Reporting Report Card
Anthem HealthKeepers *Plus*

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

2.0 Operating Localities

Anthem operates in the following 62 localities. Enrollment information as of December 2005 is included:

HealthKeepers Plus

City/Counties	FIPS	Medallion II	FAMIS
Amelia	007	480	31
Brunswick	025	451	36
Caroline	033	424	33
Charles City	036	181	17
Chesterfield	041	5,324	692
Clarke	043	132	12
Cumberland	049	365	26
Dinwiddie	053	859	59
Frederick	069	735	132
Goochland	075	182	28
Greensville	081	145	7
Halifax	083	1,192	90
Hanover	085	1,217	136
Henrico	087	6,056	708
King George	099	194	10
Lunenburg	111	309	39
Mecklenburg	117	615	76
New Kent	127	173	34
Nottoway	135	736	46
Page	139	469	51
Powhatan	145	330	45
Prince Edward	147	579	50
Prince George	149	611	35
Rappahannock	157	64	13
Shenandoah	171	541	87
Spotsylvania	177	1,236	169
Stafford	179	1,459	166
Sussex	183	273	36
Warren	187	499	57
Westmoreland	193	462	15

City/Counties	FIPS	Medallion II	FAMIS
Colonial Heights	570	395	61
Emporia	595	122	21
Fredericksburg	630	455	43
Hopewell	670	1,557	93
Petersburg	730	2,047	127
Richmond City	760	11,113	556
Winchester	840	485	74
GRAND TOTAL		**42,467**	**3,911**

Peninsula

City/Counties	FIPS	Medallion II	FAMIS
Essex	057	702	31
Gloucester	073	1,307	163
Isle of Wight	093	732	68
James City County	095	1,060	90
King and Queen	097	365	33
King William	101	245	44
Mathews	115	295	17
Middlesex	119	290	43
Northumberland	133	101	24
Richmond County	159	237	23
Surry	181	159	23
York	199	663	85
Hampton	650	3,811	284
Newport News	700	9,369	579
Poquoson	735	132	15
Williamsburg	830	147	7
GRAND TOTAL		**19,615**	**1,529**

Priority

City/Counties	FIPS	Medallion II	FAMIS
Accomack	001	786	79
Northampton	131	315	23
Southampton	175	451	23
Chesapeake	550	3,862	334
Franklin City	620	409	23
Norfolk	710	7,636	356
Portsmouth	740	4,527	237
Suffolk	800	2,639	177
Virginia Beach	810	5,104	660
GRAND TOTAL		**25,729**	**1,912**

2.1 Company Background

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

Anthem HealthKeepers Plus is offered by three separate legal Managed Care Organizations operating in three regions within the Commonwealth of Virginia. The three HMOs are HealthKeepers, Inc.,
Priority Health Care, Inc., and Peninsula Health Care, Inc.

Company Formation

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

Anthem, Inc. grew out of two Indianapolis-based corporations formed in 1944 and 1946 as mutual insurance companies. Those two companies were created to provide health

insurance to residents of Indiana as Blue Cross of Indiana and Blue Shield of Indiana. They eventually merged to form Blue Cross and Blue Shield of Indiana. In October 2001, Anthem demutualized and conducted an initial public offering of common stock.

National Growth

Both companies believe that stable growth comes in large part from a customer base that is diversified by both size and geography. Throughout their histories, Anthem and WellPoint have achieved a portion of this growth through mergers and acquisitions:

1993 – Anthem merges with Blue Cross and Blue Shield of Kentucky. This was the first cross-state merger of two strong Blue plans.

1995 – Anthem merges with Community Mutual, a Blue Cross and Blue Shield plan in Ohio.

1996 – WellPoint acquires the Group Life and Health Subsidiary of Massachusetts Mutual Life Insurance Company.

1997 – Anthem merges with Blue Cross and Blue Shield of Connecticut. WellPoint acquires a substantial portion of the Group Benefit Operations of the John Hancock Mutual Life Insurance Company and CostCare, Inc.

1999 – Anthem acquires Blue Cross and Blue Shield of New Hampshire and Blue Cross and Blue Shield of Colorado and Nevada.

2000 – Anthem acquires Blue Cross Blue Shield of Maine. WellPoint acquires Rush Prudential Health Plans of Illinois and Precision Rx, a mail service pharmacy fulfillment center in Texas.

2001 – WellPoint acquires Cerulean Companies, Inc., the parent company of Blue Cross and Blue Shield of Georgia.

2002 – Anthem acquires Trigon Healthcare of Virginia, a Blue Cross and Blue Shield plan in Virginia. WellPoint acquires RightCHOICE, the parent company of Blue Cross and Blue Shield of Missouri and HealthLink. WellPoint acquires MethodistCare, an HMO in Texas.

2003 – WellPoint acquires Golden West Dental and Vision in Camarillo, California. WellPoint acquires Cobalt Corp. and its family of companies, including Blue Cross and Blue Shield United of Wisconsin.

2004 – Anthem, Inc. and WellPoint Health Networks, Inc. merge to become WellPoint, Inc.

Anthem Blue Cross and Blue Shield in Virginia's Medicaid HMO Plans Rank 10th in the Nation

In the October 10, 2005 issue of U.S. News & World Report, Anthem Blue Cross and Blue Shield in Virginia's affiliated Medicaid HMO plans (HealthKeepers, Peninsula Health Care, and Priority Health Care) were ranked 10th among the Top 25 Medicaid health plans-earning the distinction as one of America's Best Health Plans in the country. The issue hit newsstands Monday, October 3, 2005.

U.S. News & World Report partnered with the National Committee for Quality Assurance (NCQA) to rank the Top 50 commercial HMO plans and the Top 25 Medicaid and Medicare plans nationally. The publication of the national rankings coincides with the release of NCQA's annual State of Health Care Report.

"This is exciting news for our Medicaid program in Virginia," said Julie Locke, regional vice president, Commonwealth Business. "Our clinicians, community outreach coordinators and member service representatives all work together as a team to help ensure our Medicaid members get access to the care the need. This ranking is a result of the hard work these folks do every day."

The Virginia plan's commercial HMOs were the highest ranked in the Commonwealth--ranking 88th overall. Other WellPoint plans to earn the distinction of America's Best Health Plans were the commercial HMOs in Connecticut (#13) and New Hampshire (#38).

The national rankings are based on a complex, weighted methodology that combines a health plan's NCQA Accreditation Standards score and multiple measures of clinical performance and service. These measures are grouped into four categories: access to care, overall member satisfaction, prevention and treatment.

Disease Management

A major focus of Anthem HealthKeepers Plus Disease Management programs is to control care delivered in the more intensive inpatient hospital and emergency room (ER) settings, while increasing utilization of preventive care via office and outpatient medical care as well as compliance with medications. The information below compares CY 2003 and CY 2004 data.

- Although inpatient measures for the Medicaid population were higher in general, admissions and average length of stay decreased. ER visits per 1,000 member months also decreased.
- As expected, use of preventive care remained stable with office visits, as well as utilization of the outpatient settings.
- Medicaid members improved or maintained consistent results in 23 of 27 clinical outcomes. Double-digit (or higher) percentage increases were achieved on 10 of those 22 clinical measures.
- Compliance with monitoring weight daily almost doubled for assessed members with CHF, as did blood pressure control.
- Among assessed diabetes members, the most notable percentage increases in clinical outcomes were: Annual microalbumin test (44%), LDL<100 (27%) and blood pressure control (11%).
- Insignificant declines were seen in the presence of A1C and Annual Lipid testing, as well as asthma medication compliance. These declines were not significant, but still indicate a need for increased focus on testing for these members.

NCQA MCO Final Accreditation Assessment Report

All three HMOs have been awarded an accreditation status of "Excellent" for both its Commercial and Medicaid products. The final Commercial score is 94.02 and the Medicaid score is 97.10.

2.2 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.

Davis Vision

Originating as a family retail optical business established in 1917, modern day Davis Vision was incorporated in 1964 when founder Laurence Davis opened a small ophthalmic laboratory in New Hyde Park, New York. Concurrently, Mr. Davis developed a new concept in eye care delivery that has been responsible for the company's successes.

This concept of dedicating a benchmark ophthalmic fabrication laboratory to third party vision programs for organizations such as public employers, union trust funds, municipalities, private industry, and insurance carriers was a first step towards managed vision care. Davis Vision's growth parallels the steady rise in popularity of vision care among companies seeking to contain costs while enhancing their benefits package. Hundreds of industry leaders have embraced Davis Vision's flexible plan designs, cost-containment and quality assurance mechanisms.

Davis Vision, Inc. is one of the nation's leading managed vision and eyecare providers and presently serves more than 10,000 client groups covering over twenty-three million beneficiaries. The company administers the provision of plan services nationally through an extensive network geographically distributed in all fifty states, Washington DC, Puerto Rico, Guam, Saipan and the Dominican Republic.

Davis Vision embraces the principles of Total Quality Management with their philosophy of doing "Whatever it Takes!" to guarantee 100% customer delight. They guarantee superior professional services and eyewear materials. Their Quality Assurance Program ensures that the care provided by their doctors, and the eyewear fabricated in their laboratories, meet or exceed their plan standards and protocols.

Anthem Prescription Management

Anthem Prescription Management, LLC, is a pharmacy benefits Management Company that administers pharmacy programs in cooperation with leading health

care plans. Anthem Pharmacy Management works closely with health plans to provide pharmacy benefits for over 7 million members. Their services include:

- A national network of retail pharmacies and state-of-the-art mail service pharmacy so that members can have prescriptions filled conveniently and affordably.
- Clinical programs designed in consultation with and approved by your health plan to promote and enforce the appropriate use of pharmacy benefits, such as review for possible excessive use; proper dosage; drug interactions or drug/pregnancy concerns.
- A sophisticated claims processing system that integrates pharmacy claims with medical claims.
- Making recommendations to and updating the formulary.

Anthem Prescription Management began operations in 1989, as part of Community Mutual Insurance Co., the forerunner of the present Anthem Blue Cross and Blue Shield, Inc. Community Mutual had established a pharmacy division in order to contract with retail pharmacies and to develop a mail service facility for its clients.

Initially Community Mutual contracted directly with pharmacies to form two networks: a limited network for Ohio HMO business and a broader access network for other types of business. In 1992, the broad access network expanded to become a national network, growing from 2,500 pharmacies to 18,000 pharmacies with the capability of processing claims online. In April 1995, a for-profit subsidiary, Community Prescription Management, Inc., was formed.

When Community Mutual merged with the Associated Group to form Anthem, Inc. in October 1995, Community Prescription Management became a separate operating company within the Anthem family, and its name was changed to Anthem Prescription Management.

LogistiCare

LogistiCare was founded in 1994 as a logistics software solutions developer in response to two pressing business needs – the need to better manage overall data and costs related to transportation and the need to leverage advances in technology.

LogistiCare's was the first technology geared to health care transportation that integrated scheduling and routing with back-office functions, such as billing verification and quality assurance reporting. LogistiCare saw that the existing system was fragmented and inefficient. No standards. Escalating costs. Unreliable service. LogistiCare thought it was time for a better business model. Today,

LogistiCare remains the only company in the country that uses state-of-the-art software purpose-built for the industry.

LogistiCare distinguishes itself from its competition by placing an emphasis on its clients' needs and their customers' needs, as well as by emphasizing a culture of aggressive quality assurance.

LogistiCare's proprietary software features seamless integration of telephone, Internet, wireless devices and global positioning system (GPS) technology with proprietary analytic software. Extensive "touch tracking" incorporated into comprehensive event-driven databases provides real-time management of transportation services.

As an outsourcing solution, LogistiCare's services are based on a medical case management model and include utilization management, risk management, case management and quality assurance reporting that result in better quality, cost containment, reduced fraud and enhanced access to services.

LogistiCare's clients get the reassurance of budget stability and knowledge that their customers are getting the services they need and deserve – safe and satisfactory transportation to health care and other vital quality-of-life destinations.

LogistiCare currently operates five network operations centers and multiple business office locations throughout the United States. They have a proven track record of delivering tailored high-quality transportation programs for their government and commercial clients.

LogistiCare's results:

- Improved transportation access
- Elimination of fraud and waster
- Reduced billing issues
- Improved risk management
- Enhanced trip efficiency, safety and quality
- Lower trip costs

LogistiCare implements and manages complex transportation programs to help their clients achieve their business objectives. They offer specific business lines tailored to government and commercial client solutions. Within these two solution categories, LogistiCare has perfected its ability to offer its clients budget stability, accountability, improved efficiency and service, with the virtual elimination of systemic fraud and abuse.

The LogistiCare transportation network management system combines proprietary logistics software with aggressive quality assurance to offer a superior outsourcing solution for human transportation programs.

We have particular expertise in the following:

- Eligibility and Authorization Services
- Call Center Management
- Multi-Modal Transportation
- Finance and Consulting
- Quality Improvement

Eligibility and Authorization Services

Management of front-end screening removes fraud and abuse, and reduces the need for back-end bill reconciliation.

- Call screening based on client-provided benefit, eligibility criteria
- Screening to determine transport type
- Electronic transfer of customer data (HIPAA compliant)
- ADA disability testing

Call Center Management

Seamlessly blending communications systems with business-critical information enhances customer care and responsiveness.

- 24-hour availability, 365 days a year
- Automated screening and processing
- Intelligent call routing
- Internet-enabled communications
- Toll-free access
- Subscription, reservation, and on-demand requests
- Database, utilization and client file management
- Fail-safe backup systems
- Multilingual and hearing-impaired services
- Complete real-time and historic performance reports
- Comprehensive scheduling, route optimization, and dispatch

Multi-Modal Transportation

Building and managing a local network of transportation companies offers service and vehicle type flexibility with enhanced customer services.

- Local transportation network development and management
- Sedan and taxi
- Wheelchair van
- Critical care transports
- Land or air ambulance
- Specialized critical care

- Neonatal intensive care
- Gurney van
- Public transit
- Volunteer drivers
- Customer reimbursement
- Vehicle inspection and fleet management
- Vehicle tracking and onboard messaging
- Staff background checks, drug testing, and training (CPR, OSHA, bloodborne pathogen, Passenger Assistance Training, defensive driving)
- Coordination with other social service programs
- Customer access assurance

Finance and Consulting

Management and Financial Services

- Billing management and claims adjudication
- Customer reimbursement program
- Medical services billing fraud detection and management
- Complete administration of transportation company reimbursement
- Risk management
- Discounted rates for prefunded payment methodology
- Discounted rates for patients requesting noncovered services

Quality Improvement

- Adherence to NCQA guidelines
- Quantitative customer satisfaction research
- Client and driver focus group research
- Grievance resolution and incident reporting
- Internal monitoring – all customer service calls fully recorded
- External monitoring – planned and spot field inspections
- Provider staff background checks, drug testing and training (CPR, OSHA, bloodborne pathogen, Passenger Assistance Training, defensive driving)

2.3 Organizational Chart

2.4 Financial Management and Claims Processing

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

Profit Margin

Time Period	HealthKeepers Inc.	Peninsula Health Care, Inc.	Priority Health Care, Inc.
2002	6.24%	13.53%	6.42%
2003	6.32%	8.11%	5.59%
2004	7.11%	5.38%	6.04%
2005	8.20%	8.77%	8.68%

Claims Processing (Turnaround Time)

Time Period	Percent of Claims Processed <30 Days
January 2005	99.82%
February 2005	99.92%
March 2005	99.89%
April 2005	99.83%
May 2005	99.86%
June 2005	99.87%
July 2005	99.75%
August 2005	99.87%
September 2005	99.89%
October 2005	99.95%
November 2005	99.87%
December 2005	99.92%
2005 YTD	**99.87%**

Number of Enrollees
(Medallion II and FAMIS combined.)

Calendar Year End Totals	HealthKeepers Inc.	Peninsula Health Care, Inc.	Priority Health Care, Inc.
2002	28,575	14,360	20,558
2003	33,454	17,429	23,654
2004	38,582	19,732	25,866
2005	46,379	21,144	27,641

Net Worth

Plan	2002	2003	2004	2005
HealthKeepers	$87,574,749	$113,386,840	$139,400,754	$173,458,895
Peninsula	$33,633,054	$31,498,463	$35,716,062	$44,660,748
Priority	$36,492,154	$42,793,909	$50,351,968	$63,633,175

Net Worth, per Member

Plan	2002	2003	2004	2005
HealthKeepers	$368	$443	$674	$794
Peninsula	$647	$573	$711	$858
Priority	$425	$558	$661	$843

Claims Volume
This information pertains to all three plans (HealthKeepers, Peninsula, and Priority) combined

Calendar Year End Average	Average Month Begin Inventory	Average Received This Month	Average Processed This Month	Average Month End Inventory
2002	3,951	59,139	59,406	3,683
2003	6,386	74,344	76,437	4,293
2004	6,840	78,404	81,721	3,523
2005	3,058	79,613	79,692	2,978

Claims Processed

This information pertains to all three plans (HealthKeepers, Peninsula, and Priority) combined.

Calendar Year End Average	Average Number Paid this Month	Average Number Denied this Month	Average Number Pended this Month	Total
2002	51,916	14,286	3,683	69,886
2003	53,005	19,923	4,295	77,221
2004	63,973	15,390	3,523	82,886
2005	70,400	17,993	2,978	91,371

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

This information pertains to all three plans (HealthKeepers, Peninsula, and Priority) combined

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	99.60	0.40	0.00	0.00	100.00
2003	99.38	0.62	0.00	0.00	100.00
2004	99.85	0.15	0.00	0.00	100.00
2005	99.87	0.13	0.00	0.00	100.00

Inpatient Authorizations
This information pertains to all three plans (HealthKeepers, Peninsula, and Priority) combined

Calendar Year	Number Approved	Number Reduced	Number Denied this Month	Total Number Requested
2002	814	0	19	833
2003	923	0	16	939
2004	1,025	0	23	1,048
2005	1,041	0	26	1,068

Primary Care Physicians:
This information pertains to all three plans (HealthKeepers, Peninsula, and Priority) combined

Calendar Year End Average	Average Number with Open Panels	Average Number with Closed Panels	Average Number with Restricted Panels	Total
2002	1,605	759	621	2,985
2003	1,578	701	653	2,932
2004	1,474	660	612	2,746
2005	1,410	639	608	2,657

2.5 Encounter Data

- Dental Encounters have a high failure rate this fiscal year. Production data for November 2005 had a failure rate of 23.01%. While this claim type has been carved out, sound encounter data should still be a goal of the Managed Care Plan. According to Anthem, the high failure rates were due to missing surface tooth codes, which are not a required field for dental claims.

- Medical and Mental Health, Professional encounter files have been maintained by Anthem with a failure rate, on average, of less than 1%.

- Medical and Mental Health, Institutional encounter files had a failure rate, on average, of less than 1% for the first couple of months in this fiscal year. With the submission of the September 2005 files, the error rate jumped to over 20%. The error rate has since decreased, but not to the same level as before. The error rate now averages 1.5%.

  According to Anthem, the problem was caused by two files being sent twice. Anthem stated that they submitted their encounters files but did not receive MCN reports denoting their receipt like they normally do. Since it appeared that their logon to the First Health server may not have been valid, they logged back in and resubmitted the two files for which they didn't have MCN reports. The two files went through like normal the second time. As it turns out, the first submission had partially gone through and so by submitting a second time they caused a big batch of duplicates.

  In order to prevent this in the future Anthem stated that they will call the Department and/or First Health before taking further action on their own when something with their submission isn't normal.

- Pharmacy encounters follow the same trend as professional and have a failure rate, on average, of less than 1%.

- Laboratory, Transportation and Vision is combined into one file referenced as a Third Party file. On average, this file has a 2.70% failure rate.

Scoring

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

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

2.6 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.	N/C	4	4
Report to DMAS any deficiencies noted within the previous year by NCQA	Within 30 calendar days of being notified of the deficiencies, or on the earliest date permitted by NCQA	N/A		
BOI Annual Financial Reports	Annually - due same day sent to BOI	N/A		
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		9/30/05	4	4
Ancillary		9/30/05	4	4
Hospital		9/30/05	4	4
Pharmacy		N/C	4	4
Physician (PCP)		9/30/05	4	4
Mental Health and Substance Abuse		9/30/05	4	4
Transportation		9/30/05	4	4
After Hours Nurse Line		N/C	4	4
HIPAA Business Associate Agreement		9/30/05	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
Changes to Network Provider Agreements	At least 30 days prior to their effective date	N/A		
Changes to hospital contracts (if change impacts scope of covered services, number of individuals covered and/or units of service covered)	Within 15 calendar days	N/A		
Provider network changes regarding termination, pending termination, or pending modification in the subcontractor's or network provider terms and not otherwise addressed in Attachment V, Section C. that could reduce enrollee access to care	Within 30 business days	N/A		
Marketing Plan	Annually (prior written approval)	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	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	9/30/05	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/A		
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	9/30/05	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	9/30/05	4	4
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	9/30/05	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	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	9/30/05	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	9/30/05	4	4
Enhanced Services - any revisions to existing enhanced services	30 calendar days prior to implementing revisions to existing enhanced services	N/A		
Furnish information about the services the Contractor does not cover due to moral or religious objections to the Department, to potential enrollees, before and during enrollment and to enrollees within 30 days before the effective date of the policy	Annually. With initiation of the Contract and each subsequent renewal. Upon adoption of such policy in the event that the Contractor adopts the policy during the term of the Contract. And upon any changes to the policy	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	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	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	9/30/05	4	4
If PIP found to be potentially cost avoidance by limiting referral specialty care, contractor must demonstrate that all medically necessary referrals were authorized	Annually	N/A		
HEDIS Information	Annually			
Breast Cancer Screening	Annually	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	9/30/05	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	9/30/05	4	4
Copy of practice guidelines	Annually	N/C	4	4
Written polices and procedures to ensure that medical records are safeguarded against loss, destruction or unauthorized use	Annually and upon change	9/30/05	4	4
Written policies and procedures for release of medical record information and obtaining consent for treatment	Annually and upon change	9/30/05	4	4
Written policies and procedures to provide for prompt transfer of records to other in-or-out-of-network providers for the medical management of the enrollee	Annually and upon revision	9/30/05	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	9/30/05	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	N/A		
Program Integrity Plan (policies and procedures for ensuring protection against actual or potential fraud and abuse).	Annually	9/30/05	4	4
Written policies and procedures for the prevention, detection, and reporting of incidents of potential fraud and abuse by enrollees, by network providers, by subcontractors, and by the Contractor	Annually	9/30/05	4	4
Audit by Independent Auditor - 2005	Annually, within 30 calendar days of audit completion and at the time of submission to BOI	N/A		
Department reserves the right to require the Contractor to engage the services of an outside	Within 30 days of completion of the audit	N/A		

Reports	Time Frame	Submission Date	Timeliness	Content
independent auditor to conduct a general audit				
Written policies and procedures for maintaining the confidentially of data, including medical records and enrollee information and appointment records for treatment of sexually transmitted diseases	Annually	9/30/05	4	4
If Contractor uses the Provider Manual as a supplement to the Provider Agreement, all sections pertaining to Medallion II must be submitted	Annually	N/A		

2.7 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	2/28/06	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	4
4th Q 2005	due by 01/30/06	1/30/06	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
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	11/21/05	3	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	10/31/05	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		

2.8 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	7/27/05	4	4
August 2005	due by 09/15/05	8/31/05	4	4
September 2005	due by 10/17/05	9/29/05	4	4
October 2005	due by 11/15/05	10/31/05	4	4
November 2005	due by 12/15/05	12/5/05	4	4
December 2005	due by 01/17/06	12/29/05	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			

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			
Returned ID Card List	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/14/05	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	1/13/05	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Date and number of ID cards mailed to new enrollees, each month	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/14/05	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	1/13/05	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Number of ID cards re-issued during the prior month	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/14/05	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	1/13/05	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			

Reports	Time Frame	Submission Date	Timeliness	Content
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Wait and Abandonment - Medical	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/14/05	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	1/13/05	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Wait and Abandonment - Laboratory	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Wait and Abandonment - Men. Health	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
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
Wait and Abandonment - Pharmacy	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Wait and Abandonment - Transportation	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Wait and Abandonment - Vision	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
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
Electronic provider file to fiscal intermediary (PS-F-025)	Monthly			
July 2005	due by 08/15/05	8/22/05	3	
August 2005	due by 09/15/05	not submitted**	0	
September 2005	due by 10/17/05	not submitted**	0	
October 2005	due by 11/15/05	not submitted**	0	
November 2005	due by 12/15/05	not submitted**	0	
December 2005	due by 01/17/06	not submitted**	0	
January 2006	due by 02/15/06	not submitted**	0	
February 2006	due by 03/15/06	3/7/06	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 Anthem on 3/6/06 that the automated file had not been received over the past six months. Anthem 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	1-7/16/05; 1-7/8/05; 1-7/12/05; 1-8/5/05; 2-8/9/05; 2-8/12/05; 1-8/18/05	4	
August 2005	due by 09/15/05	0-9/15/05	4	
September 2005	due by 10/17/05	3-10/14/05	4	
October 2005	due by 11/15/05	1-11/9/05; 0-11/15/05	4	
November 2005	due by 12/15/05	2-12/5/05	4	
December 2005	due by 01/17/06	11-1/15/06	4	
January 2006	due by 02/15/06	3-2/15/06	4	
February 2006	due by 03/15/06	1-3/15/06	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	9/12/05	4	
September 2005	due by 10/17/05	10/10/05	4	
October 2005	due by 11/15/05	11/7/05	4	
November 2005	due by 12/15/05	11/22/06	4	
December 2005	due by 01/17/06	1/6/06	4	
January 2006	due by 02/15/06	1/13/06	4	
February 2006	due by 03/15/06	3/1/06	4	
March 2006	due by 04/17/06	3/27/06	4	
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
MCO Report, includes:	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/14/05	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	1/13/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Summary of inquires, grievances, and appeals - Medical	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/14/05	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	1/13/06	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
Summary of inquires, grievances, and appeals - Laboratory	Monthly			
July 2005	due by 08/15/05	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
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 with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Summary of inquires, grievances, and appeals - 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			

Reports	Time Frame	Submission Date	Timeliness	Content
Summary of inquires, grievances, and appeals - Transportation	Monthly			
July 2005	due by 08/15/05	8/17/05	3	4
August 2005	due by 09/15/05	9/19/05	3	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	1/13/05	4	4
January 2006	due by 02/15/06	2/15/05	4	4
February 2006	due by 03/15/06	3/15/05	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			
Summary of inquires, grievances, and appeals - Vision	Monthly			
July 2005	due by 08/15/05	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Medical	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/14/05	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	1/13/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Laboratory	Monthly			
July 2005	due by 08/15/05	Included with		

Reports	Time Frame	Submission Date	Timeliness	Content
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Mental Health	Monthly			
July 2005	due by 08/15/05	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Pharmacy	Monthly			
July 2005	due by 08/15/05	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Transportation	Monthly			
July 2005	due by 08/15/05	8/17/05	3	4
August 2005	due by 09/15/05	9/19/05	3	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	1/13/06	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	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Appeal Log - Medical	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/14/05	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	1/13/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Appeal Log - Laboratory	Monthly			
July 2005	due by 08/15/05	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			

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 - Mental Health	Monthly			
July 2005	due by 08/15/05	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Appeal Log - Pharmacy	Monthly			
July 2005	due by 08/15/05	Included with		
August 2005	due by 09/15/05	Medical		
September 2005	due by 10/17/05	Information		
October 2005	due by 11/15/05			
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Appeal Log - Transportation	Monthly			
July 2005	due by 08/15/05	8/17/05	3	4
August 2005	due by 09/15/05	9/19/05	3	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	1/13/06	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 - Vision	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			
Any moneys recovered by third parties shall be retained by the Contractor and identified to the Department. This includes comprehensive health coverage, workers' compensation, estate recoveries, and other coverage (i.e., trauma injuries)	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/14/05	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	1/13/06	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			

2.9 Medallion II Scoring

	Review Items	Total	Rate
Timeliness	216	832	3.85
Content	169	676	4.00
Combined Average			**3.93**

2.10 FAMIS-Specific Reporting

Reports	Time Frame	Submission Date	Timeliness	Content
Complaints, Grievances and Appeals	Monthly			
July 2005	due by 08/15/05	8/17/05	3	4
August 2005	due by 09/15/05	9/19/05	3	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	1/13/05	4	4
January 2006	due by 02/15/06	2/15/05	4	4
February 2006	due by 03/15/06	3/15/05	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			
Enrollee Address Changes	Monthly			
July 2005	due by 08/15/05	8/17/05	4	4
August 2005	due by 09/15/05	9/19/05	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	1/13/05	4	4
January 2006	due by 02/15/06	2/15/05	4	4
February 2006	due by 03/15/06	3/15/05	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			
Out-of-Pocket Maximum	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/19/05	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	1/13/05	4	4
January 2006	due by 02/15/06	2/15/05	4	4
February 2006	due by 03/15/06	3/15/05	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			
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	1/30/06	4	4
1st Q 2006	due by 05/01/06			
2nd Q 2006	due by 07/31/06			
Newborn Eligibility/Newborns Born to FAMIS Enrollees	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/14/05	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	1/13/05	4	4
January 2006	due by 02/15/06	2/15/05	4	4
February 2006	due by 03/15/06	3/15/05	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			
Changes in Eligibility	Monthly			
July 2005	due by 08/15/05	8/15/05	4	4
August 2005	due by 09/15/05	9/15/05	4	4
September 2005	due by 10/17/05	10/14/05	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	1/13/05	4	4
January 2006	due by 02/15/06	2/15/05	4	4
February 2006	due by 03/15/06	3/15/05	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			

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

2.11 FAMIS Scoring

	Review Items	Total	Rate
Timeliness	58	230	3.96
Content	58	232	4.00
Combined Average			**3.98**

2.12 Medallion II and FAMIS Score Combined

	Medallion II	FAMIS	Rate
Timeliness	3.85	3.96	3.91
Content	4.00	4.00	4.00
Combined Average	**3.93**	**3.98**	**3.96**