Reporting Report Card
UniCare Health Plan of Virginia

All reporting for this MCO is combined for both Medallion II and FAMIS, unless otherwise specified

5.0 Operating Localities

UniCare operated in the following 19 localities in 2005. Enrollment information as of December 2005 is included:

City/Counties	FIPS	Medallion II	FAMIS
Albemarle	003	611	83
Arlington	013	3,246	962
Buckingham	029	374	25
Fairfax County	059	20,572	3,965
Fauquier	061	1,344	199
Fluvanna	065	224	48
Greene	079	150	23
Loudoun	107	2,883	632
Louisa	109	350	34
Madison	113	99	6
Orange	137	264	37
Nelson	125	314	52
Prince William	153	13,890	1,715
Alexandria	510	3,829	783
Charlottesville	540	718	49
Fairfax City	600	32	189
Falls Church	610	30	59
City of Manassas	683	1,703	430
Manassas Park	685	655	153
GRAND TOTAL		**51,288**	**9,444**

5.1 Company Background

Anthem, Inc. and WellPoint Health Networks Inc. announced the completion of their merger on November 3, 2003. The companies' agreement to merge was announced October 27, 2003. Anthem, Inc., the corporate parent, has been renamed WellPoint, Inc. All Virginia Medicaid lives covered by UniCare Health Plan of Virginia were transitioned to Anthem HealthKeepers Plus offered by HealthKeepers Plus effective January 1, 2006.

WellPoint Health Network, Inc.'s predecessor was Blue Cross of California, which was founded in 1937. WellPoint was formed in 1992 to operate Blue Cross of California's managed care business. In 1993, Blue Cross of California spun off its managed care business into a separate publicly traded entity, WellPoint Health Networks, Inc. In 1996, Blue Cross of California completed the conversion of all its business to for-profit status, resulting in a restructuring that designated WellPoint Health Networks, Inc. as the parent organization.

UniCare Life & Health Insurance Company (UL&H) is a national organization dedicated to the delivery of quality health care plans and products working together with its customers, consultants, brokers, providers and employers. Providing managed care and specialty health care services throughout the United States, UL&H is an operating affiliate of WellPoint Health Networks Inc., one of the nation's largest publicly traded managed care companies serving the health care needs of more than 13 million members and approximately 42.6 million specialty members.

UL&H offers a comprehensive array of healthcare plans and specialty products that preserve member choice at competitive prices.

UL&H recognizes that what works for one doesn't necessarily work for another. That's why their full portfolio of health, pharmacy, dental, life and disability benefits products can be tailored to meet the specific needs of their clients.

UL&H's focus is putting their clients and their associates back in control of their health care and financial future. Through exceptional sales and account management staff who listen to their clients and their associates, UL&H creates benefits that evolve over time to meet changing needs and add the most value.

UniCare Health Plan of Virginia, Inc. is an affiliate of UniCare Life & Health Insurance Company and is a Virginia health maintenance organization (HMO). UniCare Health Plan of Virginia, Inc. provides HMO coverage for assigned Medallion II and FAMIS members. UniCare Health Plan of Virginia, Inc. is a subsidiary of WellPoint, Inc.

Awards

UniCare Health Plan of Virginia, Inc., its affiliated companies, and its parent company, Wellpoint, Inc. received the following Awards and Honors between the period of July 1, 2005 through June 30, 2006.

- WellPoint, Inc. was named by *Working Mothers* Magazine as one of its 2005 Best Companies for Women of Color.

- WellPoint, Inc. ranked fifth in the Indiana's 25 Keepers: Keeping Good Company survey organized by Indy Men's Magazine and "Inside INdiana Business." The survey highlighted organizations whose continued economic contributions to Indiana are critical to the state's future. Indiana's 25 Keepers: Keeping Good Company is a joint editorial partnership between Indy Men's Magazine and "Inside INdiana Business" with Gerry Dick. More than 4,000 votes were collected in a statewide call for nominations that were used to determine the ranking.

- WellPoint, Inc. (NYSE: WLP) received a top five ranking in the 2005 edition of Barron's 500, an annual list that ranks 500 company stocks according to their performance for investors. In ranking WellPoint fourth, Barron's pointed to the company's focus on minimizing overhead costs. The magazine cited WellPoint's goal of eliminating $250 million in costs during the next two years, including $25 million in savings already realized in the first quarter of 2005. Barron's observed that WellPoint's stock – at the time of publication – was trading at a robust 17 times the consensus 2005 earnings per share, while also noting the two-for-one stock split that took effect May 31.

- WellPoint, Inc. is ranked in the top 100 of this year's Fortune 500 list, the magazine's annual ranking of America's largest corporations. Fortune magazine ranks WellPoint No. 97 on its list. Fortune identifies the 500 largest companies based on total revenue during the prior year. WellPoint, Inc. reported 2004 total revenue of $20.815 billion, combining the revenue of Anthem, Inc. over the first 11 months prior to the merger with one month of revenue from the combined companies. The companies' combined revenue for the full 12 months of 2004 would rank among the 50 largest companies in the United States.

- WellPoint, Inc. was named to the BusinessWeek 50, the magazine's annual list of the 50 top-performing companies in the Standard & Poor's 500. WellPoint ranks No. 35 on the 2005 list. BusinessWeek identifies the 50 top-performing companies in the S&P 500 based on a number of financial metrics including sales growth, earnings growth, net profit margins, return on equity and shareholder returns for 12-month and three-year periods.

- For the fifth year in a row, WellPoint has been chosen by the National Association of Female Executives (NAFE) as one of the top 30 Companies for Executive Women. To be named to the list, companies with a minimum of two women on the board complete a comprehensive applications that focused on the number of women in senior ranks (compared to men and to the company population), including questions about the programs and policies with support women's advancement.

- For the second time in two years, David Colby, WellPoint's executive vice president and chief financial officer, was named the best chief financial officer in America for the managed care sector by *Institutional Investor* magazine. Colby ranked highest in his sector from the magazine's survey of nearly 1,400 portfolio managers and sellside equity analysts at more than 400 firms who were asked to identify the most noteworthy financial executives. This is *Institutional Investor* magazine's second annual ranking of CEOs.

- WellPoint was recognized as one of *FORTUNE*'s 10 most admired health care companies in America. WellPoint ranked third out of the ten largest health care companies. The ranking was based on the rankings of executives, directors, and analysts in the health care industry.

- UniCare Health Plans of the Midwest, Inc., a health maintenance organization, again received the highest accreditation of excellent from The National Committee for Quality Assurance (NCQA). UniCare Health Plans of the Midwest, Inc. does business in the Chicago area, including counties in Illinois and Indiana.

- URAC's Accreditation and Executive Committees awarded accreditation to a number of WellPoint subsidiaries that have demonstrated compliance with URAC's rigorous accreditation standards:
    - Anthem Utilization Management Services, Inc. in Denver and North Haven, CT – Health Utilization Management Accreditation
    - Blue Cross and Blue Shield of Georgia, Inc., Atlanta, GA – Disease Management Accreditation
    - UniCare/Cost Care, Chicago, IL – Case Management Accreditation
    - HealthLink, Inc. St. Louis, MO – Preferred Provider Organization (PPO), Health Maintenance Organization (HMO) and Open Access (OA) network programs again awarded Health Network with Credentialing and Health Utilization Management accreditations, and Disease Management for Asthma, Congestive Heart Failure, and Diabetes accreditation from URAC. In addition, the HealthLink, Inc., Worker's Compensation PPO network program, doing business as "CompManagement," has again been awarded Health Network with Credentialing accreditation.
    - HealthLink, Inc., St. Louis, MO – Disease Management Accreditation
    - Anthem Behavioral Health – Case Management and Provider Credentialing Accreditation
    - Anthem Health Plans of Kentucky – Case Management Accreditation
    - Anthem Utilization Management Services, Inc., in Indiana, Kentucky, Ohio – Health Utilization Management Accreditation

- Blue Cross and Blue Shield of Georgia, Inc., Atlanta, GA – Health Utilization Management Accreditation
- Anthem Blue Cross and Blue Shield in Indianapolis and Ohio – Case Management Accreditation
- UniCare/Cost Care in Chicago , IL, Atlanta, GA – Disease Management Accreditation

URAC is an independent, nonprofit organization that is a leader in promoting health care quality through its accreditation and certification programs. To achieve URAC accreditation, an organization undergoes a thorough evaluation of its processes and structures. The accreditation process includes a review of an applicant's documents and polices, as well as an onsite operational assessment.

5.2 Subcontractors

LogistiCare

- The state of Colorado invited LogistiCare to take over operations of an eight county Medicaid transportation system in the Denver metropolitan area that was being mismanaged. LogistiCare took over the operation on October 1, 2004 to stabilize the situation. The emergency contract ran until June 30, 2005. LogistiCare then won the subsequent re-bid process and was awarded a contract totaling five years.

  LogistiCare's proven experience in NET authorization, fraud management, and provider monitoring will help these Colorado counties improve health care access in rural areas while stabilizing costs. The contract covers 190,000 eligible members for an anticipated 200,000 annual trips.

- The state of Kentucky chose to re-award its NET business to LogistiCare, continuing a relationship begun in May 2003. This contract also totals five years and covers nearly 95,000 members and 420,000 annual trips.

- While the announcement did not occur within the specific timeframe included in this reporting period, LogistiCare is very pleased to note that on July 28, 2005, the Commonwealth of Virginia publicly stated its intent to re-award the NET responsibility for the entire state to LogistiCare.

Vision Service Plan

Recognition/Awards

- Stevie™ Award – Best Customer Service Organization (International Business Awards)

- VSP ranked 31st on IDG's *Computer World* Magazine's list of "Best Places to Work in IT."
- VSP ranked 60 on *Training* Magazine's top 100 Training Organizations
- VSP ranked 10th on *Fortune* Magazine's 2005 list of "Best Companies to Work For." This marks the fifth consecutive year that VSP has received this prestigious honor.

Doctors
VSP has a nationwide network on more than 22,000 doctors located in more than 28,900 rural as well as metropolitan areas. In fact, more than ninety percent of members have access to a VSP doctor within ten miles. VSP doctors provide both eye exams and eyewear, making for a convenient "one-stop" means of obtaining eye care benefits.

Members
With more than 41 million members nationwide, one in eight people in the United States rely on VSP for eyecare health coverage.

Clients
VSP has contracts with over 22,000 clients.

Employees
VSP has nearly 2,000 employees; about 1,900 or them at the Sacramento headquarters.

<u>Doral</u>

Doral did not experience major changes or sanctions during this reporting period, however DentaQuest Ventures (DQV) has applied for the Malcolm Baldridge award and has advanced to the second stage.

Malcolm Baldridge National Quality Award
This award is given by the President of the United States to business – manufacturing and services, small and large – and to education and health care organizations that apply and are judged to be outstanding in seven areas:
- Leadership
- Strategic planning
- Customer and market focus
- Measurement, analysis, and knowledge management
- Human resource focus
- Process management
- Business results

The Baldridge Award was envisioned as a standard of excellence that would help U.S. organizations achieve world-class quality.

For many organizations, using the criteria results in better employee relations, higher productivity, greater customer satisfaction, increased market share, and improved profitability. According to their website, there is a long-term link between the use of Baldridge criteria and improved business performance.

Stage 1 – Initial application
Stage 2 – Consensus review – by an independent board of examiners
Stage 3 – Site review

DQV has been selected to progress to Stage 2 of the application review process. If we score well, we will make it to Stage 3, which is the site visit. Our next notification on our progress through the application process will be September 15th, 2005.

Magellan Health Services

Magellan is far and away the industry leader in managed behavioral health care and employee assistance program services. Our customers include more than 20 percent of Fortune 500 companies, 19 Blue Cross and Blue Shield plans, and we serve the needs of one in five Americans.

Our ongoing record of significant achievement in the areas of operations performance, customer satisfaction and behavioral health industry accreditation are virtually unparalleled in the industry.

Operations and Service Exceed Performance Goals

- In April 2005, we paid 99.6 percent of clean claims within 30 days – while achieving financial and statistical accuracy of claims finalized at close to 100 percent (99.3 percent and 98.7 percent respectively).
- In our most recent provider survey, 97 percent of respondents indicated they would accept Magellan's referrals. They also indicated they were highly satisfied with the professionalism of our care managers (94.9 percent).
- Providers are demonstrating their satisfaction by staying in the network. In 2004, our provider retention rate was over 90 percent.
- Customer service continues to be a strong component of our success. After evaluating received member calls for our most recent member satisfaction survey, it was reported that customer service staff answered member calls on average five percent more quickly in the past 12 months compared to the previous year, while the number of abandoned calls decreased by nine percent.

Customer Satisfaction with Magellan Remains High

- In our most recent customer survey, our health plan account management team received an overall positive score of almost 90 percent. Eighty-eight percent of health plan customers rated our support of their accreditation efforts highly, while 87 percent were satisfied with the effective collaboration between Magellan and their organization.
- Fully 96 percent of our employer customers said they would return to Magellan, while the overall customer satisfaction rate was a strong 92 percent. Satisfaction with both courtesy and helpfulness of the call center reached an impressive 93 percent.

Magellan Leads the Industry in Behavioral Health Accreditations

- Utilization Review Accreditation Commission (URAC): Magellan has had sites accredited by URAC since 1992, and currently holds more URAC accreditations for Health Utilization Management than any other MBHO.

- National Committee on Quality Assurance (NCQA): Magellan has more care management centers with NCQA accreditations than any other managed behavioral health organizations. In fact, the company was instrumental in helping NCQA shape its MBHO standards. In 2004, Magellan Health Services completed our corporate NCQA managed behavioral health organization survey. NCQA reviewed 84 elements related to centralized corporate functions, and we are proud to say that we received scores of 100 percent in applicable elements.

- Employee Assistance Program Accreditation: Magellan recently received full four-year EAP Accreditation from the Council on Accreditation (COA) in conjunction with the Employee Assistance Society of North America (EASNA). We are the first and only MBHO to have this distinction, and we are one of only six employee assistance programs in the U.S. and Canada to hold COA Accreditation for EAP.

Magellan's long-standing track record of success and ongoing operations achievements speak for themselves. Now, as ever, the company is well positioned to serve as the long-term partner of choice for customers, providers, and members.

5.3 Organizational Chart

5.4 Financial Management and Claims Processing

The information below represents both Wellpoint's commercial and Medicaid financial performance.

Profit Margin

Calendar Year	Profit Margin
2002	4.70%
2003	-0.66%
2004	6.14%
2005	8.76%

Claims Processing (Turnaround Time)

Time Period	Percent of Claims Processed <30 Days
January 2005	98.55%
February 2005	99.04%
March 2005	99.67%
April 2005	99.73%
May 2005	99.91%
June 2005	99.94%
July 2005	99.93%
August 2005	99.91%
September 2005	99.22%
October 2005	93.73%
November 2005	97.83%
December 2005	99.55%
2005 YTD	**98.92%**

Number of Enrollees
(Medallion II and FAMIS combined)

Calendar Year End Totals	Total Enrollees
2002	36,554
2003	50,079
2004	55,674
2005	60,732

Net Worth

Calendar Year	Net Worth
2002	$8,822,982
2003	$6,883,644
2004	$15,923,955
2005	$27,377,191

Net Worth, per Member

Calendar Year	Net Worth, per member
2002	$229
2003	$139
2004	$284
2005	$449

Claims Volume

Calendar Year End Average	Average Month Begin Inventory	Average Received This Month	Average Processed This Month	Average Month End Inventory
2002	6,350	29,411	27,225	8,360
2003	2,987	36,583	36,508	3,063
2004	12,061	49,216	49,176	12,048
2005	3,590	48,287	47,864	3,900

Claims Processed

Calendar Year End Average	Average Number Paid This Month	Average Number Denied This Month	Average Number Pended This Month	Total
2002	35,581	4,306	1,317	41,203
2003	58,792	6,362	800	65,954
2004	72,221	17,437	7,528	97,186
2005	75,649	16,914	6,922	99,484

Processing Time for Clean Claims (i.e., Paid and Denied)

42 C.F.R. § 447.45 defines timely processing of claims as:

a. Adjudication (pay or deny) of ninety per cent (90%) of all clean claims within thirty (30) calendar days of the date of receipt.

b. Adjudication (pay or deny) of ninety-nine per cent (99%) of all clean claims within ninety (90) calendar days of the date of receipt.

c. Adjudication (pay or deny) all other claims within twelve (12) months of the date of receipt. (See 42 C.F.R. §447.45 for timeframe exceptions.)

Calendar Year End Average	Average Percent Processed within 30 Days	Average Percent Processed in 31-90 Days	Average Percent Processed in 91-365 Days	Average Percent Processed Over 365 Days	Total
2002	97.60	2.30	0.10	0.00	100.00
2003	99.89	0.07	0.03	0.00	100.00
2004	95.01	4.85	0.12	0.02	100.00
2005	98.92	0.90	0.17	0.01	100.00

Inpatient Authorizations

Calendar Year End Average	Number Approved	Number Reduced	Number Denied	Total Number Requested
2002	235	16	0	251
2003	265	28	1	294
2004	262	0	28	290
2005	549	22	118	689

Primary Care Physicians

Calendar Year End Average	Average Number with Open Panels	Average Number with Closed Panels	Average Number with Restricted Panels	Total
2002	369	156	9	534
2003	385	185	354	924
2004	398	240	399	1,038
2005	305	286	383	973

5.5 Encounter Data

- Dental encounter files have an average error rate of 0.74%.
- Medical and Laboratory Professional files have an average error rate of 1.16%.
- Mental Health Professional files have an average error rate of 1.81%. The first two months, in this fiscal year, were less than 1%; however the next four months showed an increase.
- Pharmacy encounter files have an average error rate of 4.46%.
- Transportation encounter files have an average error rate of 2.75%.
- Medical Institutional files have an average error rate of 2.12%.
- Mental Health institutional files have an average error rate of 2.69%.
- Transportation encounter file have an average error rate of 0.94%.

Scoring

Timeliness
4 = on or before due date
3 = 1-10 days after due date
2 = 11-15 days after due date
1 = 16-29 days after due date
0 = 30+ days after due date

Content
4 = meets standards fully
3 = missing some information, but submitted corrected information by deadline
2 = missing some information, but submitted corrected information 1-10 days after deadline
1 = missing some information, but submitted corrected information 11-15 days after deadline
0 = does not meet standards; not submitted within 15 days of deadline

5.6 Annual Reports

Reports	Time Frame	Submission Date	Timeliness	Content
License issued by State Corporation Commission	Annually. Retain at all times.	9/26/05	4	4
NCQA Accreditation Information	Annually. If not accredited, seek accreditation within six months after start of contract or 30 calendar days after becoming eligible to seek accreditation, whichever is later.	N/C	4	4
Report to DMAS any deficiencies noted within the previous year by NCQA	Within 30 calendar days of being notified of the deficiencies, or on the earliest date permitted by NCQA	N/A	4	4
BOI Annual Financial Reports	Annually - due same day sent to BOI	3/2/05	4	
Any revisions to BOI annual report	Due same day sent to BOI	N/A	4	
Basis of Accounting used (GAAP or reconciled to meet GAAP)	Annually and prior to Contract Signature	N/C	4	4
Changes to the Contractors Basis of Accounting	Prior to changes	N/A	4	4
Network Provider Agreements	Annually and 30 calendar days prior to effective date			
Diagnostic/Lab		N/C	4	4
Vision		N/C	4	4
Specialist		N/C	4	4
Ancillary		N/C	4	4
Hospital		N/C	4	4
Pharmacy		9/26/05	4	4 (Due to merger, MCO not required to make changes)
Physician (PCP)		N/C	4	4
Mental Health and Substance Abuse		N/C	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
Transportation		N/C	4	4
After Hours Nurse Line		N/A	4	4
HIPAA Business Associate Agreement		9/26/05	4	4
Changes to Network Provider Agreements	At least 30 days prior to their effective date	N/A	4	4
Changes to hospital contracts (if change impacts scope of covered services, number of individuals covered and/or units of service covered)	Within 15 calendar days	N/A	4	4
Provider network changes regarding termination, pending termination, or pending modification in the subcontractor's or network provider terms and not otherwise addressed in Attachment V, Section C. that could reduce enrollee access to care	Within 30 business days	N/A	4	
Marketing Plan	Annually (prior written approval)	8/8/05	4	4
All new and/or revised marketing and information materials	Prior to their planned distribution	8/8/05	4	4
Written policies and procedures governing the identification of newborns by network providers	Annually	N/C	4	4
Written policies and procedures for notifying PCPs of Panel Composition	Annually	9/26/05	4	4
Written policies and procedures for In- and Out-of Network providers can verify member enrollment	Annually	9/26/05	4	4 (Due to merger, MCO not required to make changes)

Reports	Time Frame	Submission Date	Timeliness	Content
Written policies and procedures for ensuring access to needed services for enrollees with disabling conditions, chronic illnesses, or child(ren) with special health care needs (e.g., specialist to act as PCP)	Annually	9/26/05	4	4 (Additional information submitted)
Written policies and procedures for assigning enrollees to a PCP	Annually	N/C	4	4
Changes to written policies and procedures for assigning enrollees to a PCP	At least 30 calendar days prior to implementation of any changes	N/A	4	4
Written policies and procedures regarding enrollee rights	Annually	9/26/05	4	4 (Due to merger, MCO not required to make changes)
Enrollee Information Packet:				
Introduction Letter	Annually	8/8/05	4	4
Member Identification Card (submit and receive approval of the ID card from BOI and the Department)	Annually and upon revision (prior to production of the cards)	7/26/05	4	4
Provider Directory & Service Area	Annually	8/8/05	4	4
Evidence of Coverage / Handbook	Annually	8/8/05	4	4 (Due to merger, MCO not required to make changes)
After preliminary BOI approval, submit EOC for approval	Annually and 30 calendar days prior to distribution	8/8/05	4	4
Updates to EOC, with cover letter explicitly identifying sections that have changed	Annually and as needed 30 days prior to planned use	9/26/05	4	4
All enrollment, disenrollment and educational documents and materials made available to Medallion II enrollees	Annually	8/8/05	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
Plan for High Risk Pregnant Women and Infant	Annually	N/C	4	4
High risk pregnancy women and infant outcomes and measurements	Annually	9/26/05	4	
If Contractor establishes a formulary, the formulary and pre-authorization requirements	Annually	9/26/05	4	4 (MCO made required changes)
Updates to the formulary	Prior to their effective date	N/A	4	4
Monitor and report atypical utilization, providing number of requests and number of denials	Annually	9/26/05	4	4 (Additional information submitted)
Documentation of how the requirement of a certification of need for admission to a free-standing psychiatric hospital and for psychiatric services resulting from an EPSDT screening as defined in 42 C.F.R. 441.152 is met	Prior to signing the contract and annually thereafter	N/C	4	4
Any changes in how the requirement, stated above, is met	Upon any change in procedures	N/A	4	4
Percent of two year olds who have received each immunization specified by ACIP standards	Annually	9/26/05	4	
Written policies and procedures addressing coordination of substance abuse services for pregnant women.	Annually	9/26/05	4	4
Enhanced Services - inform the Department prior to implementing any new enhanced services and prior to implementing revisions to existing enhanced services	Annually and 30 calendar days prior to implementing any new enhanced services	N/C except dental removed	4	4
Enhanced Services - any revisions to existing enhanced services	30 calendar days prior to implementing revisions to existing enhanced services	N/A	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
Furnish information about the services the Contractor does not cover due to moral or religious objections to the Department, to potential enrollees, before and during enrollment and to enrollees within 30 days before the effective date of the policy	Annually. With initiation of the Contract and each subsequent renewal. Upon adoption of such policy in the event that the Contractor adopts the policy during the term of the Contract. And upon any changes to the policy	N/C	4	4
Health Education and Prevention Plan	Annually and prior to planned implementation	N/C	4	4
Changes to the Health Education and Prevention Plan	Prior to planned implementation	N/A	4	4
All member health education materials, including newsletters sent to members	Annually and prior to planned distribution	8/8/05	4	4
Provide list of contracted Federally Qualified Health Clinics (FQHC) and Rural Health Clinics (RHC)	Annually	9/26/05	4	4
Process that is utilized to meet requirement that a toll free, 24 hour, 7 day a week, phone line, staffed by medical professionals to assist enrollees is in place	Annually	N/C	4	4
Insurance Coverage Verification to include Professional Liability Insurance for Contractor's Medical Director, Worker's Compensation, Employer's Liability, Commercial General Liability, and Automobile Liability	Annually	9/26/05	4	4
Written policies and procedures for enrollee transition to new PCP	Annually and 30 calendar days prior to effective date of provider disenrollment	9/26/05	4	4
Written policies and procedures related to provider disenrollment - PCP's	Annually	9/26/05	4	4
Written policies and procedures related to provider disenrollment - other network providers	Annually	9/26/05	4	4 (MCO made required changes)

Reports	Time Frame	Submission Date	Timeliness	Content
Physician Incentive Plan (PIP)	Annually	N/C	4	4
If PIP found to be potentially cost avoidance by limiting referral specialty care, contractor must demonstrate that all medically necessary referrals were authorized	Annually	N/A	4	4
HEDIS Information	Annually			
Breast Cancer Screening	Annually	9/26/05	4	
Adolescent Well-Care Visit	Annually	9/26/05	4	
Prenatal and Postpartum Care	Annually	9/26/05	4	
Childhood Immunization Status	Annually	9/26/05	4	
Adolescent Immunization Status	Annually	9/26/05	4	
HEDIS/CAHPS 2.0H Adult Survey	Annually	9/26/05	4	
Well-Child Visits in the 1st 15 months of life	Annually	9/26/05	4	
Well-Child Visits in the 3rd, 4th, 5th and 6th years of life	Annually	9/26/05	4	
Comprehensive Diabetes Care	Annually	9/26/05	4	
Asthma - Appropriate Use of Medication	Annually	9/26/05	4	
Beta Blocker Treatment After a Heart Attack	Annually	9/26/05	4	
Asthma Management Quality Study	Annually	9/26/05	4	
Quality Improvement Program	Annually	9/26/05	4	4
Prior Year's Outcomes, including results of HEDIS and other performance measures, quality studies and other activities as documented in QIP. Results shall reflect completion dates.	Annually	9/26/05	4	
Results of Internal Quality Studies (prenatal care, identification of individuals who may be pregnant, and the application of appropriate treatments for high-risk individuals)	Annually and upon request	9/26/05	4	
Referral guidelines that demonstrate the conditions under which PCPs make arrangements for referrals to specialty care networks	Annually	N/C	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
Utilization Management Plan	Annually and upon revision	9/26/05	4	4 (Due to merger, MCO not required to make changes)
Written policies and procedures for the credentialing process that matches the credentialing and recredentialing standards from NCQA	Annually	9/26/05	4	4 (MCO made required changes)
Copy of practice guidelines	Annually	9/26/05	4	4
Written polices and procedures to ensure that medical records are safeguarded against loss, destruction or unauthorized use	Annually and upon change	9/26/05	4	4
Written policies and procedures for release of medical record information and obtaining consent for treatment	Annually and upon change	9/26/05	4	4
Written policies and procedures to provide for prompt transfer of records to other in-or-out-of-network providers for the medical management of the enrollee	Annually and upon revision	9/26/05	4	4 (Due to merger, MCO not required to make changes)
Plan used to Evaluate Completeness of Encounter Data	Annually	9/26/05	4	4 (MCO made required changes)
Deficiencies found through review process must be reported to DMAS	Within 60 calendar days	N/A	4	4
Corrective action plan to address deficiencies must be submitted to DMAS	Within 30 calendar days after notification of any deficiencies	N/A	4	4
Written policies and procedures used to monitor compliance for Sterilizations and Hysterectomies	Annually	N/C	4	4
Organizational Chart that outlines Medallion II Operational Division	Annually	9/26/05	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
Updated company background including awards, major changes, sanctions since the last annual report	Annually	9/26/05	4	4
Updated subcontractor company background including awards, major changes, sanctions since the last annual report	Annually	9/26/05	4	4
Written policies and procedures for completion of assessments of CSHCN (Children with Special Health Care Needs)	Annually	9/26/05	4	4
Written Policies and Procedures which describe the grievance and appeals process and how it operates	Annually	9/26/05	4	4 (Due to merger, MCO not required to make changes)
Changes to enrollee grievance and appeal procedures	Annually	N/A	4	4
Program Integrity Plan (policies and procedures for ensuring protection against actual or potential fraud and abuse).	Annually	9/26/05	4	4
Written policies and procedures for the prevention, detection, and reporting of incidents of potential fraud and abuse by enrollees, by network providers, by subcontractors, and by the Contractor	Annually	9/26/05	4	4
Audit by Independent Auditor - 2005	Annually, within 30 calendar days of audit completion and at the time of submission to BOI	5/27/05	4	
Department reserves the right to require the Contractor to engage the services of an outside independent auditor to conduct a general audit	Within 30 days of completion of the audit	N/A	4	

Reports	Time Frame	Submission Date	Timeliness	Content
Written policies and procedures for maintaining the confidentially of data, including medical records and enrollee information and appointment records for treatment of sexually transmitted diseases	Annually	9/26/05	4	4
If Contractor uses the Provider Manual as a supplement to the Provider Agreement, all sections pertaining to Medallion II must be submitted	Annually	9/26/05	4	4 (Due to merger, MCO not required to make changes)

5.7 Quarterly Reports

Reports	Time Frame	Submission Date	Timeliness	Content
BOI Quarterly Financial Reports	Quarterly - due same day sent to BOI (MCO must file within 45 days from end of quarter)			
3rd Q 2005	due by 11/15/05	11/15/05	4	4
Any revisions to quarterly submission	Due same day sent to BOI	N/A	4	4
4th Q & CY Audited 2005	due by 03/01/06	3/1/06	4	4
Any revisions to quarterly submission	Due same day sent to BOI	N/A	4	4
1st Q 2006	due by 05/15/06			
Any revisions to quarterly submission	Due same day sent to BOI			
2nd Q 2006	due by 08/14/06			
Any revisions to quarterly submission	Due same day sent to BOI			
Live Birth Outcomes Report	Quarterly			
3rd Q 2005	due by 10/31/05	10/31/05	4	4
4th Q 2005	due by 01/30/06	1/20/06	4	4
1st Q 2006	due by 05/01/06			
2nd Q 2006	due by 07/31/06			

Reports	Time Frame	Submission Date	Timeliness	Content
High Risk Maternity and Infant	Quarterly			
3rd Q 2005	due by 10/31/05	10/31/05	4	4
4th Q 2005	due by 01/30/06	1/20/06	4	4
1st Q 2006	due by 05/01/06			
2nd Q 2006	due by 07/31/06			
Provider file to DMAS	Quarterly			
3rd Q 2005	due by 10/31/05	10/31/05	4	
4th Q 2005	due by 01/30/06	1/9/06	4	
1st Q 2006	due by 05/01/06			
2nd Q 2006	due by 07/31/06			
Disproportionate Share Hospital Report	Quarterly			
3rd Q 2005	due by 10/31/05	10/31/05	4	
4th Q 2005	due by 01/30/06	1/20/06	4	
1st Q 2006	due by 05/01/06			
2nd Q 2006	due by 07/31/06			
Submit any addition or deletion of agreements involving: a clinic or group of physicians, an individual physician or facility	Quarterly (within 30 days of the end of a quarter)	N/A	4	4

5.8 Monthly Reports

Reports	Time Frame	Submission Date	Timeliness	Content
Listing of all newborns that do not receive an identification number within 60 days	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			

Reports	Time Frame	Submission Date	Timeliness	Content
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Returned ID Card List	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Date and number of ID cards mailed to new enrollees, each month	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Number of ID cards re-issued during the prior month	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			

Reports	Time Frame	Submission Date	Timeliness	Content
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Wait and Abandonment - Medical	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Wait and Abandonment - Laboratory	Monthly			
July 2005	due by 08/15/05	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Wait and Abandonment - Men. Health	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			

Reports	Time Frame	Submission Date	Timeliness	Content
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Wait and Abandonment - Pharmacy	Monthly			
July 2005	due by 08/15/05	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Wait and Abandonment - Transportation	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Wait and Abandonment - Vision	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			

Reports	Time Frame	Submission Date	Timeliness	Content
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Electronic provider file to fiscal intermediary (PS-F-025)	Monthly			
July 2005	due by 08/15/05	7/25/05	4	
August 2005	due by 09/15/05	9/2/05	4	
September 2005	due by 10/17/05	10/4/05	4	
October 2005	due by 11/15/05	11/2/05	4	
November 2005	due by 12/15/05	12/5/05	4	
December 2005	due by 01/17/06	1/16/06	4	
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Report Sentinel Events	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Encounter Data Certification	Monthly			
July 2005	due by 08/15/05	8/18/05	3	
August 2005	due by 09/15/05	9/15/05	4	
September 2005	due by 10/17/05	10/17/05	4	
October 2005	due by 11/15/05	11/15/05	4	
November 2005	due by 12/15/05	12/15/05	4	
December 2005	due by 01/17/06	1/16/06	4	
January 2006	due by 02/15/06	2/15/06	4	
February 2006	due by 03/15/06	3/15/06	4	
March 2006	due by 04/17/06			

Reports	Time Frame	Submission Date	Timeliness	Content
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
MCO Report, includes:	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Summary of inquires, grievances, and appeals - Medical	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Summary of inquires, grievances, and appeals - Laboratory	Monthly			
July 2005	due by 08/15/05	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			

Reports	Time Frame	Submission Date	Timeliness	Content
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Summary of inquires, grievances, and appeals - Mental Health	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Summary of inquires, grievances, and appeals - Pharmacy	Monthly			
July 2005	due by 08/15/05	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Summary of inquires, grievances, and appeals - Transportation	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Summary of inquires, grievances, and appeals - Vision	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Medical	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Laboratory	Monthly			
July 2005	due by 08/15/05	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			

Reports	Time Frame	Submission Date	Timeliness	Content
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Mental Health	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Pharmacy	Monthly			
July 2005	due by 08/15/05	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Transportation	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			

Reports	Time Frame	Submission Date	Timeliness	Content
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Vision	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Appeal Log - Medical	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Appeal Log - Laboratory	Monthly			
July 2005	due by 08/15/05	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			

Reports	Time Frame	Submission Date	Timeliness	Content
Appeal Log - Mental Health	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Appeal Log - Pharmacy	Monthly			
July 2005	due by 08/15/05	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Appeal Log - Transportation	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Appeal Log - Vision	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Any moneys recovered by third parties shall be retained by the Contractor and identified to the Department. This includes comprehensive health coverage, workers' compensation, estate recoveries, and other coverage (i.e., trauma injuries)	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			

5.9 Medallion II Scoring

	Review Items	Total	Rate
Timeliness	288	1151	4.00
Content	249	996	4.00
Combined Average			**4.00**

5.10 FAMIS-Specific Reporting

Reports	Time Frame	Submission Date	Timeliness	Content
Complaints, Grievances and Appeals	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Enrollee Address Changes	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Out-of-Pocket Maximum	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			

Reports	Time Frame	Submission Date	Timeliness	Content
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Live birth Outcomes	Quarterly			
3rd Q 2005	due by 10/31/05	10/31/05	4	4
4th Q 2005	due by 01/30/06	01/20/06	4	4
1st Q 2006	due by 05/01/06			
2nd Q 2006	due by 07/31/06			
Newborn Eligibility/Newborns Born to FAMIS Enrollees	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Changes in Eligibility	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Sentinel Events	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Monthly TPL	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			

5.11 FAMIS Scoring

	Review Items	Total	Rate
Timeliness	58	232	4.00
Content	58	232	4.00
Combined Average			**4.00**

5.12 Medallion II and FAMIS Score Combined

	Medallion II	FAMIS	Rate
Timeliness	4.00	4.00	4.00
Content	4.00	4.00	4.00
Combined Average	**4.00**	**4.00**	**4.00**