Reporting Report Card
Optima Family Care

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

4.0 Operating Localities

Optima Family Care operates in the following 76 localities. Enrollment information as of December 2005 is included:

City/Counties	FIPS	Medallion II	FAMIS
Accomack	001	1,854	102
Albermarle	003	921	107
Amelia	007	136	8
Augusta	015	1,064	109
Brunswick	025	976	41
Buckingham	029	827	71
Caroline	033	553	54
Charles City	036	215	11
Charlotte	037	1,043	123
Chesterfield	041	2,107	181
Clarke	043	90	8
Cumberland	049	369	18
Dinwiddie	053	569	38
Essex	057	218	18
Fluvanna	065	419	97
Frederick	069	675	107
Gloucester	073	498	48
Goochland	075	110	7
Greene	079	230	24
Greensville	081	572	13
Halifax	083	2,377	132
Hanover	085	743	81
Henrico	087	3,038	293
Isle of Wight	093	1,104	46
James City County	095	1,146	96
King and Queen	097	184	7
King William	101	245	21
Lancaster	103	579	80
Louisa	109	552	69
Lunenburg	111	584	46
Madison	113	88	11
Mathews	115	118	14

City/Counties	FIPS	Medallion II	FAMIS
Mecklenburg	117	1,442	129
Middlesex	119	254	32
Nelson	125	528	51
New Kent	127	195	24
Northampton	131	928	88
Northumberland	133	465	47
Nottoway	135	412	10
Orange	137	279	43
Page	139	532	67
Pittsylvania	143	2,865	282
Powhatan	145	69	6
Prince Edward	147	777	63
Prince George	149	242	24
Rappahannock	157	45	20
Richmond County	159	253	21
Rockingham	165	1,359	203
Shenandoah	171	626	61
Southampton	175	711	32
Surry	181	196	24
Sussex	183	498	21
Warren	187	523	62
Westmoreland	193	544	29
York	199	510	67
Charlottesville	540	1,066	84
Chesapeake	550	6,837	541
Colonial Heights	570	187	23
Danville	590	4,228	230
Emporia	595	638	26
Franklin City	620	665	24
Hampton	650	7,158	378
Harrisonburg	660	1,158	102
Hopewell	670	493	18
Newport News	700	7,845	420
Norfolk	710	16,162	605
Petersburg	730	1,484	51
Poquoson	735	95	8
Portsmouth	740	6,580	256
Richmond City	760	5,457	250
Staunton	790	650	55

City/Counties	FIPS	Medallion II	FAMIS
Suffolk	800	2,562	177
Virginia Beach	810	9,325	1,063
Waynesboro	820	685	65
Williamsburg	830	231	15
Winchester	840	416	95
GRAND TOTAL		**112,379**	**7,973**

4.1 Company Background

The premier not-for-profit health care provider in southeastern Virginia and northeaster North Carolina, Sentara Healthcare is one of the most progressive health care organizations in the nation, providing services to more than two million Hampton Roads residents. Nationally recognized for quality and innovation, Sentara Healthcare has consistently ranked among the nation's top integrated health care networks as published in *Modern Healthcare* magazine. Sentara is the only health care system on the East Coast to be ranked in the nation's top 10 all seven years the survey has been conducted and most recently being ranked #3 in 2005.

Sentara's bedrock institution was founded in 1888 in Norfolk as the 25-bed Retreat for the Sick, beginning Sentara's 116-year history. Today's organization is truly an integrated health care system that provides patients with a cohesive and interlocking network of caregiving that spans from birth through the end of life.

Currently, Sentara employs more than 15,000 employees and operates 70 sites of care including 6 acute care hospitals with a total of 1,584 beds, a hospital for extended recovery, 2 outpatient health care campuses, 7 nursing centers, 3 assisted living centers, and 30 primary care practices. Other Sentara services include: a full range of health coverage plans, home health and hospice services, physical therapy and rehabilitation services, urgent care facilities, ground medical transport services, mobile diagnostic vans, and 2 health and fitness facilities. Sentara also operates the region's only air ambulance, Level I Trauma Center, and multi-organ transplant program. Sentara also features one of the largest networks of primary care physicians in Hampton Roads – a 220-physician medical group.

Sentara's mission is to provide innovative services to treat illness and disease and to promote the improvement of personal health. By investing talent and resources into the creation of services that address community health needs, Sentara is true to its charitable mission. In 2003, Sentara invested nearly $75 million into the communities it serves by providing indigent care, medical education, community

health education, and funding to community organizations through Sentara Health Foundation. Sentara also invests in the training of future health professionals at the Sentara School of Health Professions, which was established in 1892.

As a not-for-profit organization, Sentara is a responsible steward of community resources. Its balance sheet and income statement remains consistently strong. In 2003, Sentara reported annual operating revenues of $1.8 billion and total assets of $7.7 billion.

Known for a legacy of "firsts," Sentara founded the region's first managed care plan, Optima, in 1984. Through its products, more than 320,000 people are provided health insurance, tapping into a provider network of nearly 6,000 physicians throughout Virginia. The caliber of its plans has been recognized by the National Research Corporation, which named Optima Health Plan a Quality Leader numerous times and the National Committee for Quality Assurance (NCQA), which awarded Sentara's plans its highest rating of "excellent" in 2005 for the 7th year for Optima Health Plan and 6th year in a row for Optima Family Care.

Throughout its history, Sentara has distinguished itself as a forerunner of medical advances. For example, Sentara Norfolk General Hospital was the site of the nation's first in-vitro birth, the region's first open-heart surgery procedure, and the region's first heart, kidney, and lung transplants. Sentara recently embraced and fully implemented the first "eICU®" or electronic intensive care unit in the country. Through this unique system or around-the-clock electronic monitoring of ICU patients, mortality has been reduced by more than 25 percent and length of stay reduced by 17 percent.

<u>Primary Hospitals of Sentara:</u>

- Sentara Norfolk General Hospital, a 569-bed tertiary care facility and the area's only Level I Trauma Center, has been a quality leader among Hampton Road's consumers for nearly a decade. Honored for its leadership and innovation in creating a culture of safety, Sentara Norfolk General Hospital is the sole honoree to receive the 2004 American Hospital Quest for Quality Prize, an elite recognition among all U.S. hospitals. This same Patient Safety Initiative has also earned Sentara Healthcare the 2005 John M. Eisenberg Patient Safety and Quality Award from JCAHO and the National Quality Forum. Earning national recognition in *U.S. News & World Report's* annual ranking of America's Best Hospitals for the fifth year, the hospital ranked 40th out of 50 U.S. hospitals for cardiac excellence in 2004. For five straight years, the cardiovascular program at Sentara Norfolk General Hospital has ranked in the 100 Top programs in the nation by Solucient, a health care information firm. Most recently, Sentara Norfolk General Hospital was also ranked number 1 in Virginia by

HealthGrades®, experts in health care quality ratings, for overall cardiac services.

- Sentara Virginia Beach General Hospital, a 274-bed acute care facility with Level III Trauma Center designation, specializes in cardiology, cardiac surgery, women's and infant's health, oncology, orthopedics and neurosciences. It has been recognized for two consecutive years as one of the nation's Top 100 Hospitals by Solucient and was recognized in Solucient's first *100 Top Hospitals® Performance Improvement Leaders* study in 2004.

- Sentara Bayside Hospital, a 158-bed primary care facility located in Virginia Beach, specializes in outpatient diagnostic and surgical services.

- Sentara CarePlex Hospital is a new, technologically advanced acute care facility located in Hampton, Virginia with 194 beds and brimming with the industry's latest technology. Opening in 2002, it has one of the area's first "smart" operating rooms and a campus-wide fiberoptic backbone to support transfer of filmless, digital diagnostic images.

- Sentara Leigh Hospital, located in Norfolk, Virginia, is a 250-bed facility featuring all private rooms and specializing in orthopedic, gynecological and urological services. For the second consecutive year, Sentara Leigh Hospital has been recognized as one of nation's *100 Top Hospitals®* by Solucient – among only three Virginia hospitals to make the latest ranking (2002).

- Sentara Williamsburg Community Hospital, which merged with Sentara in 2002, is a 139-bed hospital serving upper Peninsula residents and tourists with emergency, surgical, cardiac, and cancer services.

Awards – 2005

- Optima Family Care won a community service award from both the Richmond Urban League and the Hampton Roads Urban League for our Girls Basketball Program.
- Optima Family Care was recognized by the Baptist General Convention for our work in the community.
- Optima Health's Asthma Program received The National Environmental Leadership Award in Asthma Management from the Environmental Protection Agency (EPA).
- CIO Magazine awarded Sentara Healthcare with the 2005 CIO-100 Award. The annual award program recognizes organizations around the world that exemplify the highest level of operational and strategic excellence in information technology.
- NCQA Excellent Accreditation

4.2 Subcontractors

Cole Managed Vision and EyeMed Vision Care

Since its creation more than 17 years ago under the name of LensCrafters Vision Care Management Systems (LVCMS), EyeMed has earned its place among the top vision care providers in the nation. We have grown from a LensCrafters discount program to one of the largest diversified managed vision care organizations in the country.

Where We Have Been

1988:	EyeMed Vision Care begins administering vision care programs under the name LensCrafters Vision Care Management Systems. The panel consists of LensCrafters locations and the independent doctors of optometry located next to LensCrafters.
1995:	Luxottica, the industry leader in quality frame manufacturing and distribution purchases LensCrafters. With their experience with thousands of independent provider customers, Luxottica brings a wealth of knowledge and experience to the managed vision care industry.
1998-1999:	To better meet the needs of managed vision care consumers, EyeMed Vision Care expands its network to include independent ophthalmologists, optometrists, and opticians. This new, more diverse network allowed EyeMed to offer our clients and their employees a provider panel founded on true choice of both independent and retail locations.
2001:	With the purchase of the managed vision care company First American Health Concepts (Eye Care Plan of America), EyeMed Vision Care is able to grow its network even further. This acquisition solidifies EyeMed's position in the marketplace as one of the largest vision care organizations in the nation.
2002:	Due to significant growth of both EyeMed Vision Care and the LensCrafters organizations, the company moves to a state-of-the-art facility. This new location is designed with HIPAA regulations in mind, securing client and member information.
2003:	EyeMed continues developing new ways to better service our clients and members. EyeMed introduces a Replacement Contact Lens by Mail Service and a New Materials-Only Benefit. We developed an Online Group Management System and an Online Broker Rating System. This year, we also became fully HIPAA compliant and increased access to a diverse, national network in order to provide groups with even more choice in provider options.

2004: Luxottica Group, S.p.A. acquires Cole National Corporation, including Cole Managed Vision, and begins the process of integrating the two organizations. The acquisition gives EyeMed members access to leading optical retailers in the nation, include Target Optical, most Pearle Vision and Sears Optical locations, and the #1 optical retail chain, LensCrafters.

Beyond: EyeMed Vision Care continues to grow and work toward our goal of becoming the largest, most reputable managed vision care organization in the country. As part of the family of Luxottica corporations, a $3.5 billion company devoted to vision care, we are confident we will continue to thrive and provide a quality product and quality customer service.

Ownership

Luxottica Group, S.p.A., the world leader in quality eyeglass frame manufacturing and EyeMed Vision Care's ultimate parent company, is a $3.5 billion company publicly traded on both the New York Stock Exchange and the Borsa Italiana (Italian Exchange).

Locations

EyeMed Vision Care employs approximately 340 associates to meet the needs of our clients. Most employees are located at our corporate office in Cincinnati, Ohio; however, our sales and service associates are located throughout the country to ensure that they have more direct access to their client base.

Argus

Argus Health Systems, Inc. is a leading provider of information services and administrative support for pharmacy program management.

Argus was established in 1983, and by 1986 had become a pioneer in electronic claims processing. The company quickly grew to become one of the largest pharmacy claims processors in the industry – with more than 205 million claims processed last year.

As Argus evolved to meet the changing demands of the health care industry, the company expanded its offerings to provide a complete range of products and services.

Argus supports a wide range of clients and key health care organizations (with 24 million lives) – from managed care organizations, to PBMs, and pharmaceutical manufacturers. Argus was also approved by the Centers for Medicare and Medicaid

Services (CMS) as a sponsor for the Medicare-approved Drug Discount Card program.

Argus is privately held and free from conflicts of interest resulting from industry ownership. The company is a joint venture of DST Systems, Inc., the nation's largest provider of third-party shareholder recordkeeping services, and Financial Holding Corporation (FHC), the holding company for the Americo Life companies.

DST operates the Winchester Data Center, one of the largest and most sophisticated computer facilities dedicated to commercial data processing in the United States. Companies in several industries rely on DST's data center to provide continuous and instantaneous access to data. Argus maintains connections with this state-of-the-art center.

FHC yields management oversight functions to DST, which actively participates in the administrative operations of Argus. Our strong alliance with DST and FHC enables us to apply their powerful resources and leverage their technologies to achieve the same high level of success in the pharmacy benefits industry that they have reached in the mutual funds and life insurance industries.

Associations

Argus is very proactive in enrolling employees in industry groups. Each department has staff members in associated user groups as they apply to the specific department. Argus has several staff members that are participating in NCPDP, and has corporate associations with Academy of Managed Care Pharmacy (AMCP), Pharmacy Benefit Management Institute (PBMI), and First DataBank (FDB) to name a few. We are also a significant contributor to American Association of Health Plans (AAHP).

Changes

Since our inception, Argus has invested in advanced infrastructure and technology and was on the leading edge of companies providing electronic prescription claim processing services.

In recent years, Argus has invested heavily to support industry/company initiatives such as Y2K and HIPAA in addition to ongoing expansion of service capabilities such as web-based initiatives.

This year Argus continues its tradition of innovation. We have many new and improved products in our pipeline. Plans include implementation of:

- Medicare Part D services and products to support our customers
- Enhanced solutions for consumer driven health care models

- Increased functionality of Member Access website tools and electronic prescribing solution
- Continued development of enhanced Benefits Systems utilizing new technologies
- Advanced reporting capabilities
- Specialty pharmacy management platform
- Customer modeling tools
- Long-term care infrastructure capabilities
- Continued upgrades to existing products (e.g., claims processing, reporting, clinical services, pharmacy network, and rebate administration tools and strategies).

Argus views our focus in this area as critical to meeting our goals of growth, profitability, and facilitating our customers' success.

Sentara Behavioral Health Services

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.

MTM

Medical Transportation Management, Inc. (MTM) is a certified woman-owned business that was created in 1995, specifically to provide non-emergency medical transportation (NEMT) for Medicaid managed care organizations. Originally envisioned as a small, regional program, whose purpose was to fulfill the transportation needs of Missouri's MC+ Medicaid Managed Care Program administered by the HMOs in Eastern Missouri, MTM is now nationally known as a pioneer in non-emergency medical transportation services and in meeting the critical cost management needs of the medical community.

MTM has experienced very rapid growth, from covering 178,000 Medicaid members in September 1995, to today covering over 2 million Medicaid managed care lives in nine states, with more than 250,000 scheduled trips-per-month. MTM has grown because of its ability to manage the high-quality, non-emergency medical transportation needs of large populations, while maintaining the integrity of local transportation infrastructures. MTM's efforts in the area of non-emergency medical transportation management has been rewarded with thirty one HMO and state-wide transportation contracts in Missouri; Illinois; Michigan; Indiana; Virginia; Arkansas; Minnesota; Allegany, New York; Orange County, New York; Albany, New York; Texas; Massachusetts; Philadelphia, Pennsylvania; Ohio; New Mexico; Rhode Island; Washington; and Arizona.

A tangible example of "managed care" at its finest, MTM offers the highest quality medical transportation service, while accepting the liability risks and controlling both the transit and the administrative costs. MTM always focuses on the ideal of constantly improving the quality of service, while streamlining operations and instituting new concepts and methods, enabling MTM to actually reduce costs and reduce inherent risk.

Based on the model of a managed care HMO, MTM has been able to manage the entire NEMT process with the same departmental structure of many of our clients:

- Network Management – Locates, recruits, credentials, contracts, inspects, audits, educates, and maintains focus on constant contact with local transportation providers
- Quality Management – Organizes and operates the Quality Management Committee, with oversight for protocols and procedures in all MTM departments

and transportation providers, plus responsibility for setting and monitoring quality improvement goals. This department also includes the Quality Service Coordinators and the Fraud and Abuse department.

- Customer Service Center – Receiving member calls, screening for eligibility, data gathering and confirmation, trip scheduling (following client protocols), assisting members with any trip difficulties that may occur
- Care Management – Operates primarily to assist Case Managers with difficult or unusual trip scheduling, plus providing assistance in developing good relationships with other organizations (dialysis clinics, behavioral health day care facilities, etc.)
- Information Services – Specialists who are available to assist clients in providing appropriate membership files in appropriate format for MTM use, plus, reporting back to clients all such trip data that is valuable to their operations.
- Client Services/Administration – Individuals, primarily with managed care backgrounds, available to assist clients each day with data reports, Satisfaction Surveys, Monthly Trip Summary information, Quarterly Performance "Report Cards", Monthly Conference Calls, or whatever activity is necessary to ensure best delivery of transportation for each Plan's members.

As MTM has offered it managed care NEMT expertise throughout the country, we have gained firsthand experience regarding what works and does not work for NEMT services in a variety of settings. MTM has reached a level of transportation expertise that is unique and, as demonstrated by our rapid growth, extremely valuable. The Robert Woods Johnson Foundation has studied Medicaid non-emergency transportation systems in the total U.S., and has determined the most cost-effective system was that of the "brokering" of locally-available transportation resources. In their study, Missouri's state NEMT Program, under MTM's administration, was chosen as one of the eight "Best Practices" in the nation.

4.3 Organizational Chart

Sentara Health Plans, Inc.
Optima Family Care

4.4 Financial Management and Claims Processing

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

Profit Margin

Calendar Year	Profit Margin
2002	4.05%
2003	8.87%
2004	10.25%
2005	11.82%

Claims Processing (Turnaround Time)

Time Period	Percent of Claims Processed <30 Days
January 2005	99.94%
February 2005	99.97%
March 2005	99.98%
April 2005	99.97%
May 2005	99.93%
June 2005	99.94%
July 2005	99.99%
August 2005	99.97%
September 2005	99.98%
October 2005	100.00%
November 2005	99.99%
December 2005	99.99%
2005 YTD	**99.97%**

Number of Enrollees
(Medallion II and FAMIS combined)

Calendar Year End Totals	Total Enrollees
2002	90,287
2003	99,602
2004	109,560
2005	120,352

Net Worth

Calendar Year	Net Worth
2002	$37,881,964
2003	$80,369,793
2004	$139,452,925
2005	$161,435,679

Net Worth, per Member

Calendar Year	Net Work, per member
2002	$189
2003	$408
2004	$629
2005	$664

Claims Volume

Calendar Year End Average	Average Month Begin Inventory	Average Received This Month	Average Processed This Month	Average Month End Inventory
2002	2,579	84,895	87,426	-4,452 *
2003	34,082	85,564	89,304	30,343
2004	21,341	91,509	92,408	20,443
2005	14,545	98,576	99,114	14,007

*Reporting error identified. This was corrected in the next calendar year.

Claims Processed

Calendar Year End Average	Average Number Paid This Month	Average Number Denied This Month	Average Number Pended This Month	Total
2002	68,525	17,764	24,130	110,418
2003	73,071	17,020	25,286	115,377
2004	75,326	17,055	20,443	112,824
2005	83,530	15,584	14,007	113,120

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.

Calendar Year End Average	Average Percent Processed within 30 Days	Average Percent Processed in 31-90 Days	Average Percent Processed in 91-365 Days	Average Percent Processed Over 365 Days	Total
2002	97.90	2.10	0.00	0.00	100.00
2003	99.99	0.01	0.00	0.00	100.00
2004	99.98	0.02	0.00	0.00	100.00
2005	99.97	0.02	0.01	0.00	100.00

Inpatient Authorizations

Calendar Year End	Number Approved	Number Reduced	Number Denied	Total Number Requested
2002	1,054	0	0	1,054
2003	1,028	0	0	1,028
2004	1,054	0	0	1,054
2005	1,079	0	0	1,079

Primary Care Physicians

Calendar Year End Average	Average Number with Open Panels	Average Number with Closed Panels	Average Number with Restricted Panels	Total
2002	1,001	91	346	1,438
2003	1,026	103	379	1,508
2004	1,133	112	398	1,643
2005	1,191	104	352	1,647

4.5 Encounter Data

- Dental Encounters have a high failure rate this fiscal year, averaging 15.03%. While this claim type has been carved out, sound encounter data should still be a goal of the Managed Care Plans.

- Medical Professional encounter files have an average error rate of 0.83%.

- Mental Health Professional encounter files have an average error rate of 0.96%.

- Pharmacy encounter files have an average error rate of 1.31%.

- Transportation encounter files have an average error rate of 3.52%. This is the highest average for all of Optima's files.

- Medical Institutional encounter files have an average error rate of 3.40%.

- Mental Health Institutional encounter files have an average error rate of 2.59%.

- Vision encounter files have an average error rate of 81.63%. The MCO and the subcontractor are working to resolve.

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

4.6 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
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	10/1/05	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	N/C	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	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	N/C	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	N/C	4	4
Written policies and procedures for assigning enrollees to a PCP	Annually	N/C	4	4
Changes to written policies and procedures for assigning enrollees to a PCP	At least 30 calendar days prior to implementation of any changes	N/C	4	4
Written policies and procedures regarding enrollee rights	Annually	10/1/05	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
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	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	N/C	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	N/C	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	10/1/05	4	
Written policies and procedures addressing coordination of substance abuse services for pregnant women.	Annually	N/C	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	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	N/C	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	1/9/06	4	4
Written policies and procedures for enrollee transition to new PCP	Annually and 30 calendar days prior to effective date of provider disenrollment	N/C	4	4
Written policies and procedures related to provider disenrollment - PCP's	Annually	N/C	4	4
Written policies and procedures related to provider disenrollment – other network providers	Annually	N/C	4	4
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	1/9/06	4	4
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	N/C	4	4
Utilization Management Plan	Annually and upon revision	10/1/05	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	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	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	10/1/05	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	N/C	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	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	N/C	4	4
Changes to enrollee grievance and appeal procedures	Annually	N/C	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	Submitted	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	Submitted	4	4

4.7 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	10/31/05	4	

Reports	Time Frame	Submission Date	Timeliness	Content
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			
High Risk Maternity and Infant	Quarterly			
3rd Q 2005	due by 10/31/05	10/31/05	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			
Provider file to DMAS	Quarterly			
3rd Q 2005	due by 10/31/05	7/28/05; 10/31/05	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	10/31/05	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		

4.8 Monthly Reports

Reports	Time Frame	Submission Date	Timeliness	Content
Listing of all newborns that do not receive an identification number within 60 days	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/14/06	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	8/15/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/14/06	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	8/12/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
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	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Wait and Abandonment - Medical	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Wait and Abandonment - Laboratory	Monthly			
July 2005	due by 08/15/05	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Wait and Abandonment - Men. Health	Monthly			
July 2005	due by 08/15/05	8/12/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Wait and Abandonment - Pharmacy	Monthly			
July 2005	due by 08/15/05	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Wait and Abandonment - Transportation	Monthly			
July 2005	due by 08/15/05	8/12/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Wait and Abandonment - Vision	Monthly			
July 2005	due by 08/15/05	8/12/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Electronic provider file to fiscal intermediary (PS-F-025)	Monthly			
July 2005	due by 08/15/05	7/28/05; 8/4/05	4	
August 2005	due by 09/15/05	8/30/05	4	
September 2005	due by 10/17/05	9/30/05	4	
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	3/7/06	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 Optima on 3/6/06 that the automated file had not been received over the past six months. Optima corrected the problem and sent an updated file on 3/7/06.

Reports	Time Frame	Submission Date	Timeliness	Content
Report Sentinel Events	Monthly			
July 2005	due by 08/15/05	8/15/05	4	
August 2005	due by 09/15/05	9/15/05	4	
September 2005	due by 10/17/05	10/15/05	4	
October 2005	due by 11/15/05	11/15/05	4	
November 2005	due by 12/15/05	12/15/05	4	
December 2005	due by 01/17/06	1/15/06	4	
January 2006	due by 02/15/06	2/15/06	4	
February 2006	due by 03/15/06	3/15/06	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			
Encounter Data Certification	Monthly			
July 2005	due by 08/15/05	8/12/05	4	
August 2005	due by 09/15/05	9/12/05	4	
September 2005	due by 10/17/05	10/17/05	4	
October 2005	due by 11/15/05	11/4/05	4	
November 2005	due by 12/15/05	12/15/05	4	
December 2005	due by 01/17/06	1/17/06	4	
January 2006	due by 02/15/06	2/15/06; 3/20/06 (corrected)	4	
February 2006	due by 03/15/06	3/16/06	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			
MCO Report, includes:	Monthly			
July 2005	due by 08/15/05	8/12/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Summary of inquires, grievances, and appeals - Medical	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	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

Reports	Time Frame	Submission Date	Timeliness	Content
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Summary of inquires, grievances, and appeals - Laboratory	Monthly			
July 2005	due by 08/15/05	Included		
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	8/15/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Summary of inquires, grievances, and appeals - 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			

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			
Summary of inquires, grievances, and appeals - Transportation	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Summary of inquires, grievances, and appeals - Vision	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Medical	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Laboratory	Monthly			
July 2005	due by 08/15/05	Included		
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	8/15/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Pharmacy	Monthly			
July 2005	due by 08/15/05	Included		
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			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Transportation	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Vision	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Appeal Log - Medical	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			

Reports	Time Frame	Submission Date	Timeliness	Content
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			
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	8/15/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Appeal Log - Pharmacy	Monthly			
July 2005	due by 08/15/05	Included		
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	8/15/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Appeal Log - Vision	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Any moneys recovered by third parties shall be retained by the Contractor and identified to the Department. This includes comprehensive health coverage, workers' compensation, estate recoveries, and other coverage	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			

4.9 Medallion II Scoring

	Review Items	Total	Rate
Timeliness	292	1151	3.94
Content	239	960	4.00
Combined Average			**3.97**

4.10 FAMIS-Specific Reporting

Reports	Time Frame	Submission Date	Timeliness	Content
Complaints, Grievances and Appeals	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/14/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Enrollee Address Changes	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/14/06	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	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/14/06	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	10/31/05	4	4
4th Q 2005	due by 01/30/06	01/30/06	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	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/14/06	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	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	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	1/16/06	4	4
January 2006	due by 02/15/06	2/14/06	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	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/14/06	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	9/13/05	4	4
September 2005	due by 10/17/05	10/14/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/16/06	4	4
January 2006	due by 02/15/06	2/14/06	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			

4.11 FAMIS Scoring

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

4.12 Medallion II and FAMIS Score Combined

	Medallion II	FAMIS	Rate
Timeliness	3.94	4.00	3.97
Content	4.00	4.00	4.00
Combined Average	**3.97**	**4.00**	**3.99**