# DELTA DENTAL OF IOWA ("Delta Dental")
# GOVERNMENT PROGRAMS VENDOR COMPLIANCE STANDARDS

## INTRODUCTION

Delta Dental of Iowa ("Delta Dental") works with individuals and organizations to support our administrative and health care services for Medicare Advantage (MA), Medicaid, and other government programs. When delegated services meet certain standards, the individual or organization is considered a Government Programs Vendor ("GP vendor or vendor").

Delta Dental is committed to following all laws, regulations, and contract requirements—including Federal and State False Claims laws—and we expect our GP vendors to maintain the same ethical and compliance standards. Even when tasks are delegated, Delta Dental remains ultimately responsible for meeting MA and Medicaid program requirements.

As a GP vendor, you are responsible for understanding the requirements that apply to your work and ensuring full compliance. You should work with your legal counsel and internal compliance teams to confirm that your organization meets all obligations, including your contractual requirements and those outlined in 42 CFR § 422.503, Chapter 21 of the Medicare Managed Care Manual, 42 CFR § 438.608, and 42 CFR § 438.230.

This document is designed to help you understand your responsibilities, but it is not all-inclusive. You must maintain internal processes to ensure your organization complies with all federal, state, and contractual requirements. If anything in this document conflicts with your contract or with the law, the law and your contract take priority.

## DEFINITIONS

Government Programs Vendor ("GP vendor or vendor"): Any entity or individual including First Tier, Downstream Entity, and Related Entities (FDRs) that enter into a written arrangement with Delta Dental to provide services that Delta Dental is obligated to provide as part of its required performance under its Government Programs contracts as determined by various factors. This may also be referred to as a Downstream Entity, subcontractor, or vendor.

Delta Dental of Iowa Government-Sponsored Health Care Programs ("Government Programs", "Government-Sponsored Health Care Programs", "GP"): Federal and/or state health care programs that provide dental benefits and are administered by DDIA. This includes the Medicaid Programs (Dental Wellness Plan, Dental Wellness Plan Kids), the Children's Health Insurance Program (CHIP) Hawki program, and Medicare Advantage

programs (Wellmark Advantage Health Plan and Molina Medicare Complete Care Plan, or Dual-Eligible Special Needs Plan (D-SNP)).

FDR: U.S. Centers for Medicare & Medicaid Services (CMS) acronym that means first tier, downstream or related entity.

First-Tier Entity: Any party that enters a written arrangement, acceptable to CMS, with a Medicare Advantage Organization (MAO) or Part D plan sponsor or applicant to provide administrative services and/or health care services to a Medicare-eligible individual under the MA program or Part D program. Delta Dental of Iowa is a First-Tier Entity for Wellmark Advantage Health Plan, Inc. ("Wellmark"). Wellmark is the MAO of the Wellmark Advantage Health Plan. Delta Dental of Iowa is a First-Tier Entity for Molina Healthcare. Molina is the MAO of the D-SNP Molina Medicare Complete Care Plan.

Downstream Entity: any party, except for Delta Dental of Iowa, that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage, Medicaid, CHIP, or MMP Products below the level of the arrangement between an MAO (or applicant) and a first-tier entity. These written arrangements continue down to the level of the ultimate provider for health and administrative services.

Related Entity: Any entity that is related to an MAO or Part D sponsor by common ownership or control and:

1. performs some of the MAO or Part D plan sponsor's management functions under contract or delegation;
2. furnishes services to Medicare enrollees under an oral or written agreement; or
3. leases real property or sells materials to the MAO or Part D plan sponsor at a cost of more than $2,500 during a contract period.

Corrective Action Plan (CAP): A formal process outlining deficiencies and establishing actions to make changes aimed at correcting the deficiencies along with timeframes in which to do so and identifying the parties responsible for making the changes.

Noncompliance: means any conduct that does not conform to the law, government-sponsored health care program requirements, Delta Dental's ethical and business policies, or contractual requirements imposed upon Delta Dental from third parties.

## HOW DOES DELTA DENTAL IDENTIFY A GOVERNMENT PROGRAMS VENDOR?

Delta Dental evaluates the types of functions delegated to the third party and decides, in accordance with CMS and contractual terms and standards, whether the performance of those functions cause that individual or entity to be identified as a GP vendor. The following are a few examples:

- Claims administration, processing, and coverage adjudication
- Licensing and credentialing
- Customer Service

GP vendors that perform a core function on behalf of Delta Dental must follow all CMS program requirements and regulations, just as Delta Dental would if performing the function directly. Delta Dental has established processes to evaluate and determine which third parties qualify as GP vendors. In addition to the examples above, Delta Dental also considers the following factors when identifying a GP vendor:

- The function to be performed by the third party
- Whether the function is something the sponsor or its vendors must do or provide under its contract with CMS, the applicable federal regulations or CMS guidance or under its contract with the state
- To what extent the function directly impacts members/enrollees
- To what extent the third party interacts with members/enrollees, either orally or in writing
- Whether the third party has access to beneficiary information or protected health information (PHI)
- Whether the third party has decision-making authority (e.g., enrollment third party deciding time frames) or whether the entity strictly takes direction from the sponsor/vendor
- The extent to which the function places the vendor or its subcontractors/ downstream entities in a position to commit health care fraud, waste, or abuse (FWA)
- The risk the third party could harm members/enrollees or otherwise violate Medicare or Medicaid program requirements or commit FWA

## FRAUD, WASTE, AND ABUSE VENDOR POLICY

The purpose of this is to provide detailed information to all applicable vendors about the Federal and State False Claims Acts, Iowa Insurance Fraud Act, including the Federal Deficit Reduction Act of 2005, consequences of noncompliance, whistleblower protections, the role of such laws in preventing and detecting fraud, waste, and abuse in Federal and State healthcare programs, and to establish Delta Dental of Iowa's commitment to practices that do not violate Federal and State False Claims related laws.

This Policy applies to Delta Dental. It also applies to any entity or individual including First Tier, Downstream Entity, and Related Entities (FDRs) that enter into a written arrangement with Delta Dental to provide services,

Delta Dental is obligated to provide as part of its required performance under its Government Programs contracts, whereby the entity or individual is delegated the performance of a core function of Delta Dental's performance of its Government Programs contracts as determined by various factors.

You must operate in accordance with all applicable state and federal laws, regulations, Medicare and Medicaid program requirements and CMS guidance, including:

## Federal False Claims Act:

The False Claims Act (the "FCA") (31 U.S.C. Sections 3729 through 3733) is a Federal statute that covers fraud involving any federally funded contract or program, including the Medicaid program.
Among other matters, the FCA establishes liability for any person who:

1. Knowingly submits a false or fraudulent claim for payment to the U.S. government;
2. Knowingly makes a false record or statement to get a false or fraudulent claim paid or approved by the U.S. government;
3. Conspires to defraud the U.S. government by getting a false or fraudulent claim paid or approved by the U.S. government; or
4. Knowingly makes a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the U.S. government.

The terms "knowing" and "knowingly" are defined to mean that a person, with respect to information:

- Has actual knowledge of falsity of the information;
- Acts in deliberate ignorance of the truth or falsity of the information; or
- Acts in reckless disregard of the truth or falsity of the information.

The FCA does not require proof of a specific intent to defraud the U.S. government.

Civil penalties for violating the FCA may include recovery of up to three times the dollar amount of damages ("treble damages") sustained by the U.S. government as a result of the false claims.

An additional civil penalty per false claim filed may also be imposed, and the U.S. government, or an agency thereof, may take contractual or administrative action against the person who has violated the FCA. See 31 U.S.C. Section 3802.

The FCA allows private citizens (called "qui tam plaintiffs") to bring an action for violation of the FCA in the name of the U.S. government. To reward individuals for identifying fraud and assisting the U.S. government in such actions, qui tam plaintiffs are entitled to a percentage of the proceeds collected in any such action, typically between 15 and 25 percent (not more than 30 percent).

### Federal Anti-Kickback Statute:

The Anti-Kickback Statute (AKS) (42 U.S.C. Section 1320a-7b(b)) protects health care beneficiaries from the influence of money over medical and health decision making. The AKS makes it a crime to knowingly and willfully offer, pay, solicit, or receive any remuneration directly or indirectly to induce or reward referrals of items or services reimbursable by a Federal health care program.

Remuneration includes anything of value such as cash, free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultations.

A violation of the AKS is a felony. If convicted, the AKS authorizes both:

- A fine of not more than $100,000 per count.
- Imprisonment for not more than ten (10) years.

A conviction under the AKS is an automatic exclusion from Medicare, Medicaid, and other Federal health care programs (42 U.S.C. Section 1320a-7(a)).

### State False Claims Act:

Similar to the FCA, Iowa Code Chapter 685 provides that a person who knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval where the State of Iowa will ultimately pay for such claim, is liable to the State of Iowa for a civil penalty of not less than and not more than the civil penalty allowed under the FCA, plus three times the amount of damages which the State of Iowa sustains. Like the FCA, a person (qui tam plaintiff) may bring a civil action for a violation of Chapter 685 for the person and for the State of Iowa, in the name of the State of Iowa.

### Whistleblower Protection:

Both the FCA and the Iowa False Claims Act provide certain protections for vendors who report a violation of such statutes. Such vendors would commonly be referred to as a "whistleblower." Whistleblower protections are necessary to ensure that fraud, waste, and abuse are properly reported without fear of retribution.

The FCA and Iowa False Claims Act provide that any vendor shall be entitled to all relief necessary to make that vendor whole, if that vendor is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of contracting because of lawful acts done by the vendor or associated others in furtherance of an action under the FCA or the Iowa False Claims Act.

Relief under the foregoing statutes includes reinstatement with the same seniority status that the vendor would have had but for the discrimination, two times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorney fees.

### Iowa Insurance Fraud Act:

In addition to the foregoing, Iowa Code Chapter 507E, also known as the Iowa Insurance Fraud Act, provides that a person commits a class "D" felony if the person, with the intent to defraud an insurer, does any of the following:

1. Assists, abets, solicits, or conspires with another to present or cause to be presented to an insurer, any written document or oral statement, including a computer-generated document, that is intended to be presented to any insurer in connection with, or in support of, any claim for payment or other benefit pursuant to an insurance policy, knowing that such document or statement contains any false information concerning a material fact; or
2. Presents or causes to be presented to an insurer, any written document or oral statement, including a computer-generated document, as part of, or in, an application for insurance coverage, knowing that such document or statement contains false information concerning a material fact.

The Iowa Insurance Fraud Act provides immunity to a person acting without malice, fraudulent intent, or bad faith in filing a report or furnishing, orally or in writing, other information concerning alleged acts in violation of the Iowa Insurance Fraud Act, if the report or information is provided to or received from (a) law enforcement officials, their agents and employees, (b) the National Association of Insurance Commissioners, the Insurance Division, a Federal or state governmental agency or bureau established to detect and prevent fraudulent insurance acts, or any other organization established for such purpose, and their agents, employees, or designees, or (c) an authorized representative of an insurer.

### Health Insurance Portability and Accountability Act (HIPAA)/Health Information Technology for Economic and Clinical Health (HITECH) Act:

HIPAA created greater access to health care insurance, protection of privacy of health care data, and promoted standardization and efficiency in the health care industry. Health Information Technology for Economic and Clinical Health (HITECH) Act later strengthened HIPAA's Privacy and Security protections including expanding the applicability of certain provisions for business associates of covered entities.

HIPAA safeguards help prevent unauthorized access to protected health care information (PHI). Everyone with access to PHI must comply with HIPAA including but not limited to maintaining confidentiality of PHI.

Violations of HIPAA may result in Civil Monetary Penalties. In some cases, criminal penalties may apply.

### Other Federal Laws/Regulations:

The following are other Federal laws and regulations that help protect government programs against fraud, waste, and abuse:

- Title XVIII of the Social Security Act – Medicare Program Act administered by CMS
- Medicare regulations governing Parts C (Medicare Advantage) (42 C.F.R. §§ 422)
- Patient Protection and Affordable Care Act (ACA)
- Federal Criminal False Claims Statutes (18 U.S.C. §§ 287,1001)– establishes criminal liability against any person (or entity) who knowingly submits, or causes, a false or fraudulent claim with intent to receive payment or approval.
- The Beneficiary Inducement Statute (42 U.S.C. § 1320a-7a(a)(5)) – created as part of HIPAA, making it illegal to offer money or services likely to influence a member to select a particular health care provider, practitioner or supplier.
- Civil monetary penalties of the Social Security Act (42 U.S.C. § 1395w-27(g))
- Physician Self-Referral ("Stark") Statute (42 U.S.C. § 1395nn) – prohibits a physician from making referrals to an entity for healthcare services if the physician has a financial relationship with that entity
- Health Care Fraud Statute (18 U.S.C. § 1347) – establishes criminal liability for defrauding a health care benefit program or obtaining by false pretenses any money or property owned by a health care benefit program
- Prohibitions against employing or contracting with persons or entities that have been excluded from doing business with the Federal Government (42 U.S.C. §1395w-27(g)(1)(G)
- Fraud Enforcement and Recovery Act of 2009 – imposes liability and penalties for false statements or claims made directly to the

government or made for the purpose of inducing the government to pay a false claim
- Sub-regulatory guidance by CMS and The Department of Health and Human Services (HHS) such as manuals, training materials, Health Plan Management System (HPMS) memos, and guides
- Other Criminal Fraud statutes under Title 18 and other parts of the US Code

## METHODS OF PREVENTING FRAUD, WASTE, AND ABUSE

### Key Definitions:

Fraud:

- Medicare Advantage – knowingly and willfully executing, or attempting to execute, a scheme or intentional deception or misrepresentation to defraud any health care benefit program or to obtain unauthorized benefit from any health care benefit program.
- Medicaid (42 CFR 455.2) – intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

Waste:

- Medicare Advantage – overutilization/misuse of services, or other practices that, directly or indirectly, result in unnecessary costs to the plan/program.
- Medicaid – health care spending that can be eliminated without reducing the quality of care. “Quality Waste” includes overuse, underuse, and ineffective use. “Inefficiency Waste” includes redundancy, delays, and unnecessary process complexity.

Abuse:

- Medicare Advantage – actions that may, directly or indirectly, result in unnecessary costs to the plan/program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are dentally unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.
- Medicaid (42 CFR 455.2) - provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program.

### Examples of Fraud, Waste, and Abuse:

- Falsifying information on contract proposals or falsifying data
- Assisting another person or entity to obtain improper payments from Delta Dental or the federal government for personal benefit
- Misrepresentation of a project's status to continue to receive funds
- Charging higher rates than those stated or negotiated for in the contract
- Billing for services not rendered
- Billing for higher service levels than performed
- Kickbacks/bribes & Illegal solicitations
- The misuse of a member's or provider's unique identification information to obtain or bill for fraudulent dental services

### Differences Between Fraud, Waste, and Abuse:

One of the primary differences between Fraud, Waste, and Abuse is intent and knowledge. Fraud requires intent to obtain payment and the knowledge that the actions are wrong. Waste and Abuse may involve obtaining an improper payment or creating an unnecessary cost to Government-Sponsored Health Care Programs but does not require the same intent and knowledge.

### Prevention and Detection Measures:

Strategic fraud prevention and detection programs and processes form the front line of fraud defense by identifying and filling gaps before losses happen. Delta Dental is committed to complying with applicable laws and operating under the highest ethical standards. Our customers expect this commitment from us. We expect the same commitment from our vendors. You have a process for reporting all compliance and FWA issues that impact Delta Dental. There can be no retaliation against or coercion of anyone reporting suspected misconduct.

### Reporting Fraud, Waste, and Abuse and Compliance Concerns:

Delta Dental requires its vendors to promptly, and no later than within 72 hours of discovery, unless otherwise defined in your agreement, report any suspected or confirmed noncompliance or FWA, including criminal activity, immediately. It is the duty of every person who has knowledge of a potential compliance issue or potential FWA instance to promptly report such issues. This reporting obligation applies even if the individual with the information is not able to mitigate or resolve the issue. There will be no retaliation against or coercion of anyone reporting suspected misconduct.

Contact Delta Dental's Compliance Director and General Counsel at compliance@deltadentalia.com, or reach attorney Michael Dayton at Nyemaster Goode at (515) 283-3111.

At that time, you will receive instructions on how to further report such information. Reporting the activity will not subject the individual to discipline absent making a knowingly false report. All reports will be treated as confidentially as possible under the circumstances. Remember to include the following information when reporting:

- Nature of concern
- Names of individuals and/or entity involved including address, phone number, enrollee/member ID number and any other identifying information
- Reporter's contact information

Delta Dental's actions in response will depend on the severity of the compliance issue. An investigation of identified or reported activities will be completed. Cases will be referred to the appropriate government agencies, where applicable and/or required. Violations will be investigated and may result in disciplinary action up to and including termination of contracts.

You and your vendors, subcontractors, and downstream entities must maintain policies and procedures for reporting noncompliance and suspected or potential FWA. This includes promptly reporting all identified or recovered overpayments—including when an overpayment is due to fraud—to Delta Dental's Compliance Director and General Counsel at compliance@deltadentalia.com. Reports must allow for confidentiality or anonymity and be protected from retaliation or intimidation when made in good faith.

## COMPLIANCE PROGRAM REQUIREMENTS

Delta Dental must comply with all applicable CMS Compliance Program requirements, and you and your vendors, subcontractors, and downstream entities must do the same. This summarizes your Compliance Program responsibilities, which must also be communicated to your vendors, subcontractors and downstream entities. CMS outlines seven elements of an effective compliance program:

1. Written Policies, Procedures, and Standards of Conduct – Clear written expectations demonstrating commitment to all Federal and State requirements.
2. Compliance Officer and Oversight – A Compliance Officer reporting to the CEO and Board, and a Regulatory Compliance Committee providing oversight.
3. Effective Training and Education – Ongoing training for the Compliance Officer, senior management, and employees including FWA and compliance training.
4. Effective Lines of Communication – Open communication between the Compliance Officer and employees.

5. Well-Publicized Disciplinary Standards – Enforcement through established disciplinary guidelines.
6. Routine Monitoring & Risk Identification – Systems for regular monitoring, auditing, and identifying risks.
7. Prompt Response & Corrective Action – Timely investigation and correction of compliance and potential FWA issues, including coordination with law enforcement when needed

Compliance requirements apply to all your employees (including temporary employees and volunteers), governing board members, and contractors providing administrative and/or health care services relating to Delta Dental's Government Programs plans. You must also make them aware of the requirements.

Delta Dental of Iowa Government Program plans include:

- Dental Wellness Plan
- Dental Wellness Plan Kids
- Hawki
- Wellmark Advantage Health Plan
- Molina Medicare Complete Care (D-SNP) Plan

You can find these compliance program requirements in:

- Medicare Managed Care Manual Chapter 21, 42 C.F.R. § 422.503(b)(4)(vi)
- Medicaid 42 C.F.R. § 438.608
- Measuring Compliance Program Effectiveness: A Resource Guide – https://oig.hhs.gov/documents/toolkits/928/HCCA-OIG-Resource-Guide.pdf
- https://oig.hhs.gov/documents/compliance/11464/ma-icpg.pdf
- https://oig.hhs.gov/documents/compliance-guidance/1135/HHS-OIG-GCPG-2023.pdf

## REQUIRED ACTIONS

### Distribute a Code of Conduct and Compliance Policy:

You must provide your Code of Conduct, Compliance Standards, and compliance policies to all employees and to any vendors, subcontractors or downstream entities. These written materials must meet the requirements in Section 50.1 of the Medicare Managed Care Manual, Chapter 21, and must clearly state your commitment to complying with federal and state laws, ethical standards, and compliance program operations. They must be reviewed annually (or sooner, if needed), and you must retain evidence of distribution for up to 11 years. You must provide these materials:

- Whenever the standards of conduct are updated

- At least annually

You must maintain proof you provided your equivalent Code of Conduct. You'll find these requirements in these resources: CMS Medicare Managed Care Manual, Chapter 21 § 50.1, 42 CFR § 422.503(b)(4)(vi)(A) and 42 CFR 438.608.

Also, it is expected your organization will not discriminate against Delta Dental's member, our employees, or applicants for employment with you with respect to hire, tenure, or any other term based on race, color, religion, national origin, age, sex, height, weight, marital status, or mental or physical disability.

### Distribute general compliance and Fraud, Waste, and Abuse (FWA) education and training:

Your organization must provide general compliance and FWA training to all employees, subcontractor/downstream entities, and applicable individuals assigned to provide administrative and/or health care services for Delta Dental's Government Programs business.

You must complete your own version of general compliance and FWA training specific to your organization's needs. As a resource, the CMS Medicare Learning Network (MLN) has training resources. https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/webbasedtraining

Required education and training must be completed:
- Within 90 days of initial hire or the effective date of contracting
- When materials are updated
- Annually thereafter

You must maintain evidence of completion, the documentation must include:
- Names
- Dates of completion
- Passing scores (if captured)
- Date of Hire

Not every employee for instance needs to take the training. Your organization should make the determination as to which individuals require training. Below are examples of critical roles that CMS requires to fulfill the training requirements:

- Senior administrators or managers directly responsible for its contract (for example, senior vice president, departmental managers, chief medical officer);
- Individuals involved with decision-making authority on behalf of Delta Dental's plans (for example, clinical decisions, coverage determinations, appeals and grievances, enrollment/disenrollment functions, processing of dental claims);
- Reviewers of beneficiary claims and services submitted for payment; or
- Individuals with job functions that could result in the GP vendor's failure to comply with CMS program requirements or health care FWA.

You can find the requirements and information about "deemed" status in:

- 42 CFR § 422.503(b)(4)(vi)(C) for MA
- 42 CFR § 423.504(b)(4)(vi)(C) for Part D
- Medicare Managed Care Manual, Chapter 21, § 50.3

Additionally, the FWA training meets the requirements for Medicaid training as described in the Delta Dental contract with the State of Iowa.

### Cultural and Linguistic Competency:

Delta Dental requires the following regarding cultural acceptance:

- delivering services in a culturally competent manner to all members, including those with Limited English Proficiency (LEP) and diverse cultural and ethnic background; and, members with special health needs who are poor, homeless and/or members of a minority population group;
- honoring member's beliefs;
- having sensitivity to cultural diversity; and
- fostering in staff and providers attitudes and interpersonal communication styles which respect member's cultural backgrounds.

Cultural and Linguistic Competency (also known as CLAS) is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. Delta Dental recommends completing the U.S. Department of Health & Human Services Cultural Competency Education Programs available free of cost at the time of start and then annually thereafter.

1. https://www.cms.gov/files/document/implementing-national-clas-lessons-field.pdf
2. Diversity and Inclusion | American Dental Association

### Complete exclusion list screenings:

Federal law prohibits Medicare, Medicaid, and other Federally Funded Health Care Programs from entering or maintaining certain relationships with individuals and entities that have been excluded from participation in Federal Health Care Programs. This includes any direct or indirect services furnished by an excluded party.

If your organization supports Delta Dental of Iowa's Medicare Advantage plans, it keeps (and can produce upon request) documentation evidencing our applicable subcontractors, downstream entities, employees, directors, officers, partners, affiliates, managing employees, temporary employees, volunteers, consultants, and persons with beneficial ownership of 5% or more are not excluded from participating in Federally funded health care programs. The following are resources for such screenings.

- General Service Administration (GSA) System for Award Management (SAM) https://sam.gov/content/exclusions
- Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) https://oig.hhs.gov/exclusions/exclusions_list.asp CMS Preclusion List https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos/preclusion-list

If your organization supports Delta Dental of Iowa's Medicaid plans, it keeps (and can produce upon request) documentation evidencing that our applicable subcontractors, downstream entities, employees, directors, officers, partners, affiliates, managing employees, temporary employees, volunteers, consultants, and persons with beneficial ownership of 5% or more are not excluded from participating in Federally funded health care programs. The following are resources for such screenings.

- Iowa Medicaid (IM) Sanctions Database https://hhs.iowa.gov/programs/welcome-iowa-medicaid/provider-services/excluded-individuals-and-entities
- National Plan and Provider Enumeration System (NPPES) https://npiregistry.cms.hhs.gov/
- Social Security Administration's Death Master File https://ladmf.ntis.gov/
- General Service Administration (GSA) System for Award Management (SAM) https://sam.gov/content/exclusions
- Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) https://oig.hhs.gov/exclusions/exclusions_list.asp

Frequency Requirements:

- Screen before hiring or contracting
- Screen monthly thereafter

- Retain screening evidence for 11 years, including screenshots, search results, date stamps, and lists of individuals/entities checked

Potential Match:
- Immediately notify compliance@deltadentalia.com
- Continue researching to confirm or rule out the match
- Retain all supporting documentation (e.g., screenshots)

Confirmed Match:
Notify compliance@deltadentalia.com immediately. Remove the individual/entity from any direct or indirect work on Government Programs business.

GP vendors are subject to the suspension and debarment requirements in 2 C.F.R. Part 376, which apply to federal nonprocurement programs. By participating as a Government Programs vendor, your organization represents and warrants that neither it nor any employees, agents, or subcontractors involved in providing services are currently suspended, debarred, or otherwise excluded from federal program participation. Your organization also agrees to promptly notify Delta Dental of Iowa if it becomes aware of any circumstances that may cause the organization or any such individuals to become suspended, debarred, or otherwise excluded.

You'll find requirements in:
- CMS Medicare Managed Care Manual Chapter 21 § 50.6.8
- Social Security Act, § 1862(e)(1)(B)
- United States Code - 42 CFR §§ 422.503(b)(4)(vi)(F), 422.752(a)(8), 1001.1901, 422.224(a), 1320 a-7(a)(4). 422.222(a)(1)(i), 422.204(c)

Report and request to use offshore operations:
Offshore services/work through your business or the business of your vendors, subcontractors, or downstream entities related to Delta Dental of Iowa is prohibited. If your activities involve the receipt, processing, transferring, handling, storing, or accessing of our Government Programs member's Protected Health Information (PHI) with offshore entities, tell us right away by emailing compliance@deltadentalia.com with:
- the offshore subcontractor's name and functions,
- a description of the PHI provided to the offshore subcontractor,
- a description of safeguards adopted within the offshore subcontracting arrangement to protect beneficiary information, and
- the offshore subcontractor audit requirements.

Offshore term definitions:

- **Offshore entity:** An individual or entity physically located outside the United States or one of its territories.
- **Protected health information (PHI):** The types of personal information listed in the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. PHI includes information such as name and address, claim or dental history, and current health status.
- **Offshore services:** The offshore entity will or may receive, process, transfer, handle, store, or access the PHI — in oral, written, or electronic form — of Delta Dental of Iowa's Government Programs members.

### Member grievances, appeals, and state fair hearings:

As a GP vendor, whether providing services directly or indirectly to the Medicaid member population, it is important you understand Delta Dental's grievance, appeal, and state fair hearing process. Delta Dental's program includes State-developed or State-approved descriptions of grievance, appeal, and fair hearing procedures and timeframes; members' rights to file grievances and appeals; filing requirements and timeframes; availability of assistance; the right to request a State fair hearing following an adverse appeal decision; and notice that benefits may continue during an appeal or fair hearing if requested within required timeframes, and that members may be responsible for costs if the final decision is adverse, as outlined in 42 CFR §438.10(g)(2)(xi).

For Delta Dental's detailed processes, please see the Member Handbooks linked under the Resources & Forms webpages for each of the Medicaid and CHIP programs: DWP: https://www.deltadentalia.com/dwp/about-dwp/resources--forms/ ; DWP Kids: https://www.deltadentalia.com/dwp/kids/forms/; Hawki: https://www.deltadentalia.com/dwp/hawki/resources--forms/

### Molina Healthcare of Iowa ("Molina") Requirements:

Under Delta Dental of Iowa's contract with Molina Healthcare of Iowa ("Molina") for the D-SNP program:

- Delta Dental must have written agreements with its GP vendors.
- GP vendor agreements must require compliance with applicable terms of the Molina Agreement.
- Delta Dental remains fully responsible for the actions and performance of its GP vendors.
- Molina may limit or prohibit the use of a GP vendor that does not meet Molina's standards. If required by Molina, Delta Dental must limit or discontinue use of the GP vendor's services.
- Molina's standards include information security and cybersecurity requirements, which GP vendors meet through the Medicare

addendum. Delta Dental must ensure GP vendors maintain appropriate safeguards to protect Delta Dental and Molina systems and nonpublic information.

## FULFILL SPECIFIC FEDERAL AND STATE COMPLIANCE OBLIGATIONS

Delta Dental expects your organization to comply with all applicable federal and state laws, regulations, and requirements, including those not specifically addressed in this guide.

### If You Don't Comply:

Noncompliance may result in:

- Corrective action plans
- Required retraining
- Contract termination

Delta Dental's response depends on severity. You must promptly correct any deficiencies identified through quarterly reviews or ongoing monitoring. Delta Dental is required to report vendor performance issues, including corrective actions, to clients such as Iowa Medicaid, Wellmark, and Molina.

If you identify a compliance issue, you must act quickly to correct it, report it to Delta Dental, and prevent recurrence.

### Monitoring and Testing:

Delta Dental monitors and tests GP vendors to ensure compliance with all laws, regulations, and contractual requirements—and expects GP vendors to do the same with their subcontractors/downstream entities.

Delta Dental evaluates vendors to confirm:

- Required contract provisions are included
- Medicare and Medicaid program requirements are met

We may conduct sampling, monitoring, testing, or auditing. You must fully cooperate, as well as with our audits and any client, federal, state, and local agency audits.

### Your Oversight Responsibilities:

If you subcontract any work, you must ensure subcontractors/downstream entities comply with all applicable laws and regulations and notify compliance@deltadentalia.com of any issues.

You must:

- Conduct sufficient oversight (auditing and monitoring)
- Retain evidence of that oversight
- Perform root-cause analyses for deficiencies
- Implement corrective actions, which may include disciplinary steps or contract termination

### Regulatory References:

CMS Medicare Managed Care Manual, Chapter 21 §50.6.1
42 CFR §422.503(b)(4)(vi)(F)

### Record Retention and Record Availability:

You must agree and fully cooperate with—all audits, inspections, monitoring, and testing conducted by CMS, Delta Dental, or their designees, including reviews of data, submissions, and performance.

Record retention requirements: Medicare Managed Care Manual Chapter 21 and 42 C.F.R. § 422.504.

### Compliance Program Attestation Form and Affiliate Form:

Upon onboarding and annually, an authorized representative from your organization must review, sign, and submit the Government Programs Compliance Program Vendor Attestation and the Government Programs Vendor Affiliates form. Your organization must also notify Delta Dental within 5 business days of any changes by emailing an updated affiliates list to compliance@deltadentalia.com.

These forms confirm your compliance program, training, reporting processes, FWA obligations, and culturally competent service delivery. The Affiliates form ensures compliance with federal rules on prohibited affiliations.

An authorized representative may include an executive leader, compliance officer, or anyone authorized to sign contracts. All attestations and responses may be subject to audit.

### Other Regulations:

Your organization will comply with all applicable Federal and State laws and regulations including:

1. Title VI of the Civil Rights Act (CRA) of 1964.
2. The Age Discrimination Act of 1975.
3. The Rehabilitation Act of 1973.
4. Title IX of the Education Amendments of 1972 (regarding education programs and activities).

5. The Americans with Disabilities Act.
6. Section 1557 of the PPACA.

See: 42 C.F.R. § 438.3(f)(1); 42 C.F.R. § 438.100(d); 42 C.F.R. § 457.1201(f); 42 C.F.R. § 457.1220.

Reporting/Inquiry Resources:
Compliance & Quality Assurance Director and Director, Legal Services and General Counsel: Compliance@deltadentlia.com
HIPAA Security Incidents/Breaches – DDIAIRT@deltandentalia.com
HIPAA Privacy Concerns – Compliance@deltadentalia.com
Special Investigations (FWA) Programintegrity@deltadentalia.com
GP Vendor Compliance Standards www.deltadentalia.com/vendor
External Counsel: Michael Dayton with Nyemaster, Goode (515) 283-3111
CMS: https://www.cms.gov
Iowa Medicaid: https://hhs.iowa.gov/report-abuse-fraud/report
Wellmark Medicare Advantage
1. :https://secure.ethicspoint.com/domain/media/en/gui/50448/index.html
2. https://digital-assets.wellmark.com/adobe/assets/urn:aaid:aem:1f893e82-b0a4-4d4f-810c-e09de106d23f/original/as/vendor-code-of-conduct-and-expenses.pdf

Molina Medicare Complete Care (D-SNP)
1. https://secure.ethicspoint.com/domain/media/en/gui/75190/
2. https://secure.ethicspoint.com/domain/media/en/gui/75190/code.pdf
3. https://investors.molinahealthcare.com/static-files/9e312fc3-1ce3-4f1e-a8ae-c17827ecdd2c