Reporting Report Card
Care*N*et
All reporting for this MCO is combined for both Medallion II and FAMIS, unless otherwise specified

3.0 Operating Localities

CareNet operates in the following 30 localities. Enrollment information as of December 2005 is included:

City/Counties	FIPS	Medallion II	FAMIS
Amelia	007	133	20
Caroline	033	315	24
Charles City	036	27	1
Chesterfield	041	2,403	259
Cumberland	049	67	6
Dinwiddie	053	317	21
Essex	057	135	10
Goochland	075	45	7
Hanover	085	444	35
Henrico	087	2,075	172
King and Queen	097	71	4
King William	101	74	2
Lancaster	103	288	41
Lunenburg	111	97	15
Mathews	115	11	6
Mecklenburg	117	253	31
Middlesex	119	68	3
New Kent	127	28	3
Northumberland	133	209	20
Nottoway	135	190	7
Powhatan	145	92	18
Prince George	149	215	14
Richmond County	159	116	13
Surry	181	33	3
Sussex	183	108	7
Westmoreland	193	199	15
Colonial Heights	570	178	8
Hopewell	670	656	33
Petersburg	730	1,014	36
Richmond City	760	5,357	219
GRAND TOTAL		**15,218**	**1,053**

3.1 Company Background

Mission Statement

Southern Health, in partnership with our network of health care professionals and groups we serve, is dedicated to improving the health of our members and our community.

- Our principles in meeting our Mission are:
- Our employees are the heart of Southern Health. We value their contributions and dedication to our members.
- Our innovative products allow our members to access affordable health care services.
- Our customer service exceeds the expectations of our members and providers.
- Above all, we will treat our members with respect.

Founded by local physicians Southern Health Services, Inc. (Southern Health) is a subsidiary of Coventry Health Care, Inc., has a 20-year record in the Virginia managed care market, Southern Health offers a full range of managed care products and services including HMO, POS, PPO and Medicaid products. Our PPO plan is underwritten by Coventry Health and Life Insurance Company.

With corporate offices in Charlottesville, Richmond and Roanoke, Southern Health is committed to superior service, quality, and long-term results for its 168,000+ members throughout Virginia.

Coventry Health Care is a national managed health care company based in Bethesda, Maryland operating health plans, insurance companies, network rental services companies, and worker's compensation services companies. Coventry provides a full range of risk and fee-based managed care Compensation and Network Rental to a broad cross section of employer and government-funded groups, government agencies, and other insurance carriers and administrators in all 50 states as well as the District of Columbia and Puerto Rico. More information is available on the Internet at (About Coventry Health Care Inc.) and (About First Health).

- Locations in Richmond, Charlottesville, and Roanoke, Virginia with nearly 200 employees available to answer questions regarding products, benefits, and provider relations
- Senior Management Health Plan
- Medical Directors
- Utilization Management Staff
- Marketing Department/Account Management

- Provider Networks
- Pharmacy Review
- Finance
- Human Resources

Provider Network

Southern Health contracts with quality, state-of-the-art hospitals and independent, private-practice physicians who are either Board-eligible or Board-certified throughout our service area. Our Southern Health network currently has nearly 8,000 providers and over 60 area hospitals.

Products

- Direct Access HMO Plans (VirginiaCare HMO and VirginiaValue HMO)
- Point-of-Service Plans (VirginiaCare POS and VirginiaValue POS)
- Out-of-Area Plans – Underwritten by Coventry Health and Life Insurance Company (Satellite and PPO)
- High Deductible Health Plans with Health Savings Accounts
- Medicaid Products (CareNet)
- State Mandated Products (Essential and Standard)
- Pharmacy/Prescription Card Options
- Vision/Optical Discount Plan

Programs

- Health Management Programs: Southern Health has identified that some members may suffer from conditions such as asthma, diabetes, hypertension or depression. Southern Health's health care management programs help members effectively manage these health problems and live a better quality of life. In response, Southern Health has developed informational packets for members identified with these illnesses, and this information may be sent confidentially to each member's home.
- Baby Matters: This program is dedicated to promoting healthier babies and protecting the well being of the mother. All members who are expectant mothers are eligible to receive our publication, Baby Matters. Baby Matters provides information on health baby basics, understanding your health care coverage, and a list of community classes and resources available to expectant parents.

As of August 24, 2005, Southern Health Services, Inc. NCQA accreditation status for HMO/POS Combined for commercial business has been increased to Excellent. This change was based on the HEDIS 2005 results and will remain in effect until the next review.

3.2 Subcontractors

LabCorp

Laboratory Corporation of America® Holdings (LabCorp®) is much more than a routine clinical laboratory. As a pioneer in genomic testing and the commercialization of new diagnostic technologies, LabCorp is one of the world's largest clinical laboratories, with annual revenues of $2.9 billion in 2003. Headquartered in Burlington, North Carolina, LabCorp has more than 23,000 employees and offers more than 4,400 clinical tests ranging from routine blood analyses to the most sophisticated molecular diagnostics. Listed under the ticker symbol LH on the New York Stock Exchange (NYSE), LabCorp tests more than 340,000 specimens daily for over 220,000 clients nationwide.

LabCorp operates a nationwide network of 31 primary testing locations, more than 1,100 patient service centers, and routine testing is the cornerstone of the company's industry-leading national network. That delivery and service network makes it possible for LabCorp to easily offer an extensive esoteric testing portfolio and groundbreaking technologies to a broader audience, including medically important genomic tests. LabCorp's reputation and proven record in the area of advanced genomic testing continues to attract the leading minds and technological pioneers in the field. Its laboratories participated in the development of genomic applications using Polymerase Chain Reaction (PCR) technology and LabCorp was the first commercial laboratory to provide this innovative technology to health care providers. LabCorp laboratories have been at the forefront of new molecular tests to diagnose, treat and manage disease, particularly in the areas of infectious disease, oncology and genetics. LabCorp's molecular genetics testing center was involved with the original research and subsequent standardization of Her-2Neu testing for breast cancer.

For Eyes Optical/Allied Eye Care

Allied EyeCare was established to provide vision health care through comprehensive, prepaid eye care benefits. These plans are made available to small and mid-sized employer groups as well as managed care companies and other health care providers.

Allied EyeCare has experienced tremendous growth and success and has created a new division to handle the employer group business – announcing Advantica EyeCare. Allied EyeCare will now focus on meeting the medical and surgical needs of managed care organizations. Both organizations will continue to provide the best value, selection of benefits and exceptional customer service available in today’s vision care arena.

Advantica EyeCare offers a variety of benefits including a comprehensive eye exam for the detection of ocular diseases. Depending on your selected plan design, you can include eyeglasses, contact lenses, mail order service, additional optical discounts and reimbursement for out-of-network services. All plans offer easy administration and a seamless delivery system.

Your benefits never run out. With the Advantica EyeCare Select Discount Plan, participants can continue to receive substantial savings on frames, lenses and optical accessories beyond the benefits of your selected plan.

Advantica EyeCare adds exceptional value to your other health care benefits through a variety of eye care plans at affordable monthly rates. With a network of over 4,200 vision providers nationwide, Advantica EyeCare offers exceptional savings through national retail optical locations as well as independent optometrists and ophthalmologists. And, our vision network includes LASIK surgical facilities with discounted rates available to all our customers.

Caremark

Caremark Rx, Inc. is a leading pharmaceutical services company, providing through its affiliates comprehensive drug benefit services to over 2,000 health plan sponsors and their plan participants throughout the U.S. Caremark's clients include corporate health plans, managed care organizations, insurance companies, union, government agencies and other funded benefit plans. The Company operates a national retail pharmacy network with over 59,000 participating pharmacies, seven mail service pharmacies, the industry's only FDA-regulated repackaging plant and 21 licensed specialty pharmacies for delivery of advanced medications to individuals with chronic or genetic diseases and disorders.

Caremark applies more than a quarter-century of experience to:

- Improve Health. Our goal is to enhance each plan participant's health, doing everything from providing proactive health education to monitoring prescription history for potential drug interactions.
- Support Better Healthcare Decisions. Both plan participants and plan sponsors rely on our pharmacy benefit plan communications, online tools and health management and clinical programs to make choices that will enhance health and contain costs.
- Provide Value. Guided by the knowledge and expertise of our independent Pharmacy & Therapeutics Committee, as well as our analytics, clinical and account management teams, we consider all the data and recommend the most clinically appropriate, cost-effective drugs and healthcare programs.

- Enhance the Healthcare Experience. It's our job to provide the most convenient service, personal care and attention, and relevant, up-to-date information to both plan participants and plan sponsors.

Caremark is proud to serve the needs of its plan participants through:

- Prescription benefit services, including local retail pharmacy and mail service options
- Specialty pharmacy services, providing pharmaceuticals and other therapeutic services for plan participants with chronic or genetic disorders
- CarePatterns® disease management programs – the first and only suite of programs offered by a prescription benefit manager to be fully accredited by the National Committee for Quality Assurance – providing comprehensive plan participant care for specific conditions.

Sentara Mental Health Management

Sentara Behavioral Health Services (SBHS), a privately held, for-profit corporation, is a subsidiary of Sentara Health Plan, Inc., a wholly owned subsidiary of Sentara Healthcare (a not-for-profit, community based health care system). The Sentara system has provided more than 100 years of service to its customers through the management of health care services.

For more than 15 years, SBHS has been providing mental health and substance abuse services for the people of Virginia and the surrounding areas of North Carolina, Washington, DC/Baltimore, and West Virginia. Because our sole business is behavioral health care, we have a unique understanding of the special needs and complex problems associated with the delivery of behavioral health services.

Today close to 750,000 members count on SBHS to provide behavioral health services that are geographically accessible and of the highest quality. SBHS's contracts include small and large employer groups, municipalities, school boards, third party payors, and regional and national health care organizations.

As a Virginia-based company, our network reflects our personal knowledge of the practitioner community, local practice standards, regional travel patterns and unique cultural and social factors that impact the way people seek and use mental health treatment. These network features are difficult to ascertain from a national perspective, but instead require sensitive and responsive local awareness. SBHS's extensive behavioral health provider network includes more than 1,100 fully-licensed and credentialed providers throughout Hampton Roads and more than 2,800 providers in our statewide network. SBHS has consistently received high provider satisfaction ratings from the practitioners in our network, and we have had an enviable 98% retention rate for our local providers over the past three years.

Our full array of services includes:

- Innovative managed behavioral health care programs designed to ensure the delivery of quality, clinically appropriate and cost-effective care for our members
- Access to a comprehensive behavioral health network of behavioral health practitioners, programs and facilities
- Administrative support in the form of claims adjudication, reimbursement, utilization, and quality improvement programs, measuring and reporting
- Employee Assistance Programs (integrated with behavioral health management or stand-alone programs)

Clients and members benefit in a number of ways from SBHS's proven ability to administer behavioral health care programs.

- A comprehensive Care Management system that ensures high quality, cost effective care in the least restrictive environment
- A program clinically managed and supervised by a Board Certified Medical Director, Board Certified Associate Medical Director and two licensed Clinical Directors
- Customized provider networks that are carefully selected, fully credentialed and designed to provide geographically accessible, barrier free and clinically appropriate care
- Extensive experience in providing a flexible and customized approach to benefit design, network expansion and administration
- A reputation for working collaboratively with medical insurance vendors ensuring only the highest quality of care for our patients
- A history of successful contract implementation and contract transition with a high degree of customer satisfaction
- State-of-the-art reporting and monitoring capabilities with customer feedback as a prime goal of service delivery
- A consistently high member satisfaction rating on annual member surveys
- Available for assessment and referral services 24 hours a day, seven days a week, by calling our toll-free number
- An established Quality Improvement program with teams and components throughout all levels of the organization to monitor and improve plan performance and provider delivery
- The stability and reputation of an established senior executive team that has worked together for more than five years; the majority of our team has been with SBHS since its inception. Collectively, the six members of our senior team have more than 100 years of experience in the behavioral health care field
- Superior cost management for our clients

It is SBHS's goal that all members have easy access to care that is geographically accessible, of the highest quality and clinically appropriate. It is also our goal to

ensure that these services continue to be provided in a cost-effective and timely manner.

MV Transportation/LocalMotion

MV has been providing transit services throughout our company history, beginning in 1975. We serve many public organizations today in ongoing paratransit and transit operations contracts.

MV is a professional and innovative contractor who supplies top quality, safe and reliable transit service for our customers at reasonable prices.

Approximately one half of our operations are dedicated paratransit operations and one half dedicated to fixed route/multimodal services. We perform maintenance functions in approximately 80% of our current contracts across the nation.

We are proud of the humble origins of the company. In 1975, the founders of the company purchased one van and began providing paratransit service in the San Francisco Bay area under the state Medicaid program. MV Transportation is still owned and operated by Feysan and Alex Lodde, who continue to lead the organization. MV is now the largest woman/minority owned passenger transportation company in the nation.

Since the start of the company, our reputation for providing excellent service has been the hallmark of MV. Soon after its founding, the company developed a reputation in the San Francisco Bay area for being an organization with strong customer service.

In 1983, MV received its first contract with a public transit agency. We were awarded a contract with San Francisco Muni to operate a large pre-ADA paratransit service for the elderly and disabled citizens of San Francisco. MV continues to operate this service today, now under the requirements of the ADA.

MV continued to grow in the San Francisco Bay area, adding contracts and vehicles as its reputation for providing great service and high quality employees reached surrounding communities. Since that time, MV has added fixed route services to our repertoire and our company has expanded significantly.

MV's experience with managing public transportation services is extensive and spans our entire history. We are proud of our accomplishments in assisting cities, counties and transit authorities to achieve success with their transit systems.

MV Transportation is the largest privately-owned passenger transportation firm offering in the country. The company specializes in transportation services for the elderly and disable in the country and has 8,500 employees nationwide.

In May 2005, MV was named the 15th largest African-American-owned company in the United States by Black Enterprise Magazine. In 2004, the company made its second debut on the Inc. Magazine list of Fastest Growing Private Companies. MV contracts with more than 140 local governments and transit agencies in 23 states to provide public transportation services for local residents.

FCG Call Center Services

With over six years of call center experience FCG understands community-based nurse advice. Our Registered Nurses have on average eight years of practical hospital experience prior to working in the call center. With over 80 physicians continually updating our protocols and our relationship with the oldest and most respected health content provider Healthwise we feel FCG provides the most up to date clinical information in the market.

Full Contact *healthguide* bridges the gap between Web site and call center strategies, converging voice and Web channels to maximize consumer knowledge. With Full Contact *healthguide*, the contact center nurse assesses the caller's need over the phone and then delivers specific, in depth health information from the Healthwise Knowledgebase to the caller's Web browser "real-time". The nurse and their caller can co-browse, or Web Conference, "on demand" thereby assuring the caller has all the information to make a wise health decision.

FCG Call Center Services' Nurse Advice connects a patient with a medical question to a trained RN who can thoroughly answer their health question. Benefits include:

- Allow Emergency Department nurses to attend to emergencies not act as a telephone nurse
- Direct patients to an appropriate level of care
- Decrease liability through documentation and standardized computer protocols
- Provide customizable reports for tracking and trending
- National call center dedicated to providing community-based nurse advice services
- Better patient access using both traditional phone lines and hospital Web page for 24 X 7 coverage

3.3 Organizational Chart

3.4 Financial Management and Claims Processing

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

Profit Margin

Calendar Year	Profit Margin
2002	3.15%
2003	2.08%
2004	6.22%
2005	5.03%

Claims Processing (Turnaround Time)

Time Period	Percent of Claims Processed <30 Days
January 2005	99.70%
February 2005	99.80%
March 2005	99.80%
April 2005	99.88%
May 2005	99.78%
June 2005	99.78%
July 2005	99.99%
August 2005	99.87%
September 2005	99.93%
October 2005	99.98%
November 2005	99.93%
December 2005	99.98%
2005 YTD	**99.87%**

Number of Enrollees
(Medallion II and FAMIS combined)

Calendar Year End Totals	Total Enrollees
2002	13,873
2003	15,056
2004	16,123
2005	16,271

Net Worth

Calendar Year	Net Worth
2002	$32,221,326
2003	$31,885,919
2004	$41,953,511
2005	$44,040,259

Net Worth, per Member

Calendar Year	Net Work, per member
2002	$329
2003	$308
2004	$374
2005	$393

Claims Volume

Calendar Year End Average	Average Month Begin Inventory	Average Received This Month	Average Processed This Month	Average Month End Inventory
2002	962	12,032	11,920	1,075
2003	2,279	13,026	13,170	2,135
2004	971	12,034	12,912	988
2005	1,126	12,941	13,533	1,087

Claims Processed

Calendar Year End Average	Average Number Paid This Month	Average Number Denied This Month	Average Number Pended This Month	Total
2002	8,573	2,393	999	11,965
2003	10,110	2,334	726	13,170
2004	10,051	2,245	771	13,066
2005	10,407	2,064	1,062	13,533

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	99.4	0.5	0.1	0.0	100.00
2003	99.73	0.26	0.01	0.00	100.00
2004	99.38	0.51	0.10	0.01	100.00
2005	99.87	0.11	0.03	0.00	100.00

Inpatient Authorizations

Calendar Year End Average	Number Approved	Number Reduced	Number Denied This Month	Total Number Requested
2002	246	6	3	255
2003	275	13	4	292
2004	185	23	2	210
2005	193	19	1	213

Primary Care Physicians:

CareNet maintains and exceeds the set contract standard for a PCP network.

Calendar Year End Average	Average Number with Open Panels	Average Number with Closed Panels	Average Number with Restricted Panels	Total
2002	350	99	0	449
2003	261	89	124	474
2004	206	94	138	438
2005	218	108	109	435

3.5 Encounter Data

- Dental Encounters have a high failure rate this fiscal year. Production data for November 2005 had a failure rate of 46.51%. While this claim type has been carved out, sound encounter data should still be a goal of the Managed Care Plan.

- Medical Professional encounter files have an average error rate of 2.60%.

- Mental Health Professional encounter files have an average error rate of 0.90%.

- Laboratory encounter files have an average error rate of 0.72%.

- Pharmacy encounter file have an average error rate of 0.58%.

- Transportation encounter files have an average error rate of 0.09%.

- Medical Institutional encounter files have an average error rate of 3.22%.

- Mental Health Institutional encounter files have an average error rate of 4.15%. While this rate is somewhat high, the file sizes are very small and just one error increases the rate considerably.

- Vision encounter files have an average error rate of 0.19%.

Scoring

<u>Timeliness</u>
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

<u>Content</u>
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

3.6 Annual Reports

Reports	Time Frame	Submission Date	Timeliness	Content
License issued by State Corporation Commission	Annually. Retain at all times.	9/30/05	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.	9/30/05	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		
BOI Annual Financial Reports	Annually - due same day sent to BOI	Submitted timely	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	9/30/05	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		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		N/C	4	4
Physician (PCP)		N/C	4	4
Mental Health and Substance Abuse		N/C	4	4
Transportation		N/C	4	4
After Hours Nurse Line		N/C	4	4
HIPAA Business Associate Agreement		N/C	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	9/30/05	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/C	4	4
Marketing Plan	Annually (prior written approval)	9/30/05	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	9/30/05	4	4
Written policies and procedures for notifying PCPs of Panel Composition	Annually	N/C	4	4
Written policies and procedures for In- and Out-of Network providers can verify member enrollment	Annually	N/C	4	4
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	9/30/05	4	4
Written policies and procedures for assigning enrollees to a PCP	Annually	9/30/05	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	9/30/05	4	4
Written policies and procedures regarding enrollee rights	Annually	9/30/05	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
Enrollee Information Packet:				
Introduction Letter	Annually	9/30/05	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)	9/30/05	4	4
Provider Directory & Service Area	Annually	9/30/05	4	4
Evidence of Coverage / Handbook	Annually	9/21/05	4	4
After preliminary BOI approval, submit EOC for approval	Annually and 30 calendar days prior to distribution	N/A		
Updates to EOC, with cover letter explicitly identifying sections that have changed	Annually and as needed 30 days prior to planned use	N/A		
All enrollment, disenrollment and educational documents and materials made available to Medallion II enrollees	Annually	9/30/05	4	4
Plan for High Risk Pregnant Women and Infant	Annually	9/30/05	4	4
High risk pregnancy women and infant outcomes and measurements	Annually	9/30/05	4	
If Contractor establishes a formulary, the formulary and pre-authorization requirements	Annually	9/21/05	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	9/30/05	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	9/30/05	4	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	9/30/05	4	
Written policies and procedures addressing coordination of substance abuse services for pregnant women.	Annually	9/30/05	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	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	N/C	4	4
Health Education and Prevention Plan	Annually and prior to planned implementation	9/30/05	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	9/30/05	4	4
Provide list of contracted Federally Qualified Health Clinics (FQHC) and Rural Health Clinics (RHC)	Annually	9/30/05	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	9/30/05	4	4

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	9/30/05	4	4
Written policies and procedures for enrollee transition to new PCP	Annually and 30 calendar days prior to effective date of provider disenrollment	9/30/05	4	4
Written policies and procedures related to provider disenrollment - PCP's	Annually	9/30/05	4	4
Written policies and procedures related to provider disenrollment - other network providers	Annually	9/30/05	4	4
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		
HEDIS Information	Annually			
Breast Cancer Screening	Annually	9/30/05	4	
Adolescent Well-Care Visit	Annually	9/30/05	4	
Prenatal and Postpartum Care	Annually	9/30/05	4	
Childhood Immunization Status	Annually	9/30/05	4	
Adolescent Immunization Status	Annually	9/30/05	4	
HEDIS/CAHPS 2.0H Adult Survey	Annually	9/30/05	4	
Well-Child Visits in the 1st 15 months of life	Annually	9/30/05	4	
Well-Child Visits in the 3rd, 4th, 5th and 6th years of life	Annually	9/30/05	4	
Comprehensive Diabetes Care	Annually	9/30/05	4	
Asthma - Appropriate Use of Medication	Annually	9/30/05	4	
Beta Blocker Treatment After a Heart Attack	Annually	9/30/05	4	
Asthma Management Quality Study	Annually	9/30/05	4	
Quality Improvement Program	Annually	9/30/05	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	9/30/05	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	9/30/05	4	
Referral guidelines that demonstrate the conditions under which PCPs make arrangements for referrals to specialty care networks	Annually	N/C	4	4
Utilization Management Plan	Annually and upon revision	9/30/05	4	4
Written policies and procedures for the credentialing process that matches the credentialing and recredentialing standards from NCQA	Annually	N/C	4	4
Copy of practice guidelines	Annually	9/30/05	4	4
Written polices and procedures to ensure that medical records are safeguarded against loss, destruction or unauthorized use	Annually and upon change	N/C	4	4
Written policies and procedures for release of medical record information and obtaining consent for treatment	Annually and upon change	N/C	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	N/C	4	4
Plan used to Evaluate Completeness of Encounter Data	Annually	9/30/05	4	4
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	9/30/05	4	4
Organizational Chart that outlines Medallion II Operational Division	Annually	9/30/05	4	4
Updated company background including awards, major changes, sanctions since the last annual report	Annually	9/30/05	4	4
Updated subcontractor company background including awards, major changes, sanctions since the last annual report	Annually	9/30/05	4	4
Written policies and procedures for completion of assessments of CSHCN (Children with Special Health Care Needs)	Annually	N/C	4	4
Written Policies and Procedures which describe the grievance and appeals process and how it operates	Annually	9/30/05	4	4
Changes to enrollee grievance and appeal procedures	Annually	9/30/05	4	4
Program Integrity Plan (policies and procedures for ensuring protection against actual or potential fraud and abuse).	Annually	N/C	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	N/C	4	4
Audit by Independent Auditor - 2005	Annually, within 30 calendar days of audit completion and at the time of submission to BOI	9/30/05	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	N/C	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	9/30/05	4	4

3.7 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; additional info rec'd 3/15/06	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			

Reports	Time Frame	Submission Date	Timeliness	Content
Live Birth Outcomes Report	Quarterly			
3rd Q 2005	due by 10/31/05	10/21/05	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			
High Risk Maternity and Infant	Quarterly			
3rd Q 2005	due by 10/31/05	10/21/05	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	10/21/05	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	10/21/05	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		

3.8 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	8/12/05	4	4
August 2005	due by 09/15/05	9/12/05	4	4
September 2005	due by 10/17/05	10/13/05	4	4
October 2005	due by 11/15/05	11/10/05	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/13/05	4	4
January 2006	due by 02/15/06	2/14/05	4	4
February 2006	due by 03/15/06	3/13/05	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	8/12/05	4	4
August 2005	due by 09/15/05	9/12/05	4	4
September 2005	due by 10/17/05	10/13/05	4	4
October 2005	due by 11/15/05	11/10/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/13/05	4	4
January 2006	due by 02/15/06	2/14/05	4	4
February 2006	due by 03/15/06	3/13/05	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	8/12/05	4	4
August 2005	due by 09/15/05	9/12/05	4	4
September 2005	due by 10/17/05	10/13/05	4	4
October 2005	due by 11/15/05	11/10/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/13/05	4	4
January 2006	due by 02/15/06	2/14/05	4	4
February 2006	due by 03/15/06	3/13/05	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	8/12/05	4	4
August 2005	due by 09/15/05	9/12/05	4	4
September 2005	due by 10/17/05	10/13/05	4	4
October 2005	due by 11/15/05	11/10/05	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/13/05	4	4
January 2006	due by 02/15/06	2/14/05	4	4
February 2006	due by 03/15/06	3/13/05	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	8/12/05	4	4
August 2005	due by 09/15/05	9/12/05	4	4
September 2005	due by 10/17/05	10/13/05	4	4
October 2005	due by 11/15/05	11/10/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/13/05	4	4
January 2006	due by 02/15/06	2/14/05	4	4
February 2006	due by 03/15/06	3/13/05	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			

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			
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			

Reports	Time Frame	Submission Date	Timeliness	Content
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			
Electronic provider file to fiscal intermediary (PS-F-025)	Monthly			
July 2005	due by 08/15/05	7/25/05; 8/1/05	4	
August 2005	due by 09/15/05	8/25/05; 9/1/05	4	
September 2005	due by 10/17/05	9/25/05; 10/2/05	4	
October 2005	due by 11/15/05	10/25/05; 11/1/05	4	
November 2005	due by 12/15/05	11/25/05; 12/1/05	4	
December 2005	due by 01/17/06	12/25/05; 1/1/06	4	
January 2006	due by 02/15/06	1/26/06; 2/1/06	4	
February 2006	due by 03/15/06	2/25/06; 3/1/06	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			
Report Sentinel Events	Monthly			
July 2005	due by 08/15/05	3-8/12/05	4	
August 2005	due by 09/15/05	2-9/12/05	4	
September 2005	due by 10/17/05	2-10/13/05	4	
October 2005	due by 11/15/05	0-11/15/05	4	
November 2005	due by 12/15/05	2-12/15/05	4	
December 2005	due by 01/17/06	5-1/13/06	4	
January 2006	due by 02/15/06	1-2/14/06	4	
February 2006	due by 03/15/06	3-3/13/06	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			

Reports	Time Frame	Submission Date	Timeliness	Content
Encounter Data Certification	Monthly			
July 2005	due by 08/15/05	8/11/05	4	
August 2005	due by 09/15/05	9/16/05	3	
September 2005	due by 10/17/05	10/12/05	4	
October 2005	due by 11/15/05	11/14/05	4	
November 2005	due by 12/15/05	12/14/05	4	
December 2005	due by 01/17/06	1/11/06	4	
January 2006	due by 02/15/06	2/1/06	4	
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			
MCO Report, includes:	Monthly			
July 2005	due by 08/15/05	8/12/05	4	4
August 2005	due by 09/15/05	9/12/05	4	4
September 2005	due by 10/17/05	10/13/05	4	4
October 2005	due by 11/15/05	11/10/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/13/06	4	4
January 2006	due by 02/15/06	2/14/06	4	4
February 2006	due by 03/15/06	3/13/06	4	3
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	8/12/05	4	4
August 2005	due by 09/15/05	9/12/05	4	4
September 2005	due by 10/17/05	10/13/05	4	4
October 2005	due by 11/15/05	11/10/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/13/06	4	4
January 2006	due by 02/15/06	2/14/06	4	4
February 2006	due by 03/15/06	3/13/06	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			
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			
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			
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	8/12/05	4	4
August 2005	due by 09/15/05	9/12/05	4	4
September 2005	due by 10/17/05	10/13/05	4	4
October 2005	due by 11/15/05	11/10/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/13/06	4	4
January 2006	due by 02/15/06	2/14/06	4	4
February 2006	due by 03/15/06	3/13/06	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			

Reports	Time Frame	Submission Date	Timeliness	Content
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			
Grievance Log - Transportation	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			
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	8/12/05	4	4
August 2005	due by 09/15/05	9/12/05	4	4
September 2005	due by 10/17/05	10/13/05	4	4
October 2005	due by 11/15/05	11/10/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/13/06	4	4
January 2006	due by 02/15/06	2/14/06	4	4
February 2006	due by 03/15/06	3/13/06	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		
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 - 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			
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			
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 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	8/12/05	4	4
August 2005	due by 09/15/05	9/12/05	4	4
September 2005	due by 10/17/05	10/13/05	4	4
October 2005	due by 11/15/05	11/10/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/13/06	4	4
January 2006	due by 02/15/06	2/14/06	4	4
February 2006	due by 03/15/06	3/13/06	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			

3.9 Medallion II Scoring

	Review Items	Total	Rate
Timeliness	197	787	4.00
Content	149	595	3.99
Combined Average			**4.00**

3.10 FAMIS-Specific Reporting

Reports	Time Frame	Submission Date	Timeliness	Content
Complaints, Grievances and Appeals	Monthly			
July 2005	due by 08/15/05	8/12/05	4	4
August 2005	due by 09/15/05	9/12/05	4	4
September 2005	due by 10/17/05	10/13/05	4	4
October 2005	due by 11/15/05	11/10/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/13/06	4	4
January 2006	due by 02/15/06	2/14/06	4	4
February 2006	due by 03/15/06	3/13/06	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	8/12/05	4	4
August 2005	due by 09/15/05	9/12/05	4	4
September 2005	due by 10/17/05	10/13/05	4	4
October 2005	due by 11/15/05	11/10/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/13/06	4	4
January 2006	due by 02/15/06	2/14/06	4	4
February 2006	due by 03/15/06	3/13/06	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	8/12/05	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
August 2005	due by 09/15/05	9/12/05	4	4
September 2005	due by 10/17/05	10/13/05	4	4
October 2005	due by 11/15/05	11/10/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/13/06	4	4
January 2006	due by 02/15/06	2/14/06	4	4
February 2006	due by 03/15/06	3/13/06	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	10/21/05	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	8/12/05	4	4
August 2005	due by 09/15/05	9/12/05	4	4
September 2005	due by 10/17/05	10/13/05	4	4
October 2005	due by 11/15/05	11/10/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/13/06	4	4
January 2006	due by 02/15/06	2/14/06	4	4
February 2006	due by 03/15/06	3/13/06	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	8/12/05	4	4
August 2005	due by 09/15/05	9/12/05	4	4
September 2005	due by 10/17/05	10/13/05	4	4
October 2005	due by 11/15/05	11/10/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/13/06	4	4
January 2006	due by 02/15/06	2/14/06	4	4
February 2006	due by 03/15/06	3/13/06	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			
Sentinel Events	Monthly			
July 2005	due by 08/15/05	8/12/05	4	4
August 2005	due by 09/15/05	9/12/05	4	4
September 2005	due by 10/17/05	10/13/05	4	4
October 2005	due by 11/15/05	11/10/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/13/06	4	4
January 2006	due by 02/15/06	2/14/06	4	4
February 2006	due by 03/15/06	3/13/06	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	8/12/05	4	4
August 2005	due by 09/15/05	9/12/05	4	4
September 2005	due by 10/17/05	10/13/05	4	4
October 2005	due by 11/15/05	11/10/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/13/06	4	4
January 2006	due by 02/15/06	2/14/06	4	4
February 2006	due by 03/15/06	3/13/06	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			

3.11 FAMIS Scoring

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

3.12 Medallion II and FAMIS Score Combined

	Medallion II	FAMIS	Rate
Timeliness	4.00	4.00	4.00
Content	3.99	4.00	4.00
Combined Average	**4.00**	**4.00**	**4.00**