to information, providing copies of documents at no charge, granting access to all available information related to program violations, and making knowledgeable employees available at no charge to support any investigation, court, or administrative proceeding.</u></p> <p><u>2.12.1.3.2 The DBPM and any subcontractors or major subcontractors shall maintain the confidentiality of any investigation.</u></p> <p>...</p> <p><u>2.12.5.2.3 Adequate staffing and resources to investigate potential incidents of fraud, waste, and abuse and to develop and implement Corrective Action Plans. Minimum staffing shall include one (1) full-time investigator physically located within Louisiana. LDH may approve written requests with detailed justification</u></p>	This revision aligns the DBPM contracts with the MCO contracts and clarifies requirements to ensure appropriate oversight by the DBPMs.

		<p><u>to substitute another Special Investigation Unit (SIU) position in place of an investigator position.</u></p> <p>[subsequent provisions renumbered]</p> <p>...</p> <p><u>2.12.6.3.2 The DBPM shall notify LDH within three (3) business days of contact by any investigative authorities conducting Medicaid fraud and abuse investigations, except in situations where the investigative authorities request non-disclosure of the investigation or disclosure of the on-going investigation is prohibited by law.</u></p> <p><u>2.12.6.3.3 The DBPM shall notify LDH in writing within three (3) business days of receipt of any voluntary provider disclosures resulting in the receipt of overpayments in excess of twenty-five thousand (\$25,000) dollars, regardless of whether fraud is suspected.</u></p> <p><u>2.12.6.3.4 The DBPM shall provide an annual report to LDH on the DBPM’s recoveries of overpayments in accordance with 42 C.F.R. § 438.608. The annual report shall be made through the fourth quarter 145 report and will be due on January 31 of each year.</u></p>	
9	<p>2.12.6.4.11 LDH or its agent shall have the right to audit, review and investigate providers and enrollees within the DBPM’s network via “complex” or “automated” review for a five (5) year period from the date of service of a claim. LDH may withhold from the DBPM any overpayments identified by LDH or its agent, and said recovered funds will be retained by the State. The DBPM may pursue recovery from the provider as a result of the State-identified overpayment withhold.</p>	<p>2.12.6.4.11 LDH or its agent shall have the right to audit, review and investigate providers and enrollees within the DBPM’s network via “complex” or “automated” review for a five (5) year period from the date of service of a claim. LDH may <u>withhold recover</u> from the DBPM any overpayments identified by LDH or its agent, and said recovered funds will be retained by the State. The DBPM may pursue recovery from the provider as a result of the State-identified overpayment withhold. <u>via deduction from the DBPM’s capitation payment all of the following amounts assessed to a provider as a result of LDH’s audit, whether the provider is excluded from the Medicaid program or not: (1) monetary penalties assessed in accordance with the SURS Rule (Louisiana</u></p>	<p>This revision aligns the DBPM contracts with the MCO contracts and clarifies requirements to ensure appropriate oversight by the DBPMs.</p>

		<u>Administrative Code 50:I.4146.A.18), (2) state-identified improper payments and overpayments, (3) overpayments determined through statistical sampling (extrapolation), and (4) investigation costs. Any overpayments identified by LDH or its agent and said recovered funds will be retained by the State.</u>	
10	3.1.1.2 LDH will establish benchmarks for clinical performance measures utilizing statewide data of the Medicaid population from the previous calendar year(s) with the expectation that performance improves by a certain percentage toward the benchmarks. Clinical performance measures shall be reported at least annually twelve (12) months after services begin.	3.1.1.2 LDH will establish benchmarks for clinical performance measures utilizing statewide data of the Medicaid population from the previous calendar year(s) with the expectation that performance improves by a certain percentage toward the benchmarks. Clinical performance measures shall be reported at least annually twelve (12) months after services begin. [subsequent provisions renumbered]	This revision is necessary to update the manner by which targets for performance measures will be determined.
11	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.	3.1.1.3 Clinical performance measures include: 3.1.1.3.1 Healthcare Effectiveness and Information Set (HEDIS) Annual Dental Visits (ADV) <u>Oral Evaluation, Dental Services (OED)</u> ; and 3.1.1.3.2 Total Eligibles Receiving Preventive Dental Services based on data reported on the CMS 416.	This revision is necessary as NCQA has retired the ADV measure and LDH has adopted the new OED measure as a replacement.
12	3.1.1.4 Baseline data and applicable targets will be provided prior to the start date of the Contract. 3.1.1.5 The DBPM shall publish its clinical performance measures on its website in a manner that allows enrollees and the public to view the performance of the DBPM. The DBPM may meet this requirement by including information about performance measures conducted by LDH and providing a link to LDH's applicable website page.	3.1.1.4 Baseline data and applicable targets will be provided prior to the start date of the Contract. <u>Targets for Healthcare Effectiveness Data and Information Set (HEDIS®) performance measures will be equal to or above the National Committee for Quality Assurance (NCQA) Quality Compass Medicaid National 50th percentile [All Lines of Business (LOBs) (Excluding Preferred Provider Organizations (PPOs) and Exclusive Provider Organizations (EPOs))] values for the prior Quality Compass product Year.</u> <u>3.1.1.5 Targets for HEDIS® performance measures without a NCQA Quality Compass Medicaid National 50th percentile (All Lines of Business [LOBs] excluding Preferred Provider Organizations [PPOs] and Exclusive Provider</u>	This revision is necessary to update the manner by which targets for performance measures will be determined.

		<p><u>Organizations [EPOs] value will be determined by LDH utilizing statewide Medicaid data.</u></p> <p>3.1.1.56The DBPM shall publish its clinical performance measures on its website in a manner that allows enrollees and the public to view the performance of the DBPM. The DBPM may meet this requirement by including information about performance measures conducted by LDH and providing a link to LDH’s applicable website page.</p>				
13	<p>3.6.5 Table of Monetary Penalties</p> <p>...</p> <p>[new monetary penalty]</p>	<p>3.6.5 Table of Monetary Penalties</p> <p>...</p> <table border="1"> <tr> <td><u>26.</u></td> <td><u>Failure to maintain normal business hours, excluding state-designated holidays</u></td> <td><u>\$5,000 per day, per occurrence.</u></td> </tr> </table>	<u>26.</u>	<u>Failure to maintain normal business hours, excluding state-designated holidays</u>	<u>\$5,000 per day, per occurrence.</u>	This monetary penalty clarifies the distinction between a general staffing requirement and requirements for administrative offices and personnel.
<u>26.</u>	<u>Failure to maintain normal business hours, excluding state-designated holidays</u>	<u>\$5,000 per day, per occurrence.</u>				
14	<p>4.3.7 Withhold of Capitation Rate</p> <p>4.3.7.1 A withhold of the aggregate capitation rate payment shall be applied to provide an incentive for DBPM compliance with the requirements of the Contract.</p> <p>4.3.7.2 The withhold amount will be equivalent to two percent (2%) of the monthly capitation rate payment for all DBPM enrollees.</p> <p>4.3.7.3 If LDH has not identified any DBPM deficiencies, LDH will pay to the DBPM the withhold of the DBPM’s payments withheld in the month subsequent to the withhold.</p> <p>4.3.7.4 If LDH has determined the DBPM is not in compliance with a requirement of the Contract in any given month, LDH may issue a written notice</p>	<p>4.3.7 Withhold of Capitation Rate</p> <p>4.3.7.1 A withhold of the aggregate capitation rate payment shall be applied to provide an incentive for DBPM compliance with the requirements of the Contract.</p> <p>4.3.7.2 The withhold amount will be equivalent to two percent (2%) of the monthly capitation rate payment for all DBPM enrollees.</p> <p>4.3.7.3 If LDH has not identified any DBPM deficiencies, LDH will pay to the DBPM the withhold of the DBPM’s payments withheld in the month subsequent to the withhold.</p> <p>4.3.7.4 If LDH has determined the DBPM is not in compliance with a requirement of the Contract in any given month, LDH may issue a written notice</p>	This revision will increase cash flow to the DBPMs and reduce the administrative burden related to the release of the withhold on a monthly basis. Monetary penalties assessed by LDH will be collected through withholding through future PMPM payments.			

<p>of non-compliance and LDH may retain the amount withheld for the month prior to LDH identifying the compliance deficiencies.</p> <p>4.3.7.5 Monthly retention of the withhold amount may continue for each subsequent month so long as the identified deficiencies have not been corrected. If the same or similar deficiency(s) continues beyond timeframes specified for correction as determined by LDH, LDH may permanently retain the amount withheld for the period of non-compliance consistent with the monetary penalties of the Contract. The timeframe specified in a written notice of action shall be considered the cure period and will be not less than thirty (30) calendar days unless the deficiency reasonably requires resolution in a shorter period after which amounts retained may be permanently withheld.</p> <p>4.3.7.6 Amounts withheld for failure to achieve established performance measurement goals as defined in the Contract will be permanently retained.</p> <p>4.3.7.7 No interest shall be due to the DBPM on any sums withheld or retained under this Section.</p> <p>4.3.7.8 The provisions of this Section may be invoked alone or in conjunction with any other remedy or adjustment otherwise allowed under the Contract.</p>	<p>of non-compliance and LDH may retain the amount withheld for the month prior to LDH identifying the compliance deficiencies.</p> <p>4.3.7.5 Monthly retention of the withhold amount may continue for each subsequent month so long as the identified deficiencies have not been corrected. If the same or similar deficiency(s) continues beyond timeframes specified for correction as determined by LDH, LDH may permanently retain the amount withheld for the period of non-compliance consistent with the monetary penalties of the Contract. The timeframe specified in a written notice of action shall be considered the cure period and will be not less than thirty (30) calendar days unless the deficiency reasonably requires resolution in a shorter period after which amounts retained may be permanently withheld.</p> <p>4.3.7.6 Amounts withheld for failure to achieve established performance measurement goals as defined in the Contract will be permanently retained.</p> <p>4.3.7.7 No interest shall be due to the DBPM on any sums withheld or retained under this Section.</p> <p>4.3.7.8 The provisions of this Section may be invoked alone or in conjunction with any other remedy or adjustment otherwise allowed under the Contract.</p> <p>[subsequent provisions renumbered]</p>	
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DBPM Amendment 9
Attachment C9 – Changes to Attachment C, DBPM Performance Goals

Item	Change From	Change To	Justification									
1	<p><u>Performance Measure #1</u></p> <p>Dental Benefit Plan Clinical Performance CMS-416 Line 12b</p> <p>[add new columns]</p>	<p><u>Performance Measure #1</u></p> <p>Dental Benefit Plan Clinical Performance CMS-416 Line 12b</p> <p>...</p> <table border="1" data-bbox="604 613 1408 820"> <thead> <tr> <th>FFY 2022</th> <th><u>FFY 2023</u></th> <th><u>FFY 2024</u></th> </tr> </thead> <tbody> <tr> <td>57.0%</td> <td><u>46.63%</u></td> <td><u>48.63%</u></td> </tr> <tr> <td>03/31/2023</td> <td><u>03/31/2024</u></td> <td><u>03/31/2025</u></td> </tr> </tbody> </table>	FFY 2022	<u>FFY 2023</u>	<u>FFY 2024</u>	57.0%	<u>46.63%</u>	<u>48.63%</u>	03/31/2023	<u>03/31/2024</u>	<u>03/31/2025</u>	<p>This updates the performance measure to include targets for future contract years.</p>
FFY 2022	<u>FFY 2023</u>	<u>FFY 2024</u>										
57.0%	<u>46.63%</u>	<u>48.63%</u>										
03/31/2023	<u>03/31/2024</u>	<u>03/31/2025</u>										
2	<p><u>Performance Measure #2</u></p> <p>Dental Benefit Plan Clinical Performance HEDIS ADV</p> <p>[add new columns]</p>	<p><u>Performance Measure #2 (Retired effective 12/31/2022)</u></p> <p>Dental Benefit Plan Clinical Performance HEDIS ADV</p> <p>...</p> <table border="1" data-bbox="604 1101 903 1247"> <thead> <tr> <th><u>CY 2023</u></th> <th><u>CY 2024</u></th> </tr> </thead> <tbody> <tr> <td><u>N/A</u></td> <td><u>N/A</u></td> </tr> <tr> <td><u>N/A</u></td> <td><u>N/A</u></td> </tr> </tbody> </table>	<u>CY 2023</u>	<u>CY 2024</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<p>NCQA retired the HEDIS ADV measure.</p>			
<u>CY 2023</u>	<u>CY 2024</u>											
<u>N/A</u>	<u>N/A</u>											
<u>N/A</u>	<u>N/A</u>											

Item	Change From	Change To	Justification															
3	<i>[new performance measure]</i>	<p><u>Performance Measure #2 (Effective 7/1/2023)</u></p> <table border="1" data-bbox="615 342 1983 743"> <thead> <tr> <th data-bbox="615 342 1166 451"><u>Dental Benefit Plan Clinical Performance HEDIS OED</u></th> <th data-bbox="1166 342 1322 451"><u>Reporting Period</u></th> <th data-bbox="1322 342 1454 451"><u>Baseline % CY 2023</u></th> <th data-bbox="1454 342 1706 451"><u>CY 2024</u></th> <th data-bbox="1706 342 1983 451"><u>CY 2025</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="615 451 1166 672"><u>Increase the percentage of members under 21 years of age receiving a comprehensive or periodic oral evaluation with a dental provider during the MY</u></td> <td data-bbox="1166 451 1322 672"><u>CY</u></td> <td data-bbox="1322 451 1454 672"><u>46.23%</u></td> <td data-bbox="1454 451 1706 672"><u>48.23%</u></td> <td data-bbox="1706 451 1983 672"><u>50.23%</u></td> </tr> <tr> <td data-bbox="615 672 1166 743"><u>Reporting Deadline</u></td> <td data-bbox="1166 672 1322 743"><u>=</u></td> <td data-bbox="1322 672 1454 743"><u>=</u></td> <td data-bbox="1454 672 1706 743"><u>06/30/2025</u></td> <td data-bbox="1706 672 1983 743"><u>06/30/2026</u></td> </tr> </tbody> </table>	<u>Dental Benefit Plan Clinical Performance HEDIS OED</u>	<u>Reporting Period</u>	<u>Baseline % CY 2023</u>	<u>CY 2024</u>	<u>CY 2025</u>	<u>Increase the percentage of members under 21 years of age receiving a comprehensive or periodic oral evaluation with a dental provider during the MY</u>	<u>CY</u>	<u>46.23%</u>	<u>48.23%</u>	<u>50.23%</u>	<u>Reporting Deadline</u>	<u>=</u>	<u>=</u>	<u>06/30/2025</u>	<u>06/30/2026</u>	This is a new performance measure to replace HEDIS ADV.
<u>Dental Benefit Plan Clinical Performance HEDIS OED</u>	<u>Reporting Period</u>	<u>Baseline % CY 2023</u>	<u>CY 2024</u>	<u>CY 2025</u>														
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<u>Reporting Deadline</u>	<u>=</u>	<u>=</u>	<u>06/30/2025</u>	<u>06/30/2026</u>														



Medicaid Dental Benefit Program Manager Contract Attachment E: OIG Addendum Additional Requirements for OIG Compliance

The Louisiana Department of Health (“LDH”) has entered into a State Agency Compliance Agreement (“Compliance Agreement”) with the Office of Inspector General (“OIG”) of the United States Department of Health and Human Services (“HHS”) to promote compliance with the statutes, regulations, and written directives of Medicare, Medicaid, and all other Federal health care programs (as defined in 42 U.S.C. § 1320a-7b(f)) (Federal health care program requirements). The Compliance Agreement includes requirements that are applicable to LDH and to certain of its contractors and subcontractors who meet the definition of “Covered Person” as provided below, and this Addendum is attached to all LDH contracts with such “Covered Person” contractors.

1. *Definitions.* For purposes of this Addendum:

- a. “Covered Person” shall include any contractor, subcontractor, agent, or other person who furnishes patient care items or services or who performs billing or coding functions on behalf of LDH, excluding vendors whose sole connection with LDH is selling or otherwise providing medical supplies or equipment to LDH.
 - i. “Individual Covered Person” means a Covered Person who is a natural person and includes any individual who is an officer, employee, member, or partner of a Corporate Covered Person, as defined below, and who participates in the performance of any work or services under the contract.
 - ii. “Corporate Covered Person” means any Covered Person that is not an Individual Covered Person, including but not limited to a corporation, limited liability company (LLC), partnership, or other legal entity.
- b. “Ineligible Person” shall include an individual or entity who:
 - i. is currently excluded from participation in any Federal health care program; or
 - ii. has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a), but has not yet been excluded.
- c. “Exclusion List” means the HHS/OIG List of Excluded Individuals/Entities (LEIE) (available through the Internet at <http://www.oig.hhs.gov>).

2. *Training Requirements.* In accordance with the written Training Plan developed by LDH, Covered Persons must receive at least annual training regarding LDH’s Compliance Agreement requirements and the applicable Federal health care program requirements, including the requirements of the Anti-Kickback

Statute and the Stark Law. A Corporate Covered Person shall be responsible for ensuring that all Individual Covered Persons within its organization receive the required training.

3. *Screening and Disclosure Requirements.*

- a. Before LDH enters into a contract with a prospective Covered Person, it will screen that prospective Covered Person against the Exclusion List, and a Corporate Covered Person shall be responsible for screening all Individual Covered Persons within its organization against the Exclusion List. Thereafter, LDH and all current Corporate Covered Persons shall continue to perform such screening on a monthly basis.
- b. Both during and after the contracting process, all prospective and current Covered Persons shall immediately disclose in writing to LDH as soon as they discover that that they are, or have become, an Ineligible Person. A Corporate Covered Person shall be responsible for facilitating and expediting such disclosures to LDH with regard to any Individual Covered Person within its organization who is an Ineligible Person.

4. *Removal Requirements.*

- a. If LDH receives actual notice that a Covered Person has become an Ineligible Person, it shall remove such Covered Person from responsibility for, or involvement with, LDH's business operations related to the Federal health care program(s) from which such Covered Person has been excluded and shall remove such Covered Person from any position for which the Covered Person's compensation or the items or services furnished, ordered, or prescribed by the Covered Person are paid in whole or part, directly or indirectly, by any Federal health care program(s) from which the Covered Person has been excluded at least until such time as the Covered Person is reinstated into participation in such Federal health care program(s).
- b. If LDH receives actual notice that a Covered Person is charged with a criminal offense that falls within the scope of 42 U.S.C. §§ 1320a-7(a), 1320a-7(b)(1)-(3), or is proposed for exclusion during the Covered Person's employment or contract term, LDH shall take all appropriate actions to ensure that the responsibilities of that Covered Person have not and shall not adversely affect the quality of care rendered to any beneficiary or the accuracy of any claims submitted to any Federal health care program.
- c. A Corporate Covered Person shall be responsible for facilitating and expediting the removal of any Individual Covered Person within its organization who is an Ineligible Person.

5. *Flowdown of Requirements.* A Covered Person shall be responsible for ensuring that any subcontractor, agent, or other person to whom it delegates the performance of any work or services under the contract shall comply with all requirements contained in this Addendum that are applicable to the subcontractor, agent, or other person as a Covered Person.



Medicaid Dental Benefit Program Manager Contract Attachment F: Equity, Diversity, and Inclusion Statement

The Louisiana Department of Health (LDH) characterizes equity, diversity, and inclusion as representing the differences and similarities of all individuals while creating a work environment in which those same individuals are treated fairly and respectfully, have equal access to opportunities and resources, and can contribute fully to the work of LDH in a safe and welcoming environment.

LDH values diversity in its workplace, vendor network, customers, and communities. As a state agency, LDH believes that diversity contributes to the success of Louisiana and society. LDH values the unique contributions of individuals with wide ranging backgrounds and experiences, and believes an inclusive culture allows our employees to contribute their best. Because of this, LDH is committed to equal opportunity and fair treatment for all.

LDH prohibits discrimination on the basis of age, race, color, gender, religion, ethnicity, disability, marital or family status, national origin, sexual orientation, veteran status, genetic information, medical condition, or any other non-merit factor. LDH is fully committed to being a model for equity, diversity, inclusion, belonging, and accessibility, where all team members are treated with dignity and respect. This principle extends to all decisions relating to recruitment, hiring, contracting, training, placement, advancement, compensation, benefits, and termination. By signing this contract, contractor acknowledges the following:

- a. That LDH values diversity in the workplace and that contractor agrees to value diversity in its workplace, further;
- b. That the Contractor is subject to uphold this Equity, Diversity, and Inclusion Statement in actions related to the execution and/or fulfillment of this contract; and
- c. That subject to federal and/or state laws, the Contractor agrees not to discriminate on the basis of age, race, color, gender, religion, ethnicity, disability, marital or family status, national origin, sexual orientation, veteran status, genetic information, or medical condition, in any action related to the execution and/or fulfillment of this contract.