Reporting Report Card
Virginia Premier

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

6.0 Operating Localities

Virginia Premier operates in the following 83 localities. Enrollment information as of December 2005 is included:

City/Counties	FIPS	Medallion II	FAMIS
Accomack	001	820	50
Albermarle	003	1,316	144
Amelia	007	166	21
Augusta	015	1,894	200
Bedford County	019	1,649	312
Botetourt	023	621	149
Brunswick	025	365	32
Buckingham	029	29	0
Caroline	033	478	73
Charles City	036	37	3
Chesterfield	041	3,004	336
Clarke	043	120	12
Culpeper	047	1,532	279
Cumberland	049	196	8
Dinwiddie	053	231	10
Floyd	063	589	134
Fluvanna	065	38	2
Franklin County	067	2,386	259
Frederick	069	869	114
Giles	071	647	129
Goochland	075	196	31
Greene	079	526	88
Greensville	081	168	2
Hanover	085	504	46
Henrico	087	3,347	282
Henry	089	3,543	290
King George	099	589	87
King William	101	118	8
Louisa	109	844	83
Lunenburg	111	170	14
Madison	113	367	66
Mecklenburg	117	388	34
Montgomery	121	3,049	306

City/Counties	FIPS	Medallion II	FAMIS
Nelson	125	24	2
New Kent	127	54	9
Northampton	131	263	16
Nottoway	135	281	16
Orange	137	745	131
Page	139	566	63
Patrick	141	1,200	87
Powhatan	145	126	21
Prince Edward	147	401	21
Prince George	149	184	4
Pulaski	155	1,662	202
Rappahannock	157	60	10
Roanoke County	161	2,847	292
Rockbridge	163	694	115
Rockingham	165	1,605	212
Shenandoah	171	597	64
Southampton	175	322	19
Spotsylvania	177	2,231	310
Stafford	179	1,942	204
Surry	181	60	5
Sussex	183	167	12
Warren	187	555	76
Westmoreland	193	413	29
Wythe	197	1,371	206
Bedford City	515	407	108
Buena Vista	530	306	41
Charlottesville	540	1,207	113
Chesapeake	550	1,552	112
Colonial Heights	570	133	22
Emporia	595	141	8
Franklin City	620	195	11
Fredericksburg	630	894	90
Hampton	650	1,774	127
Harrisonburg	660	1,219	100
Hopewell	670	458	20
Lexington	678	112	36
Martinsville	690	1,513	123
Newport News	700	2,459	172
Norfolk	710	4,879	171

City/Counties	FIPS	Medallion II	FAMIS
Petersburg	730	713	39
Portsmouth	740	1,902	69
Radford	750	580	61
Richmond City	760	8,601	247
Roanoke City	770	8,841	690
Salem	775	1	99
Staunton	790	1,096	87
Suffolk	800	1,030	62
Virginia Beach	810	2,433	271
Waynesboro	820	1,133	103
Winchester	840	476	75
GRAND TOTAL		**93,221**	**8,787**

6.1 Company Background

Virginia Premier was formed specifically to provide health care services to the Commonwealth of Virginia's Medicaid population. Virginia Premier began operations under the Options plan in the Tidewater area in November 1995 and has been a continuous participant in Medicaid Managed Care since that time.

Along with the expansion into Southwestern Virginia, Virginia Premier opened a second regional office in November 2001. Virginia Premier preferred to have local presence in this expansion area due to the significant member and provider population. Five key operational areas have been established in the Roanoke Regional Office. They are: Administration, Transportation, Medical Management, Member Services, and Provider Services.

With Medicaid Managed Care as its only product line, Virginia Premier has worked extensively to develop programs that are sensitive to the needs of this population and have a proven effectiveness. Documented improvements in the health outcomes of Virginia Premier's membership have been seen in the areas of pre-natal care, asthma and diabetes outreach, and emergency room utilization. In recognition of the impact of transportation on access to care, Virginia Premier also supplements available vendor supplied transportation with twenty-two vans owned and operated by Virginia Premier.

Virginia Premier's core premise for its existence is the responsibility for ensuring that their members receive the highest quality medical services from their physicians, hospitals, and other health care providers through effective business

practices and member focused administrative services. Through operating excellence, they have shifted more of their financial resources to health care services and to the improvement of the health status of their membership.

Virginia Premier Health Plan, Inc.'s (VPHP) experience with the Department of Medical Assistance Services (DMAS) over the last ten years has been highlighted by rewarding partnerships, profitable collaborations, and quality medical management services for Virginia's citizens.

One of the most rewarding partnerships that VPHP has participated in is the relationship with DMAS and the other managed care organizations in the state of Virginia. This partnership has proven to be a win-win-win situation – for DMAS, for Virginia's managed care organizations, and most importantly, for Virginians. Some of the initiatives that were tackled in the last ten years were the implementation of expanded medical services for maternal child health, disease management, and oral health. Additionally, this partnership resulted in the expansion of managed care into other areas of the state, the focus on quality assurance through accreditation and HEDIS measures reporting.

Additionally, VPHP and the Virginia Commonwealth University Health System have partnered on several projects to improve the health outcomes of Virginia's residents. For example, programs to decrease obesity in children and adolescents and projects through the National Center of Excellence in Women's Health are two that improved the lifestyles of Virginia's residents.

VPHP views its role as more than just a deliverer of managed care services. We view ourselves as an organization that goes the extra mile to serve all of our members' needs. Every Medical Outreach Worker on our staff is part of a coalition or taskforce in our member's communities. We provide transportation to our members and participate in health fairs to bring health education to them. This dedication has resulted in several recognitions and partnership opportunities, such as:

- Participation with the Center for Healthcare Strategies for "Best Clinical and Administration Practices" for Early Childhood Development and Screenings
- Awarded "Best Practices" by the American Association of Health Plans for VPHP's Maternal/Child Program, Healthy Heartbeats
- Partnership with Care Connection to improve outcomes for children with special health care needs using a holistic approach
- Partnership with the Blue Ridge Perinatal Council to provide bereavement support and services to women who lost their infants due to preterm birth
- Partnerships with local and regional Health Departments to improve access to care and coordination for pregnant members and at risk children

6.2 Subcontractors

Laboratory Corporation of America (LabCorp)

As one of the first laboratories to fully embrace molecular diagnostics, Laboratory Corporation of America® Holdings (LabCorp®) has long been a pioneer in providing leading-edge testing technologies. As one of the world's largest clinical laboratories, with annual revenues of $2.2 billion in 2001, the Company performs diagnostic procedures on specimens from approximately 280,000 patients each day.

LabCorp is at the forefront of providing crucial information for disease management. Applications include sophisticated HIV/AIDS and hepatitis C diagnosis and monitoring, oncology, and genetics. It also offers the most up-to-date techniques for clinical trials testing, where it assists pharmaceutical, biotechnology, and contract research organizations working on new drug development.

Since it's founding in 1971, LabCorp has grown into a network of 24 major laboratories and approximately 900 patient service centers (PSCs) from coast to coast. More than 19,000 employees serve over 200,000 clients nationwide, including physicians, managed care organizations, hospitals, pharmaceutical firms, and many Fortune 1000 companies, as well as other clinical laboratories. The Company offers more than 4,000 clinical tests ranging from simple blood analyses to the world's most sophisticated diagnostic technologies operating at the molecular level.

LabCorp's leading-edge Centers of Excellence are the pride of the Company. The Center for Molecular Biology and Pathology, located in Research Triangle Park, North Carolina, leads the industry in the development and application of polymerase chain reaction (PCR) technology – a groundbreaking method used to create some of the most sensitive assays ever devised – in the areas of diagnostic genetics, oncology, and infectious disease. Its National Genetics Institute in Los Angeles is leading the industry in developing novel, highly sensitive PCR methods for testing hepatitis C and other infectious agents. LabCorp's Center for Occupational Testing is the single largest occupational substance abuse testing center in the world. And, the Center for Esoteric Testing, located in the Powell Laboratory Complex in Burlington, North Carolina, uses a wide variety of technologies to perform the largest volume of rare analyses in the network.

Vision Service Plan

At VSP, they are dedicated to offering affordable, high-quality eye care plans that put people first, support visual wellness and improve one's quality of life. As the nation's largest provider of exceptional eye care coverage, more than one in 10

Americans rely on VSP for eye care wellness. For close to half a century, they have and will continue to be a trusted advisor in eye care wellness benefits.

VSP is passionate about people and their vision. At VSP, they are dedicated to offering affordable, high-quality eye care plans that put people first, support visual wellness and improve one's quality of life. As the nation's largest provider of eye care coverage, thousands of companies rely on VSP to provide a range of vision programs, from plans that meet overall eye health and wellness needs to plans that cover advanced vision correction procedures, including surgery.

VSP was founded in September of 1955 in Oakland, CA. Its headquarters is in Rancho Cordova, a suburb of Sacramento. For close to half a century, they have and continue to be a trusted advisor in eye care wellness benefits because at VSP their belief remains: Passion for people. Vision for life.℠

VSP has earned several awards, demonstrating our commitment to providing our clients and members exceptional service.

For the fourth consecutive year, VSP's call center has received an award for World Class Customer Satisfaction from Service Quality Management Group, Inc. (SQM) ranking VSP in the top 5% of the entire benchmark. SQM is a recognized leader in the measurement of customer and employee satisfaction in the call center industry across North America, benchmarking more than 200 call centers each year. VSP was also recognized with awards for Highest Employee and Customer Satisfaction for the Insurance Industry for 2004 and 2005.

VSP has won the International Stevie™ Award for Best Customer Service Organization in the 2005 International Business Awards. The International Business Awards are the only global, all-encompassing business awards program honoring great performance in the workplace. Recipients of 76 International Stevie Award trophies were selected from more than 600 nominations received from companies and individuals in more than 30 countries.

VSP is one of the select companies in the country and the first eyecare benefit company to be awarded a credentialing certificate by the National Committee for Quality Assurance (NCQA), an independent nonprofit organization that assesses and reports on America's health care. This certificate signifies a "gold standard" status for our doctor credentialing process.

URAC, a leading independent nonprofit organization that promotes health care quality through accreditation and certification programs, awarded VSP's Web site the Health Web Site Accreditation. This accreditation is composed of 53 rigorous standards that closely examine various aspects of health Web site operations.

For the seventh consecutive year, FORTUNE Magazine has rated VSP as one of the "100 Best Companies to Work For" in America. VSP is currently rated number seven and is the only vision plan provider on the list.

VSP was awarded the "Highest in Overall Member Satisfaction Among National Vision Plans for the Second Year in a Row" by J.D. Power and Associates. This ranking, based on an independent study of consumers nationwide, demonstrates VSP's commitment to providing high-quality eyecare benefit plans and exceptional service to our members. It is a direct reflection of the member satisfaction with our doctors and VSP employees, all of which sets us apart from other national vision care plans.

AmeriHealth Mercy

AmeriHealth Mercy Health Plan d/b/a PerformRx is the pharmacy benefit management service offered by AmeriHealth Mercy Health Plan. AmeriHealth Mercy is a partnership of the Mercy Health System and Independence Blue Cross.

PerformRX can trace its roots in Medicaid Managed Care back to 1983 as Mercy Health Plan, a hospital sponsored managed care organization (MCO). Currently serving 1.5 million medical assistance beneficiaries in ten states PerformRx has extensive specialized experience in serving the needs of Medicaid recipients through Managed Care.

PerformRx's mission statement is to provide quality and accessible health care services to its members. We seek to assure that compassionate, competent professionals who are respectful of each individual's dignity provide care to its members.

Recent Awards
2005 Rx Benefit Innovation Award, given by The Pharmacy Benefit Management Institute (PBMI).
AmeriHealth Mercy's pharmacy benefit management won this award in recognition of its development of drug utilization management and clinical intervention programs for the Medicaid population and its creative approaches to drug benefit program management.

6.3 Organizational Chart

6.4 Financial Management and Claims Processing

The information below represents Virginia Premier's Medicaid financial performance (Virginia Premier is a Medicaid-only MCO).

Profit Margin

Calendar Year	Profit Margin
2002	2.94 %
2003	1.89 %
2004	4.06 %
2005	4.18%

Claims Processing (Turnaround Time):

Time Period	Percent of Claims Processed <30 Days
January 2005	90.68%
February 2005	98.69%
March 2005	91.59%
April 2005	90.32%
May 2005	92.84%
June 2005	92.16%
July 2005	93.45%
August 2005	95.24%
September 2005	92.75%
October 2005	97.12%
November 2005	99.04%
December 2005	98.19%
2005 YTD	**94.34%**

Number of Enrollees
(Medallion II and FAMIS combined)

Calendar Year End Totals	Total Enrollees
2002	64,748
2003	79,366
2004	90,236
2005	102,008

Net Worth

Calendar Year	Net Worth
2002	$ 11,813,929
2003	$ 16,127,963
2004	$ 24,852,576
2005	$ 32,848,390

Net Worth, per Member

Calendar Year	Net Worth, per member
2002	$ 175
2003	$ 205
2004	$ 278
2005	$ 319

Claims Volume

Calendar Year End Average	Average Month Begin Inventory	Average Received This Month	Average Processed This Month	Average Month End Inventory
2002	27,198	80,868	80,687	27,379
2003	23,127	90,659	90,114	23,658
2004	21,712	101,807	101,150	22,369
2005	15,915	122,257	123,853	14,319

Claims Processed

Calendar Year End Average	Average Number Paid This Month	Average Number Denied This Month	Average Number Pended This Month	Total
2002	66,896	12,402	1,714	81,011
2003	77,411	11,050	1,652	90,114
2004	88,245	9,997	2,909	101,150
2005	108,596	13,212	3,474	125,282

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	91.80	7.50	0.70	0.00	100.00
2003	96.45	3.32	0.23	0.00	100.00
2004	96.60	3.35	0.05	0.01	100.00
2005	94.34	5.20	0.45	0.01	100.00

Inpatient Authorizations

Calendar Year End Average	Number Approved	Number Reduced	Number Denied	Total Number Requested
2002	1,000	7	3	1,010
2003	1,094	5	4	1,103
2004	1,313	11	5	1,329
2005	1,518	11	5	1,534

Primary Care Physicians:

Calendar Year End Average	Average Number with Open Panels	Average Number with Closed Panels	Average Number with Restricted Panels	Total
2002	846	274	119	1,239
2003	762	287	106	1,155
2004	713	330	124	1,167
2005	768	336	146	1,250

6.5 Encounter Data

- Dental Encounter has a high failure rate this fiscal year, averaging 15.88%. While this claim type has been carved-out, sound encounter data should still be a goal of the Managed Care Plans.

- Medical, Mental Health and Transportation Professional encounter files have an average error rate of 2.45%.

- Laboratory encounter files have an average error rate of 0.65%.

- Pharmacy encounter files have an average error rate of 2.8%.

- Medical and Mental Health Institutional has an error rate of 16.89%.

- Vision encounter files have an error rate of 0.41%.

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

6.6 Annual Reports

Reports	Time Frame	Submission Date	Timeliness	Content
License issued by State Corporation Commission	Annually. Retain at all times.	10/1/05	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.	10/1/05	4	4 JCAHO Accredited
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		
BOI Annual Financial Reports	Annually - due same day sent to BOI	March and June	4	
Any revisions to BOI annual report	Due same day sent to BOI	N/A		
Basis of Accounting used (GAAP or reconciled to meet GAAP)	Annually and prior to Contract Signature	10/1/05	4	4
Changes to the Contractors Basis of Accounting	Prior to changes	N/A		
Network Provider Agreements	Annually and 30 calendar days prior to effective date			
Diagnostic/Lab		10/1/05	4	4
Vision		10/1/05	4	4
Specialist		10/1/05	4	4
Ancillary		10/1/05	4	3
Hospital		10/1/05	4	4
Pharmacy		10/1/05	4	3
Physician (PCP)		10/1/05	4	4
Mental Health and Substance Abuse		N/A		
Transportation		N/A		
After Hours Nurse Line		10/1/05	4	3
HIPAA Business Associate Agreement		10/1/05	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
Changes to Network Provider Agreements	At least 30 days prior to their effective date	N/A		
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		
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		
Marketing Plan	Annually (prior written approval)	10/1/05	4	4
All new and/or revised marketing and information materials	Prior to their planned distribution	N/A		
Written policies and procedures governing the identification of newborns by network providers	Annually	10/1/05	4	4
Written policies and procedures for notifying PCPs of Panel Composition	Annually	10/1/05	4	3
Written policies and procedures for In- and Out-of Network providers can verify member enrollment	Annually	10/1/05	4	3
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	10/1/05	4	3
Written policies and procedures for assigning enrollees to a PCP	Annually	10/1/05	4	3
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		

Reports	Time Frame	Submission Date	Timeliness	Content
Written policies and procedures regarding enrollee rights	Annually	10/1/05	4	3
Enrollee Information Packet:				
Introduction Letter	Annually	10/1/05	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)	10/1/05	4	4
Provider Directory & Service Area	Annually	10/1/05	4	4
Evidence of Coverage / Handbook	Annually	10/1/05	4	3
After preliminary BOI approval, submit EOC for approval	Annually and 30 calendar days prior to distribution	10/1/05	4	4
Updates to EOC, with cover letter explicitly identifying sections that have changed	Annually and as needed 30 days prior to planned use	10/1/05	4	4
All enrollment, disenrollment and educational documents and materials made available to Medallion II enrollees	Annually	10/1/05	4	4
Plan for High Risk Pregnant Women and Infant	Annually	10/1/05	4	4
High risk pregnancy women and infant outcomes and measurements	Annually	10/1/05	4	
If Contractor establishes a formulary, the formulary and pre-authorization requirements	Annually	10/1/05	4	4
Updates to the formulary	Prior to their effective date	N/A		
Monitor and report atypical utilization, providing number of requests and number of denials	Annually	10/1/05	4	4
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	3/27/06	0	4
Any changes in how the requirement, stated above, is met	Upon any change in procedures	N/A		

Reports	Time Frame	Submission Date	Timeliness	Content
Percent of two year olds who have received each immunization specified by ACIP standards	Annually	10/1/05	4	
Written policies and procedures addressing coordination of substance abuse services for pregnant women.	Annually	10/1/05	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	10/1/05	4	4
Enhanced Services - any revisions to existing enhanced services	30 calendar days prior to implementing revisions to existing enhanced services	N/A		
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	10/1/05	4	4
Health Education and Prevention Plan	Annually and prior to planned implementation	10/1/05	4	4
Changes to the Health Education and Prevention Plan	Prior to planned implementation	N/A		
All member health education materials, including newsletters sent to members	Annually and prior to planned distribution	10/1/05	4	4
Provide list of contracted Federally Qualified Health Clinics (FQHC) and Rural Health Clinics (RHC)	Annually	10/1/05	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	10/1/05	4	3

Reports	Time Frame	Submission Date	Timeliness	Content
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	10/1/05	4	4
Written policies and procedures for enrollee transition to new PCP	Annually and 30 calendar days prior to effective date of provider disenrollment	10/1/05	4	4
Written policies and procedures related to provider disenrollment - PCP's	Annually	10/1/05	4	3
Written policies and procedures related to provider disenrollment - other network providers	Annually	10/1/05	4	3
Physician Incentive Plan (PIP)	Annually	10/1/05	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		
HEDIS Information	Annually			
Breast Cancer Screening	Annually	10/1/05	4	
Adolescent Well-Care Visit	Annually	10/1/05	4	
Prenatal and Postpartum Care	Annually	10/1/05	4	
Childhood Immunization Status	Annually	10/1/05	4	
Adolescent Immunization Status	Annually	10/1/05	4	
HEDIS/CAHPS 2.0H Adult Survey	Annually	10/1/05	4	
Well-Child Visits in the 1st 15 months of life	Annually	10/1/05	4	
Well-Child Visits in the 3rd, 4th, 5th and 6th years of life	Annually	10/1/05	4	
Comprehensive Diabetes Care	Annually	10/1/05	4	
Asthma - Appropriate Use of Medication	Annually	10/1/05	4	
Beta Blocker Treatment After a Heart Attack	Annually	10/1/05	4	
Asthma Management Quality Study	Annually	10/1/05	4	
Quality Improvement Program	Annually	10/1/05	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
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	10/1/05	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	10/1/05	4	
Referral guidelines that demonstrate the conditions under which PCPs make arrangements for referrals to specialty care networks	Annually	10/1/05	4	4
Utilization Management Plan	Annually and upon revision	10/1/05	4	3
Written policies and procedures for the credentialing process that matches the credentialing and recredentialing standards from NCQA	Annually	10/1/05	4	4
Copy of practice guidelines	Annually	10/1/05	4	4
Written polices and procedures to ensure that medical records are safeguarded against loss, destruction or unauthorized use	Annually and upon change	10/1/05	4	4
Written policies and procedures for release of medical record information and obtaining consent for treatment	Annually and upon change	10/1/05	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	10/1/05	4	4
Plan used to Evaluate Completeness of Encounter Data	Annually	10/1/05	4	3
Deficiencies found through review process must be reported to DMAS	Within 60 calendar days	N/A		

Reports	Time Frame	Submission Date	Timeliness	Content
Corrective action plan to address deficiencies must be submitted to DMAS	Within 30 calendar days after notification of any deficiencies	N/A		
Written policies and procedures used to monitor compliance for Sterilizations and Hysterectomies	Annually	10/1/05	4	4
Organizational Chart that outlines Medallion II Operational Division	Annually	10/1/05	4	4
Updated company background including awards, major changes, sanctions since the last annual report	Annually	10/1/05	4	4
Updated subcontractor company background including awards, major changes, sanctions since the last annual report	Annually	10/1/05	4	3
Written policies and procedures for completion of assessments of CSHCN (Children with Special Health Care Needs)	Annually	10/1/05	4	3
Written Policies and Procedures which describe the grievance and appeals process and how it operates	Annually	10/1/05	4	3
Changes to enrollee grievance and appeal procedures	Annually	N/A		
Program Integrity Plan (policies and procedures for ensuring protection against actual or potential fraud and abuse).	Annually	10/1/05	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	10/1/05	4	3
Audit by Independent Auditor - 2005	Annually, within 30 calendar days of audit completion and at the time of submission to BOI	10/1/05	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
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		
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	10/1/05	4	3
If Contractor uses the Provider Manual as a supplement to the Provider Agreement, all sections pertaining to Medallion II must be submitted	Annually	10/1/05	4	3

6.7 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	
Any revisions to quarterly submission	Due same day sent to BOI	N/A		
4th Q & CY Audited 2005	due by 03/01/06	3/1/06	4	
Any revisions to quarterly submission	Due same day sent to BOI	N/A		
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	10/28/05	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
4th Q 2005	due by 01/30/06	1/30/06	4	4
1st Q 2006	due by 05/01/06			
2nd Q 2006	due by 07/31/06			
High Risk Maternity and Infant	Quarterly			
3rd Q 2005	due by 10/31/05	10/28/05	4	4
4th Q 2005	due by 01/30/06	1/30/06	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	10/28/05	4	
4th Q 2005	due by 01/30/06	1/30/06	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	10/28/05	4	
4th Q 2005	due by 01/30/06	1/30/06	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		

6.8 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	8/16/05	3	4
August 2005	due by 09/15/05	9/14/05	4	4
September 2005	due by 10/17/05	10/19/05	3	4
October 2005	due by 11/15/05	11/17/05	3	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/18/06	3	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			
Returned ID Card List	Monthly			
July 2005	due by 08/15/05	8/16/05	3	4
August 2005	due by 09/15/05	9/14/05	4	4
September 2005	due by 10/17/05	10/19/05	3	4
October 2005	due by 11/15/05	11/17/05	3	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/18/06	3	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			
Date and number of ID cards mailed to new enrollees, each month	Monthly			
July 2005	due by 08/15/05	8/16/05	3	4
August 2005	due by 09/15/05	9/14/05	4	4
September 2005	due by 10/17/05	10/19/05	3	4
October 2005	due by 11/15/05	11/17/05	3	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/18/06	3	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			
Number of ID cards re-issued during the prior month	Monthly			
July 2005	due by 08/15/05	8/16/05	3	4
August 2005	due by 09/15/05	9/14/05	4	4
September 2005	due by 10/17/05	10/19/05	3	4
October 2005	due by 11/15/05	11/17/05	3	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/18/06	3	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			
Wait and Abandonment - Medical	Monthly			
July 2005	due by 08/15/05	8/16/05	3	4
August 2005	due by 09/15/05	9/14/05	4	4
September 2005	due by 10/17/05	10/19/05	3	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	1/18/06	3	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			
Wait and Abandonment - Laboratory	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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			
Wait and Abandonment - Pharmacy	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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 - Vision	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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			

Reports	Time Frame	Submission Date	Timeliness	Content
April 2006	due by 05/15/06			
y Ma2006	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	8/18/05	3	
August 2005	due by 09/15/05	9/29/05	2	
September 2005	due by 10/17/05	Not submitted**	0	
October 2005	due by 11/15/05	Not submitted**	0	
November 2005	due by 12/15/05	Not submitted**	0	
December 2005	due by 01/17/06	Not submitted**	0	
January 2006	due by 02/15/06	Not submitted**	0	
February 2006	due by 03/15/06	3/6/06	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			

** DMAS notified Virginia Premier on 3/6/06 that the automated file had not been received over the past six months. Virginia Premier corrected the problem and sent an updated file on 3/6/06.

Reports	Time Frame	Submission Date	Timeliness	Content
Report Sentinel Events	Monthly			
July 2005	due by 08/15/05	16-8/15/05	4	
August 2005	due by 09/15/05	14-9/15/05	4	
September 2005	due by 10/17/05	8-10/15/05	4	
October 2005	due by 11/15/05	5-11/15/05	4	
November 2005	due by 12/15/05	12/15/05	4	
December 2005	due by 01/17/06	9-1/15/06	4	
January 2006	due by 02/15/06	14-2/15/06	4	
February 2006	due by 03/15/06	8-3/15/06	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			
Encounter Data Certification	Monthly			
July 2005	due by 08/15/05	8/22/05	3	
August 2005	due by 09/15/05	10/3/05	1	
September 2005	due by 10/17/05	10/19/05	3	
October 2005	due by 11/15/05	11/21/05	3	
November 2005	due by 12/15/05	1/9/06	1	
December 2005	due by 01/17/06	1/23/06	3	
January 2006	due by 02/15/06	2/23/06	3	
February 2006	due by 03/15/06	3/27/06	2	
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			
MCO Report, includes:	Monthly			
July 2005	due by 08/15/05	8/16/05	3	4
August 2005	due by 09/15/05	9/14/05	4	4
September 2005	due by 10/17/05	10/19/05	3	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	1/18/06	3	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	8/16/05	3	4
August 2005	due by 09/15/05	9/14/05	4	4
September 2005	due by 10/17/05	10/19/05	3	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	1/18/06	3	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

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 - Laboratory	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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 - Mental Health	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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 - Pharmacy	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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 - Transportation	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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 - Vision	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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 - Medical	Monthly			
July 2005	due by 08/15/05	8/16/05	3	4
August 2005	due by 09/15/05	9/14/05	4	4
September 2005	due by 10/17/05	10/19/05	3	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	1/18/06	3	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			
Grievance Log - Laboratory	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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 - Mental Health	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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 - Pharmacy	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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
Grievance Log - Transportation	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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 - Vision	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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 - Medical	Monthly			
July 2005	due by 08/15/05	8/16/05	3	4
August 2005	due by 09/15/05	9/14/05	4	4
September 2005	due by 10/17/05	10/19/05	3	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	1/18/06	3	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		
August 2005	due by 09/15/05	with		

Reports	Time Frame	Submission Date	Timeliness	Content
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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 - Mental Health	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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 - Pharmacy	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
November 2005	due by 12/15/05			

Reports	Time Frame	Submission Date	Timeliness	Content
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 - Vision	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
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			
Any moneys recovered by third parties	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	8/25/05; 9/9/05	4	4
September 2005	due by 10/17/05	9/26/05; 10/6/05; 10/19/05	4	4
October 2005	due by 11/15/05	11/15/05; 11/21/05	4	4
November 2005	due by 12/15/05	12/9/05; 12/15/05	4	4
December 2005	due by 01/17/06	1/9/06; 1/11/06; 1/18/06	4	4
January 2006	due by 02/15/06	2/1/06; 2/16/06	4	4
February 2006	due by 03/15/06	2/23/06	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			

6.9 Medallion II Scoring

	Review Items	Total	Rate
Timeliness	193	697	3.61
Content	146	564	3.86
Combined Average			**3.74**

6.10 FAMIS Specific Reporting

Reports	Time Frame	Submission Date	Timeliness	Content
Complaints, Grievances and Appeals	Monthly			
July 2005	due by 08/15/05	8/16/05	3	4
August 2005	due by 09/15/05	9/14/05	4	4
September 2005	due by 10/17/05	10/19/05	3	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	1/18/06	3	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	8/16/05	3	4
August 2005	due by 09/15/05	9/14/05	4	4
September 2005	due by 10/17/05	10/19/05	3	4
October 2005	due by 11/15/05	11/17/05	3	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/18/06	3	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			

Reports	Time Frame	Submission Date	Timeliness	Content
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	1/16/05	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			
Live birth Outcomes	Quarterly			
3rd Q 2005	due by 10/31/05	10/28/05	4	4
4th Q 2005	due by 01/30/06	1/30/06	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	1/16/05	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

Reports	Time Frame	Submission Date	Timeliness	Content
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	1/16/05	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
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	1/16/05	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	1/16/05	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			

6.11 FAMIS Scoring

	Review Items	Total	Rate
Timeliness	58	229	3.95
Content	58	232	4.00
Combined Average			**3.98**

6.12 Medallion II and FAMIS Score Combined

	Medallion II	FAMIS	Rate
Timeliness	3.61	3.95	3.78
Content	3.86	4.00	3.93
Combined Average	**3.74**	**3.98**	**3.86**