

# 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: 11

**Vendor: MCNA INSURANCE COMPANY** 

**Description:** MCNA Insurance Co

**Approved By: PAMELA RICE** 

**Approval Date:** 02/12/2024 13:57:56

#### AMENDMENT TO

### AGREEMENT BETWEEN STATE OF LOUISIANA

LOUISIANA DEPARTMENT OF HEALTH
Original Contract Amount
Medical Vendor Administration
Original Contract Begin Date
Original Contract End Date
Program/
Facility
Bureau of Health Services Financing
Original Contract End Date
12-31-2023
AND
RFP Number
MCNA Insurance Company, d/b/a MCNA Dental

AND	RFP Number: 3000013043
MCNA Insurance Company, d/b/a MCNA Dental Contractor Name	
AMENDMENT PROVISI	IONS
ge Contract From: Current Maximum Amount: \$620,792,433.00	Current Contract Term: 1/1/2021 - 12/31/20
Attachment B - Statement of Work	
ge Contract To: If Changed, Maximum Amount: \$620,792,433.00	If Changed, Contract Term: <sub>N/A</sub>
Amd 11 Attachment B11 – Changes to Attachment B, Statement of Work	
ications For Amendment:	
	ms and conditions as set forth in the RFP.
ications For Amendment:	

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

#### CONTRACTOR

MCNA Insurance Company, d/b/a MCNA Dental

Thu. Millar	12/20/202			
CONTRACTOR SIGNATURE	DATE			
PRINT NAME	Tom Wiffler			
CONTRACTOR TITLE	CEO			

#### STATE OF LOUISIANA LOUISIANA DEPARTMENT OF HEALTH

Amendment #: 11

LAGOV#: 2000506243

Secretary, Louisiana Department of Health or Designee

	DocuSigned by:	12/27/20
SIGNATI	rekimberly Sullivan	DATE
NAME	6F18D2F97367420 Kimberly Sullivan	
TITLE	Interim Medicaid Executive Dire	ector
OFFICE	Louisiana Department of Hea	lth
PROGRA	M SIGNATURE	DATE
NAME		



## DBPM Amendment 11 Attachment B11 – Changes to Attachment B, Statement of Work

Item	Change From	Change To	Justification
1	2.2.2.6 Additional Required Personnel	2.2.2.6 Additional Required Personnel	This revision adds provider services
	The DBPM must designate additional management and technical personnel who		field representatives as required staff to align with requirements of section
	will be assigned to the Contract for the following functional areas:	will be assigned to the Contract for the following functional areas:	2.7.2.
	2.2.2.6.1 Enrollee Services;	2.2.2.6.1 Enrollee Services;	
	2.2.2.6.2 Benefit Administration and Utilization	2.2.2.6.2 Provider Relations, including local field support;	
	2.2.2.6.3 Quality Improvement;	2.2.2.6.23 Benefit Administration and Utilization	
	2.2.2.6.4 Financial Operations; and	2.2.2.6.34 Quality Improvement;	
	2.2.2.6.5 Reporting.	2.2.2.6.45 Financial Operations; and	
		2.2.2.6. <u>56</u> Reporting.	
2	2.7.2 Provider Relations	2.7.2 Provider Relations	This revision adds the requirement for
		2.7.2.1 The DBPM shall, at a minimum, provide a provider relations help-desk	local field support to address provider issues in person.
	function to provide support and assistance to all providers in their DBPM network. This function shall:	function <u>and local field support representatives</u> to provide support and assistance to all providers in their DBPM network. This function shall:	
		<u>'</u>	
3	2.10.3 Standard Resolution of Appeals	2.10.3.10 The DBPM shall be subject to penalties if it is determined by LDH that the DBPM has thirty percent (30%) or more of denied appeals reversed or	This revision establishes a threshold for denied appeals reversed or
	<b></b>	otherwise resolved in favor of the enrollee within a twelve (12) month period.	otherwise resolved in favor of the
	[new provision]		enrollee.
4	2.6.4 Demonstration of Network Adequacy	2.6.4 Demonstration of Network Adequacy	This revision is necessary to ensure
	<b></b>		proper reporting of network adequacy.



[new provision]		
[new provision]	2.6.4.2 For the purposes of assessing Network Adequacy, the Contractor shall consider only those network providers who are actively providing services to Enrollees, which shall be defined as: (1) providers that have submitted at least twenty-five (25) claims within the prior six (6) calendar months; or (2) any network providers that were newly contracted within the prior six (6) calendar months, regardless of claim submissions. Requests for exceptions for certain provider types and/or rural geographic areas must be submitted in writing to LDH for approval.	
3.6.5 Table of Monetary Penalties  10. Failure to comply with any enrollee services or provider services requirements specified in the Contract.  \$5,000 per day for failute to operate phone line.  \$2,500 per occurrence every other requirements.	3.6.5 Table of Monetary Penalties	This revision adds a monetary penalty for failing to comply with section 2.7.7.



6	3.6.5 Table of Monetary Penalties	3.6.5 Table of Monetary Penalties			This revision adds a monetary penalty	
						for failing to comply with sections
	···	···				2.10.3.10 and 2.10.6.11.
	[new monetary penalty]	<u>27.</u>	Failure to maintain denied	\$50,000 per occurrence in		
			appeals reversed through	addition to \$10,000 for each		
				_		
			hearing processes within	target.		
			established thresholds.			