



**DBPM Amendment 1 for DentaQuest and MCNA  
Attachment B1 – Changes to Attachment B, Statement of Work**

Item	Change From	Change To	Justification
1	<p><b>2.5.4.11</b> The DBPM’s service authorization system shall process and track service authorizations to comply with the standards established in this Contract.</p>	<p><b>2.5.4.11</b> The DBPM’s service authorization system shall process, and track, <u>and publicly report prior authorization service metrics</u> authorizations to <u>that</u> comply with <u>42 CFR §438.210(f) and</u> the standards established in this Contract.</p>	<p>The added revisions for public reporting requirement for prior authorization metrics 42 CFR 438.210.</p>
2	<p><b>2.12.1.4</b> The DBPM, its subcontractors and providers shall make all program and financial records and service delivery sites open to the representative or any designees of the above. Each federal and state agency shall have timely and reasonable access and the right to examine and make copies, excerpts or transcripts from all books, documents, papers, and records which are directly pertinent to a specific program for the purpose of making audits, examinations, excerpts and transcriptions, contact and conduct private interviews with DBPM clients, employees, and Contractors, and do on-site reviews of all matters relating to service delivery as specified by the Contract. The DBPM shall provide originals and/or copies (at no charge) of all records and information requested. Requests for information shall be compiled in the format and the language requested.</p> <p><b>2.12.1.5</b> The DBPM’s employees, consultants and its contractors and their employees, shall cooperate fully and be available in person for interviews and consultation regarding grand jury proceedings, pre-trial conferences, hearings, trials, and in any other process.</p>	<p><b>2.12.1.4</b> The DBPM, its subcontractors and providers shall make all program and financial records and service delivery sites open to the representative or any designees of the above <u>upon request</u>. <del>Each federal and state agency</del> <u>HHS, OIG, LDH, GAO, LLA, the Office of the Attorney General, and/or the designees of any of the above</u> shall have timely and reasonable access and the right to examine and make copies, excerpts, or transcripts of all books, documents, papers, and records which are directly pertinent to a specific program for the purpose of making audits and examinations, contact and conduct private interviews with <u>any and all</u> DBPM clients, employees, and Contractors, and do on-site reviews of all matters relating to service delivery as specified by the Contract. <del>The DBPM shall provide originals and/or copies (at no charge) of all records and information requested. Requests for information shall be compiled in the format and the language requested.</del></p> <p><del><b>2.12.1.5</b> The DBPM’s employees, consultants and its contractors and their employees, shall cooperate fully and be available in person for interviews and</del></p>	<p>These revisions are necessary to provide additional clarification that redacted records are not considered compliant for record requests from law enforcement and/or oversight agencies.</p>

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		<p><del>consultation regarding grand jury proceedings, pre-trial conferences, hearings, trials, and in any other process.</del> <u>The DBPM and its providers and Subcontractors shall provide originals and/or copies (at no charge) of all records and information requested. Requests for information shall be compiled in the form and the language requested and shall should not be redacted. If a provider fails to respond to a request from the DBPM and/or fails to substantially comply with supply the requested record(s) or information from to the DBPM, the DBPM shall place the provider on a payment suspension or payment withhold until the record(s) or information is produced or the provider notifies the DBPM in writing that the record or information cannot be produced.</u></p> <p><u>2.12.1.6 The DBPM’s employees, consultants and its contractors and their employees, shall cooperate fully and be available in person for interviews and consultation regarding grand jury proceedings, pre-trial conferences, hearings, trials, and in any other process.</u></p>	
3	<p><b>2.12.1.6</b> The DBPM shall certify all statements, reports and claims, financial and otherwise, as true, accurate, and complete. The DBPM shall not submit for payment purposes those claims, statements, or reports which it knows, or has reason to know, are not properly prepared or payable pursuant to federal and state law, applicable regulations, the Contract, and LDH policy.</p>	<p><b>2.12.1.67</b> The DBPM shall certify all statements, reports and claims, financial and otherwise, as true, accurate, <b>non-redacted</b> and complete. The DBPM shall not submit for payment purposes those claims, statements, or reports which it knows, or has reason to know, are not properly prepared or payable pursuant to applicable federal and state laws, regulations, <b>rules, policies, procedures, and manuals, the State Plan,</b></p>	<p>These revisions are necessary to provide additional clarification that redacted records are not considered compliant for record requests from law enforcement and/or oversight agencies.</p>



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		<p><u>Waivers</u>, the Contract, <del>and</del> LDH policy, <u>and the MCO Manual</u>.</p>	
4	<p><b>2.12.2.1.2.4</b> All confirmed or suspected provider fraud and abuse shall immediately be reported to LDH and MFCU; and</p> <p><b>2.12.2.1.2.5</b> All confirmed or suspected enrollee fraud and abuse shall be reported immediately to LDH Program Integrity and local law enforcement of the enrollee’s parish of residence.</p> <p><b>2.12.2.1.3</b> When making a referral of suspected fraud, the DBPM shall utilize a Fraud Reporting Form deemed satisfactory by LDH.</p> <p><b>2.12.2.1.4</b> The DBPM shall promptly perform a preliminary investigation of all incidents of suspected and/or confirmed fraud and abuse. Unless prior written approval is obtained from the agency to whom the incident was reported, or to another agency designated by the agency that received the report, after reporting fraud or suspected fraud and/or suspected abuse and/or confirmed abuse, the DBPM shall not take any of the following actions as they specifically relate to Medicaid claims:</p>	<p><b>2.12.2.1.2.4</b> All confirmed or suspected provider fraud and abuse shall immediately be reported, <u>in writing</u>, to LDH <u>Program Integrity</u> and MFCU <u>within forty-eight (48) hours</u>; and</p> <p><b>2.12.2.1.2.5</b> All confirmed or suspected enrollee fraud and abuse shall be reported immediately, <u>in writing</u>, to LDH Program Integrity and local law enforcement of the enrollee’s parish of residence <u>within one (1) business day</u>.</p> <p><b>2.12.2.1.3</b> When making a referral of suspected <u>or confirmed</u> fraud <u>and abuse</u>, the DBPM shall utilize <u>a the LDH Provider Fraud Reporting Referral Form</u> deemed satisfactory by LDH <u>available from the LDH Program Integrity MCO Oversight section</u>.</p> <p><b>2.12.2.1.4</b> The DBPM shall promptly perform a preliminary investigation of all incidents of suspected <u>allegations, tips, or complaints</u> and/or <u>of</u> confirmed fraud and abuse. Unless prior written approval is obtained from the agency to whom the incident was reported, or to another agency designated by the agency that received the report, after reporting fraud or suspected fraud and/or suspected abuse and/or confirmed abuse, the DBPM shall not take any of the following actions as they specifically relate to <u>Louisiana Medicaid Program</u> claims:</p>	<p>These revisions are necessary to provide additional clarification that the MCOs must use the Fraud Referral Form to refer any issue of fraud or abuse to LDH and MFCU, rather than deciding if an issue is a “notice.” LDH is removing all references to fraud “notices” from the contracts.</p>
5	<p><b>2.12.2.1.5</b> The DBPM shall promptly provide the results of its preliminary investigation to LDH or the agency to</p>	<p><del><b>2.12.2.1.5</b> The DBPM shall promptly provide the results of its preliminary investigation to LDH or the agency to</del></p>	<p>This revision is necessary to update guidance from CMS. CMS revised 42 CFR</p>



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	whom the incident was reported, or to another agency designated by the agency that received the report.	<del>whom the incident was reported, or to another agency designated by the agency that received the report.</del> <u>Procedures for prompt reporting within thirty (30) calendar days to the State of all overpayments identified and recovered, specifying the overpayments due to potential Fraud.</u>	438.608(a)(2) from “prompt” to reporting “within 30 calendar days.”
6	<b>2.12.2.3</b> The DBPM and/or subcontractors shall include in any and all of its Provider Agreements a provision requiring, as a condition of receiving any amount of Medicaid payment, that the provider comply with fraud, abuse and waste sections of the Contract. The DBPM shall not contract with providers who have been excluded from participation in any Federal health care program under Section 1128 or 1128A of the Social Security Act.	<b>2.12.2.3</b> The DBPM and/or subcontractors shall include in all of its <u>Network</u> Provider Agreements a provisions, <u>such as:</u> <del>requiring, as a condition of receiving any amount of Medicaid payment, that the provider comply with fraud, abuse and waste sections of the Contract.</del> <u>(1) notifying the provider that the payment of any claims are from federal and state funds; (2) the provider is required to adhere to all standards and requirements related to the provision of services paid in whole or part by the Medicaid program; (3) the provider is required to adhere to all federal and state statutes, regulations and contractual provisions governing the conduct of providers within the Medicaid program, including but not limited to the FCA, MAPIL, SURS regulations, and Part 2.12 of this contract; and (4) when submitting claims the provider is certifying the claim is true and correct in all material aspects of the claim and is supported by adequate documentation requiring, as a condition of receiving any amount of Louisiana Medicaid Program payment, that the provider complies with this section of the Contract.</u> The DBPM shall not contract with providers who have been excluded from participation in any Federal health care program under Section 1128 or	This revision is necessary to provide additional clarification related to source of funding, specifically that Federal and State government funding through Medicaid carries certain obligations by law, including that by submitting a claim for payment, the provider is certifying the claim is correct and true.



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		1128A of the Social Security Act.	
7	<p><b>2.12.6.1</b> The DBPM shall be responsible for promptly reporting suspected fraud, abuse, waste and neglect information to the state office and Attorney General Medicaid Fraud Control Unit (MFCU) and LDH within three (3) business days of discovery, taking prompt corrective actions and cooperating with LDH in its investigation of the matter(s). Additionally, the DBPM shall notify LDH within three (3) business days of the time it receives notice that action is being taken against the DBPM, the DBPM’s employee, or a network provider under the provisions of Section 1128(a) or (b) of the Social Security Act (42 U.S.C. §1320a-7) that could result in exclusion, debarment, or suspension of the DBPM or a contractor from the Medicaid or CHIP program, or any program listed in Executive Order 12549.</p>	<p><b>2.12.6.1</b> The DBPM <u>and its Subcontractors</u> shall be responsible for promptly reporting suspected or confirmed fraud, waste, abuse, and neglect information to the state office, <del>and Louisiana</del> Office of Attorney General Medicaid Fraud Control Unit (MFCU), and LDH within <del>three (3) business days of</del> <u>forty-eight (48) hours after discovering suspected incidents</u>, taking prompt corrective actions and cooperating with LDH in its investigation of the matter(s). Additionally, the DBPM shall notify LDH within three (3) business days of the time it receives notice that action is being taken against the DBPM, the DBPM’s employee, or a network provider under the provisions of Section 1128(a) or (b) of the Social Security Act (42 U.S.C. §1320a-7) that could result in exclusion, debarment, or suspension of the DBPM or a contractor from the Medicaid or CHIP program, or any program listed in Executive Order 12549.</p>	<p>This revision is to provide clarification regarding the reporting of Fraud, Waste, Abuse (FWA) to the LDH and MFCU.</p>
8	<p><b>2.12.6.3.1.3</b> For each complaint that warrants investigation, the DBPM shall provide LDH, at a minimum, in accordance with 42 CFR §455.15 and §455.16, the following:</p>	<p><b>2.12.6.3.1.3</b> For each complaint that <del>warrants investigation, the DBPM shall provide LDH, at a minimum,</del> <u>resulted in the DBPM conducting a full investigation conducted</u> in accordance with 42 CFR §455.15 and §455.16, <u>the DBPM shall provide LDH, at a minimum,</u> the following:</p>	<p>This revision is necessary to include The MCO would only conduct a full investigation to of a fraud/abuse complaint if MFCU declined the referral or allowed the MCO to proceed.</p>
9	<p><b>2.12.6.3.1.4</b> The DBPM shall report overpayments made by LDH to the Contractor within sixty (60) calendar days from the date the overpayment was identified.</p>	<p><del><b>2.12.6.3.1.4</b> The DBPM shall report overpayments made by LDH to the Contractor within sixty (60) calendar days from the date the overpayment was identified.</del> <u>The DBPM shall report to LDH Program</u></p>	<p>This revision is necessary to update guidance from CMS. CMS revised 42 CFR 438.608(a)(2) from “prompt” to reporting “within 30 calendar days.”</p>



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		<u>Integrity monthly and quarterly all audits performed and overpayments identified and recovered by the DBPM and all of its Subcontractors. [See 42 CFR §438.608(d)(3).]</u>	
10	<b>2.12.6.4.3</b> The DBPM and its subcontractors shall have the right to audit, review and investigate providers and enrollees within the DBPM’s network for a five (5) year period from the date of service of a claim via “complex” review. A complex review is one for which the review of medical, financial, and/or other records, including those onsite where necessary to determine the existence of an improper payment. The collected funds from the DBPM’s complex reviews are to remain with the DBPM.	<b>2.12.6.4.3</b> The DBPM and its subcontractors shall have the right to audit, review and investigate providers and Enrollees within the DBPM’s network for a five (5) year period from the date of service of a claim via “complex” review. A complex review is one for which the review of medical, financial, and/or other records, including those onsite, were necessary to determine the existence of an improper payment. <del>The collected funds from the DBPM’s complex reviews are to remain with the DBPM.</del> <u>In determining the amount of an overpayment during a complex review, the DBPM and its subcontractors shall give consideration for the amount the Medicaid program would have paid had the provider billed the claim correctly. The collected funds from the DBPM’s complex reviews are to remain with the DBPM.</u>	Revisions are necessary to address instances where the DBPM determines an overpayment. They can do a whole take back rather than a differential analysis on what was paid versus what was properly payable. When determining damages, MAPIL requires a differential analysis (see La. R.S. 46:438.6) and this added provision is intended to align with MAPIL.
11	<b>2.12.6.4.5</b> The Contractor must ensure compliance with all requirements of La. R.S. 46:460.72-73, including the requirement to void all claims and encounters associated with fraud, waste and abuse for the purpose of reducing per-member per-month rates, thereby returning overpayments to the State.	<del><b>2.12.6.4.5</b> The Contractor must ensure compliance with all requirements of La. R.S. 46:460.72-73, including the requirement to void all claims and encounters associated with fraud, waste and abuse for the purpose of reducing per-member per-month rates, thereby returning overpayments to the State.</del> <u><b>Upon approval from LDH, the DBPM may extrapolate an overpayment amount. The approval process is specified in the DBPM manual.</b></u>	Revisions are necessary to provide clarification that extrapolation may be used by a DBPM and emphasize that there is a documented process for doing so.

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12	<p><b>2.12.6.4.7</b> LDH or its designee will notify the DBPM when it is prohibited from taking any actions to recoup or withhold improperly paid funds already paid or potentially due to a provider when the issues, services or claims upon which the recoupment or withhold are based meet one or more of the following criteria:</p>	<p><b>2.12.6.4.7</b> LDH or its designee will notify the DBPM when it is prohibited from taking any actions to recoup or withhold improperly paid funds already paid or potentially due to a provider when the issues, services or claims upon which the recoupment or withhold are based meet <del>one or more</del> any of the following criteria:</p>	<p>This revision is necessary to clarify the current language, but not change the requirement.</p>
13	<p><b>2.12.6.4.9</b> Contact with a provider shall be prohibited in instances resulting from suspected fraud which the DBPM has identified and submitted a referral of fraud to LDH, MFCU, or other appropriate law enforcement agency, until approved by LDH.</p>	<p><b>2.12.6.4.9</b> Contact with a provider shall be prohibited in instances resulting from suspected <b>or confirmed</b> fraud, which the DBPM has identified and submitted a referral of fraud to LDH, MFCU, or other appropriate law enforcement agency, until approved by LDH, <b>in writing.</b></p>	<p>Revision is needed for the MCOs must use the Fraud Referral Form to refer any issue of fraud or abuse to LDH and MFCU, rather than deciding whether an issue is simply a notice. LDH is removing all references to fraud “notices” from the contracts.</p>
14	<p><b>2.12.6.4.11</b> 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 recover from the DBPM 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 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</p>	<p><b>2.12.6.4.11</b> 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 <del>for a five (5) year period from the date of service of a claim. LDH may recover from the DBPM via a deduction from the DBPM’s capitation payment</del> <b>shall notify the DBPM and the DBPM shall initiate a payment withhold from the provider</b> 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 <b>and/or sanctions</b> assessed in accordance with the <b>MAPIL’s recovery provisions (La. R.S. 46:438.6(A), (B), (C), and (D)), and/or,</b> the SURS Rule (Louisiana Administrative Code 50:I.4161.A.18), <b>and any successor statutes or regulations;</b> (2) state-identified improper payments and overpayments; (3)</p>	<p>The revisions are necessary to include updating as 10 years is allowed under MAPIL (see La. R.S. 46:438.1) for false claims.</p>

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	overpayments identified by LDH or its agent and said recovered funds will be retained by the State.	overpayments determined through statistical sampling (extrapolation); and (4) investigation costs. <del>Any overpayments identified by LDH or its agent and said recovered funds will be retained by the State.</del>	
15	<b>2.12.6.4.12</b> LDH shall not initiate its own review on the same claims for a network provider which has been identified by the DBPM as under a review approved by LDH. LDH shall not approve DBPM requests to initiate reviews when the audit lead and timeframe is already under investigation by LDH or its agents.	<b>2.12.6.4.12</b> LDH shall not initiate its own review on the same claims for a network provider which has been identified by the DBPM as under a review approved by LDH. LDH shall not approve DBPM requests to initiate reviews when the audit lead and timeframe is already under investigation by LDH or its agents. <b><u>The recovered funds shall be retained by the State.</u></b>	This revision is necessary to clarify the current language.
16	<b>2.12.6.4.18</b> The DBPM and its subcontractors shall enforce LDH directives regarding sanctions on DBPM network providers and enrollees, up to termination or exclusion from the network.	<b>2.12.6.4.18</b> The DBPM and its subcontractors shall enforce LDH directives regarding sanctions on DBPM network providers and enrollees, <b><u>including, but not limited to, payment suspension,</u></b> up to termination or exclusion from the network.	The revision is needed to clarify that that payment suspension is among the sanction options for which a plan may receive a directive from LDH.
17	<b>2.12.2 Policies and Procedures</b>  [...]  New Provision	<b><u>2.12.7 Program Integrity Requirements</u></b>  <b><u>The DBPM shall meet the following requirements:</u></b>  <b><u>2.12.7.1 Notify LDH upon contact by any investigative authorities conducting Fraud and Abuse investigations, except in situations where investigative authorities make it illegal to provide such notice. The DBPM, and where applicable any Subcontractors or Material 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, as well as allowing prompt direct access to information, free</u></b>	Added new provisions are necessary to specify that direct access to employees must be made available.



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		<p><u>copies of documents, and other available information related to program violations, while maintaining the confidentiality of any investigation. The DBPM shall make knowledgeable employees directly available at no charge to support any investigation, court, or administrative proceeding;</u></p> <p><u>2.12.7.2 Notify LDH in writing upon receipt of any voluntary provider disclosures resulting in receipt of overpayments in excess of twenty-five thousand dollars (\$25,000), even if there is no suspicion of fraudulent activity; and</u></p> <p><u>2.12.7.3 Report annually to LDH, in a form and format specified by LDH, the DBPM's recoveries of overpayments in accordance with 42 CFR §438.608.</u></p>	
18	<p><b>3.1.1</b> The DBPM shall meet all performance measures as stated in the Contract.</p> <p><b>3.1.1.1</b> All administrative performance measures are reporting measures. Administrative performance measure reporting is required at least monthly upon LDH's request.</p> <p><b>3.1.1.2</b> Clinical performance measures include:</p> <p><b>3.1.1.2.1</b> Healthcare Effectiveness and Information Set (HEDIS) Oral Evaluation, Dental Service (OED); and</p> <p><b>3.1.1.2.2</b> Total Eligibles Receiving Preventive Dental Services based on data reported on the CMS 416.</p> <p><b>3.1.1.3</b> Targets for Healthcare Effectiveness Data and Information Set (HEDIS®) performance measures will be</p>	<p><b>3.1.1</b> The DBPM shall <u>annually</u> meet all <u>clinical</u> performance measures as <u>designated by LDH</u> stated in the Contract.</p> <p><del>3.1.1.1 All administrative performance measures are reporting measures. Administrative performance measure reporting is required at least monthly upon LDH's request.</del> <u>Performance Measure targets will be determined by LDH.</u></p> <p><del>3.1.1.2 Clinical performance measures include:</del> <u>For all measures, DBPM results shall be validated by LDH's contracted External Quality Review Organization (EQRO) and outcomes research and evaluation contractor.</u></p>	<p>These revisions are necessary to update the DBPM performance measures and align with State requirements for monitoring and reporting Medicaid and Chip Quality Rating System data.</p>

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	<p>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.</p> <p><b>3.1.1.4</b> 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 Organizations [EPOs]) value will be determined by LDH utilizing statewide Medicaid data.</p> <p><b>3.1.1.5</b> 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.</p> <p><b>3.1.2</b> LDH may add, remove, or amend measures with ninety (90) days’ advance notice.</p> <p><b>3.1.3</b> Performance measures may be used to create performance improvement projects.</p>	<p><del><b>3.1.1.2.1</b> Healthcare Effectiveness and Information Set (HEDIS) Oral Evaluation, Dental Service (OED); and</del></p> <p><del><b>3.1.1.2.2</b> Total Eligibles Receiving Preventive Dental Services based on data reported on the CMS 416.</del></p> <p><del><b>3.1.1.3</b> 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. <b><u>The DBPM shall submit performance measure data upon LDH request, in accordance with specifications and formats prescribed by LDH.</u></b></del></p> <p><del><b>3.1.1.4</b> 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 Organizations [EPOs]) value will be determined by LDH utilizing statewide Medicaid data. <b><u>Reporting of quality measures shall include stratification of performance measure results across different populations, with attention to, geography, age, ethnicity and race as directed by LDH.</u></b></del></p> <p><del><b>3.1.1.5</b> The DBPM shall publish its clinical performance measures on its website in a manner that allows</del></p>	

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		<p><del>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.</del> <b><u>The DBPM shall have processes in place to monitor, self-report, and implement Continuous Quality Improvement (CQI) on all performance measures.</u></b></p> <p><b><u>3.1.1.6 The data shall demonstrate adherence to clinical practice guidelines and improvement in patient outcomes.</u></b></p> <p><b><u>3.1.1.7 The DBPM shall utilize systems, operations, and performance monitoring tools and/or automated methods for monitoring.</u></b></p> <p><b><u>3.1.1.8 The tools and reports shall be flexible and adaptable to changes in the quality measurements required by LDH.</u></b></p> <p><b><u>3.1.2 The DBPM shall maintain integrity, accuracy, and consistency in data reported. Upon request, the DBPM shall submit to LDH details sufficient to independently validate the data reported.</u></b></p> <p><del>3.1.2-3</del> LDH may add, remove, or amend measures with ninety (90) days' advance notice.</p> <p><del>3.1.3-4</del> Performance measures may be used to create performance improvement projects.</p>	

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19	<p><b><u>Glossary and Acronyms</u></b></p> <p><b><u>7.1 Glossary</u></b></p> <p><b><u>[...]</u></b></p> <p><b><u>Fraud</u></b> – As relates to Medicaid Program Integrity, an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or some other person. It includes any act that constitutes Fraud under applicable federal or state law. Fraud may include, but is not limited to, deliberate misrepresentation of need or eligibility; providing false information concerning costs or conditions to obtain reimbursement or certification; or claiming payment for services which were never delivered or received.</p>	<p><b><u>Glossary and Acronyms</u></b></p> <p><b><u>7.1 Glossary</u></b></p> <p><b><u>[...]</u></b></p> <p><b><u>Fraud</u></b> – As relates to Medicaid Program Integrity, an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or some other person. It includes any act that constitutes Fraud under applicable federal or state law, <b><u>including but not limited to the Medical Assistance Programs Integrity Law, R.S. 46:437.1 et seq and the Federal False Claims Act 31 U.S.C 3729 et seq.</u></b> Fraud may include, but is not limited to, deliberate misrepresentation of need or eligibility; providing false information concerning costs or conditions to obtain reimbursement or certification; or claiming payment for services which were never delivered or received.</p>	<p>This revision is necessary to provide additional clarification to the definition of fraud.</p>