Reporting Report Card
AMERIGROUP Virginia

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

AMERIGROUP Virginia

1.0 Operating Localities

AMERIGROUP operates in the following 10 localities. Enrollment information as of December 2005 is included:

City/Counties	FIPS	Medallion II	FAMIS
Arlington	013	1,377	55
Fairfax County	059	8,768	311
Fauquier	061	401	21
Loudoun	107	1,143	57
Prince William	153	4,007	130
Alexandria	510	1,536	56
Fairfax City	600	9	16
Falls Church	610	2	0
City of Manassas	683	470	37
Manassas Park	685	195	17
GRAND TOTAL		**17,908**	**700**

1.1 Company Background

AMERIGROUP's mission has remained constant throughout our company history and is the key set of values that drives our growth, empowers our associates, and most importantly, commits us to offering exceptional physical and behavioral health care services for our most important asset – our members. Our record shows that we can succeed in helping our members overcome some of their toughest health care challenges – improving care, expanding access and containing costs.

AMERIGROUP Mission

"To operate a community-focused managed care company with an emphasis on the public section health care market. The Company will coordinate our members' physical and behavioral health care, offering a continuum of education, access, care, and outcome, resulting in lower costs, improved quality and better health status for Americans."

AMERIGROUP Corporation provides health care coverage for more than one million consumers in Florida, Illinois, Maryland, New Jersey, Texas, New York, Virginia, Ohio, the District of Columbia, and Georgia (as of June 1, 2006). We serve primarily uninsured working mothers, their children, persons with disabilities and the elderly. Unlike strictly commercial or administrative plans, our unique focus on Medicaid programs provides a high quality health care delivery system appropriate to the focused population, while enabling the state to control and predict costs.

AMERIGROUP Corporation, a Delaware corporation (NYSE: AGP), was founded in 1994. The company began developing operations in 1995 to support health plans and started serving Medicaid members in 1996. The organization was launched as a public company in 2001; trading transferred to the New York Stock Exchange in January of 2003. The following table summarizes some key events in the company's history.

Year	AMERIGROUP Corporation Events
1994	AMERICAID Community Care founded
1995	Health Care systems under development Applications to operate processed by states
1996	New Jersey, Fort Worth, and Chicago health plans open
1997	Corporate name changed to AMERIGROUP Corporation Houston health plan opens
1998	Membership exceeds 100,000 AMERIGROUP acquires Oxford Health Plan's New Jersey Medicaid line of business
1999	Membership exceeds 250,000 National Service Center opens AMERIGROUP acquires Prudential HealthCare's Maryland Medicaid line of business Dallas Health Plan Opens AMERIGROUP Corporation acquires Prudential HealthCare's D.C. Medicaid line of business Jeffrey L. McWaters Named Virginia Entrepreneur of the Year
2000	Membership exceeds 330,000 New Technology Center opens Associates exceed 1,000 Launch AMERIKIDS (SCHIP) product in Dallas and Houston Launch AMERIPLUS (SSI) product in New Jersey
2001	Membership exceeds 470,000 AMERIGROUP Charitable Foundation endowed AMERIGROUP Corporation receives the Urban League's Whitney M. Young award for its diversity efforts

	AMERIGROUP acquires Humana Health Plan of Texas' Houston Medicaid line of business AMERIGROUP transitions over PrimeHealth Corp. Maryland Medicaid line of business AMERIGROUP Corporation goes public and trades on the NASDAQ Exchange under the symbol AMGP
2002	Membership reaches 591,000 AMERIGROUP Corporation awarded the first annual Mary Eliza Mahoney Award for its outstanding contributions in improving access to health care in minority communities by the National Association to Eliminate Health Disparities AMERIGROUP acquires MethodistCare's Houston Medicaid line of business AMERIGROUP announces its intent to acquire Physician Healthcare Plans, Inc. in Florida AMERIGROUP acquires Capital Community Health Plan's Medicaid line of business in Washington, D.C.
2003	Membership exceeds 857,000 AMERIGROUP acquires Physician Healthcare Plans, Inc. in Florida AMERIGROUP Corporation lists stock on the New York Stock Exchange under the symbol AGP AMERIGROUP acquires the Medicaid business of St. Augustine Medicaid, a division of AvMed in Florida AMERIGROUP named as a Fortune 1000 company AMERIGROUP Chairman and CEO Jeff McWaters named one of the nation's top 100 most influential people in healthcare by readers of Modern Healthcare magazine AMERIGROUP is first public sector managed care company to be awarded HIPAA accreditation by URAC AMERIGROUP announces second public offering AMERIGROUP Florida receives 3-year accreditation by AAAHC AMERIGROUP wins national award for its Workplace Wellness Program from the Wellness Councils of America AMERIGROUP wins national recognition for its marketing support materials in a national competition sponsored by the League of American Communications Professionals AMERIGROUP began in-sourcing behavioral health in Maryland and Illinois
2004	Year-end Membership totals 934,000 Members AMERIGROUP celebrated its 10th Anniversary AMERIGROUP announced agreement to acquire CarePlus Health

	Plan in New York City AMERIGROUP named one of the best-managed companies in America, "Platinum 400 Rookies," Forbes.com, January 9, 2004 AMERIVANTAGE, a new subsidiary, is established AMERIGROUP named a silver award winner in the 11th annual National Health Information Awards AMERIGROUP announces 2-for-1 stock split, December 14, 2004
2005	Q1 2005 Membership exceeds 1 million Members AMERIGROUP completes acquisition of New York's CarePlus Health Plan, January 1, 2005, adding approximately 115,000 Members AMERIGROUP named one of "America's Best Managed Companies" by Forbes Magazine in its annual survey of the country's most successful businesses AGP submits Medicare Special Needs Plan application to serve Houston dual eligibles beginning in 2006 AMERIGROUP Florida opens two new offices – Boca Raton and Miami Lakes – Summer 2005 AMERIGROUP Texas wins bid to provide expanded services in Houston, Dallas, Fort Worth, and Austin and add new service areas Corpus Christi and El Paso AMGP Georgia Managed Care Company, Inc. wins bids in four of six Georgia regions AMERIGROUP begins to serve Northern Virginia market, Fall 2005 AMERIGROUP expands into Ohio, in the Cincinnati area, Fall 2005

1.2 Subcontractors

Laboratory Corporation of America (LabCorp) Company Overview

More than a routine laboratory, LabCorp operates one of the largest laboratory networks in the US performing diagnostic procedures on more than 300,000 specimens each day. As a national provider of clinical laboratory services, LabCorp is exceptionally qualified to serve managed care plan members, health care providers, and the medical community. LabCorp is committed to providing access to managed care members. Whether it is through our extensive network of PSCs or the specialized services we offer to health plan physicians, our experienced team of managed care specialists are dedicated to working with managed care members to ensure quality service and support.

LabCorp offers an extensive range of services through its 36 primary testing facilities, leading-edge Centers of Excellence, and more than 1,000 patient service centers nationwide. These strategically located facilities enable LabCorp to deliver effective and dependable daily service to more than 200,000 clients nationwide.

Vision Service Plan

VSP is the nation's leading provider of eyecare wellness benefits. More than 38 million members receive VSP coverage through their healthplan or employer. VSP provides a side range of benefits packages, serving both small and large companies, Medicaid and Medicare populations. VSP has a vast network of optometrists and ophthalmologist to serve the eyecare needs of its members. The average American has access to a VSP doctor within 10 miles of their home or work.

In order to help network doctors enhance their services to members, VSP has developed the following auxiliary business units.

VSP operates optical laboratories in Sacramento, California and Lockbourne, Ohio. VSP subsidiary Altair Eyewear is a private label frame company that sells its products exclusively to VSP doctors.

EyeFinity is an independent e-commerce business established by VSP to provide business solutions for eyecare professionals and products and service to better serve their patients and enhance their operations.

2004 AWARDS

- Service Quality Measurement, Inc-#1 Customer Satisfaction in Insurance Industry
- J.D. Power and Associates-Highest In Overall Member Satisfaction Among National Vision Plans
- IDG Computerworld-100 Best Places to Work in IT-VSP #3
- Sacramento Community Services Planning Council-People Helping People Award
- Fortune Magazine-100 Best Companies to Work for in America-VSP #17 -Full Re-Accreditation by URAC's Health Website (HWS) Accreditation Committee
- NCQA awards VSP Certification for Credentialing

AdvancePCS Health, L.P.

AdvancePCS Health, L.P. is a wholly owned subsidiary of CaremarkPCS, a Caremark company. Caremark Inc. is a wholly owned subsidiary of Caremark

International Inc., a wholly owned subsidiary of Caremark Rx, Inc. Caremark's mission is to be the premier health management solution provider, enabling individuals and plan sponsors to optimize their healthcare investments.

In March 2004, Caremark Rx, Inc. acquired AdvancePCS – previously PCS Health Systems, the company that originated the pharmacy benefit management (PBM) concept in 1969. This strategic combination created a $24 billion company and joined two highly complementary organizations in providing the most extensive array of healthcare offerings available from a single source.

Specifically, these offerings include pharmacy benefit management (PBM), specialty/biotech drug management, and health improvement/disease management programs and services – all designed to improve the quality of care for plan participants while reducing the overall rate of increase in today's skyrocketing healthcare costs for clients. This joining of complementary competencies offers the best of both worlds: more product choices at lower cost for a balanced portfolio of clients, and improved outcomes for the plan participants they serve.

For a decade and a half, Caremark has been a national leader in providing programs that today serve approximately 2,000 clients and their plan participants across all 50 states, Puerto Rico, and the Virgin Islands. Through both mail and retail distribution channels, we administer programs for corporations, managed care organizations, insurance companies, government entities, unions, third-party administrators, and other organizations that pay for healthcare products and services.

Caremark Company Background

In 1985, Baxter Healthcare Corporation's Prescription Service Division tapped its expertise in healthcare cost management to begin providing PBM services. In 1992, Caremark International Inc. was created in a spin-off from Baxter and began operating as an independent company with no ties to its former parent.

Within a few years, Caremark's strong growth and leadership position attracted the notice of larger healthcare companies. In 1996, MedPartners, Inc., of Birmingham, Alabama, purchased Caremark International Inc. Initially a physician practice management company, MedPartners, Inc., changed its name to Caremark Rx, Inc., in September 1999 to reflect its focus on core pharmaceutical service operations.

Caremark Prescription Services

Today, PBMs have evolved considerably because of the growing recognition of the powerful role prescription drugs play in the management of overall healthcare expenditures. The need to manage drug benefits for plan sponsors has never been greater. More and more products that enhance the quality of life—with fewer side effects—are available. Substantial increases in high-impact direct-to-consumer advertising and continued growth of the aging population are further promoting the demand for and consumption of prescription drugs.

Caremark has brought integrated mail and retail drug distribution to a higher level as a result of ongoing investments in technology. Through sophisticated information management systems, every prescription administered by Caremark is subject to a process that promotes timeliness, plan participant safety, and client goals for plan management. Rigorous quality assurance and regulatory policies and procedures are in place that, in many cases, exceed industry standards.

Caremark's state-of-the-art mail service has been in operation since 1986. Caremark and its affiliates currently operate seven mail service facilities in the following locations:

- Mt. Prospect, Illinois
- San Antonio, Texas
- Miramar, Florida
- Phoenix, Arizona
- Fort Worth, Texas
- Birmingham, Alabama
- Wilkes-Barre, Pennsylvania

Our retail pharmacy program enables plan participants to obtain pharmaceuticals at any one of more than 59,000 pharmacies nationwide participating in Caremark Inc. and its affiliates' network.

Caremark Specialty Pharmacy Services

In 1978, Caremark Specialty Pharmacy Services pioneered the concept of home infusion for hemophilia patients. Today, these services have expanded to encompass specialized care management for a wide range of chronic and genetic disorders, including growth hormone deficiency, hemophilia, immune disorders, multiple sclerosis, and hepatitis C. Caremark's approach is personalized, focusing

on the specific needs of each plan participant and emphasizing early intervention, prevention of complications, and management of drug utilization and compliance.

In April 2002, Caremark Rx, Inc., acquired Choice Source Therapeutics, a specialty distribution business focused primarily on providing pharmacy and clinical services for patients with hemophilia. That business, with 2002 revenues of $43 million, operated out of four pharmacy locations and three satellite offices in the United States and Puerto Rico. Choice Source had built an excellent reputation in all areas, including customer service, reimbursement verification, and compliance. Caremark viewed the business as an excellent fit within its existing specialty distribution area and as an opportunity to further expand its hemophilia produce line. Choice Source Therapeutics is a wholly owned subsidiary of Caremark Rx, Inc.

Plan participants nationwide receive services provided by our 21 pharmacies. Temperature-controlled, time-sensitive medications are delivered directly to these plan participants, and access to a Caremark Care Team member is available 24 hours a day, 7 days a week, 365 days a year.

Today, Caremark is one of the leading pharmaceutical services company with the infrastructure to meet the requirements for these specialized therapies. Using information tools and the Caremark Care Team approach, clinicians, clients, and their plan participants work together to deliver high-quality, cost-effective treatment for people suffering from these diseases.

LogistiCare Solutions, LLC – Company Overview

Founded in 1994, LogistiCare, Inc. is a privately held corporation with its national headquarters located in the Atlanta, GA area. LogistiCare, Inc. is the parent company with a 100% wholly-owned subsidiary, LogistiCare Solutions, LLC ("LogistiCare"). LogistiCare Solutions, LLC was created as the sole management company operating its day-to-day business. Both LogistiCare, Inc. and LogistiCare Solutions, LLC are private corporations registered in Delaware and previously transacted business under the trade name of "Automated Dispatch Solutions, Inc." Both companies are registered to do business in each of the states where LogistiCare currently operates, and none of them are on any federal, state or local list of ineligible brokers. The officers of both corporations are the same.

While LogistiCare was formally founded in early 1994, its roots extend back to 1987 when John Shermyen, founder and CEO, established a software company dedicated to modernizing the management of ambulance and paratransit companies. In 1989, the company established full-service outsourcing in Miami for the management of

ambulance and paratransit companies, providing order entry, dispatch, routing, scheduling, driver training, vehicle monitoring, billing and collections services. The business grew as its clients prospered and spread the word about the superior service.

In May 1996, the company opened its Connecticut center to provide transportation coordination services on behalf of commercial Health Maintenance Organizations to about 160,000 Medicaid beneficiaries.

In July 1997, LogistiCare was awarded 3 multi-year contracts by Georgia's Department of Community Health to provide capitated non-emergency management transportation (NET) services to over 500,000 Medicaid clients. The company relocated its corporate headquarters to College Park, Georgia.

In February 1998, LogistiCare began providing transportation coordination services for an additional 40,000 Medicaid clients, under contract with the Connecticut Department of Social Services. In December 1998, this number was increased to 46,000 clients by the addition of the state-funded general assistance population.

During the first quarter of 1999, LogistiCare began operations in California by providing ambulance services to Foundation Health Federal Services, a division of Foundation Health Systems, representing 690,000 covered lives; HealthNet, representing 700,000 covered lives; Hill Physician's Group, a multi-specialty insured physicians group, representing 40,000 direct-covered and 180,000 shared-covered lives; Mercy Health Care, representing 70,000 covered senior and commercial lives and Woodland, representing 20,000 senior and commercial lives.

In January 2000, the company was awarded a multi-year contract by the Washington Metropolitan Area Transit Authority (WMATA) to provide transportation services to Americans with Disabilities Act (ADA) paratransit riders. The call center, established in Silver Spring, MD, arranges more than 900,000 trips a year and provides eligibility verification, functionality testing, call taking, routing and dispatching, transportation network management, and quality assurance services. The service area encompasses the District of Columbia and neighboring areas of Virginia and Maryland.

Later in 2000, the Georgia DCH contracts were re-bid, and LogistiCare retained its original three regions and picked up a fourth region as well. Currently, LogistiCare provides service to over 80% of Georgia's Medicaid population.

In April 2001, LogistiCare was awarded 3 of 7 regions under a new Medicaid brokerage contract with the Virginia Department of Medical Assistance Services

(DMAS). LogistiCare placed its call center in a rural development area badly in need of employment, and has performed well for DMAS since then. In November 2001, we began servicing UNICARE Virginia, one of the state's new Medicaid managed care organizations.

In August 2002, LogistiCare won the first re-bid of its Connecticut DSS regions, and picked up two additional regions. Currently, LogistiCare services over 80% of Connecticut's Medicaid fee-for-service and managed care populations.

On October 1, 2002 LogistiCare was awarded a two-year contract valued at $15 million to provide specialized transportation brokerage services to the Delaware Department of Health and Social Services (DHSS). LogistiCare coordinates transportation services from its business office in Dover, and handles call center operations from the company's Norton, VA, location.

In December 2002, LogistiCare was asked by Virginia DMAS to serve the remaining four regions in the state on an urgent basis after the previous operator was displaced. This request required us to assume managing the transportation needs of an additional 170,000 individuals, in less than 30 days, which we did successfully. LogistiCare now provides over 3.9 million trips annually in Virginia.

In March 2003, LogistiCare was awarded a 14-month contract to provide capitated non-emergency transportation services to over 94,000 Medicaid clients in Region 6 in Kentucky. As in Virginia, this contract was the result of an emergency procurement effort to replace a prior failed broker. LogistiCare implemented its takeover of the system in less than 8 weeks. This agreement extends through June 30, 2004, and includes an option for a one-year renewal.

In May 2003, LogistiCare was awarded a statewide contract to provide non-emergency transportation services to the Oklahoma Health Care Authority for the State of Oklahoma Medicaid members. The contract covers 300,000 Medicaid lives and is a 1-year contract with 3 renewal options, beginning August 1, 2003.

In May 2003, LogistiCare contracted with Delaware Transit Company's DART to coordinate supplemental paratransit services for ADA eligible individuals in the state of Delaware.

In July 2003, LogistiCare was contracted to broker statewide non-emergency transportation management services for the State of Nevada Medicaid program. This contract covers over 200,000 lives and began on October 1, 2003.

In September 2004, LogistiCare took over from a failed broker the operations in an eight county area around Denver, Colorado. The original contract ran until June 30, 2005. LogistiCare then won the subsequent re-bid process and was awarded a contract totaling 5 years. LogistiCare's proven experience in NET authorization, fraud management, and provider monitoring will help these Colorado counties improve health care access in rural areas while stabilizing costs. The contract covers 190,000 eligible members for an anticipated 200,000 annual trips.

In March 2005, LogistiCare began coordinating Medicaid transportation for Anthem Blue Cross Blue Shield in Virginia.

The state of Kentucky chose to re-award its NET business to LogistiCare, continuing a relationship begun in May, 2003. This contract also totals 5 years and covers nearly 95,000 members and 420,000 annual trips.

LogistiCare is very pleased to note that on July, 28, 2005, the Commonwealth of Virginia publicly stated its intent to re-award the NET responsibility for the entire state to LogistiCare.

LogistiCare covered total lives nationally is over 6 million. Of these, about 3 million represent non-Medicaid lives, including commercial managed care organizations, hospital systems, and other governmental clients, including ADA paratransit, special needs school children, and welfare-to-work. In addition, LogistiCare has 225,000 covered Medicare lives through its contractual arrangements with managed care organizations. In addition, approximately 10% of our covered Medicaid lives are seniors.

1.3 Organizational Chart

1.4 Financial Management and Claims Processing

The information below represents AMERIGROUP's Medicaid financial performance (AMERIGROUP is a Medicaid-only MCO). The information covers the last three months of 2005 during which AMERIGROUP was a participating MCO.

Profit Margin

Calendar Year	Profit Margin
2005	-10.36%

Claims Processing (Turnaround Time)

Time Period	Percent of Claims Processed <30 Days
January 2005	
February 2005	
March 2005	
April 2005	
May 2005	
June 2005	
July 2005	
August 2005	
September 2005	99.35%
October 2005	95.32%
November 2005	88.85%
December 2005	80.32%
2005 YTD	**90.96%**

Number of Enrollees
(Medallion II and FAMIS combined)

Calendar Year End Totals	Total Enrollees
2005	18,608

Net Worth

Calendar Year	Net Worth
2005	$3,510,311

Net Worth, per Member

Calendar Year	Net Worth, Per Member
2005	$188.65

Claims Volume

Since this Plan's effective date was September 2005, calendar year averages will begin with 2005 and include only September through December 2005.

Calendar Year End	Average Month Begin Inventory	Average Received This Month	Average Processed This Month	Average Month End Inventory
2005	3,778	9,643	8,467	4,954

Claims Processed

Calendar Year End Average	Average Number Paid This Month	Average Number Denied This Month	Average Number Pended This Month	Total
2005	6,850	1,618	4,484	12,952

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
2005	90.96%	7.39%	1.65%	0	100.00%

Inpatient Authorizations

Calendar Year	Number Approved	Number Reduced	Number Denied	Total Number Requested
2005	900	0	18	918

Primary Care Physicians

Calendar Year	Average Number with Open Panels	Average Number with Closed Panels	Average Number with Restricted Panels	Total
2005	87	112	240	439

1.5 Encounter Data

- AMERIGROUP tested with DMAS all incoming encounter transaction types. The first file to receive production approval was Pharmacy. Approval was given in December 2005; however, no production files have been scheduled and submitted.

- AMERIGROUP has production approval on all encounter transaction types. On March 16, 2006 a letter was sent to Dr. Nichols requesting all backlogged files to be submitted no later than April 27, 2006. AMERIGROUP submitted these within the time frame requested.

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

1.6 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.	Missing-requested on 1/4/06; Rec'd 1/27/06; Requested timeline on 3/13/06.	0	3
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	10/1/05	4	4
Changes to the Contractors Basis of Accounting	Prior to changes	N/A		
Network Provider Agreements	Annually and 30 calendar days prior to effective date			
Diagnostic/Lab		10/1/05	4	4
Vision		10/1/05	4	4
Specialist		10/1/05	4	4
Ancillary		10/1/05	4	4
Hospital		10/1/05	4	4
Pharmacy		10/1/05	4	4
Physician (PCP)		10/1/05	4	4
Mental Health and Substance Abuse		10/1/05	4	4
Transportation		10/1/05	4	4
After Hours Nurse Line		10/1/05	4	4
HIPAA Business Associate Agreement		N/A		
Changes to Network Provider Agreements	At least 30 days prior to their effective date	2/16/06 and 3/1/06	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
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	3
All new and/or revised marketing and information materials	Prior to their planned distribution	N/A		
Written policies and procedures governing the identification of newborns by network providers	Annually	10/1/05	4	4
Written policies and procedures for notifying PCPs of Panel Composition	Annually	10/1/05	4	4
Written policies and procedures for In- and Out-of Network providers can verify member enrollment	Annually	10/1/05	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	10/1/05	4	4
Written policies and procedures for assigning enrollees to a PCP	Annually	10/1/05	4	4
Changes to written policies and procedures for assigning enrollees to a PCP	At least 30 calendar days prior to implementation of any changes	N/A		
Written policies and procedures regarding enrollee rights	Annually	10/1/05	4	4
Enrollee Information Packet:				
Introduction Letter	Annually	10/1/05	4	4

Reports	Time Frame	Submission Date	Timeliness	Content
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	Missing; requested on 1/4/06; Rec'd 1/25/06	0	3
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	10/1/05	4	4
Plan for High Risk Pregnant Women and Infant	Annually	10/1/05	4	4
High risk pregnancy women and infant outcomes and measurements	Annually	N/A		
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	Submitted	4	4
Monitor and report atypical utilization, providing number of requests and number of denials	Annually	N/A		
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	10/1/05	4	4
Any changes in how the requirement, stated above, is met	Upon any change in procedures	N/A		
Percent of two year olds who have received each immunization specified by ACIP standards	Annually	N/A		

Reports	Time Frame	Submission Date	Timeliness	Content
Written policies and procedures addressing coordination of substance abuse services for pregnant women.	Annually	10/1/05	4	4
Enhanced Services - inform the Department prior to implementing any new enhanced services and prior to implementing revisions to existing enhanced services	Annually and 30 calendar days prior to implementing any new enhanced services	10/1/05	4	4
Enhanced Services - any revisions to existing enhanced services	30 calendar days prior to implementing revisions to existing enhanced services	N/A		
Furnish information about the services the Contractor does not cover due to moral or religious objections to the Department, to potential enrollees, before and during enrollment and to enrollees within 30 days before the effective date of the policy	Annually. With initiation of the Contract and each subsequent renewal. Upon adoption of such policy in the event that the Contractor adopts the policy during the term of the Contract. And upon any changes to the policy	10/1/05	4	4
Health Education and Prevention Plan	Annually and prior to planned implementation	10/1/05	4	4
Changes to the Health Education and Prevention Plan	Prior to planned implementation	N/A		
All member health education materials, including newsletters sent to members	Annually and prior to planned distribution	10/1/05	4	4
Provide list of contracted Federally Qualified Health Clinics (FQHC) and Rural Health Clinics (RHC)	Annually	Received list on 10/10/05	4	4
Process that is utilized to meet requirement that a toll free, 24 hour, 7 day a week, phone line, staffed by medical professionals to assist enrollees is in place	Annually	10/1/05	4	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	10/10/05	3	3
Written policies and procedures for enrollee transition to new PCP	Annually and 30 calendar days prior to effective date of provider disenrollment	10/1/05	4	4
Written policies and procedures related to provider disenrollment - PCP's	Annually	10/1/05	4	4
Written policies and procedures related to provider disenrollment - other network providers	Annually	10/1/05	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	N/A		
HEDIS Information	Annually			
Breast Cancer Screening	Annually	N/A		
Adolescent Well-Care Visit	Annually	N/A		
Prenatal and Postpartum Care	Annually	N/A		
Childhood Immunization Status	Annually	N/A		
Adolescent Immunization Status	Annually	N/A		
HEDIS/CAHPS 2.0H Adult Survey	Annually	N/A		
Well-Child Visits in the 1st 15 months of life	Annually	N/A		
Well-Child Visits in the 3rd, 4th, 5th and 6th years of life	Annually	N/A		
Comprehensive Diabetes Care	Annually	N/A		
Asthma - Appropriate Use of Medication	Annually	N/A		
Beta Blocker Treatment After a Heart Attack	Annually	N/A		
Asthma Management Quality Study	Annually	N/A		
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	N/A		
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	N/A		
Referral guidelines that demonstrate the conditions under which PCPs make arrangements for referrals to specialty care networks	Annually	10/1/05	4	4
Utilization Management Plan	Annually and upon revision	10/1/05	4	4
Written policies and procedures for the credentialing process that matches the credentialing and recredentialing standards from NCQA	Annually	10/1/05	4	4
Copy of practice guidelines	Annually	10/1/05	4	4
Written polices and procedures to ensure that medical records are safeguarded against loss, destruction or unauthorized use	Annually and upon change	10/1/05	4	4
Written policies and procedures for release of medical record information and obtaining consent for treatment	Annually and upon change	10/1/05	4	4
Written policies and procedures to provide for prompt transfer of records to other in-or-out-of-network providers for the medical management of the enrollee	Annually and upon revision	10/1/05	4	4
Plan used to Evaluate Completeness of Encounter Data	Annually	Missing; requested on 1/4/06; Rec'd 3/24/06	0	3
Deficiencies found through review process must be reported to DMAS	Within 60 calendar days	N/A		

Reports	Time Frame	Submission Date	Timeliness	Content
Corrective action plan to address deficiencies must be submitted to DMAS	Within 30 calendar days after notification of any deficiencies	N/A		
Written policies and procedures used to monitor compliance for Sterilizations and Hysterectomies	Annually	10/1/05	4	4
Organizational Chart that outlines Medallion II Operational Division	Annually	10/1/05	4	4
Updated company background including awards, major changes, sanctions since the last annual report	Annually	10/1/05	4	4
Updated subcontractor company background including awards, major changes, sanctions since the last annual report	Annually	10/1/05	4	4
Written policies and procedures for completion of assessments of CSHCN (Children with Special Health Care Needs)	Annually	10/1/05	4	4
Written Policies and Procedures which describe the grievance and appeals process and how it operates	Annually	10/1/05	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	10/1/05	4	4
Written policies and procedures for the prevention, detection, and reporting of incidents of potential fraud and abuse by enrollees, by network providers, by subcontractors, and by the Contractor	Annually	10/1/05	4	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 independent auditor to conduct a general audit	Within 30 days of completion of the audit	N/A		

Reports	Time Frame	Submission Date	Timeliness	Content
Written policies and procedures for maintaining the confidentially of data, including medical records and enrollee information and appointment records for treatment of sexually transmitted diseases	Annually	10/1/05	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	10/1/05	4	4

1.7 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	11/17/05 (email); 11/18/05 (hard copy)	3	
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	4
4th Q 2005	due by 01/30/06	1/25/06	4	4
1st Q 2006	due by 05/01/06			

Reports	Time Frame	Submission Date	Timeliness	Content
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	4
4th Q 2005	due by 01/30/06	1/25/06	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; 12/20/05 (resubmitted)	4	
4th Q 2005	due by 01/30/06	1/25/06	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	1/25/06	4	
1st Q 2006	due by 05/01/06			
2nd Q 2006	due by 07/31/06			
Submit any addition or deletion of agreements involving: a clinic or group of physicians, an individual physician or facility	Quarterly (within 30 days of the end of a quarter)	N/A	4	4

1.8 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			
August 2005	due by 09/15/05			
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	1/17/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			

Reports	Time Frame	Submission Date	Timeliness	Content
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Returned ID Card List	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
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	1/17/06	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			
Date and number of ID cards mailed to new enrollees, each month	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
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	1/17/06	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			
August 2005	due by 09/15/05			
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	1/17/06	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			

Reports	Time Frame	Submission Date	Timeliness	Content
June 2006	due by 07/17/06			
Wait and Abandonment - Medical	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/17/06	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		
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			
August 2005	due by 09/15/05			
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	3	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/17/06	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			
August 2005	due by 09/15/05			
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/17/06	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
Electronic provider file to fiscal intermediary (PS-F-025)	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
September 2005	due by 10/17/05			
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			
Report Sentinel Events	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
September 2005	due by 10/17/05	1-10/14/05	4	
October 2005	due by 11/15/05	0-11/15/05	4	
November 2005	due by 12/15/05	0-12/15/05	4	
December 2005	due by 01/17/06	1-1/17/06; 1-1/19/06	4	
January 2006	due by 02/15/06	2-2/15/06	4	
February 2006	due by 03/15/06	2-3/15/06	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			
Encounter Data Certification	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
September 2005	due by 10/17/05			
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			

Reports	Time Frame	Submission Date	Timeliness	Content
June 2006	due by 07/17/06			
MCO Report, includes:	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/19/06	3	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Summary of inquires, grievances, and appeals - Medical	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/17/06	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			

Reports	Time Frame	Submission Date	Timeliness	Content
Summary of inquires, grievances, and appeals - Mental Health	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Summary of inquires, grievances, and appeals - Pharmacy	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Summary of inquires, grievances, and appeals - Transportation	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
September 2005	due by 10/17/05	10/19/05	3	4
October 2005	due by 11/15/05	11/29/05	2	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/17/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/16/06	3	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 - Vision	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/21/05	3	4
December 2005	due by 01/17/06	1/17/06	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			
August 2005	due by 09/15/05			
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/17/06	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		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Mental Health	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		

Reports	Time Frame	Submission Date	Timeliness	Content
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Pharmacy	Monthly			
July 2005	due by 08/15/05	Included		
August 2005	due by 09/15/05	with		
September 2005	due by 10/17/05	Medical		
October 2005	due by 11/15/05	Information		
November 2005	due by 12/15/05			
December 2005	due by 01/17/06			
January 2006	due by 02/15/06			
February 2006	due by 03/15/06			
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Grievance Log - Transportation	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
September 2005	due by 10/17/05	10/19/05	3	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/21/05	3	4
December 2005	due by 01/17/06	1/17/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/16/06	3	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			
August 2005	due by 09/15/05			
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/21/05	3	4
December 2005	due by 01/17/06	1/17/06	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			
Appeal Log - Medical	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
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	1/17/06	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		
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	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			

Reports	Time Frame	Submission Date	Timeliness	Content
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			
August 2005	due by 09/15/05			
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/21/05	3	4
December 2005	due by 01/17/06	1/17/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/16/06	3	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			
August 2005	due by 09/15/05			
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/21/05	3	4
December 2005	due by 01/17/06	1/17/06	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
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			
August 2005	due by 09/15/05			
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	1/17/06	4	4
January 2006	due by 02/15/06	2/21/06	3	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			

1.9 Medallion II Scoring

	Review Items	Total	Rate
Timeliness	186	715	3.84
Content	174	691	3.97
Combined Average			**3.91**

1.10 FAMIS-Specific Reporting

Reports	Time Frame	Submission Date	Timeliness	Content
Complaints, Grievances and Appeals	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/17/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Enrollee Address Changes	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
September 2005	due by 10/17/05	10/17/05	4	4
October 2005	due by 11/15/05	11/15/05	4	4
November 2005	due by 12/15/05	12/15/05	4	4
December 2005	due by 01/17/06	1/17/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Out-of-Pocket Maximum	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
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	1/17/06	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
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	1/25/06	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			
August 2005	due by 09/15/05			
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	1/17/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Changes In Eligibility	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
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	1/17/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Sentinel Events	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
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	1/17/06	4	4
January 2006	due by 02/15/06	2/15/06	4	4
February 2006	due by 03/15/06	3/15/06	4	4
March 2006	due by 04/17/06			

Reports	Time Frame	Submission Date	Timeliness	Content
April 2006	due by 05/15/06			
May 2006	due by 06/15/06			
June 2006	due by 07/17/06			
Monthly TPL	Monthly			
July 2005	due by 08/15/05			
August 2005	due by 09/15/05			
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	1/17/06	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			

1.11 FAMIS Scoring

	Review Items	Total	Rate
Timeliness	44	175	3.98
Content	44	176	4.00
Combined Average			**3.99**

1.12 Medallion II and FAMIS Score Combined

	Medallion II	FAMIS	Rate
Timeliness	3.84	3.98	3.91
Content	3.97	4.00	3.99
Combined Average	**3.91**	**3.99**	**3.95**