# MEDALLION 3.0
# Technical Manual

**Virginia Department of Medical Assistance**

Health Care Services Division

***Version 5.4***

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# Version Change Summary

| Ver | Description | Date |
|---|---|---|
| 5.0 | DMAS Contact Information (page 11): Minor revisions to language. | 07/01/17 |
| 5.0 | Section 1.1: Minor revisions to language. | 07/01/17 |
| 5.0 | Section 1.1.1: Minor revisions to language. | 07/01/17 |
| 5.0 | Section 1.2.10: New financial reporting requirements and process changes for Encounter Data Certifications. New template posted on DMAS web site. | 07/01/17 |
| 5.0 | Section 1.2.20: Clarified definition of 'Abandoned Calls' (see highlight). No changes to report content or format. | 07/01/17 |
| 5.0 | Section 1.2.24: Added new deliverable for Foster Care Barrier Report | 07/01/17 |
| 5.0 | Section 1.2.25: New deliverable – IHS Claims Report (placeholder) | 07/01/17 |
| 5.0 | Added placeholders for the ARTS deliverables to this manual: 1.2.27, 1.2.28, 1.2.29, & 1.5.91. Revised 1.2.5. These are equivalent to the existing ARTS deliverables currently documented in the separate Medallion ARTS Technical Manual. The documentation for these deliverables will be transferred to this manual effective 07/01/17. | 07/01/17 |
| 5.0 | Section 1.3.1: Added new fields to reporting requirement per enhanced requirements of contract section 6.6.B. New reporting requirements have been aligned with Enrollment Broker Provider File where possible. | 07/01/17 |
| 5.0 | Section 1.3.11: Deliverable eliminated - Patient Utilization Management and Safety (PUMS) Outcome Report | 07/01/17 |
| 5.0 | Section 1.3.13: New deliverable – MCO Vision Utilization Report Review | 07/01/17 |
| 5.0 | Section 1.3.14: New deliverable – MCO Foster Care Utilization Report Review | 07/01/17 |
| 5.0 | Section 1.3.15: New deliverable – ARTS Stop Loss | 07/01/17 |
| 5.0 | Section 1.4.7: Revised specifications to require use of the 'Model Handbook' template posted on the DMAS web site. | 07/01/17 |
| 5.0 | Section 1.4.25: Change to due date. | 07/01/17 |
| 5.0 | Section 1.4.35: Updated specifications VBP HCP-LAN Data Collection Tool | 07/01/17 |
| 5.0 | Section 1.4.36: Modified specifications for reporting of annual foster care numerator and denominator counts. | 07/01/17 |
| 5.0 | Section 1.4.38: Updated specifications – VBP Status | 07/01/17 |
| 5.0 | Section 1.4.39: Deliverable has been eliminated – VBP Strategy | 07/01/17 |
| 5.0 | Section 1.4.40: New deliverable – MCO DUR Program Activities | 07/01/17 |
| 5.0 | Section 1.4.41: New deliverable – CMS Annual DUR Report | 07/01/17 |
| 5.0 | Section 1.4.42: New deliverable – Annual MCO Vision Plan | 07/01/17 |
| 5.0 | Section 1.4.43: New deliverable – Data Quality Strategic Plan | 07/01/17 |

| Ver | Description | Date |
|---|---|---|
| 5.0 | Section 1.4.44: Updated specifications – VBP Plan | 07/01/17 |
| 5.0 | Section 1.5.2: Changed contract reference. No changes to report. | 07/01/17 |
| 5.0 | Section 1.5.34: Changed contract reference. No changes to report. | 07/01/17 |
| 5.0 | Section 1.5.86: New deliverable – MCO DUR Board Minutes | 07/01/17 |
| 5.0 | Section 1.5.87: New deliverable – Medical Management Committee Report | 07/01/17 |
| 5.0 | Section 1.5.88: New deliverable – Data Inventory | 07/01/17 |
| 5.0 | Section 1.5.89: New deliverable – MCO Financial Transactions (placeholder) | 07/01/17 |
| 5.0 | Section 1.5.90: New deliverable – MCO Service Authorizations (placeholder) | 07/01/17 |
| 5.0 | Section 2.1.24: Changed filename from xlsx to pdf. Removed 'Submitted Files' section of report. | 07/01/17 |
| 5.0 | Section 2.1.29: Corrected 'due date' from mid-month to EOM. | 07/01/17 |
| 5.0 | Section 2.1.30: New DMAS report – Quarterly MCO Vision Utilization Report | 07/01/17 |
| 5.0 | Section 2.1.31: New DMAS report – Quarterly MCO Foster Care Utilization Report | 07/01/17 |
| 5.1 | Section 1.3.1: Revised specification to remove duplicate occurrence of'PCP Status' field. | 07/01/17 |
| 5.2 | Section 1.3.1: Corrected taxonomy value for Rural Health Clinics. | 08/31/17 |
| 5.2 | Updated Medallion contract references on the following deliverables: 1.4.12, 1.4.13, 1.4.15, 1.4.16, and 1.4.36. No changes to specifications. | 08/31/17 |
| 5.2 | Section 1.4.11: Deliverable eliminated. This deliverable only applies to new MCOs only. It is not referenced in the current Medallion 3.0 contract. | 08/31/17 |
| 5.2 | Section 14.4.27: Updated submission requirements. Health Insurance Fee report is not required for this year. | 08/31/17 |
| 5.2 | Section 14.4.43: Specified initial submission date for report. | 08/31/17 |
| 5.3 | Section 1.1.1: Added warning about use of 'special characters' in file names, which can cause transmission errors. | 09/30/17 |
| 5.3 | Section 1.3.8.3: Revised specifications to reflect revised member thresholds in the contracts. | 09/30/17 |
| 5.3 | Deliverable 1.3.15 ARTS Stop Loss (quarterly) was moved to 1.4.45 ARTS Stop Loss (annual) per contract requirements. | 09/30/17 |
| 5.3 | Section 1.4.40: Annual DUR Activities deliverable has been eliminated. | 09/30/17 |
| 5.3 | Section 1.4.41: Additional information provided about reporting requirements and due date for the Annual CMS DUR report. | 09/30/17 |
| 5.4 | Section 1.2.24: Restricted size and content of comments field. | 12/31/17 |
| 5.4 | Section 1.3.12: Corrected contract reference for time and distance standards. | 12/31/17 |
| 5.4 | Section 1.4.31 & 1.4.32: Updated contract reference. | 12/31/17 |

| Ver | Description | Date |
|---|---|---|
| 5.4 | Section 2.1.32: Added new weekly DMAS report for FFS Pharmacy Service Authorization listing. | 12/31/17 |
| | | |

# Version Effective Dates

| Version | Effective Date |
|---|---|
| 1.0 | 04/01/13 |
| 1.5 | 06/01/13 |
| 1.6 | 08/01/13 |
| 1.7 | 09/01/13 |
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| 1.10 | 01/01/14 |
| 1.11 | 02/01/14 |
| 1.12 | 04/01/14 |
| 2.0 | 07/01/15 |
| 2.1 | 08/01/15 |
| 2.2 | 09/01/14 |
| 2.3 | 10/01/14 |
| 2.4 | 01/01/15 |
| 2.5 | 02/01/15 |
| 2.7 | 04/01/15 |
| 2.8 | 05/01/15 |
| 3.0 | 06/01/15 |
| 3.1 | 07/01/15 |
| 3.2 | 08/01/15 |
| 3.3 | 09/01/15 |
| 3.4 | 10/01/15 |

| Version | Effective Date |
|---|---|
| 3.5 | 11/01/15 |
| 3.6 | 01/01/16 |
| 3.7 | 02/01/16 |
| 3.8 | 03/01/16 |
| 3.9 | 04/01/16 |
| 3.10 | 05/01/16 |
| 4.0 | 07/01/16 |
| 4.1 | 08/01/16 |
| 4.2 | 09/01/16 |
| 4.3 | 10/01/16 |
| 4.4 | 11/01/16 |
| 4.5 | 12/01/16 |
| 4.6 | 01/01/17 |
| 4.7 | 02/01/17 |
| 4.8 | 03/01/17 |
| 4.9 | 04/01/17 |
| 5.0 | 07/01/17 (draft) |
| 5.1 | 07/01/17 |
| 5.2 | 09/01/17 |
| 5.3 | 10/01/17 |
| 5.4 | 01/01/18 |
| | |

# DMAS Contact Information

| Subject | DMAS Contact |
|---|---|
| MCO questions about contract, services, payments, member eligibility/enrollment, appeals, technical manual, contract deliverables, reporting specifications, DMAS reports | MCOhelp@dmas.virginia.gov |
| Encounter submissions, testing, requirements, EDQ. | HCSEncounters@dmas.virginia.gov |
| Archive of historical Technical Manual versions, report templates | http://www.dmas.virginia.gov/Content_pgs/mc-rpt.aspx |

These mailboxes are to be used by contracted Medallion 3.0 MCOs and their designees only.

All other questions from external (non-MCO) parties should be directed to ManagedCare.Help@dmas.virginia.gov.

# 1 Medallion 3.0 Contract Deliverables

## 1.1 Reporting Standards

All deliverable submissions must conform to the specifications documented in the current version of this Technical Manual, including all documented formatting and content requirements. It is the MCO's responsibility to comply with these specifications. Any submission that does not comply with these specifications may be rejected by DMAS in total or in part, and may be subject to assessment of compliance penalties. The MCO will be required to correct and re-submit deliverables as necessary to comply with the reporting requirements set forth in this document.

DMAS **strongly recommends** that the MCOs develop automated reporting processes for each deliverable in order to maintain the consistency and accuracy of ongoing deliverable submissions. Manual reporting processes are more prone to errors and inconsistencies. DMAS also recommends that each MCO develop and implement standardized procedures for each deliverable submission, including comprehensive quality control procedures.

DMAS will post the current version of this Technical Manual on the Virginia Medicaid Managed Care web site. The version number of the Technical Manual will be incremented whenever any change is made within the document. Every change will be documented in the 'Version Change Summary' section at the front of the document.

The Technical Manual will be updated no more frequently than monthly. The revised Technical Manual will be posted to the Managed Care web site on the last calendar day of each month. MCOs must check the web site or server at the beginning of each month to ensure that they are using the most current version of the program specs for their next submission to DMAS.

### 1.1.1 DMAS Secure FTP Server

DMAS has established a secure FTP server to facilitate transfer of files with the Medallion MCOs. Each Medallion MCO has its own secure login and dedicated folders on the DMAS report server. Each MCO can have one and only one login / account. The login account for new MCOs will be set up as part of the Department's standard implementation process for new MCOs, usually one to two months prior to go live.

Within the MCO's folder, there are two subfolders: TO-DMAS and FROM-DMAS. Any files sent from DMAS to the MCO will be in the FROM-DMAS folder. Any files that the MCO is submitting to DMAS should be placed in the TO-DMAS folder. The server is swept daily at 6:00 PM EST, and any files in the TO-DMAS folder are moved to DMAS' local intranet server for user retrieval.

When the files are moved to the DMAS' local intranet server, the system assigns a prefix to the MCO file that allows DMAS to identify which MCO sent the file. The system also assigns a date and time stamp within the filename prefix that identifies when the file was originally posted to the server by the MCO. The site also maintains an audit trail of all activity on the site.

For any problems with passwords or logging in, there is a link on the FTP site for Tech Support and/or Password Reset. (The site is maintained by DMAS' contractor Xerox. DMAS staff cannot reset passwords or update login info.)

The FTP site is located here: https://vammis-filetransfer.com.

All other questions about Medallion 3.0 reporting should be directed to the MCOhelp@dmas.virginia.gov email box.

Do not not use 'special characters' that can't be recognized by Microsoft Windows in the name of any file placed on the FTP server. These files cause problems for the transfer job and may result in duplicate or lost files. An example of this would be a question mark ("?") in a file name.

## 1.1.2 Deliverable Scoring

DMAS will evaluate each deliverable submission and assign a numeric score based on the whether the submission meets all of the reporting parameters specified for that deliverable in this document. Scoring will be on a 100 point scale. The grading scale is as follows:

A: >=91
B: >=81 and <91
C: >=71 and <81
D: >=61 and <71
F: <61
0: = 0

### *1.1.2.1 Transmittal Requirements*

Any deliverable submission that does not meet the basic transmittal requirements set forth for the deliverable will be scored as a zero. In particular, each of the following requirements must be met in order for a submission to be accepted by DMAS for processing:

- Submission must be transmitted via the method specified for the deliverable (e.g., DMAS secure FTP).
- File must be formatted as specified for the deliverable (e.g., comma separated values, Excel 2007, Adobe PDF).
- The filename on the report must exactly match the filename specified for the deliverable (including extension, spaces, underscores, etc.).
- All columns / fields specified for the deliverable must be included in the submission in the order specified, and no additional columns/ fields are included. Do not include a header row in .csv files. If there is no data to report for a specific report, submit the report but leave it blank without headers or any other text.
- Except as otherwise specified, only one consolidated deliverable per report cycle is submitted. The MCO cannot submit separate deliverables for their subcontractor(s).

### *1.1.2.2 Timeliness*

Points will be deducted if the deliverable is submitted after the specified due date. For each business day late, the overall score will be reduced by ten (10) points. Note that the cut-off for delivery via the DMAS secure FTP is 6:00 PM EST each day.

### *1.1.2.3 Field-Level Editing*

All deliverables that meet the Transmittal Requirements will be edited for compliance with the specific field-level format and content criteria specified for the particular report. Additional scoring deductions will be applied based on the criteria specified for the report.

### *1.1.2.4 Report Card Generation Schedule*

The standard schedule for generation of the report cards is as follows:

- Preliminary report cards are generated on the morning of the 15th and returned to the MCOs via FTP in the mid-day batch transfer. This allows several hours for the MCO to make corrections if necessary and re-submit prior to the cut-off at close of business on the 15th.

- Report cards are generated again on the morning of the 16th using the most recent MCO submissions received via the batch transfer process. These report cards are returned to the MCOs via FTP in the mid-day batch transfer. If the MCO did not resubmit any deliverables, their scores will be the same as the report generated previously on the 15th. This is the first 'official' report card.
- On the 16th, the MCO can submit correction (replacement) file(s) if desired. However, note that when a deliverable is submitted or re-submitted after the cut-off on the 15th, the grade for that deliverable on the report card will be adjusted according to the editing and timeliness criteria specified above. It is DMAS' intent for all reports to be submitted according to the specified standards prior to the deadline on the 15th as specified in the Medallion 3.0 contract.
- DMAS will run the report card generation process up to a total of 5 business days in order to collect all corrections submitted by the MCOs. The report grades are not final until the end of this period or until all MCOs have completed all submissions (whichever is earlier).
- Report cards are not generated on weekends or state holidays. The delivery schedule is adjusted accordingly for these events. For example, if the 15th falls on a Sunday, deliverables are not due until close of business on the 16th.

### *1.1.2.5 How to Read the Monthly Error Report File*

The workbook file is divided into worksheets. Each tab provides different information. This report is available from the FTP site with the report card reports and is run daily after the 15th calendar day of the month.

The first tab (MONTHLY_REPORTS) provides a summary of the monthly submission.

**Layout of the Monthly Reports Summary Worksheet**

| Rpt_month | MCO | RPT_NAME | fname | Penalty | Record_Cnt | Error_Cnt | Percent_Correct | Final_score |
|---|---|---|---|---|---|---|---|---|
| 2016_01 | XXX | APP_GRIEV.CSV | MCO_XXX_20160211160102_APP_GRIEV.csv | 0 | 12 | 0 | 100 | 100 |
| 2016_01 | XXX | ASSESS_EXCEPTION.CSV | MCO_XXX_20160211160110_ASSESS_EXCEPTION.csv | 0 | 69 | 0 | 100 | 100 |
| 2016_01 | XXX | BHH_ENROLL.CSV | MCO_XXX_20160211160128_BHH_ENROLL.csv | 0 | 59 | 0 | 100 | 100 |
| 2016_01 | XXX | BHH_QUALITY.CSV | MCO_XXX_20160211160134_BHH_QUALITY.csv | 0 | 7 | 0 | 100 | 100 |
| 2016_01 | XXX | BIRTHS.CSV | MCO_XXX_20160211160145_BIRTHS.csv | 0 | 131 | 0 | 100 | 100 |
| 2016_01 | XXX | COMP_CVG.CSV | MCO_XXX_20160211160151_COMP_CVG.csv | 0 | 30 | 0 | 100 | 100 |
| 2016_01 | XXX | ENC_CERT.PDF | MCO_XXX_20160211160202_ENC_CERT.pdf | 0 | | | | 100 |
| 2016_01 | XXX | ENC_PROV.CSV | MCO_XXX_20160211160228_ENC_PROV.csv | 0 | 67 | 0 | 100 | 100 |
| 2016_01 | XXX | EST_RECOV.CSV | MCO_XXX_20160211160238_EST_RECOV.csv | 0 | | | -1 | 100 |
| 2016_01 | XXX | MCO_RPT.CSV | MCO_XXX_20160211160324_MCO_RPT.csv | 0 | 16 | 0 | 100 | 100 |
| 2016_01 | XXX | MNY_RECOV.CSV | MCO_XXX_20160211160336_MNY_RECOV.csv | 0 | 170 | 3 | 98.23529412 | 98.23529412 |
| 2016_01 | XXX | NB_RECON.CSV | MCO_XXX_20160211160346_NB_Recon.csv | 0 | 5 | 0 | 100 | 100 |
| 2016_01 | XXX | OTH_COVG.CSV | MCO_XXX_20160211160358_OTH_COVG.csv | 0 | | | -1 | 100 |
| 2016_01 | XXX | PUMS.CSV | MCO_XXX_20160211160407_PUMS.csv | 0 | 150 | 2 | 98.66666667 | 98.66666667 |
| 2016_01 | XXX | RETURNED_ID.CSV | MCO_XXX_20160211160417_RETURNED_ID.csv | 0 | 160 | 0 | 100 | 100 |
| 2016_01 | XXX | WKR_COMP.CSV | MCO_XXX_20160211160425_WKR_COMP.csv | 0 | | | -1 | 100 |
| 2016_01 | XXX | CALL_CENTER.CSV | MCO_XXX_20160212135920_CALL_CENTER.csv | 0 | 1 | 0 | 100 | 100 |
| 2016_01 | XXX | ASSESSMENTS.CSV | MCO_XXX_20160216124826_ASSESSMENTS.csv | 0 | 50 | 0 | 100 | 100 |
| 2016_01 | XXX | FC_ASSESSMENTS.CSV | MCO_XXX_20160216124913_FC_ASSESSMENTS.csv | 0 | 5 | 0 | 100 | 100 |

MONTHLY_REPORTS | NOT_RECOGNIZED | MULTIPLE | APP_GRIEV | ASSESSMENTS | ASSESS_EXCEPTION

The last column in the worksheet shows the final score for the report. For reports with less than perfect scores, you may review the detailed information on the errors in the subsequent worksheets.

The second tab (NOT_RECOGNIZED) shows report names that we do not accept – this could mean that a report was named incorrectly or a report is not part of the monthly submission.

### Layout of the Monthly Not Recognized Worksheet

| Rpt_month | MCO | fname | Rpt_Name | Name_Valid | File_Format_Valid | Submit_dte | submit_time | On_Time | no_of_working_days |
|---|---|---|---|---|---|---|---|---|---|
| 2016_01 | XXX | MCO_XXX_20160211160120_ASSESSMENT.csv | ASSESSMENT.CSV | | Yes | 2/11/2016 | 160120 | YES | -3 |
| 2016_01 | XXX | MCO_XXX_20160211160311_FC_ASSESSMENT.csv | FC_ASSESSMENT.CSV | | Yes | 2/11/2016 | 160311 | YES | -3 |

MONTHLY_REPORTS | **NOT_RECOGNIZED** | MULTIPLE | APP_GRIEV | ASSESSMENTS | ASSESS_EXCEPTION

The report was named "ASSESSMENT.CSV" rather than "ASSESSMENTS.CSV"

The third tab (MULTIPLE) contains the names of reports that you have corrected and resubmitted, so DMAS has multiple versions of that report.

### Layout of the Monthly Multiple Worksheet

| MCO | fname | Rpt_Name | Name_Valid | File_Format_Valid | Submit_dte | submit_time | On_Time | no_of_working_days |
|---|---|---|---|---|---|---|---|---|
| XXX | MCO_XXX_20160212133934_BIRTHS.csv | BIRTHS.CSV | Yes | Yes | 2/12/2016 | 133934 | YES | -2 |
| XXX | MCO_XXX_20160210143840_CALL_CENTER.csv | CALL_CENTER.CSV | Yes | Yes | 2/10/2016 | 143840 | YES | -4 |

MONTHLY_REPORTS | NOT_RECOGNIZED | **MULTIPLE** | APP_GRIEV | ASSESSMENTS | ASSESS_EXCEPTION

The remaining tabs provide details of the errors for each report. If a file has no errors, the rows on the tab will be blank. *Only records with errors are included in the error worksheet. When resubmitting a file with corrections, correct the error records and submit all records for the monthly report.*

Review the column with error codes ("Error_Code") to determine where the error(s) reside. Where an 'E' is present, its position represents the field (i.e., column) in the record that contains the error.

**Example Layout of Error Report Worksheet and Relation to MCTM File Specifications**

| mbr_FirstName | mbr_LastName | mbr_ID | Third_Party | Amt_Recovered | file_num | Error_Code |
|---|---|---|---|---|---|---|
| FIRST | LASTNAME | 000000000001 | UNITED HEALTHCARE | 342.7 | 3 | 12E45 |
| SECOND | LASTNAME | 000000000002 | BCBS MARYLAND | 102.7 | 3 | 12E45 |
| THIRD | LASTNAME | 000000000003 | AETNA | 72.8 | 3 | 12E45 |

CO RPT MNY_RECOV NB_RECON

In this example the 'E' is in the third position of the column – this refers to the third field in the report. Refer to the MCTM Field Descriptions to identify the name of the column and any specifications.

***3.2.11.2 File Specifications***

| Field Description | Specifications |
|---|---|
| Member First Name | Must be 13 characters or less |
| Member Last Name | Must be 20 characters or less |
| Medicaid ID | Must be a valid Medicaid ID<br>Format: 12 bytes with leading zeros |
| Third Party | Must be 50 characters or less |
| Amount Recovered | Must be 10 characters or less |

### 1.1.3 Creating Comma Separated Value (CSV) File Using Excel

Comma-delimited files are text files in which data is separated by commas. Listed below are instructions on how to manually create .csv files from Excel.

- Open your Excel file in Excel.
- Choose ‘Save As’ from the Office Button in the top upper left of the application window.
- Select ‘CSV (Comma Delimited) (*.csv)’ as the type.
- Enter the file name in the ‘File Name’ box.

### 1.1.4 Inserting a PDF into a Word Document

These steps should be used when submitting track changes version of documents and general Word documents. Insert the required submission form into the Word document to submit marketing materials as one submission for review.

1. Click **Insert** on the Toolbar
2. Then, select **Object**
3. Next, select **Text from File**
4. Then, select **Create from File**
5. Next, select **Browse** to select PDF document
6. Lastly, select **Insert** then **Ok** to insert into Word document

## 1.2 Monthly Deliverables

Unless otherwise noted, the reporting period for all monthly reports is the previous calendar month. For example, the deliverables submitted on February 15th should include activity occurring during the reporting period from January 1st through the 31st. Certain reports reflect different reporting periods, and these exceptions are defined in the detailed reporting specifications for that deliverable.

## 1.2.1 Enrollment Broker Provider File

### *1.2.1.1 Contract Reference*

Medallion 3.0 Contract, Section 3.2.D

FAMIS Contract, Section 3.2.D

### *1.2.1.2 File Specifications*

| Field | Specifications | Type |
|---|---|---|
| Provider Taxonomy | Required. Only taxonomy code values that are on the provider type crosswalk provided in section 3.2.1.6 below will be accepted. | CHAR(10) |
| NPI Number | Required. Must be a valid NPI assigned by NPPES. | NUM(10) |
| Filler | Fill with zeros or spaces. | CHAR(09) |
| Provider Name Type | Required. Identifies whether provider name provided is for business or individual. Valid values are: O= Organization; I= Individual. If value is 'O', then provider first name field must be blank. | CHAR(1) |
| Provider Last Name | Required. For provider name type = 'O', organization name is stored here. | CHAR(50) |
| Provider First Name | Situational. Field will be blank If value of Name Type is 'O'. | CHAR(30) |
| Address Line 1 | Required. First line of provider's servicing location address. | CHAR(30) |
| Address Line 2 | Optional. Second line of provider's servicing location address. Provide if available. | CHAR(30) |
| City | Required. | CHAR(30) |
| State | Required. Include only providers with servicing locations in Virginia and contiguous states. Providers in all other states will be dropped. | CHAR(2) |
| Zip Code | Required. Must provide the full 9 digit zip code. Use leading zeroes if necessary. If plus-four is unavailable, populate with ‘0000’. | NUM(9) |
| Phone Area Code | Required. | NUM(3) |
| Phone Number | Required. | NUM(7) |
| Phone Extension | Optional. | NUM(4) |
| Evening Hours | Required. Indicates that the provider offers evening hours for patient visits. Valid values are: Y, N, and U. Default to U if not available. | CHAR(1) |
| Weekend Hours | Required. Indicates that the provider offers weekend hours for patient visits. Valid values are: Y, N, and U. Default to U if not available. | CHAR(1) |
| Language 1 | Optional. If provided, must use code values from the code set provided in this specification below. | CHAR(2) |
| Language 2 | Optional. If provided, must use code values from the code set provided in this specification below. | CHAR(2) |
| Language 3 | Optional. If provided, must use code values from the code set provided in this specification below. | CHAR(2) |
| Wheelchair Accessible | Required. Indicates that the provider’s service facility is wheelchair accessible. Valid values are: Y, N, and U. Default to U if not available. | CHAR(1) |
| Group Affiliation | Optional. | CHAR(50) |
| Provider's Gender | Required. Valid values: M, F, U. Default to U if not available. | NUM(1) |
| Low Age Limit | Required. Identifies any age restrictions imposed by provider. This is the lowest patient age served by the provider. Default to 0 if unavailable. | CHAR(3) |

| | | |
|---|---|---|
| High Age Limit | Required. . Identifies any age restrictions imposed by provider. This is the highest patient age served by the provider. Default to 120 if unavailable. | NUM(3) |
| Gender(s) Served | Required. . Identifies any gender restrictions imposed by provider, i.e. if the provider serves only Males, Females, or Both genders. Valid values: M, F, B. Default to B if not available. | CHAR(1) |
| PCP Status | Required. Indicates that this provider meets the qualifications to serve as a Primary Care Physician for patients (as defined by the MCO). Valid values are Y and N. Default to N if not available. | CHAR(1) |
| Accepting New Patients | Required. Indicates that the provider is accepting new Medicaid patients. Valid values are: Y, N, and U. Default to U if not available. | CHAR(1) |
| Site Number | OPTIONAL VALUE – A unique value that identifies each of the different locations within an NPI. | NUM(3) |

Method: DMAS secure FTP server

Format: Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files. Numeric fields should not include commas, dollar signs, or other extraneous characters.

File Name: EB_PROV.csv

Trigger: **Weekly – Submit file directly to DMAS via secure FTP server**

Due Date: 11/01/2016

DMAS: Managed Care Enrollment Broker

#### 1.2.1.3 **Requirements** (11/07/16 and After)

- Files are to be submitted every Monday. The MCO can submit the same file from the prior week if there were no updates or if your extract process does not run every week. DMAS expects to receive a file from each MCO every week.
- Every file is a full file replacement. Do not submit partial / incremental / transactional update files.
- Do not submit more than one record with the same NPI, taxonomy, and zip code.
- File must be submitted weekly, but if there have been no updates since the previous week, then the MCO may submit the same file again. File content should be updated on a monthly basis at minimum.
- Files are to be submitted directly to DMAS via the FTP. DMAS will review the files, edit for format, consolidate, and send to the Enrollment Broker for use in the member provider search function.
- Records that do not meet the specified formatting and content requirements above will be dropped and will not be included in the enrollment broker member provider search function. The MCO will be notified if/when records are dropped via an error/exception report.
- Use of the 'Plus 4' for all addresses is strongly encouraged. This value is used during geocoding of the providers and will provide more accurate results if available.
- 'Site Number' is currently an optional value, but DMAS is evaluating availability to determine whether to make it mandatory in the near future. Ideally, the combination of NPI and Site Number identifies a unique and consistent provider record in the MCO system.

- For the Provider Taxonomy value, it is only necessary to provide the provider's primary specialty. If multiple records are sent for the same provider, taxonomy, and location, DMAS will eliminate 'duplicate' records from the file before it is sent to the Enrollment Broker. Note that this 'duplicate' logic is based on the Provider Type values displayed in the Enrollment Broker provider search function and not on the specific taxonomy codes.

#### *1.2.1.4 Examples*

N/A

#### *1.2.1.5 Scoring Criteria*

N/A

#### *1.2.1.6 Valid Code Values*

**Language Code Values:**

| Code | Language Name |
|---|---|
| AA | Afar |
| AB | Abkhaz |
| AE | Avestan |
| AF | Afrikaans |
| AK | Akan |
| AM | Amharic |
| AN | Aragonese |
| AR | Arabic |
| AS | Assamese |
| AV | Avaric |
| AY | Aymara |
| AZ | Azerbaijani |
| BA | Bashkir |
| BE | Belarusian |
| BG | Bulgarian |
| BH | Bihari |
| BI | Bislama |
| BM | Bambara |
| BN | Bengali, Bangla |
| BO | Tibetan Standard, Tibetan, Central |
| BR | Breton |
| BS | Bosnian |
| CA | Catalan |
| CE | Chechen |
| CH | Chamorro |
| CO | Corsican |
| CR | Cree |
| CS | Czech |
| CU | Church Slavonic, Old Bulgarian |
| CV | Chuvash |
| CY | Welsh |
| DA | Danish |
| DE | German |
| DV | Divehi, Dhivehi, Maldivian |
| DZ | Dzongkha |
| EE | Ewe |
| EL | Greek (modern) |
| EN | English |
| EO | Esperanto |
| ES | Spanish |
| ET | Estonian |
| EU | Basque |
| FA | Persian (Farsi) |
| FF | Fula, Fulah, Pulaar, Pular |
| FI | Finnish |
| FJ | Fijian |
| FO | Faroese |
| FR | French |
| FY | Western Frisian |
| GA | Irish |
| GD | Scottish Gaelic, Gaelic |
| GL | Galician |

| | |
|---|---|
| GN | Guaraní |
| GU | Gujarati |
| GV | Manx |
| HA | Hausa |
| HE | Hebrew (modern) |
| HI | Hindi |
| HO | Hiri Motu |
| HR | Croatian |
| HT | Haitian, Haitian Creole |
| HU | Hungarian |
| HY | Armenian |
| HZ | Herero |
| IA | Interlingua |
| ID | Indonesian |
| IE | Interlingue |
| IG | Igbo |
| II | Nuosu |
| IK | Inupiaq |
| IO | Ido |
| IS | Icelandic |
| IT | Italian |
| IU | Inuktitut |
| JA | Japanese |
| JV | Javanese |
| KA | Georgian |
| KG | Kongo |
| KI | Kikuyu, Gikuyu |
| KJ | Kwanyama, Kuanyama |
| KK | Kazakh |
| KL | Kalaallisut, Greenlandic |
| KM | Khmer |
| KN | Kannada |
| KO | Korean |
| KR | Kanuri |
| KS | Kashmiri |
| KU | Kurdish |
| KV | Komi |
| KW | Cornish |
| KY | Kyrgyz |
| LA | Latin |
| LB | Luxembourgish, Letzeburgesch |
| LG | Ganda |
| LI | Limburgish, Limburgan, Limburger |

| | |
|---|---|
| LN | Lingala |
| LO | Lao |
| LT | Lithuanian |
| LU | Luba-Katanga |
| LV | Latvian |
| MG | Malagasy |
| MH | Marshallese |
| MI | Maori |
| MK | Macedonian |
| ML | Malayalam |
| MN | Mongolian |
| MR | Marathi (Mara?hi) |
| MS | Malay |
| MT | Maltese |
| MY | Burmese |
| NA | Nauruan |
| NB | Norwegian Bokmål |
| ND | Northern Ndebele |
| NE | Nepali |
| NG | Ndonga |
| NL | Dutch |
| NN | Norwegian Nynorsk |
| NO | Norwegian |
| NR | Southern Ndebele |
| NV | Navajo, Navaho |
| NY | Chichewa, Chewa, Nyanja |
| OC | Occitan |
| OJ | Ojibwe, Ojibwa |
| OM | Oromo |
| OR | Oriya |
| OS | Ossetian, Ossetic |
| PA | Panjabi, Punjabi |
| PI | Pali |
| PL | Polish |
| PS | Pashto, Pushto |
| PT | Portuguese |
| QU | Quechua |
| RC | Reunionese, Reunion Creole |
| RM | Romansh |
| RN | Kirundi |
| RO | Romanian |
| RU | Russian |
| RW | Kinyarwanda |

| | |
|---|---|
| SA | Sanskrit (Sa?sk?ta) |
| SC | Sardinian |
| SD | Sindhi |
| SE | Northern Sami |
| SG | Sango |
| SI | Sinhalese, Sinhala |
| SK | Slovak |
| SL | Slovene |
| SM | Samoan |
| SN | Shona |
| SO | Somali |
| SQ | Albanian |
| SR | Serbian |
| SS | Swati |
| ST | Southern Sotho |
| SU | Sundanese |
| SV | Swedish |
| SW | Swahili |
| TA | Tamil |
| TE | Telugu |
| TG | Tajik |
| TH | Thai |
| TI | Tigrinya |
| TK | Turkmen |
| TL | Tagalog |
| TN | Tswana |
| TO | Tonga (Tonga Islands) |
| TR | Turkish |
| TS | Tsonga |
| TT | Tatar |
| TW | Twi |
| TY | Tahitian |
| UG | Uyghur |
| UK | Ukrainian |
| UR | Urdu |
| UZ | Uzbek |
| VE | Venda |
| VI | Vietnamese |
| VO | Volapük |
| WA | Walloon |
| WO | Wolof |
| XH | Xhosa |
| YI | Yiddish |

| | |
|---|---|
| YO | Yoruba |
| ZA | Zhuang, Chuang |
| ZH | Chinese |
| ZU | Zulu |

**Provider Taxonomy Crosswalk**

Only the following provider taxonomy code values will be accepted and loaded to the Maximus provider database. The Maximus provider search function does not include provider types that are not relevant to member MCO selection.

| Taxonomy | Maximus Type |
|---|---|
| 101Y00000X | Behavioral Health Therapists and Counselors |
| 101YA0400X | Behavioral Health Therapists and Counselors |
| 101YM0800X | Behavioral Health Therapists and Counselors |
| 101YP1600X | Behavioral Health Therapists and Counselors |
| 101YP2500X | Behavioral Health Therapists and Counselors |
| 101YS0200X | Behavioral Health Therapists and Counselors |
| 102L00000X | Behavioral Health Therapists and Counselors |
| 102X00000X | Behavioral Health Therapists and Counselors |
| 103G00000X | Behavioral Health Therapists and Counselors |
| 103GC0700X | Behavioral Health Therapists and Counselors |
| 103K00000X | Behavioral Health Therapists and Counselors |
| 103T00000X | Behavioral Health Therapists and Counselors |
| 103TA0400X | Behavioral Health Therapists and Counselors |
| 103TA0700X | Behavioral Health Therapists and Counselors |
| 103TB0200X | Behavioral Health Therapists and Counselors |
| 103TC0700X | Behavioral Health Therapists and Counselors |
| 103TC1900X | Behavioral Health Therapists and Counselors |
| 103TC2200X | Behavioral Health Therapists and Counselors |
| 103TE1000X | Behavioral Health Therapists and Counselors |
| 103TE1100X | Behavioral Health Therapists and Counselors |
| 103TF0000X | Behavioral Health Therapists and Counselors |
| 103TF0200X | Behavioral Health Therapists and Counselors |
| 103TH0004X | Behavioral Health Therapists and Counselors |
| 103TH0100X | Behavioral Health Therapists and Counselors |
| 103TM1700X | Behavioral Health Therapists and Counselors |
| 103TM1800X | Behavioral Health Therapists and Counselors |
| 103TP0016X | Behavioral Health Therapists and Counselors |
| 103TP0814X | Behavioral Health Therapists and Counselors |
| 103TP2700X | Behavioral Health Therapists and Counselors |
| 103TP2701X | Behavioral Health Therapists and Counselors |
| 103TR0400X | Behavioral Health Therapists and Counselors |
| 103TS0200X | Behavioral Health Therapists and Counselors |
| 103TW0100X | Behavioral Health Therapists and Counselors |
| 104100000X | Behavioral Health Therapists and Counselors |
| 1041C0700X | Behavioral Health Therapists and Counselors |
| 1041S0200X | Behavioral Health Therapists and Counselors |
| 106H00000X | Behavioral Health Therapists and Counselors |
| 111N00000X | Chiropractor |

| Taxonomy | Maximus Type |
|---|---|
| 111NI0013X | Chiropractor |
| 111NI0900X | Chiropractor |
| 111NN0400X | Chiropractor |
| 111NN1001X | Chiropractor |
| 111NP0017X | Chiropractor |
| 111NR0200X | Chiropractor |
| 111NR0400X | Chiropractor |
| 111NS0005X | Chiropractor |
| 111NT0100X | Chiropractor |
| 111NX0100X | Chiropractor |
| 111NX0800X | Chiropractor |
| 132700000X | Dietary and Nutritional Providers |
| 133N00000X | Dietary and Nutritional Providers |
| 133NN1002X | Dietary and Nutritional Providers |
| 133V00000X | Dietary and Nutritional Providers |
| 133VN1004X | Dietary and Nutritional Providers |
| 133VN1005X | Dietary and Nutritional Providers |
| 133VN1006X | Dietary and Nutritional Providers |
| 136A00000X | Dietary and Nutritional Providers |
| 332H00000X | Eye Wear Supplier |
| 273100000X | Hospitals |
| 273R00000X | Hospitals |
| 273Y00000X | Hospitals |
| 275N00000X | Hospitals |
| 276400000X | Hospitals |
| 281P00000X | Hospitals |
| 281PC2000X | Hospitals |
| 282E00000X | Hospitals |
| 282J00000X | Hospitals |
| 282N00000X | Hospitals |
| 282NC0060X | Hospitals |
| 282NC2000X | Hospitals |
| 282NR1301X | Hospitals |
| 282NW0100X | Hospitals |
| 283Q00000X | Hospitals |
| 283X00000X | Hospitals |
| 283XC2000X | Hospitals |
| 284300000X | Hospitals |
| 286500000X | Hospitals |
| 2865C1500X | Hospitals |
| 2865M2000X | Hospitals |
| 2865X1600X | Hospitals |

| Taxonomy | Maximus Type |
|---|---|
| 287300000X | Hospitals |
| 291900000X | Laboratories |
| 291U00000X | Laboratories |
| 292200000X | Laboratories |
| 293D00000X | Laboratories |
| 310400000X | Nursing and Custodial Facilities |
| 3104A0625X | Nursing and Custodial Facilities |
| 3104A0630X | Nursing and Custodial Facilities |
| 310500000X | Nursing and Custodial Facilities |
| 311500000X | Nursing and Custodial Facilities |
| 311Z00000X | Nursing and Custodial Facilities |
| 311ZA0620X | Nursing and Custodial Facilities |
| 313M00000X | Nursing and Custodial Facilities |
| 314000000X | Nursing and Custodial Facilities |
| 3140N1450X | Nursing and Custodial Facilities |
| 315D00000X | Nursing and Custodial Facilities |
| 315P00000X | Nursing and Custodial Facilities |
| 317400000X | Nursing and Custodial Facilities |
| 224Z00000X | Occupational, Physical and Respiratory Therapists |
| 224ZE0001X | Occupational, Physical and Respiratory Therapists |
| 224ZF0002X | Occupational, Physical and Respiratory Therapists |
| 224ZL0004X | Occupational, Physical and Respiratory Therapists |
| 224ZR0403X | Occupational, Physical and Respiratory Therapists |
| 225000000X | Occupational, Physical and Respiratory Therapists |
| 225100000X | Occupational, Physical and Respiratory Therapists |
| 2251C2600X | Occupational, Physical and Respiratory Therapists |
| 2251E1200X | Occupational, Physical and Respiratory Therapists |
| 2251E1300X | Occupational, Physical and Respiratory Therapists |
| 2251G0304X | Occupational, Physical and Respiratory Therapists |
| 2251H1200X | Occupational, Physical and Respiratory Therapists |
| 2251H1300X | Occupational, Physical and Respiratory Therapists |
| 2251N0400X | Occupational, Physical and Respiratory Therapists |
| 2251P0200X | Occupational, Physical and Respiratory Therapists |
| 2251S0007X | Occupational, Physical and Respiratory Therapists |
| 2251X0800X | Occupational, Physical and Respiratory Therapists |
| 225200000X | Occupational, Physical and Respiratory Therapists |
| 225400000X | Occupational, Physical and Respiratory Therapists |
| 225500000X | Occupational, Physical and Respiratory Therapists |
| 2255A2300X | Occupational, Physical and Respiratory Therapists |
| 2255R0406X | Occupational, Physical and Respiratory Therapists |
| 225600000X | Occupational, Physical and Respiratory Therapists |
| 225700000X | Occupational, Physical and Respiratory Therapists |

| Taxonomy | Maximus Type |
|---|---|
| 225800000X | Occupational, Physical and Respiratory Therapists |
| 225A00000X | Occupational, Physical and Respiratory Therapists |
| 225B00000X | Occupational, Physical and Respiratory Therapists |
| 225C00000X | Occupational, Physical and Respiratory Therapists |
| 225CA2400X | Occupational, Physical and Respiratory Therapists |
| 225CA2500X | Occupational, Physical and Respiratory Therapists |
| 225CX0006X | Occupational, Physical and Respiratory Therapists |
| 225X00000X | Occupational, Physical and Respiratory Therapists |
| 225XE0001X | Occupational, Physical and Respiratory Therapists |
| 225XE1200X | Occupational, Physical and Respiratory Therapists |
| 225XF0002X | Occupational, Physical and Respiratory Therapists |
| 225XG0600X | Occupational, Physical and Respiratory Therapists |
| 225XH1200X | Occupational, Physical and Respiratory Therapists |
| 225XH1300X | Occupational, Physical and Respiratory Therapists |
| 225XL0004X | Occupational, Physical and Respiratory Therapists |
| 225XM0800X | Occupational, Physical and Respiratory Therapists |
| 225XN1300X | Occupational, Physical and Respiratory Therapists |
| 225XP0019X | Occupational, Physical and Respiratory Therapists |
| 225XP0200X | Occupational, Physical and Respiratory Therapists |
| 225XR0403X | Occupational, Physical and Respiratory Therapists |
| 226000000X | Occupational, Physical and Respiratory Therapists |
| 226300000X | Occupational, Physical and Respiratory Therapists |
| 227800000X | Occupational, Physical and Respiratory Therapists |
| 2278C0205X | Occupational, Physical and Respiratory Therapists |
| 2278E0002X | Occupational, Physical and Respiratory Therapists |
| 2278E1000X | Occupational, Physical and Respiratory Therapists |
| 2278G0305X | Occupational, Physical and Respiratory Therapists |
| 2278G1100X | Occupational, Physical and Respiratory Therapists |
| 2278H0200X | Occupational, Physical and Respiratory Therapists |
| 2278P1004X | Occupational, Physical and Respiratory Therapists |
| 2278P1005X | Occupational, Physical and Respiratory Therapists |
| 2278P1006X | Occupational, Physical and Respiratory Therapists |
| 2278P3800X | Occupational, Physical and Respiratory Therapists |
| 2278P3900X | Occupational, Physical and Respiratory Therapists |
| 2278P4000X | Occupational, Physical and Respiratory Therapists |
| 2278S1500X | Occupational, Physical and Respiratory Therapists |
| 227900000X | Occupational, Physical and Respiratory Therapists |
| 2279C0205X | Occupational, Physical and Respiratory Therapists |
| 2279E0002X | Occupational, Physical and Respiratory Therapists |
| 2279E1000X | Occupational, Physical and Respiratory Therapists |
| 2279G0305X | Occupational, Physical and Respiratory Therapists |
| 2279G1100X | Occupational, Physical and Respiratory Therapists |

| Taxonomy | Maximus Type |
|---|---|
| 2279H0200X | Occupational, Physical and Respiratory Therapists |
| 2279P1004X | Occupational, Physical and Respiratory Therapists |
| 2279P1005X | Occupational, Physical and Respiratory Therapists |
| 2279P1006X | Occupational, Physical and Respiratory Therapists |
| 2279P3800X | Occupational, Physical and Respiratory Therapists |
| 2279P3900X | Occupational, Physical and Respiratory Therapists |
| 2279P4000X | Occupational, Physical and Respiratory Therapists |
| 2279S1500X | Occupational, Physical and Respiratory Therapists |
| 229N00000X | Occupational, Physical and Respiratory Therapists |
| 183500000X | Pharmacies |
| 1835C0205X | Pharmacies |
| 1835G0000X | Pharmacies |
| 1835G0303X | Pharmacies |
| 1835N0905X | Pharmacies |
| 1835N1003X | Pharmacies |
| 1835P0018X | Pharmacies |
| 1835P0200X | Pharmacies |
| 1835P1200X | Pharmacies |
| 1835P1300X | Pharmacies |
| 1835P2201X | Pharmacies |
| 1835X0200X | Pharmacies |
| 183700000X | Pharmacies |
| 333600000X | Pharmacies |
| 3336C0002X | Pharmacies |
| 3336C0003X | Pharmacies |
| 3336C0004X | Pharmacies |
| 3336H0001X | Pharmacies |
| 3336I0012X | Pharmacies |
| 3336L0003X | Pharmacies |
| 3336M0002X | Pharmacies |
| 3336M0003X | Pharmacies |
| 3336N0007X | Pharmacies |
| 3336S0011X | Pharmacies |
| 363A00000X | Physician Assistants and Nurse Practitioners |
| 363AM0700X | Physician Assistants and Nurse Practitioners |
| 363AS0400X | Physician Assistants and Nurse Practitioners |
| 363L00000X | Physician Assistants and Nurse Practitioners |
| 363LA2100X | Physician Assistants and Nurse Practitioners |
| 363LA2200X | Physician Assistants and Nurse Practitioners |
| 363LC0200X | Physician Assistants and Nurse Practitioners |
| 363LC1500X | Physician Assistants and Nurse Practitioners |
| 363LF0000X | Physician Assistants and Nurse Practitioners |

| Taxonomy | Maximus Type |
|---|---|
| 363LG0600X | Physician Assistants and Nurse Practitioners |
| 363LN0000X | Physician Assistants and Nurse Practitioners |
| 363LN0005X | Physician Assistants and Nurse Practitioners |
| 363LP0200X | Physician Assistants and Nurse Practitioners |
| 363LP0222X | Physician Assistants and Nurse Practitioners |
| 363LP0808X | Physician Assistants and Nurse Practitioners |
| 363LP1700X | Physician Assistants and Nurse Practitioners |
| 363LP2300X | Physician Assistants and Nurse Practitioners |
| 363LS0200X | Physician Assistants and Nurse Practitioners |
| 363LW0102X | Physician Assistants and Nurse Practitioners |
| 363LX0001X | Physician Assistants and Nurse Practitioners |
| 363LX0106X | Physician Assistants and Nurse Practitioners |
| 364S00000X | Physician Assistants and Nurse Practitioners |
| 364SA2100X | Physician Assistants and Nurse Practitioners |
| 364SA2200X | Physician Assistants and Nurse Practitioners |
| 364SC0200X | Physician Assistants and Nurse Practitioners |
| 364SC1501X | Physician Assistants and Nurse Practitioners |
| 364SC2300X | Physician Assistants and Nurse Practitioners |
| 364SE0003X | Physician Assistants and Nurse Practitioners |
| 364SE1400X | Physician Assistants and Nurse Practitioners |
| 364SF0001X | Physician Assistants and Nurse Practitioners |
| 364SG0600X | Physician Assistants and Nurse Practitioners |
| 364SH0200X | Physician Assistants and Nurse Practitioners |
| 364SH1100X | Physician Assistants and Nurse Practitioners |
| 364SI0800X | Physician Assistants and Nurse Practitioners |
| 364SL0600X | Physician Assistants and Nurse Practitioners |
| 364SM0705X | Physician Assistants and Nurse Practitioners |
| 364SN0000X | Physician Assistants and Nurse Practitioners |
| 364SN0800X | Physician Assistants and Nurse Practitioners |
| 364SP0200X | Physician Assistants and Nurse Practitioners |
| 364SP0807X | Physician Assistants and Nurse Practitioners |
| 364SP0808X | Physician Assistants and Nurse Practitioners |
| 364SP0809X | Physician Assistants and Nurse Practitioners |
| 364SP0810X | Physician Assistants and Nurse Practitioners |
| 364SP0811X | Physician Assistants and Nurse Practitioners |
| 364SP0812X | Physician Assistants and Nurse Practitioners |
| 364SP0813X | Physician Assistants and Nurse Practitioners |
| 364SP1700X | Physician Assistants and Nurse Practitioners |
| 364SP2800X | Physician Assistants and Nurse Practitioners |
| 364SR0400X | Physician Assistants and Nurse Practitioners |
| 364SS0200X | Physician Assistants and Nurse Practitioners |
| 364ST0500X | Physician Assistants and Nurse Practitioners |

| Taxonomy | Maximus Type |
|---|---|
| 364SW0102X | Physician Assistants and Nurse Practitioners |
| 364SX0106X | Physician Assistants and Nurse Practitioners |
| 364SX0200X | Physician Assistants and Nurse Practitioners |
| 364SX0204X | Physician Assistants and Nurse Practitioners |
| 367500000X | Physician Assistants and Nurse Practitioners |
| 367A00000X | Physician Assistants and Nurse Practitioners |
| 367H00000X | Physician Assistants and Nurse Practitioners |
| 207V00000X | Physicians - Obstetrics and Gynecology |
| 207VB0002X | Physicians - Obstetrics and Gynecology |
| 207VC0200X | Physicians - Obstetrics and Gynecology |
| 207VE0102X | Physicians - Obstetrics and Gynecology |
| 207VF0040X | Physicians - Obstetrics and Gynecology |
| 207VG0400X | Physicians - Obstetrics and Gynecology |
| 207VH0002X | Physicians - Obstetrics and Gynecology |
| 207VM0101X | Physicians - Obstetrics and Gynecology |
| 207VX0000X | Physicians - Obstetrics and Gynecology |
| 207VX0201X | Physicians - Obstetrics and Gynecology |
| 208000000X | Physicians - Pediatrics |
| 2080A0000X | Physicians - Pediatrics |
| 2080B0002X | Physicians - Pediatrics |
| 2080C0008X | Physicians - Pediatrics |
| 2080H0002X | Physicians - Pediatrics |
| 2080I0007X | Physicians - Pediatrics |
| 2080N0001X | Physicians - Pediatrics |
| 2080P0006X | Physicians - Pediatrics |
| 2080P0008X | Physicians - Pediatrics |
| 2080P0201X | Physicians - Pediatrics |
| 2080P0202X | Physicians - Pediatrics |
| 2080P0203X | Physicians - Pediatrics |
| 2080P0204X | Physicians - Pediatrics |
| 2080P0205X | Physicians - Pediatrics |
| 2080P0206X | Physicians - Pediatrics |
| 2080P0207X | Physicians - Pediatrics |
| 2080P0208X | Physicians - Pediatrics |
| 2080P0210X | Physicians - Pediatrics |
| 2080P0214X | Physicians - Pediatrics |
| 2080P0216X | Physicians - Pediatrics |
| 2080S0010X | Physicians - Pediatrics |
| 2080S0012X | Physicians - Pediatrics |
| 2080T0002X | Physicians - Pediatrics |
| 2080T0004X | Physicians - Pediatrics |
| 207Q00000X | Physicians - Primary Care |

| Taxonomy | Maximus Type |
|---|---|
| 207QA0000X | Physicians - Primary Care |
| 207QA0401X | Physicians - Primary Care |
| 207QA0505X | Physicians - Primary Care |
| 207QB0002X | Physicians - Primary Care |
| 207QG0300X | Physicians - Primary Care |
| 207QH0002X | Physicians - Primary Care |
| 207QS0010X | Physicians - Primary Care |
| 207QS1201X | Physicians - Primary Care |
| 207R00000X | Physicians - Primary Care |
| 207RA0000X | Physicians - Primary Care |
| 207RA0001X | Physicians - Primary Care |
| 207RA0201X | Physicians - Primary Care |
| 207RA0401X | Physicians - Primary Care |
| 207RB0002X | Physicians - Primary Care |
| 207RC0000X | Physicians - Primary Care |
| 207RC0001X | Physicians - Primary Care |
| 207RC0200X | Physicians - Primary Care |
| 207RE0101X | Physicians - Primary Care |
| 207RG0100X | Physicians - Primary Care |
| 207RG0300X | Physicians - Primary Care |
| 207RH0000X | Physicians - Primary Care |
| 207RH0002X | Physicians - Primary Care |
| 207RH0003X | Physicians - Primary Care |
| 207RH0005X | Physicians - Primary Care |
| 207RI0001X | Physicians - Primary Care |
| 207RI0008X | Physicians - Primary Care |
| 207RI0011X | Physicians - Primary Care |
| 207RI0200X | Physicians - Primary Care |
| 207RM1200X | Physicians - Primary Care |
| 207RN0300X | Physicians - Primary Care |
| 207RP1001X | Physicians - Primary Care |
| 207RR0500X | Physicians - Primary Care |
| 207RS0010X | Physicians - Primary Care |
| 207RS0012X | Physicians - Primary Care |
| 207RT0003X | Physicians - Primary Care |
| 207RX0202X | Physicians - Primary Care |
| 208D00000X | Physicians - Primary Care |
| 193200000X | Specialty Physicians |
| 193400000X | Specialty Physicians |
| 202C00000X | Specialty Physicians |
| 202K00000X | Specialty Physicians |
| 204C00000X | Specialty Physicians |

| Taxonomy | Maximus Type |
|---|---|
| 204D00000X | Specialty Physicians |
| 204E00000X | Specialty Physicians |
| 204F00000X | Specialty Physicians |
| 204R00000X | Specialty Physicians |
| 207K00000X | Specialty Physicians |
| 207KA0200X | Specialty Physicians |
| 207KI0005X | Specialty Physicians |
| 207L00000X | Specialty Physicians |
| 207LA0401X | Specialty Physicians |
| 207LC0200X | Specialty Physicians |
| 207LH0002X | Specialty Physicians |
| 207LP2900X | Specialty Physicians |
| 207LP3000X | Specialty Physicians |
| 207N00000X | Specialty Physicians |
| 207ND0101X | Specialty Physicians |
| 207ND0900X | Specialty Physicians |
| 207NI0002X | Specialty Physicians |
| 207NP0225X | Specialty Physicians |
| 207NS0135X | Specialty Physicians |
| 207P00000X | Specialty Physicians |
| 207PE0004X | Specialty Physicians |
| 207PE0005X | Specialty Physicians |
| 207PH0002X | Specialty Physicians |
| 207PP0204X | Specialty Physicians |
| 207PS0010X | Specialty Physicians |
| 207PT0002X | Specialty Physicians |
| 207SC0300X | Specialty Physicians |
| 207SG0201X | Specialty Physicians |
| 207SG0202X | Specialty Physicians |
| 207SG0203X | Specialty Physicians |
| 207SG0205X | Specialty Physicians |
| 207SM0001X | Specialty Physicians |
| 207T00000X | Specialty Physicians |
| 207U00000X | Specialty Physicians |
| 207UN0901X | Specialty Physicians |
| 207UN0902X | Specialty Physicians |
| 207UN0903X | Specialty Physicians |
| 207W00000X | Specialty Physicians |
| 207WX0200X | Specialty Physicians |
| 207X00000X | Specialty Physicians |
| 207XP3100X | Specialty Physicians |
| 207XS0106X | Specialty Physicians |

| Taxonomy | Maximus Type |
|---|---|
| 207XS0114X | Specialty Physicians |
| 207XS0117X | Specialty Physicians |
| 207XX0004X | Specialty Physicians |
| 207XX0005X | Specialty Physicians |
| 207XX0801X | Specialty Physicians |
| 207Y00000X | Specialty Physicians |
| 207YP0228X | Specialty Physicians |
| 207YS0012X | Specialty Physicians |
| 207YS0123X | Specialty Physicians |
| 207YX0007X | Specialty Physicians |
| 207YX0602X | Specialty Physicians |
| 207YX0901X | Specialty Physicians |
| 207YX0905X | Specialty Physicians |
| 207ZB0001X | Specialty Physicians |
| 207ZC0006X | Specialty Physicians |
| 207ZC0008X | Specialty Physicians |
| 207ZC0500X | Specialty Physicians |
| 207ZD0900X | Specialty Physicians |
| 207ZF0201X | Specialty Physicians |
| 207ZH0000X | Specialty Physicians |
| 207ZI0100X | Specialty Physicians |
| 207ZM0300X | Specialty Physicians |
| 207ZN0500X | Specialty Physicians |
| 207ZP0007X | Specialty Physicians |
| 207ZP0101X | Specialty Physicians |
| 207ZP0102X | Specialty Physicians |
| 207ZP0104X | Specialty Physicians |
| 207ZP0105X | Specialty Physicians |
| 207ZP0213X | Specialty Physicians |
| 208100000X | Specialty Physicians |
| 2081H0002X | Specialty Physicians |
| 2081N0008X | Specialty Physicians |
| 2081P0004X | Specialty Physicians |
| 2081P0010X | Specialty Physicians |
| 2081P0301X | Specialty Physicians |
| 2081P2900X | Specialty Physicians |
| 2081S0010X | Specialty Physicians |
| 208200000X | Specialty Physicians |
| 2082S0099X | Specialty Physicians |
| 2082S0105X | Specialty Physicians |
| 2083A0100X | Specialty Physicians |
| 2083B0002X | Specialty Physicians |

| Taxonomy | Maximus Type |
|---|---|
| 2083C0008X | Specialty Physicians |
| 2083P0011X | Specialty Physicians |
| 2083P0500X | Specialty Physicians |
| 2083P0901X | Specialty Physicians |
| 2083S0010X | Specialty Physicians |
| 2083T0002X | Specialty Physicians |
| 2083X0100X | Specialty Physicians |
| 2084A0401X | Specialty Physicians |
| 2084B0002X | Specialty Physicians |
| 2084B0040X | Specialty Physicians |
| 2084D0003X | Specialty Physicians |
| 2084F0202X | Specialty Physicians |
| 2084H0002X | Specialty Physicians |
| 2084N0008X | Specialty Physicians |
| 2084N0400X | Specialty Physicians |
| 2084N0402X | Specialty Physicians |
| 2084N0600X | Specialty Physicians |
| 2084P0005X | Specialty Physicians |
| 2084P0015X | Specialty Physicians |
| 2084P0301X | Specialty Physicians |
| 2084P0800X | Specialty Physicians |
| 2084P0802X | Specialty Physicians |
| 2084P0804X | Specialty Physicians |
| 2084P0805X | Specialty Physicians |
| 2084P2900X | Specialty Physicians |
| 2084S0010X | Specialty Physicians |
| 2084S0012X | Specialty Physicians |
| 2084V0102X | Specialty Physicians |
| 2085B0100X | Specialty Physicians |
| 2085D0003X | Specialty Physicians |
| 2085H0002X | Specialty Physicians |
| 2085N0700X | Specialty Physicians |
| 2085N0904X | Specialty Physicians |
| 2085P0229X | Specialty Physicians |
| 2085R0001X | Specialty Physicians |
| 2085R0202X | Specialty Physicians |
| 2085R0203X | Specialty Physicians |
| 2085R0204X | Specialty Physicians |
| 2085R0205X | Specialty Physicians |
| 2085U0001X | Specialty Physicians |
| 208600000X | Specialty Physicians |
| 2086H0002X | Specialty Physicians |

| Taxonomy | Maximus Type |
|---|---|
| 2086S0102X | Specialty Physicians |
| 2086S0105X | Specialty Physicians |
| 2086S0120X | Specialty Physicians |
| 2086S0122X | Specialty Physicians |
| 2086S0127X | Specialty Physicians |
| 2086S0129X | Specialty Physicians |
| 2086X0206X | Specialty Physicians |
| 208800000X | Specialty Physicians |
| 2088F0040X | Specialty Physicians |
| 2088P0231X | Specialty Physicians |
| 208C00000X | Specialty Physicians |
| 208G00000X | Specialty Physicians |
| 208M00000X | Specialty Physicians |
| 208U00000X | Specialty Physicians |
| 208VP0000X | Specialty Physicians |
| 208VP0014X | Specialty Physicians |
| 209800000X | Specialty Physicians |
| 211D00000X | Specialty Physicians |
| 213E00000X | Specialty Physicians |
| 213EG0000X | Specialty Physicians |
| 213EP0504X | Specialty Physicians |
| 213EP1101X | Specialty Physicians |
| 213ER0200X | Specialty Physicians |
| 213ES0000X | Specialty Physicians |
| 213ES0103X | Specialty Physicians |
| 213ES0131X | Specialty Physicians |
| 261Q00000X | Specialty Physicians |
| 261QA0005X | Specialty Physicians |
| 261QA0006X | Specialty Physicians |
| 261QA0600X | Specialty Physicians |
| 261QA0900X | Specialty Physicians |
| 261QA1903X | Specialty Physicians |
| 261QA3000X | Specialty Physicians |
| 261QB0400X | Specialty Physicians |
| 261QC0050X | Specialty Physicians |
| 261QC1500X | Specialty Physicians |
| 261QC1800X | Specialty Physicians |
| 261QD0000X | Specialty Physicians |
| 261QD1600X | Specialty Physicians |
| 261QE0002X | Specialty Physicians |
| 261QE0700X | Specialty Physicians |
| 261QE0800X | Specialty Physicians |

| Taxonomy | Maximus Type |
|---|---|
| 261QF0050X | Specialty Physicians |
| 261QF0400X | Specialty Physicians |
| 261QG0250X | Specialty Physicians |
| 261QH0100X | Specialty Physicians |
| 261QH0700X | Specialty Physicians |
| 261QI0500X | Specialty Physicians |
| 261QL0400X | Specialty Physicians |
| 261QM0801X | Specialty Physicians |
| 261QM0850X | Specialty Physicians |
| 261QM0855X | Specialty Physicians |
| 261QM1000X | Specialty Physicians |
| 261QM1100X | Specialty Physicians |
| 261QM1101X | Specialty Physicians |
| 261QM1102X | Specialty Physicians |
| 261QM1103X | Specialty Physicians |
| 261QM1200X | Specialty Physicians |
| 261QM1300X | Specialty Physicians |
| 261QM2500X | Specialty Physicians |
| 261QM2800X | Specialty Physicians |
| 261QM3000X | Specialty Physicians |
| 261QP0904X | Specialty Physicians |
| 261QP0905X | Specialty Physicians |
| 261QP1100X | Specialty Physicians |
| 261QP2000X | Specialty Physicians |
| 261QP2300X | Specialty Physicians |
| 261QP2400X | Specialty Physicians |
| 261QP3300X | Specialty Physicians |
| 261QR0200X | Specialty Physicians |
| 261QR0206X | Specialty Physicians |
| 261QR0207X | Specialty Physicians |
| 261QR0208X | Specialty Physicians |
| 261QR0400X | Specialty Physicians |
| 261QR0401X | Specialty Physicians |
| 261QR0404X | Specialty Physicians |
| 261QR0405X | Specialty Physicians |
| 261QR0800X | Specialty Physicians |
| 261QR1100X | Specialty Physicians |
| 261QR1300X | Specialty Physicians |
| 261QS0112X | Specialty Physicians |
| 261QS0132X | Specialty Physicians |
| 261QS1000X | Specialty Physicians |
| 261QS1200X | Specialty Physicians |

| Taxonomy | Maximus Type |
|---|---|
| 261QU0200X | Specialty Physicians |
| 261QV0200X | Specialty Physicians |
| 261QX0100X | Specialty Physicians |
| 261QX0200X | Specialty Physicians |
| 261QX0203X | Specialty Physicians |
| 231H00000X | Speech, Language and Hearing Providers |
| 231HA2400X | Speech, Language and Hearing Providers |
| 231HA2500X | Speech, Language and Hearing Providers |
| 235500000X | Speech, Language and Hearing Providers |
| 2355A2700X | Speech, Language and Hearing Providers |
| 2355S0801X | Speech, Language and Hearing Providers |
| 235Z00000X | Speech, Language and Hearing Providers |
| 237600000X | Speech, Language and Hearing Providers |
| 237700000X | Speech, Language and Hearing Providers |

### 1.2.2 MCO Claims Report

#### *1.2.2.1 Contract Reference*

Medallion 3.0 Contract, Section 4.4

FAMIS Contract, Section 4.4

#### *1.2.2.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Month Begin Claims Inventory | Value must be ≥ 0 |
| Claims Received This Month | Value must be ≥ 0 |
| Claims Processed (Paid Or Denied) This Month | Value must be ≥ 0 |
| Number Of Claims Paid This Month | Value must be ≥ 0 |
| Number Of Claims Denied This Month | Value must be ≥ 0 |
| Number Of Claims Pended This Month | Value must be ≥ 0 |
| Claims Processed This Month: PMT DT - Receipt DT < 30 | Value must be ≥ 0 |
| Claims Processed This Month Within 31-90 Days Of Receipt | Value must be ≥ 0 |
| Claims Processed In 91-365 Days | Value must be ≥ 0 |
| Claims Processed Over 365 Days | Value must be ≥ 0 |
| Number of Inpatient Authorizations Approved | Value must be ≥ 0 |
| Number of Inpatient Authorizations Limited | Value must be ≥ 0 |
| Number of Inpatient Authorizations Denied | Value must be ≥ 0 |
| Number Of PCPs With Open Panels | Value must be ≥ 0 |
| Number Of PCPs With Closed Panels | Value must be ≥ 0 |
| Number Of PCPs With Restricted Panels | Value must be ≥ 0 |

Method: DMAS secure FTP server

Format: Comma separated value (.csv) file (a template of this report format, named MCO_RPT_FMT is available in the forms section on the DMAS Managed Care Web Site). All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files. Numeric fields should not include commas, dollar signs, or other extraneous characters. When populating this report please do not replace the information that is currently populated in the first column of the template. Begin dropping your data in column B.

File Name: MCO_RPT.csv

Trigger: Monthly

Due Date: By close of business on the 15th calendar day of the month following the end of the reporting month.

DMAS: Managed Care Contract Monitor

CMS

#### *1.2.2.3 Requirements*

This file should only include original claims (i.e., not adjusted claims).

1. **Claims:** For those claims that have multiple denial or pend reasons, report that claim under each reason (i.e., some claims may be reported multiple times).
2. **Claims Volume:** The Month Begin Claims Inventory should be equal to the prior month's Month End Claims Inventory.
3. **Claims Processed:** Number Of Claims Paid This Month + Number Of Claims Denied This Month = Claims Processed (Paid Or Denied) This Month.
4. **Claim Processing Turnaround:** Claims Processed This Month: PMT DT - Receipt DT < 30 + Claims Processed This Month Within 31-90 Days Of Receipt + Percent Processed In 91-365 Days + Percent Processed Over 365 Days = Claims Processed (Paid Or Denied) This Month.

#### *1.2.2.4 Examples*

None

#### *1.2.2.5 Scoring Criteria*

Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

### 1.2.3 Live Births

#### *1.2.3.1 Contract Reference*

Medallion 3.0 Contract, Section 5.7

FAMIS Contract, Section 5.7

#### *1.2.3.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Mother Last Name | Must be 20 characters or less |
| Mother First Name | Must be 13 characters or less |
| Mother ID Number | Must be a valid Medicaid ID<br>Format: Numeric 12 bytes with leading zeros |
| Newborn Last Name | Must be 20 characters or less |
| Newborn First Name | Must be 13 characters or less |
| Date of Birth | Must be a valid date<br>Format = mm/dd/yyyy<br>Must be <= report date |
| MCO Newborn ID Number | Must be 13 characters or less |
| DMAS Newborn ID Number | Must be a valid Medicaid ID or blank<br>Format: 12 bytes with leading zeros |
| Mother Enrolled MCO Prenatal Program | Valid values are 'Y' and 'N'. |
| Newborn Birth Weight | Numeric value must be >= 244 and <=11,000.<br>(Optional) |
| Estimated Gestation Period | Numeric value must be >= 22 and <= 54.<br>(Optional) |

Method: DMAS secure FTP server

Format: Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files.

File Name: BIRTHS.csv

Trigger: Monthly

Due Date: By close of business on the 15th calendar day of the month following the end of the reporting month.

DMAS: Managed Care Contract Monitor

#### *1.2.3.3 Requirements*

**Eligibility**: Report all newborn live births that occurred during the reporting period, plus any live births identified during the current reporting period that were not reported to DMAS by the MCO in a previous submission. Note that the MCO should not report the same newborn to DMAS more than once.

**MCO Newborn ID Number**: ID number assigned to the newborn by the MCO. This should be a unique number for that newborn.

**DMAS Newborn ID Number**: ID number assigned to the newborn by DMAS in the MMIS. Enter the Medicaid ID if known. Otherwise, leave blank. DMAS will research all newborns reported without valid Medicaid IDs and report back to the MCO on the weekly newborn report.

**Mother Enrolled MCO Prenatal Program**: Use the following values: Y = Yes or N = No.

**Newborn Birth Weight**: Report newborn weight at birth in grams. Reporting this information is optional.

**Estimated Gestation Period**: Report mother's gestation period in weeks. Reporting this information is optional.

#### *1.2.3.4 Examples*

In the examples below, the reporting cycle is August. This report is submitted to DMAS on September 15th.

| # | Scenario | Outcome |
|---|---|---|
| 1 | **Program**: Medicaid<br>Date of Birth: 08/12/xxxx<br>First Time Member Reported? Y | Member should be included in the report. |
| 2 | **Program**: FAMIS<br>Date of Birth: 09/08/xxxx<br>First Time Member Reported? Y | Member should NOT be included in the report because they should be reported in next month's cycle. |
| 3 | **Program**: FAMIS<br>**Age**: Date of birth 07/12/xxxx<br>First Time Member Reported? Y | Member should be included in the report because even though they were born in prior month they were not previously reported. |
| 4 | **Program**: Medicaid<br>Date of Birth: 07/12/xxxx<br>First Time Member Reported? N | Member should NOT be included in the report because they were previously reported in prior cycle. |

#### *1.2.3.5 Scoring Criteria*

Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

### 1.2.4 Returned ID Cards

#### *1.2.4.1 Contract Reference*

Medallion 3.0, Section 6.5

FAMIS Contract, Section 6.5

#### *1.2.4.2 File Specifications*

| Field Description | Specifications |
|---|---|
| MII or FAMIS | Must be 5 characters or less<br>Valid Values: MII or FAMIS |
| Medicaid ID | Must be a valid Medicaid ID<br>Format: 12 bytes with leading zeros |
| Member Last Name | Must be 20 characters or less |
| Member First Name | Must be 13 characters or less |
| Old Address 1 | Must be 40 characters or less |
| Old Address 2 | Must be 40 characters or less |
| Old City | Must be 17 characters or less |
| Old State | Must be 2 characters or less |
| Old Zip | Must be 9 characters or less |
| New Address 1 | Must be 40 characters or less |
| New Address 2 | Must be 40 characters or less |
| New City | Must be 17 characters or less |
| New State | Must be 2 characters or less |
| New Zip | Must be 9 characters or less |

Method: DMAS secure FTP server

Format: Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files.

File Name: RETURNED_ID.csv

Trigger: Monthly

Due Date: By close of business on the 15th calendar day of the month following the end of the reporting month.

DMAS: Managed Care Contract Monitor

#### *1.2.4.3 Requirements*

Include members enrolled in Medicaid and FAMIS.

#### *1.2.4.4 Examples:*

NONE

#### *1.2.4.5 Scoring Criteria*

Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

## 1.2.5 Patient Utilization Management and Safety Program (PUMS) Members

### *1.2.5.1 Contract Reference*

Medallion 3.0 Contract, Section 7.1.M.IV

FAMIS Contract, Sections 7.1.M

### *1.2.5.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files. |
| File Name: | PUMS.csv |
| Trigger: | Monthly |
| Due Date: | By close of business on the 15th calendar day of the month following the end of the reporting month. |
| DMAS: | Program Integrity Division & ARTS Coordinator |

### *1.2.5.3 Requirements*

Current PUMS specifications will be revised to be consistent with PUMS deliverable for ARTS. MCOs should continue to use the ARTS Technical Manual previously provided by DMAS for Medallion. Contents of that manual will be transferred into this document for the new Medallion contract cycle on July 1.

### *1.2.5.4 Examples*

N/A

### *1.2.5.5 Scoring Criteria*

N/A

## 1.2.6 Assessments Age/Blind/Disabled and Children with Special Health Care Needs

### *1.2.6.1 Contract Reference*

Medallion 3.0 Contract, Section 7.1.O.III.b and 7.7

FAMIS Contract, Section 7.1.O.III.b and 7.7

### *1.2.6.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Medicaid ID | Must be a valid Medicaid ID<br>Format: Numeric 12 bytes with leading zeros |
| Date assessment completed | Must be a valid date<br>Format = mm/dd/yyyy |
| Date of member's visit to PCP (if reported) | Must be a valid date<br>Format = mm/dd/yyyy<br>Visit date <= last day of reporting period<br>Visit date >-first day of reporting period<br>(Optional) |

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files. |
| File Name: | ASSESSMENTS.csv |
| Trigger: | Monthly |
| Due Date: | By close of business on the 15th calendar day of the month following the end of the reporting month. |
| DMAS: | Managed Care Contract Monitor |

### *1.2.6.3 Requirements*

Data Source: All enrollment and eligibility determinations should be based the eligibility and enrollment data from the end of month (EOM) 834 files sent to the MCOs. The process for determining the appropriate members for this report is detailed in Section 5.1.4.

Per the Medallion 3.0 contract, members must be assessed by the MCO when they fall into one or more of the eligible category groups:

- Member is in Aid Category 049, 051, 052, 059, 060, 061, 062 (ABD), 072 (AA), and/or
- Member is enrolled in the early intervention benefit (01010100EI) but not in Aid Category 076 (Foster Care), and/or
- Member has one or more special needs as specified in the Managed Care contract, and/or

- Member is enrolled in one of the HAP waiver benefits (01010100S, 01010100T, 01010100R, 01010100Y, 010101009). The assessment requirement for HAP members was added in Contract Modification (Amendment Number III) dated 12/01/2014. (DMAS' evaluation of HAP members will start effective with June 1, 2015 member enrollments.)

The MCO may choose to include other members who do not meet these criteria on this report, but those members will not be included in DMAS' calculation of the MCO's performance metric.

The MCO should report all assessments completed in the previous month for an ABD or CSHCN member. The MCO may also include any assessments not previously reported to DMAS.

PCP Visit: Reporting this information is optional. If provided, include only those members who actually visited their PCP during the 60 day reporting period: i.e., those members who visited a PCP within the first two calendar months of being newly enrolled in the MCO. Do not report members who did not visit their PCP during the report period, and do not include PCP visits that occurred outside the 60 day report period.

If more than one assessment record is submitted for the same member / month, DMAS will keep the latest record submitted.

#### *1.2.6.4 Examples*

None

#### *1.2.6.5 Scoring Criteria*

Formatting: Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

## 1.2.7 Appeals & Grievances Summary

### *1.2.7.1 Contract Reference:*

Medallion 3.0 Contract, Section 10.1.E.IV

FAMIS Contract, Section 10.1.E.I

### *1.2.7.2 File Specifications*

| Field Description | Provider Specifications | Member Specifications |
|---|---|---|
| Transportation (Appeal) | Value must be ≥ 0<br>Cannot be blank/spaces | Value must be ≥ 0<br>Cannot be blank/spaces |
| MCO Administrative Issue (Appeal) | Value must be ≥ 0<br>Cannot be blank/spaces | Value must be ≥ 0<br>Cannot be blank/spaces |
| Benefit or Denial or Limitation (Appeal) | Value must be ≥ 0<br>Cannot be blank/spaces | Value must be ≥ 0<br>Cannot be blank/spaces |
| Total Resolved This Month (Resolution) | Value must be ≥ 0<br>Cannot be blank/spaces | Value must be ≥ 0<br>Cannot be blank/spaces |
| Total Carried Forward (Resolution) | Value must be ≥ 0<br>Cannot be blank/spaces | Value must be ≥ 0<br>Cannot be blank/spaces |
| Total Resolved Prior Month (Resolution) | Value must be ≥ 0<br>Cannot be blank/spaces | Value must be ≥ 0<br>Cannot be blank/spaces |
| MCO Customer Service (Grievance) | Value must be ≥ 0<br>Cannot be blank/spaces | Value must be ≥ 0<br>Cannot be blank/spaces |
| Access to Services/Providers (Grievance) | Value must be ≥ 0<br>Cannot be blank/spaces | Value must be ≥ 0<br>Cannot be blank/spaces |
| Provider Care & Treatment (Grievance) | Value must be ≥ 0<br>Cannot be blank/spaces | Value must be ≥ 0<br>Cannot be blank/spaces |
| Transportation (Grievance) | Value must be ≥ 0<br>Cannot be blank/spaces | Value must be ≥ 0<br>Cannot be blank/spaces |
| Administrative Issues (Grievance) | Value must be ≥ 0<br>Cannot be blank/spaces | Value must be ≥ 0<br>Cannot be blank/spaces |
| Reimbursement Related (Grievance) | Value must be ≥ 0<br>Cannot be blank/spaces | Value must be ≥ 0<br>Cannot be blank/spaces |

Method: DMAS secure FTP server

Format: Comma separated value (.csv) file (a template of this report format, named APP_GRIEV_FMT is available in the forms section on the DMAS Managed Care Web Site). All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Numeric fields should not include commas, dollar signs, or other extraneous characters. Do not include a header row in .csv files. When populating this report please do not replace the information that is currently populated in the first column of the template. Begin dropping your data in column B.

File Name: APP_GRIEV.csv

Trigger: Monthly

Due Date: By close of business on the 15th calendar day of the month following the end of the reporting month.

DMAS: Managed Care Contract Monitor
CMS

### *1.2.7.3 Requirements*

Provider & Member Appeals:

- Total from Members includes Appeals submitted by a provider on behalf of a member.
- Total from Providers includes Appeals submitted by a provider on behalf of the provider.

Type of Appeal**:**

Categorize appeals under the most appropriate type.

- Transportation - Any transportation related appeal.
- MCO Administrative Issues - MCO's failure to provide services in a timely manner or to act within timeframes set forth in the Contract and 42CFR438.408 (b).
- Benefit Denial or Limitation - The reduction, suspension or termination of a previously authorized service; denial in whole/part of payment for services; and denial/limited (reduced) authorization for a service authorization request.

Resolution**:**

- Total End of Month Unresolved should be carried forward in the 'Total Carried Forward' field on the Appeals Report next month.

Provider & Member Grievances:

Only report on grievances received this month. Do not report any grievances carried forward from prior month(s). Report Provider and Member grievances separately.

Type of Grievance**:**

Categorize grievances in the most appropriate column.

- MCO Customer Service - Treatment by member or provider services, call center availability, not able to reach a person, non-responsiveness, dissatisfaction with call center treatment, etc.
- Access to Services/Providers - Limited access to services or specialty providers, unable to obtain timely appointments, PCP abandonment, access to urgent or emergent care, etc.
- Provider Care & Treatment - Appropriateness of provider care, including services, timeliness, unsanitary physical environment, waited too long in office, etc.
- Transportation - Any transportation related grievance including transportation did not pick up member, waited too long for transportation provider, etc.
- Administrative Issues - Did not receive member ID card, member materials, etc.
- Reimbursement Related - Member billed for covered services, inappropriate co-pay charge, timeliness of clean claim payment by MCO, etc.

### *1.2.7.4 Examples*

N/A

#### *1.2.7.5 Scoring Criteria*

Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

## 1.2.8 Monthly Provider File for Encounter Processing

### *1.2.8.1 Contract Reference*

Medallion 3.0 Contract, Section 11.4

FAMIS Contract, Section 11.4

### *1.2.8.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Provider NPI | Must be a valid NPI # or blank<br>Format: 10 bytes with leading zeros |
| Provider Type | Must be 30 characters or less |
| Last Name | Must be 40 characters or less |
| First Name | Must be 12 characters or less |
| MI | Must be 1 character or less |
| Suffix | Must be 3 characters or less (examples: JR, SR, III) |
| Title | Must be 5 characters or less (examples: MD, CRNA, LCSW, PHD, LPC) |
| Address | Must be 40 characters or less |
| City | Must be 17 characters or less |
| State | Must be 2 characters or less<br>Must be valid state code (USPS standards) |
| Zip Code (Plus 4) | Must be 9 characters or less |
| Contact Name | Must be 40 characters or less |
| Phone Number | Format: 999-999-9999<br>Do not include extension |
| Provider Begin Date | Must be a valid date<br>Format = mm/dd/yyyy |
| License Number | Must be 15 characters or less |
| State of License | Must be 2 characters or less<br>Must be valid state code (USPS standards) |
| License Begin Date | Must be a valid date<br>Format = mm/dd/yyyy<br>(Required) |
| License End Date | Must be a valid date or blank<br>Format = mm/dd/yyyy<br>(Optional) |
| Specialty | 40 characters or less (Optional) |
| Language | 10 characters or less (Optional) |
| Tax ID | Must be 9 characters |

Method: DMAS secure FTP server

Format: Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files.

File Name: ENC_PROV.csv

| | |
|---|---|
| Trigger: | Monthly |
| Due Date: | By close of business on the 15th calendar day of the month following the end of the reporting month. |
| DMAS: | Managed Care Encounter Analyst |

#### *1.2.8.3 Requirements*

Include all providers who are not active in the MMIS, but for whom the MCO will submit one or more encounters.

#### *1.2.8.4 Examples*

NONE

#### *1.2.8.5 Scoring Criteria*

Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

### 1.2.9 Encounter File Submissions (Eliminated)

Deliverable eliminated effective 07/01/2015.

This deliverable is now included in the revised ‘Encounter Data Certification’ deliverable. Refer to section 1.2.10.

## 1.2.10 Encounter Data Certification

### *1.2.10.1 Contract Reference*

Medallion 3.0 Contract, Section 11.5.B

FAMIS Contract, Section 11.5.B

### *1.2.10.2 File Specifications*

File specifications are documented in the template posted on the DMAS reporting web page here: http://www.dmas.virginia.gov/Content_pgs/mc-rpt.aspx

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Excel file |
| File Name: | ENC_CERT.xlsx |
| Trigger: | Monthly |
| Due Date: | By close of business on the 15th calendar day of the month following the end of the reporting month. |
| DMAS: | Managed Care Encounter Analyst |

### *1.2.10.3 Requirements*

MCO must list and certify monthly encounter data files via signature on the current version of the Encounter Data Certification Form (available on DMAS Managed Care web site).

Include all encounter files that were submitted and processed successfully by the MMIS during the calendar month being reported.

Include encounters for all claims paid for members enrolled in Medicaid and FAMIS programs.

Include all encounter files from MCO subcontractors.

All encounter files that are submitted and processed in MMIS must be certified by the MCO. The MCO cannot certify any files that were not received and processed in the MMIS.

DMAS will perform a reconciliation of the MCO's certification every month. The MCO will be required to submit a corrected Encounter Data Certification Form if any discrepancies are identified as a result of this reconciliation.

### *1.2.10.4 Examples*

N/A

### *1.2.10.5 Scoring Criteria*

Form submitted using current version of encounter certification form.

Form is complete and contains all required fields and signatures.

Form is submitted on time per contract requirements.

## 1.2.11 Monies Recovered by Third Parties

### *1.2.11.1 Contract Reference*

Medallion 3.0 Contract, Section 12.10

FAMIS Contract, Section 12.10

### *1.2.11.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Member First Name | Must be 13 characters or less |
| Member Last Name | Must be 20 characters or less |
| Medicaid ID | Must be a valid Medicaid ID<br>Format: 12 bytes with leading zeros |
| Third Party | Must be 50 characters or less |
| Amount Recovered | Must be 10 characters or less |

Method: DMAS secure FTP server

Format: Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files.

File Name: MNY_RECOV.csv

Trigger: Monthly

Due Date: By close of business on the 15th calendar day of the month following the end of the reporting month.

DMAS: Third Party Liability Unit

### *1.2.11.3 Requirements*

Program: Include members enrolled in Medicaid and FAMIS.

Amount Recovered: Include only actual recoveries received (e.g., checks) in this field. Do not include Cost Avoidance or coordination of benefits amounts.

### *1.2.11.4 Examples*

NONE

### *1.2.11.5 Scoring Criteria*

Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

## 1.2.12 Comprehensive Health Coverage

### *1.2.12.1 Contract Reference*

Medallion 3.0 Contract, Section 12.10.A

FAMIS Contract, Section 12.10.A

### *1.2.12.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Member First Name | Must be 13 characters or less |
| Member Last Name | Must be 20 characters or less |
| Medicaid ID | Must be a valid Medicaid ID<br>Format: 12 bytes with leading zeros |
| Other Carrier Name | Must be 50 characters or less |
| Policy Number | Must be 15 characters or less |
| Eff Date | Must be a valid date<br>Format: mm/dd/yyyy |
| End Date | Must be a valid date<br>Format: mm/dd/yyyy |

Method: DMAS secure FTP server

Format: Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files.

File Name: COMP_CVG.csv

Trigger: Monthly

Due Date: By close of business on the 15th calendar day of the month following the end of the reporting month.

DMAS: Third Party Liability Unit

### *1.2.12.3 Requirements*

Include members enrolled in Medicaid and FAMIS.

Include any other member health insurance coverage that is identified during the reporting month.

When multiple coverages are present for a member, enter each type of coverage on a separate line for that member.

### *1.2.12.4 Examples*

None

### *1.2.12.5 Scoring Criteria*

Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

## 1.2.13 Workers' Compensation

### *1.2.13.1 Contract Reference*

Medallion 3.0 Contract, Section 12.10.B

FAMIS Contract, Section 12.10.B

### *1.2.13.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Member First Name | Must be 13 characters or less |
| Member Last Name | Must be 20 characters or less |
| Medicaid ID | Must be a valid Medicaid ID<br>Format: 12 bytes with leading zeros |
| Other Carrier Name | Must be 50 characters or less |
| Policy Number | Must be ≤ 15 characters or blank |
| Eff Date | Must be a valid date<br>Format: mm/dd/yyyy |
| End Date | Must be a valid date<br>Format: mm/dd/yyyy |

Method: DMAS secure FTP server

Format: Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files.

File Name: WKR_COMP.csv

Trigger: Monthly

Due Date: By close of business on the 15th calendar day of the month following the end of the reporting month.

DMAS: Third Party Liability Unit

### *1.2.13.3 Requirements*

Include members enrolled in Medicaid and FAMIS.

When multiple coverages are present for a member, enter each type of coverage on a separate line for that member.

### *1.2.13.4 Examples*

NONE

### *1.2.13.5 Scoring Criteria*

Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

## 1.2.14 Estate Recoveries

### *1.2.14.1 Contract Reference*

Medallion 3.0 Contract, Section 12.10.C

FAMIS Contract, Section 12.10.C

### *1.2.14.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Member First Name | Must be 13 characters or less |
| Member Last Name | Must be 20 characters or less |
| Medicaid ID | Must be a valid Medicaid ID<br>Format: 12 bytes with leading zeros |
| Date of Death (Member Over Age 55) | Must be a valid date<br>Format: mm/dd/yyyy |

Method: DMAS secure FTP server

Format: Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files.

File Name: EST_RECOV.csv

Trigger: Monthly

Due Date: By close of business on the 15th calendar day of the month following the end of the reporting month.

DMAS: Third Party Liability Unit

### *1.2.14.3 Requirements*

Member must be enrolled under the Medicaid program. Do not include FAMIS members on this report.

Member must be over the age of 55 at time of death.

### *1.2.14.4 Examples*

None

### *1.2.14.5 Scoring Criteria*

Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

## 1.2.15 Other Coverage

### *1.2.15.1 Contract Reference*

Medallion 3.0 Contract, Section 12.10.D

FAMIS Contract, Section 12.10.D

### *1.2.15.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Member First Name | Must be 13 characters or less |
| Member Last Name | Must be 20 characters or less |
| Medicaid ID | Must be a valid Medicaid ID<br>Format: 12 bytes with leading zeros |
| Other Coverage Type | Must be 2 characters or less<br>Valid Values: CA, LI, CS, PI, TI, NA |
| If reporting Injury or Trauma - date | Must be a valid date<br>Format: mm/dd/yyyy |

Method: DMAS secure FTP server

Format: Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files.

File Name: OTH_COVG.csv

Trigger: Monthly

Due Date: By close of business on the 15th calendar day of the month following the end of the reporting month.

DMAS: Third Party Liability Unit

### *1.2.15.3 Requirements*

Include members enrolled in Medicaid and FAMIS.

Use the following codes: CA = Casualty; LI = Liability; CS = Child Support; PI = Personal Injury; TI = Trauma Injury; NA = Not Available

Provide one-time member trauma injury reporting per trauma date. Do not report ongoing member trauma injury.

### *1.2.15.4 Examples*

NONE

### *1.2.15.5 Scoring Criteria*

Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

### 1.2.16 PCP Provider Attestation Listing (Eliminated)

This requirement was eliminated effective 07/01/2015.

## 1.2.17 MCO Newborn Reconciliation File

### *1.2.17.1 Contract Reference*

Medallion 3.0 Contract, Sections 5.7 and 12.8

FAMIS Contract, Sections 5.7 and 12.8

### *1.2.17.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Mother Last Name | Must be 20 characters or less |
| Mother First Name | Must be 13 characters or less |
| Mother ID Number | Must be a valid Medicaid ID<br>Format: Numeric 12 bytes with leading zeros |
| Newborn Last Name | Must be 20 characters or less |
| Newborn First Name | Must be 13 characters or less |
| Date of Birth | Must be a valid date<br>Format = mm/dd/yyyy |
| MCO Newborn ID Number | Must be 13 characters or less. Required field. Must uniquely identify each child when there is a multiple birth. |
| DMAS Newborn ID Number | Must be a valid Medicaid ID or blank<br>Format: 12 bytes with leading zeros |

Method: DMAS secure FTP server

Format: Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files.

File Name: NB_Recon.csv

Trigger: Monthly

Due Date: By close of business on the 15th calendar day of the month after the month the newborn turned age one.

DMAS: Managed Care Contract Monitor

### *1.2.17.3 File Specifications*

The MCO NB_Recon file is submitted monthly by the MCO for each MCO newborn (live birth) when a payment was not received on the 820 payment report for the birth month (BM1), and/or birth month plus 1 (BM2) and/or birth month plus 2 (BM3). The report is submitted monthly. The submission month is the month following the month in which the newborn turned age one.

**MCO Newborn ID Number**: ID number assigned to the newborn by the MCO. This should be a unique number for that newborn. Twins should be submitted individually each with a unique MCO ID Number.

**DMAS Newborn ID Number**: ID number assigned to the newborn by DMAS in the MMIS. Enter the Medicaid ID if known. Otherwise, leave blank.

### *1.2.17.4 Examples*

MCO newborns with a date of birth (DOB) in the month of January 2013. If a payment was not received by the MCO for the BM1 - January 2013, and/or BM2-Feburary 2013, and/or BM3-March 2013, the MCO newborn should be included on the February 2014 monthly NB_Recon submission report.

Upon receipt, the file submission is validated against MMIS data and a return file, DMAS Newborn Reconciliation Return File (**NB_Recon_Return**), is generated for the MCO (see Section 4.1.x.).

### *1.2.17.5 Scoring Criteria*

Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

## 1.2.18 Assessment Exception Report

### *1.2.18.1 Contract Reference*

Medallion 3.0 Contract, Section 7.7.C

FAMIS Contract, Section 7.7.C

### *1.2.18.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Medicaid ID | Must be a valid Medicaid ID<br>Format: Numeric 12 bytes with leading zeros |
| Reason for Lack of Assessment | Must be 1 character or less<br>Valid Values: 1,2,3,4,9 |

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files. |
| File Name: | ASSESS_EXCEPTION.csv |
| Trigger: | Monthly |
| Due Date: | By close of business on the 15th calendar day of the month following receipt of the final detail report |
| DMAS: | Managed Care Operations |

### *1.2.18.3 Requirements*

The data source for this file is the DMAS Detailed Assessments Report, Section 4.1.23.

The following edits will be applied to this file:

- Include only members that were listed in the DMAS Detailed Assessments Report. Members who were not on the DMAS Detailed Assessments Report will be dropped and not included in the assessment reporting.
- Do not report and exception reason and an assessment date for the same member. If this happens, DMAS will use the assessment date reported and drop the exception reason record.
- Report only the primary exception reason for a member. Do not submit more than one exception reason record for the same member. If more than one exception reason record is submitted for the same member, DMAS will keep one of the records and drop the others.

Use the following codes for Exception Reason:

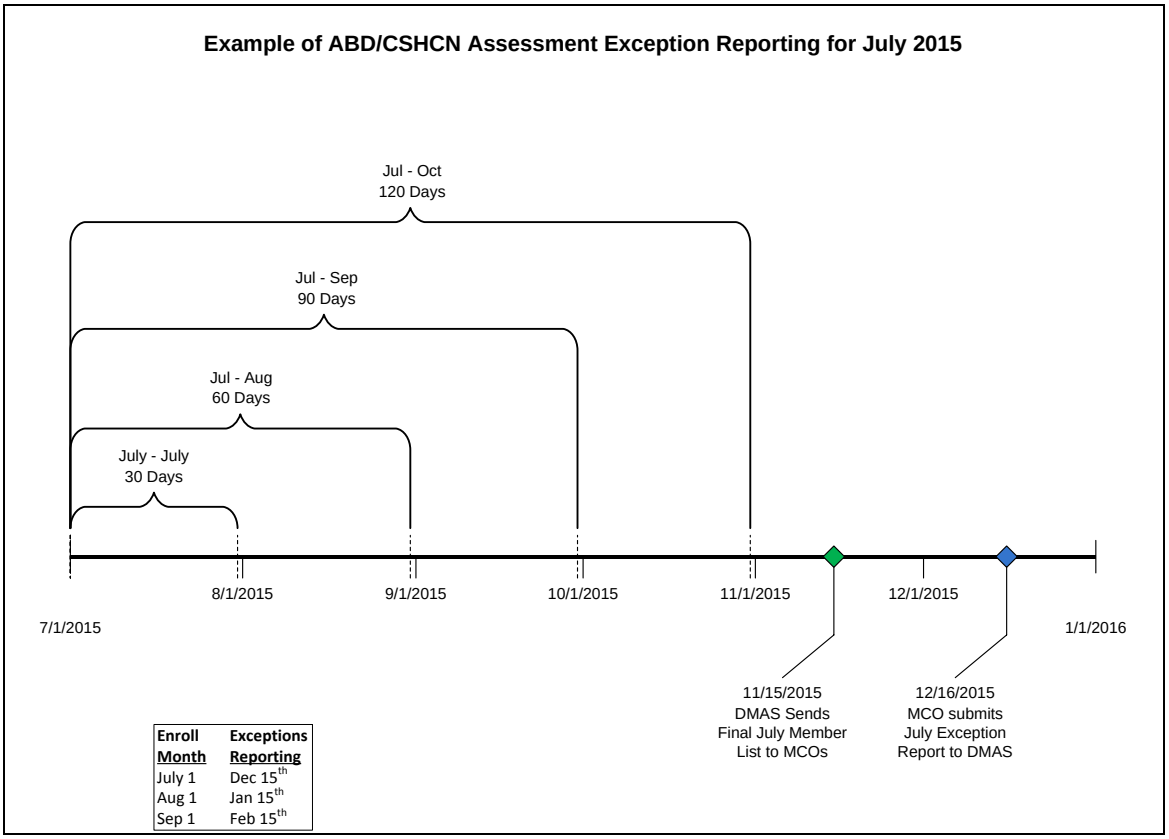
| Code | Exception Reason |
|---|---|
| 1 | Member/parent was contacted and refused to complete assessment. Includes incomplete (partial) assessments. |
| 2 | Member had invalid or missing contact information and could not be contacted by phone (wrong/missing number) or mail (returned mail) |
| 3 | Member contact information was valid, but MCO was unable to make contact with Member/parent (with) after repeated attempts. |
| 9 | Other |

***Only Exception Reason 2 (invalid contact member info) will be excluded from the denominator when calculating the adjusted final assessment percentage for the month.***

| MCO Assessment Member Cohort | Final Member List (from DMAS) | Assessment Exception Report Submitted (by MCO) |
|---|---|---|
| July | November 15 | December 15 |
| August | December 15 | January 15 |
| September | January 15 | February 15 |
| October | February 15 | March 15 |
| November | March 15 | April 15 |
| December | April 15 | May 15 |
| January | May 15 | June 15 |
| February | June 15 | July 15 |
| March | July 15 | August 15 |
| April | August 15 | September 15 |
| May | September 15 | October 15 |
| June | October 15 | November 15 |

### *1.2.18.4 Examples*

The graphic provides an example timeline for the July member cohort Assessment Exception report submission.




### *1.2.18.5 Scoring Criteria*

Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

## 1.2.19 Assessments Foster Care Children

### *1.2.19.1 Contract Reference*

Medallion 3.0 Contract, Section 7.1.O.III.b

FAMIS Contract, Section 7.1.O.III.b

### *1.2.19.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Medicaid ID | Must be a valid Medicaid ID<br>Format: Numeric 12 bytes with leading zeros |
| Date assessment completed | Must be a valid date<br>Format = mm/dd/yyyy |

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files. |
| File Name: | FC_ASSESSMENTS.csv |
| Trigger: | Monthly |
| Due Date: | By close of business on the 15th calendar day of the month following the end of the reporting month. |
| DMAS: | Managed Care Contract Monitor |

### *1.2.19.3 Requirements*

- Required Assessments: Per the Medallion 3.0 contract, members must be assessed by the MCO when they meet the following eligibility criteria:
    - Member is in Aid Category 076 (Foster Care)
- New Members: All new or newly identified foster care members who were assessed should be included on this report. A new or newly identified member is defined as a member who is on the 'current' EOM 834, but who did not meet the above criteria / was not on the EOM 834 files in all of the previous **six months as a foster care member**.
- Data Source: All enrollment and eligibility determinations should be based the eligibility and enrollment data from the end of month (EOM) 834 files sent to the MCOs.
- Report Period: This report reflects a 60 day continuous foster care enrollment period from the initial enrollment, i.e., current and previous calendar months. Assessments are only required for members who were enrolled with the MCO during the entire continuous foster care enrollment period. For example: The report due to DMAS on January 15 should reflect members who were enrolled as of November 1, and who maintained their foster care enrollment on the December 834.
- Assessment: Assessments are to be done on every foster care member who is newly enrolled with the MCO and on every member previously enrolled in the MCO but who has been newly identified as foster care. (Refer to criteria above.) If a member was previously identified and assessed as a child with special health care needs (CSHCN) and changes

to a foster care member within the two month continuous enrollment period, then he or she will require a new assessment. Only include those members who have completed a successful assessment on this report.

Report submission dates with their associated enrollment and look-back periods:

| Report | Enrollment Dates | | EOM Lookback | |
|---|---|---|---|---|
| **Submit Dt** | **Begin** | **End** | **Begin** | **End** |
| Jul 15th | May 1st | Jun 30th | Nov 1st | Apr 30th |
| Aug 15th | Jun 1st | Jul 31st | Dec 1st | May 31st |
| Sep 15th | Jul 1st | Aug 31st | Jan 1st | Jun 30th |
| Oct 15th | Aug 1st | Sep 30th | Feb 1st | Jul 31st |
| Nov 15th | Sep 1st | Oct 31st | Mar 1st | Aug 31st |
| Dec 15th | Oct 1st | Nov 30th | Apr 1st | Sep 30th |
| Jan 15th | Nov 1st | Dec 31st | May 1st | Oct 31st |
| Feb 15th | Dec 1st | Jan 31st | Jun 1st | Nov 30th |
| Mar 15th | Jan 1st | Feb 28th | Jul 1st | Dec 31st |
| Apr 15th | Feb 1st | Mar 31st | Aug 1st | Jan 31st |
| May 15th | Mar 1st | Apr 30th | Sep 1st | Feb 28th |
| Jun 15th | Apr 1st | May 31st | Oct 1st | Mar 31st |

### *1.2.19.4 Examples*

The following examples demonstrate criteria for the members who are required to be assessed. The following examples are based on a report date of January 15th.

| # | Enrollment | | Prior Months Look Back Period | | | | | | Assessment Required? | Reason |
|---|---|---|---|---|---|---|---|---|---|---|
| | Dec 834 | Nov 834 | Oct 834 | Sep 834 | Aug 834 | Jul 834 | Jun 834 | May 834 | | |
| 1. | FC | FC | Not Elig | Not Elig | Not Elig | Not Elig | Not Elig | Not Elig | Yes | New member |
| 2. | FC | FC | LIFC | LIFC | LIFC | LIFC | LIFC | LIFC | Yes | New FC |
| 3. | FC | FC | Not Elig | Not Elig | Not Elig | Not Elig | Not Elig | FC | No | Prior FC (not new) |
| 4. | FC | FC | Not Elig | Not Elig | LIFC | LIFC | LIFC | LIFC | Yes | New FC |
| 5. | Left FC | FC | LIFC | LIFC | LIFC | LIFC | LIFC | LIFC | No | Did not meet criteria for continuous enrollment |
| 6. | FC | FC | EI | EI | EI | EI | EI | EI | Yes | New FC; change from CSHCN |

### *1.2.19.5 Scoring Criteria*

Formatting: Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

## 1.2.20 MCO Call Center Statistics

### *1.2.20.1 Contract Reference*

Medallion 3.0 Contract, Section 4.9 (Provider), Section 6.11 (Member)

FAMIS Contract, Section 4.9 (Provider), Section 6.11 (Member)

### *1.2.20.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Total Member Calls Received | Value must be ≥ 0 |
| Total Member Calls Answered | Value must be ≥ 0 |
| Total Provider Calls Received | Value must be ≥ 0 |
| Total Provider Calls Answered | Value must be ≥ 0 |
| Total Member Calls Abandoned | Value must be ≥ 0 |
| Total Provider Calls Abandoned | Value must be ≥ 0 |
| Average Member Speed of Answer | Format = mm:ss |
| Average Member Handle Time | Format = mm:ss |
| Average Provider Speed of Answer | Format = mm:ss |
| Average Provider Handle Time | Format = mm:ss |

Method: DMAS secure FTP server

Format: Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Numeric fields should not include commas, dollar signs, or other extraneous characters. Do not include a header row in .csv files. Data file will contain only one row.

File Name: CALL_CENTER.csv

Trigger: Monthly

Due Date: By close of business on the 15th calendar day of the month following the end of the reporting month.

DMAS: Managed Care Operations

### *1.2.20.3 Requirements*

Total Calls Received must equal the sum of Total Calls Answered and Total Calls Abandoned (both Member and Provider).

Calls Abandoned are the number of calls where the caller disconnects while on hold waiting for an agent. An abandoned call is one that hangs up after 60 seconds. If it hangs up before 60 seconds, it's not considered abandoned.

The Average Speed of Answer is equal to the Total Waiting Time (in seconds) for Answered Calls divided by the Total Number of Answered Calls for the reporting period.

The Average Handle Time is the time in seconds an agent is talking to the caller, from answering a call to the caller hanging up.

#### *1.2.20.4 Examples*

N/A

#### *1.2.20.5 Scoring Criteria*

Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

## 1.2.21 Behavioral Health Home (BHH) Enrollment Roster

### *1.2.21.1 Contract Reference*

Medallion 3.0 Contract, Section 7.10.E.V

FAMIS Contract, Section 7.10.E.V

### *1.2.21.2 File Specifications*

| Field Description | Specifications/Validation Rules |
|---|---|
| Medicaid ID | Must be a valid Medicaid ID<br>Format: 12 bytes with leading zeros |
| BHH Enrollment Begin Date | Format = mm/dd/yyyy.<br>Must be a valid date.<br>Must be greater than 07/01/2015. |
| BHH Enrollment End Date | Format = mm/dd/yyyy.<br>Must be a valid date.<br>Must be greater than 07/01/2015.<br>For active / ongoing member enrollment, use value = 12/31/9999. |

Method: DMAS secure FTP server

Format: Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included.

File Name: BHH_ENROLL.csv

Frequency: Monthly

Due Date: By close of business on the 15th calendar day of the month.

DMAS: HCS Systems & Reporting

### *1.2.21.3 Requirements*

- Do not include a header row in this file.
- Only include members who are actually enrolled in the Behavioral Health Home pilot program. Do not include members who are eligible but not enrolled.
- Only Medicaid members are eligible for this pilot program.
- Each monthly file submission must be a full replacement file, i.e., Include all members who were previously enrolled or who will be enrolled in the BHH.
- Members must be enrolled with the MCO for their entire BHH enrollment period.
- A member may have more than one record the file, but each member record must have a different Begin and End Date. Date spans on different records for the same member within the file must not overlap.

- Members should not be enrolled in a BHH for a partial month. Enrollment Begin Date and End Date should start on the first / last day of a calendar month. The only exception would be when the member's MCO enrollment ends on a date other than the end of month.
- A diagram showing the input and output files for the BHH enrollment process is provided in Section 5.5.5.

- To be enrolled in a Virginia Mental Health Home pilot, a member must meet at least one of the following four criteria during a one year period. Selection should be based on the MCO's claims plus the Magellan encounter data provided by DMAS.

**1. Mental Health Services History**

A. Six or more visits with one or more of the following Mental Health codes: 99605, 99606, 99607, H0004, H0004, S9484, S0201, H0035, and H0036.

**AND**

B. One or more claims containing a primary Mental Health Diagnosis (see list below).

**AND**

C. Total claims (Medical & BH) during the period of at least $10,471.

OR

**2. Mental Health Pharmaceutical History**

A. Received six or more prescriptions for any combination of mental health NDCs (see list below) **OR** physician-administered J-codes (see list below). For purposes of this calculation, one prescription is equivalent to one month of medication.

**AND**

B. One or more claims containing a primary Mental Health Diagnosis (see list below).

**AND**

C. Total claims (Medical & BH) during the period of at least $10,471.

OR

**3. Hospital Inpatient Admission History**

A. One or more inpatient psychiatric hospitalizations in the period year. (This criterion may be met immediately upon discharge from the hospital prior to the receipt of claims with Medical Director approval and if patient meets the other criteria within this section.)

**AND**

B. One or more claims containing a primary Mental Health Diagnosis (see list below).

**AND**

C. Total claims (Medical & BH) during the period of at least $10,471.

OR

**4. History of Emergency Room Use**

A. Four or more visits to a hospital emergency department for **any** (physical medicine or BH) primary diagnosis

**AND**

B. One or more claims containing a primary Mental Health Diagnosis (see list below).

**AND**

C. Total claims (Medical & BH) during the period of at least $10,471.

## Mental Health Diagnosis List

293.81
293.82
293.83
293.84
295.
295.0
295.00
295.01
295.02
295.03
295.04
295.05
295.1
295.10
295.11
295.12
295.13
295.14
295.15
295.2
295.20
295.21
295.22
295.23
295.24
295.25
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295.31
295.32
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295.34
295.35
295.4
295.40
295.41
295.42
295.43
295.44
295.45
295.5
295.50
295.51
295.52
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295.54
295.55
295.6
295.60
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295.62
295.63
295.64
295.65
295.7
295.70
295.71
295.72
295.73
295.74
295.75
295.8
295.80
295.81
295.82
295.83
295.84
295.85
295.9
295.90
295.91
295.92
295.93
295.94
295.95
296.0
296.00
296.01
296.02
296.03
296.04
296.05
296.06
296.1
296.10
296.11
296.12
296.13
296.14
296.15
296.16
296.2
296.20
296.21
296.22
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296.24
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296.26
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296.4
296.40
296.41
296.42
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296.44
296.45
296.46
296.5
296.50
296.51
296.52
296.53
296.54
296.55
296.56
296.6
296.60
296.61
296.62
296.63
296.64
296.65
296.66
296.7
296.8
296.80
296.81
296.82
296.89
296.9
296.90
296.99
297.
297.1
297.3
297.8
297.9
298.8
298.9

## NDC Code List

| | | | | |
|---|---|---|---|---|
| 00002321045 | 00002442060 | 00006051768 | 00007507630 | 00045024686 |
| 00002322045 | 00002445301 | 00006091428 | 00007507720 | 00045024860 |
| 00002323030 | 00002445385 | 00006091468 | 00007507730 | 00045024866 |
| 00002323101 | 00002445401 | 00006091474 | 00007507920 | 00045024876 |
| 00002323130 | 00002445485 | 00006092128 | 00007507930 | 00045025004 |
| 00002323133 | 00002445501 | 00006092168 | 00008002801 | 00045025015 |
| 00002323201 | 00002445585 | 00006092174 | 00008002901 | 00045025017 |
| 00002323230 | 00002445601 | 00006093468 | 00008004001 | 00045025027 |
| 00002323233 | 00002445685 | 00006093474 | 00008004002 | 00045025301 |
| 00002323301 | 00002759701 | 00006094628 | 00008054201 | 00045025303 |
| 00002323330 | 00002763511 | 00006094668 | 00008054202 | 00045025346 |
| 00002323333 | 00002763611 | 00006094674 | 00024159801 | 00045025414 |
| 00002323401 | 00002763711 | 00007334301 | 00024159804 | 00045025446 |
| 00002323430 | 00002765801 | 00007334415 | 00032449201 | 00045025501 |
| 00002323433 | 00002765901 | 00007334615 | 00032449210 | 00045025549 |
| 00002411201 | 00002766001 | 00007335101 | 00032751201 | 00045063965 |
| 00002411204 | 00003056902 | 00007335216 | 00032751210 | 00045064065 |
| 00002411230 | 00003056915 | 00007336003 | 00032751211 | 00045064165 |
| 00002411233 | 00003058630 | 00007336103 | 00032751601 | 00045064265 |
| 00002411260 | 00003080110 | 00007336203 | 00032751610 | 00045064565 |
| 00002411501 | 00003082030 | 00007336344 | 00032751611 | 00045064765 |
| 00002411504 | 00003082050 | 00007336620 | 00037043001 | 00046043081 |
| 00002411530 | 00003082405 | 00007336621 | 00037043011 | 00046043091 |
| 00002411533 | 00003086350 | 00007336720 | 00037043101 | 00046043099 |
| 00002411560 | 00003086450 | 00007336721 | 00037043111 | 00046043181 |
| 00002411601 | 00003087750 | 00007400720 | 00037044217 | 00046043185 |
| 00002411604 | 00003087752 | 00007400725 | 00037044267 | 00046385008 |
| 00002411630 | 00003092020 | 00007401020 | 00045024010 | 00047024224 |
| 00002411633 | 00003095650 | 00007504744 | 00045024060 | 00047062124 |
| 00002411660 | 00003095652 | 00007504948 | 00045024066 | 00047063224 |
| 00002411701 | 00003098770 | 00007506011 | 00045024076 | 00047065024 |
| 00002411704 | 00005535923 | 00007506101 | 00045024086 | 00047065124 |
| 00002411730 | 00005535960 | 00007506111 | 00045024160 | 00047079624 |
| 00002411733 | 00005536023 | 00007506201 | 00045024166 | 00047079724 |
| 00002411760 | 00005536034 | 00007506315 | 00045024176 | 00047079824 |
| 00002441501 | 00005536060 | 00007506415 | 00045024186 | 00047079924 |
| 00002441504 | 00005536123 | 00007506615 | 00045024260 | 00047097124 |
| 00002441530 | 00005536134 | 00007507003 | 00045024560 | 00047097224 |
| 00002441533 | 00005536160 | 00007507103 | 00045024566 | 00047097524 |
| 00002441560 | 00005536223 | 00007507244 | 00045024576 | 00047287735 |
| 00002442001 | 00005536234 | 00007507320 | 00045024586 | 00047288635 |
| 00002442004 | 00005536260 | 00007507420 | 00045024660 | 00047288935 |
| 00002442030 | 00005538758 | 00007507430 | 00045024666 | 00047289235 |
| 00002442033 | 00006051760 | 00007507620 | 00045024676 | 00047291335 |

| | | | | |
|---|---|---|---|---|
| 00047291336 | 00054010529 | 00054434531 | 00071102001 | 00078000605 |
| 00047292035 | 00054015020 | 00054434625 | 00071201223 | 00078000705 |
| 00049392020 | 00054015023 | 00054434631 | 00071241823 | 00078000706 |
| 00049392083 | 00054015027 | 00054434725 | 00074156410 | 00078000805 |
| 00049396041 | 00054015120 | 00054452725 | 00074188002 | 00078000931 |
| 00049396060 | 00054015123 | 00054452731 | 00074188022 | 00078006833 |
| 00049397041 | 00054015129 | 00054834225 | 00074188032 | 00078006933 |
| 00049397060 | 00054015220 | 00054834325 | 00074370901 | 00078007005 |
| 00049398041 | 00054015223 | 00054834425 | 00074375301 | 00078007006 |
| 00049398060 | 00054015227 | 00054834525 | 00074382611 | 00078007008 |
| 00049399041 | 00054019959 | 00054834625 | 00074382613 | 00078010036 |
| 00049399060 | 00054022020 | 00054834725 | 00074390413 | 00078010105 |
| 00049571066 | 00054022025 | 00054852625 | 00074391013 | 00078010106 |
| 00049572066 | 00054022031 | 00054852725 | 00074396013 | 00078010108 |
| 00049572082 | 00054022120 | 00054852825 | 00074396313 | 00078012605 |
| 00049573066 | 00054022125 | 00054852904 | 00074397105 | 00078012606 |
| 00049573082 | 00054022220 | 00054853004 | 00074397601 | 00078012661 |
| 00049574066 | 00054022225 | 00054853125 | 00074398213 | 00078012705 |
| 00049574082 | 00054022320 | 00069011301 | 00074568113 | 00078012706 |
| 00049575047 | 00054022321 | 00069011302 | 00074568216 | 00078012761 |
| 00049576583 | 00054022463 | 00071023724 | 00074611411 | 00078033605 |
| 00049577041 | 00054022920 | 00071039324 | 00074611413 | 00078033606 |
| 00049577066 | 00054022925 | 00071040124 | 00074621211 | 00078033705 |
| 00049577073 | 00054022931 | 00071041624 | 00074621213 | 00078033706 |
| 00052011806 | 00054023020 | 00071042624 | 00074621411 | 00078033761 |
| 00052011890 | 00054023025 | 00071051324 | 00074621413 | 00078033805 |
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| 00052011990 | 00054252625 | 00071053724 | 00074621511 | 00078035752 |
| 00052213903 | 00054252725 | 00071080324 | 00074621513 | 00078045605 |
| 00052213904 | 00054252731 | 00071080340 | 00074621553 | 00078045635 |
| 00052214203 | 00054253125 | 00071080524 | 00074712611 | 00078045661 |
| 00052214204 | 00054253131 | 00071080540 | 00074712613 | 00078045705 |
| 00052214205 | 00054314450 | 00071080624 | 00074712653 | 00078045735 |
| 00054002025 | 00054314658 | 00071080640 | 00078000131 | 00078045761 |
| 00054002125 | 00054335041 | 00071101268 | 00078000205 | 00078049205 |
| 00054002129 | 00054335050 | 00071101341 | 00078000206 | 00078049235 |
| 00054006344 | 00054352763 | 00071101368 | 00078000209 | 00078049261 |
| 00054009720 | 00054386050 | 00071101441 | 00078000305 | 00078050883 |
| 00054009725 | 00054386150 | 00071101468 | 00078000306 | 00078050905 |
| 00054009820 | 00054387250 | 00071101541 | 00078000309 | 00078051005 |
| 00054009825 | 00054434225 | 00071101568 | 00078000405 | 00078051105 |
| 00054009829 | 00054434325 | 00071101641 | 00078000406 | 00078051205 |
| 00054009920 | 00054434331 | 00071101668 | 00078000409 | 00078059520 |
| 00054009925 | 00054434425 | 00071101768 | 00078000505 | 00078059620 |
| 00054010520 | 00054434431 | 00071101868 | 00078000506 | 00078059720 |
| 00054010525 | 00054434525 | 00071101968 | 00078000509 | 00078059820 |

| | | | | |
|---|---|---|---|---|
| 00078059920 | 00093010910 | 00093436001 | 00093576956 | 00093750801 |
| 00078060020 | 00093013201 | 00093436005 | 00093577001 | 00093750901 |
| 00078060120 | 00093015506 | 00093436019 | 00093577010 | 00093754006 |
| 00078060208 | 00093015510 | 00093436093 | 00093577056 | 00093754010 |
| 00081063325 | 00093022105 | 00093440401 | 00093577101 | 00093777201 |
| 00081064255 | 00093022106 | 00093440405 | 00093577110 | 00093777205 |
| 00081064360 | 00093022505 | 00093440419 | 00093577156 | 00093777219 |
| 00081064460 | 00093022506 | 00093440493 | 00093616931 | 00093777293 |
| 00083001976 | 00093027501 | 00093440501 | 00093716201 | 00093779506 |
| 00083002730 | 00093027601 | 00093440505 | 00093717301 | 00093779606 |
| 00083002732 | 00093027605 | 00093440519 | 00093717305 | 00093816101 |
| 00083002740 | 00093046301 | 00093440593 | 00093717401 | 00093816110 |
| 00083005230 | 00093046305 | 00093444301 | 00093717405 | 00093816201 |
| 00083005232 | 00093046319 | 00093444305 | 00093721906 | 00093816210 |
| 00083006030 | 00093046393 | 00093444310 | 00093721910 | 00093816301 |
| 00083006032 | 00093055312 | 00093444401 | 00093722006 | 00093816310 |
| 00083006130 | 00093068801 | 00093444405 | 00093722010 | 00093816401 |
| 00083006132 | 00093077801 | 00093510501 | 00093722528 | 00093816410 |
| 00083006230 | 00093078901 | 00093510505 | 00093722628 | 00093816501 |
| 00083006232 | 00093079001 | 00093510556 | 00093724005 | 00093816510 |
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J Code List

J1630
J1631
J2060
J2358
J2426
J2680
J2794
J3360

### *1.2.21.4 Examples*

None

### *1.2.21.5 Scoring Criteria*

None

## 1.2.22 Behavioral Health Homes Quality Report

### *1.2.22.1 Contract Reference*

Medallion 3.0 Contract, Section 7.10.E.VI

FAMIS Contract, Section 7.10.E.VI

### *1.2.22.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Total BHH members enrolled | Value must be ≥ 0 |
| Number of BHH members enrolled with contact between PCP and behavioral health provider | Value must be ≥ 0 |
| Number of BHH members with behavioral health inpatient discharge | Value must be ≥ 0 |
| Number of BHH members with behavioral health ambulatory care follow-up within 30 days after behavioral health inpatient discharge | Value must be ≥ 0 |
| Report month | Format (text) *mm_yyyy* |

Method: DMAS secure FTP server

Format: Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files. Each month's data should be contained on one row.

File Name: BHH_QUALITY.csv

Trigger: Monthly

Due Date: By close of business on the 15th calendar day of the month following the end of the reporting month.

DMAS: Managed Care Operations

### *1.2.22.3 Requirements*

Indicators should be reported for all individuals participating in the BHH program for at least one day during the reporting month.

Number of BHH Month Enrollment with At Least One Contact is the number of members whose primary care provider (PCP) had at least one contact *with the member's behavioral health provider* during the reporting period. Behavioral health providers include: psychiatrists, doctoral-level psychologists, licensed professional counselors, licensed clinical social workers, and licensed clinical behavioral health case managers. MCO case mangers/care managers are not considered behavioral health providers; however, if the member does not have a treating behavioral health provider, then the MCO's consulting psychiatrist would be expected to have monthly contact with the enrolled member's PCP. Valid contact types include: in-person meetings, phone conversations, and telemedicine. Email messages/letters are not considered a valid form of contact. Information on the provider types and recommended contacts or

encounters related to integrated behavioral health in primary care is available from: http://integrationacademy.ahrq.gov/sites/default/files/AHRQ_AcadLitReview.pdf

The number of BHH members with ambulatory care follow-up should be determined using the Healthcare Effectiveness and Information Set (HEDIS) specifications for the 'Follow-up After Hospitalization for Mental Illness' measure. For more information on this measure see:

http://www.qualitymeasures.ahrq.gov/content.aspx?id=48641&search=follow-up+hospitalization.

The report should reflect cumulative results for the BHH program, i.e., the MCO should report additional discharges and follow up visits each month as claims are received. Report members with a behavioral health inpatient discharge in the month of the discharge. Report members with follow-up visits in the month of the inpatient discharge.

### *1.2.22.4 Examples*

Note that the header row is for information purposes only – no header row should be included in the submitted file.

| **BHH_QUALITY.CSV (for October 2015)** | | | | |
|---|---|---|---|---|
| **Total BHH Members Enrolled** | **Number of BHH members enrolled with contact between PCP and behavioral health provider** | **Number of BHH members with behavioral health inpatient discharge** | **Number of BHH members with behavioral health ambulatory care follow-up within 30 days after behavioral health inpatient discharge** | **Report month** |
| 100 | 90 | 3 | 3 | 07_2015 |
| 105 | 95 | 2 | 1 | 08_2015 |
| 120 | 100 | 4 | 3 | 09_2015 |

### *1.2.22.5 Scoring Criteria*

Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

## 1.2.23 Pharmacy Service Authorization Report

### *1.2.23.1 Contract Reference*

Medallion 3.0 Contract, Section 7.2.S

#### *1.2.23.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Service Authorization Identifier | Required<br>This identifier should match the service authorization number in the MCO's system. Maximum length allowed for this field is 25 characters. See requirement below for unique key edit. |
| Medicaid ID | Required<br>Must be a valid Medicaid ID. Must be twelve digits. Fill with leading zeroes if necessary. |
| Service Auth Response Type | Required<br>Must use one of the following one character valid values:<br>'A' = Approved<br>'D'= Denied for Cause<br>'M'=Denied by MCO because supplemental info not provided<br>'S' = Requires supplemental information from provider |
| Date Service Auth was Received by MCO or subcontractor (PBM) | Required<br>Must be a valid date<br>Format = mm/dd/yyyy<br>Must be <= End Date of reporting period (calendar month) |
| Time Service Auth was Received by MCO or subcontractor (PBM) | Required<br>Format = hh:mm:ss<br>Must be a time value between 00:00:00 and 23:59:59 |
| Date Response was sent to Provider | Required<br>Must be a valid date<br>Format = mm/dd/yyyy<br>Must be >= Begin Date and <= End Date of reporting period (calendar month) |
| Time Response was sent to Provider | Required<br>Format = hh:mm:ss<br>Must be a time value between 00:00:00 and 23:59:59 |
| NDC | If provided, must be a valid NDC. Must be eleven digits. Fill with leading zeroes if necessary. If NDC is not available, MCO must provide a 'categorization' / description of the service in the field below. |
| Other Service Categorization | If the PBM/MCO does not use NDC for service auths, provide the 'categorization' or descriptive value in this field. Examples may be drug description, therapeutic class, etc. Maximum length allowed for this field is 50 characters. |
| Urgent Indicator | Required<br>Y = Urgent<br>N = Not urgent |
| Resubmission Indicator | Required<br>Y = This record is a re-review of a previously submitted Supplemental record. A service auth record with the same service auth ID and a 'Service Auth Response Type' of 'S' must have been previously submitted.<br>N = This is an original request i.e., first time that this service was submitted to the MCO |

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Numeric fields should not include commas, dollar signs, or other extraneous characters. Do not include a header row in .csv files. Data file will contain only one row. |
| File Name: | SA_REPORT.csv |
| Trigger: | Monthly |
| Due Date: | By close of business on the 15th calendar day of the month following the end of the reporting month. |
| DMAS: | Managed Care Operations |

### *1.2.23.3 Requirements*

**Identification of Pharmacy Service:**

- DMAS would prefer to have the specific NDC for each authorization if available. If NDC is not available, please provide some other descriptive value that identifies the pharmacy service being authorized.
- For each submitted row, the MCO must provide a value in either the 'NDC' or the 'Other Service Categorization' field.

**Records to be Included:**

- Include all pharmacy service authorizations that were approved, denied, or pended for supplemental info during the previous calendar month.
- When the MCO receives an authorization request and additional documentation is needed from the provider, that request should be included in this report with a Service Auth Response Type of 'S'. (Resubmission Indicator on this initial request should be 'N'.)
- When the requestor sends the supplemental information for a previously submitted service auth, that record should be included in this report as a separate line with the same Identifier value as the initial request, and a Resubmission Indicator of 'Y'.
- Every initial submission must have a Resubmission Indicator of 'N'. 'Identifier' values must be unique for all records with Resubmission Indicator of 'N'

**Requests for Supplemental Information:**

- If a service auth is resubmitted multiple times, there can be multiple records with the same 'Identifier' value, but they must all have a Resubmission Indicator of 'Y'.
- The date/time of receipt on 'resubmitted' records must reflect the date/time that the supplemental info was submitted, and not the date/time of the original request.
- The response date/time on 'resubmitted' records should reflect the date/time that the approval/denial notification for the supplemental info was sent to the requestor, and not the date/time of the original request.

### *1.2.23.4 Examples*

N/A

### *1.2.23.5 Scoring Criteria*

Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

## 1.2.24 Foster Care Barrier Report

### *1.2.24.1 Contract Reference*

Medallion 3.0 Contract, Section 7.1.O.V.b

### *1.2.24.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Medicaid ID | Must be a valid Medicaid ID. Must be twelve digits. Fill with leading zeroes if necessary. |
| Member First Name | Member's last name as it appears on MCO 834 file |
| Member Last Name | Member's first name as it appears on MCO 834 file |
| Member Aid Category | Member aid category as it appears on MCO 834 file |
| Member Street Address 1 | First line of member address as it appears on MCO 834 file |
| Member Street Address 2 | Second line of member address as it appears on MCO 834 file |
| Member Zip | Member Zip+4 code as it appears on MCO 834 file |
| Member Phone | Member Phone number as it appears on MCO 834 file |
| Barrier Category | Specify one of the following two character valid values:<br>'01' = Adopted / reunified<br>'02' = Aged out<br>'03' = Aid category change<br>'04' = Can't locate with current address<br>'05' = Deceased<br>'06' = FIPS code not correct or missing<br>'07' = In a facility/ incarcerated<br>'08' = Invalid telephone number<br>'09' = LDSS non-responsive<br>'10' = Lost eligibility<br>'11' = Moved out of coverage area<br>'12' = New address reported<br>'13' = New phone number<br>'14' = Non-cooperative/ refusal to release info<br>'15' = Not in custody of LDSS<br>'16' = Other<br>'17' = Out of state<br>'18' = Returned mail |
| Data Source | Specify one of the following one character valid values:<br>'P' = Foster Care Parent<br>'D' = Local DSS<br>'M' = DMAS MMIS / 834<br>'R' = Returned Mail<br>'O' = Other |
| Date MCO Aware | Must be a valid date<br>Format = mm/dd/yyyy<br>Must be <= End Date of reporting period (calendar month) |
| Additional MCO Comments | Optional - Maximum 75 characters, no "LF" within the data. |

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Numeric fields should not include commas, dollar signs, or other extraneous characters. Do not include a header row in .csv files. Data file will contain only one row. |
| File Name: | BARRIER.csv |
| Trigger: | Monthly |
| Due Date: | By close of business on the 15th calendar day of the month following the end of the reporting month. |
| DMAS: | Special Populations Unit |

#### *1.2.24.3 Requirements*

All fields are required unless otherwise indicated. MCO must provide a value for all fields.

#### *1.2.24.4 Examples*

N/A

#### *1.2.24.5 Scoring Criteria*

Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

## 1.2.25 IHS Claims Report

### *1.2.25.1 Contract Reference*

Medallion 3.0 Contract, Section 4.4.A

### *1.2.25.2 File Specifications*

To be determined.

| | |
|---|---|
| Method: | To be determined. |
| Format: | To be determined. |
| File Name: | To be determined. |
| Trigger: | Monthly |
| Due Date: | By close of business on the 15th calendar day of the month following the end of the reporting month. |
| DMAS: | MCO Operations |

### *1.2.25.3 Requirements*

This is a placeholder for future use. MCOs are not required to submit this report deliverable at this time. This report will be implemented once IHS services are being provided to members.

MCOs do not need to send a blank file.

### *1.2.25.4 Examples*

N/A

### *1.2.25.5 Scoring Criteria*

N/A

## 1.2.26 ARTS – Appeals & Grievances Summary

### *1.2.26.1 Contract Reference*

Medallion 3.0 Contract, Section 10.1.E.IV

FAMIS Contract, Section 10.1.E.I

### *1.2.26.2 File Specifications*

To be determined.

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Comma separated value (.csv) file (a template of this report format, named APP_GRIEV_FMT is available in the forms section on the DMAS Managed Care Web Site). All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Numeric fields should not include commas, dollar signs, or other extraneous characters. Do not include a header row in .csv files. When populating this report please do not replace the information that is currently populated in the first column of the template. Begin dropping your data in column B. |
| File Name: | ARTS_APP_GRIEV.csv |
| Trigger: | Monthly |
| Due Date: | By close of business on the 15th calendar day of the month following the end of the reporting month. |
| DMAS: | ARTS Coordinator |

### *1.2.26.3 Requirements*

This is a placeholder for the draft version of the Technical Manual. MCOs should continue to use the ARTS Technical Manual previously provided by DMAS for Medallion. The contents of that manual will be transferred into this document for the new Medallion contract cycle on July 1.

### *1.2.26.4 Examples*

N/A

### *1.2.26.5 Scoring Criteria*

N/A

## 1.2.27 ARTS – Service Authorizations

### *1.2.27.1 Contract Reference*

Contract Reference Medallion 3.0 Contract, Section7.1.P

### *1.2.27.2 File Specifications*

To be determined.

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Numeric fields should not include commas, dollar signs, or other extraneous characters. Do not include a header row in .csv files. Data file will contain only one row. |
| File Name: | ARTS_SA.csv |
| Trigger: | Monthly |
| Due Date: | By close of business on the 15th calendar day of the month following the end of the reporting month. |
| DMAS: | ARTS Coordinator |

### *1.2.27.3 Requirements*

This is a placeholder for the draft version of the Technical Manual. MCOs should continue to use the ARTS Technical Manual previously provided by DMAS for Medallion. The contents of that manual will be transferred into this document for the new Medallion contract cycle on July 1.

### *1.2.27.4 Examples*

N/A

### *1.2.27.5 Scoring Criteria*

N/A

## 1.2.28 ARTS – MCO Call Center Statistics

### *1.2.28.1 Contract Reference*

Medallion 3.0 Contract, Section 4.9 (Provider), Section 6.11 (Member)

FAMIS Contract, Section 4.9 (Provider), Section 6.11 (Member)

### *1.2.28.2 File Specifications*

To be determined.

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Numeric fields should not include commas, dollar signs, or other extraneous characters. Do not include a header row in .csv files. Data file will contain only one row. |
| File Name: | ARTS_CALL_CENTER.csv |
| Trigger: | Monthly |
| Due Date: | By close of business on the 15th calendar day of the month following the end of the reporting month. |
| DMAS: | ARTS Coordinator |

### *1.2.28.3 Requirements*

This is a placeholder for the draft version of the Technical Manual. MCOs should continue to use the ARTS Technical Manual previously provided by DMAS for Medallion. The contents of that manual will be transferred into this document for the new Medallion contract cycle on July 1.

### *1.2.28.4 Examples*

N/A

### *1.2.28.5 Scoring Criteria*

N/A

## 1.2.29 ARTS – Provider Network File

### *1.2.29.1 Contract Reference*

Medallion 3.0 Contract, Section 3.2.E

FAMIS Contract, Article II, Section I.1.d

### *1.2.29.2 File Specifications*

To be determined.

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files. |
| File Name: | ARTS_PROV_NTWK.csv |
| Trigger: | Monthly |
| Due Date: | By close of business on the 15th calendar day of the month following the end of the reporting month. |
| DMAS: | ARTS Coordinator |

### *1.2.29.3 Requirements*

This is a placeholder for the draft version of the Technical Manual. MCOs should continue to use the ARTS Technical Manual previously provided by DMAS for Medallion. The contents of that manual will be transferred into this document for the new Medallion contract cycle on July 1.

### *1.2.29.4 Examples*

N/A

### *1.2.29.5 Scoring Criteria*

N/A

## 1.3 Quarterly Deliverables

All quarterly reporting deliverables are due to DMAS by the last calendar day of the month following the end of the reporting quarter, or as noted by specific report. If the last calendar day falls on a Saturday, Sunday, or state holiday, then the quarterly report deliverables are due by close of business of the next full business day.

Unless otherwise stated, the reporting periods and submission dates for quarterly reporting are as follows:

| Report Period | Submission Due |
|---|---|
| January – March, | April 30th |
| April – June, | July 31st |
| July – September | October 31st |
| October – December | January 31st |

Certain reports reflect different reporting periods, and these differences are defined in the detailed reporting specifications within this document.

## 1.3.1 Provider Network File

### *1.3.1.1 Contract Reference*

Medallion 3.0 Contract, Section 3.2.E and 6.6.B.I

FAMIS Contract, Article II, Section I.1.d

### *1.3.1.2 File Specifications*

| Field | Specifications |
|---|---|
| NPI/API | Required. 10 bytes numeric with leading zeros. |
| PCP Status | Required. Indicates that this provider meets the qualifications to serve as a Primary Care Physician for patients (as defined by the MCO). Valid values are Y and N. Default to N if not available. CHAR(1) |
| Provider Last Name | Required |
| Provider First Name | Leave blank if facility |
| Address line 1 | Required |
| Address line 2 | Optional |
| City | Required |
| State | Required |
| Zip code | Required. 5 byte numeric with leading zeros. |
| Taxonomy Code | Required. Current taxonomy code values are listed on the official WPC site : www.wpc-edi.com/reference |
| Phone Area Code | Required. NUM(3) |
| Phone Number | Required. NUM(7) |
| Phone Extension | Optional. NUM(4) |
| Evening Hours | Required. Indicates that the provider offers evening hours (after 5:00 p.m.) for patient visits. Valid values are: Y, N, and U. Default to U if not available. CHAR(1) |
| Weekend Hours | Required. Indicates that the provider offers weekend hours for patient visits. Valid values are: Y, N, and U. Default to U if not available. CHAR(1) |
| Language 1 | Optional. If provided, must use code values from the language code set provided in 1.21 (Enrollment Broker File). CHAR(2) |
| Language 2 | Optional. If provided, must use code values from the language code set provided in 1.21 (Enrollment Broker File). CHAR(2) |
| Language 3 | Optional. If provided, must use code values from the language code set provided in 1.21 (Enrollment Broker File). CHAR(2) |
| American Sign Language | Indicates that ASL is supported in provider's office. Valid values are: Y, N, and U. Default to U if not available. CHAR(1) |

| Field | Specifications |
|---|---|
| Accommodations | Required. Indicates that the provider's service facility has one or more specific accommodations for people with physical disabilities, such as wide entry, wheelchair access, accessible exam room(s) and tables, lifts, scales, bathrooms and stalls, grab bars, or other accessible equipment. Valid values are: Y, N, and U. Default to U if not available. CHAR(1) |
| Group Affiliation | Optional. Provider's group or practice name. CHAR(50) |
| Provider's Gender | Required. Valid values: M, F, U. Default to U if not available or not applicable. NUM(1) |
| Low Age Limit | Required. Identifies any age restrictions imposed by provider. This is the lowest patient age served by the provider. Default to 0 if unavailable or not applicable. CHAR(3) |
| High Age Limit | Required. . Identifies any age restrictions imposed by provider. This is the highest patient age served by the provider. Default to 120 if unavailable or not applicable. NUM(3) |
| Gender(s) Served | Required. . Identifies any gender restrictions imposed by provider, i.e. if the provider serves only Males, Females, or Both genders. Valid values: M, F, B. Default to B if not available or not applicable. CHAR(1) |
| Accepting New Patients | Required. Indicates that the provider is accepting new Medicaid patients. Valid values are: Y, N, and U. Default to U if not available. CHAR(1) |
| Cultural Competency | Required. Whether the health care professional or non-facility based network provider has completed cultural competence training. Valid values are: Y, N, and U. Default to U if not available. CHAR(1) |
| Provider Web Site | Optional. Provider website/URL, if available; |
| Public Transport | Required. Whether the network provider is on a public transportation route. Valid values are: Y, N, and U. Default to U if not available. CHAR(1) |
| Specialized Training | Required. Provider has specialized training in and/or experience treating trauma, areas of specialty, any specific populations, and substance use. Valid values are: Y, N, and U. Default to U if not available. CHAR(1) |

Method: DMAS secure FTP server

Format: Comma separated value (.csv) file. All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included. Do not include a header row in .csv files.

File Name: PROV_NTWK.csv

Trigger: Quarterly, or on a more frequent basis as requested by the Department.

Due Date: By close of business on the last calendar day of the month following the end of the reporting quarter.

DMAS: Managed Care Systems Analyst

#### *1.3.1.3 Requirements*

Include providers participating in Medicaid and FAMIS.

The complete provider file; i.e., all PCPs, specialists, and subcontractor networks (this includes transportation, psychiatric, optical, and/or pharmacy, etc.) must be submitted. The entire network should be in a single file submission, formatted as above; not separate files.

Include only network participating providers. Do not include any out of network providers in this file.

For providers with multiple service office locations, each office location must be listed on a different line.

Each provider and service location should be listed only once in the MCO's submission. Do not include multiple lines for the same provider and location with different class types / taxonomy values. Provide the primary class type / taxonomy code only.

The address provided should represent the provider's actual servicing address (not billing, mailing, or corporate). Do not submit P.O. boxes for the provider's servicing address.

Provider last name field must contain the valid individual or business name for the NPI/API provided. Do not use default values for the provider last name.

The following table shows the mapping of NPPES Taxonomy Codes to provider specialty that will be used to evaluate provider networks:

| **NPPES Taxonomy Code(s)** | **Specialty** |
|---|---|
| 207KA0200X<br>207K00000X | Allergy & Immunology |
| 207L00000X<br>207LC0200X<br>207LP2900X<br>207LP3000X | Anesthesiology |
| 208C00000X | Colon and Rectal Surgery |
| 207N00000X<br>207ND0900X<br>207ND0101X<br>207NP0225X<br>207NS0135X | Dermatology |
| 207PE0004X<br>207P00000X<br>207PH0002X<br>207PT0002X<br>207PP0204X<br>207PE0005X | Emergency Medicine |
| 207QA0401X<br>207QA0000X<br>207QA0505X<br>207Q00000X<br>207QG0300X<br>207QH0002X<br>207QS1201X<br>207QS0010X | Family Medicine |
| 208D00000X | General Practice |

| NPPES Taxonomy Code(s) | Specialty |
|---|---|
| 208M00000X | Hospitalist |
| 207RA0401X<br>207RA0000X<br>207RA0201X<br>207RB0002X<br>207RC0000X<br>207RC0001X<br>207RC0200X<br>207RE0101X<br>207RG0100X<br>207RG0300X<br>207RH0000X<br>207RH0003X<br>207RI0008X<br>207RH0002X<br>207RI0200X<br>207R00000X<br>207RI0011X<br>207RX0202X<br>207RN0300X<br>207RP1001X<br>207RR0500X<br>207RS0012X<br>207RS0010X | Internal Medicine |
| 207SG0202X<br>207SG0201X | Medical Genetics |
| 207T00000X | Neurological Surgery |
| 207UN0901X<br>207UN0902X<br>207U00000X | Nuclear Medicine |
| 207VC0200X<br>207VF0040X<br>207VX0201X<br>207VG0400X<br>207VH0002X<br>207VM0101X<br>207VX0000X<br>207V00000X<br>207VE0102X | Obstetrics & Gynecology |
| 207W00000X<br>152W00000X | Ophthalmology |
| 204E00000X | Oral Surgery |
| 207XS0114X<br>207XX0004X<br>207XS0106X<br>207X00000X<br>207XS0117X<br>207XX0801X<br>207XP3100X<br>207XX0005X | Orthopedic Surgery |

| NPPES Taxonomy Code(s) | Specialty |
|---|---|
| 207YS0123X<br>207YX0602X<br>207Y00000X<br>207YX0905X<br>207YX0901X<br>207YP0228X<br>207YX0007X<br>207YS0012X | Otolaryngology |
| 208VP0014X<br>208VP0000X | Pain Medicine |
| 207ZP0101X<br>207ZP0102X<br>207ZB0001X<br>207ZP0105X<br>207ZC0500X<br>207ZD0900X<br>207ZH0000X<br>207ZN0500X<br>207ZP0213X | Pathology |
| 2080A0000X<br>2080P0006X<br>2080H0002X<br>2080N0001X<br>2080P0008X<br>2080P0201X<br>2080P0202X<br>2080P0203X<br>2080P0204X<br>2080P0205X<br>2080P0206X<br>2080P0207X<br>2080P0208X<br>2080P0210X<br>2080P0214X<br>2080P0216X<br>208000000X<br>2080S0012X<br>2080S0010X | Pediatrics |
| 183500000X<br>3336C0002X<br>3336H0001X<br>332900000X | Pharmacy |
| 2081H0002X<br>2081N0008X<br>2081P2900X<br>2081P0010X<br>208100000X<br>2081P0004X<br>2081S0010X | Physical Medicine and Rehabilitation |
| 208200000X<br>2082S0099X<br>2082S0105X | Plastic Surgery |

| NPPES Taxonomy Code(s) | Specialty |
|---|---|
| 2083A0100X<br>2083T0002X<br>2083X0100X<br>2083P0500X<br>2083P0901X<br>2083P0011X | Preventive Medicine |
| 2084A0401X<br>2084P0802X<br>2084B0040X<br>2084P0804X<br>2084N0600X<br>2084D0003X<br>2084F0202X<br>2084P0805X<br>2084P0005X<br>2084N0400X<br>2084N0402X<br>2084P2900X<br>2084P0800X<br>2084P0015X<br>2084S0012X<br>2084V0102X | Psychiatry & Neurology |
| 2085B0100X<br>2085D0003X<br>2085R0202X<br>2085U0001X<br>2085N0700X<br>2085N0904X<br>2085P0229X<br>2085R0001X<br>2085R0203X<br>2085R0204X | Radiology |
| 2086S0120X<br>2086S0122X<br>208600000X<br>2086S0105X<br>2086S0102X<br>2086X0206X<br>2086S0127X<br>2086S0129X | Surgery |
| 208G00000X | Thoracic Surgery |
| 204F00000X | Transplant Surgery |
| 2088P0231X<br>208800000X | Urology |
| 101Y00000X<br>106H00000X<br>103T00000X<br>103TC0700X<br>104100000X<br>1041C0700X<br>101YM0800X<br>101YP2500X | Behavioral Health and Social Service Providers |

| NPPES Taxonomy Code(s) | Specialty |
|---|---|
| 367A00000X<br>363L00000X<br>363LA2100X<br>363LA2200X<br>363LF0000X<br>363LP0200X<br>363A00000X<br>363AM0700X<br>363AS0400X<br>367500000X | Physician Assistants and Advanced Practice Nursing Providers |
| 225X00000X<br>225100000X<br>227800000X<br>227900000X<br>231H00000X<br>235Z00000X | Respiratory, Developmental, Rehabilitative and Restorative Service Providers |
| 282N00000X | Acute Care Hospital |
| 291U00000X | Clinical Medical Laboratory |
| 251S00000X | Community Service Boards |
| 332BC3200X<br>332B00000X<br>332BX2000X | Durable Medical Equipment Supplier |
| 261QE0700X | End-Stage Renal Disease Facility |
| 261QF0050X<br>261QF0400X | Federally-Qualified Health Centers (FQHC) |
| 261QP0904X<br>251K00000X | Health Department |
| 251E00000X | Home Health |
| 333600000X<br>3336C0003X<br>3336L0003X | Pharmacy |
| 335E00000X | Prosthetic Supplier |
| 261QR1300X | Rural Health Care Clinic (RHC) |
| 314000000X | Skilled Nursing Facility |
| 344800000X<br>341600000X<br>3416L0300X<br>347B00000X<br>343900000X<br>343800000X<br>344600000X | Transportation |
| 261QU0200X | Urgent Care Center |

#### *1.3.1.4 Examples*

None

#### *1.3.1.5 Scoring Criteria*

Number of rows with one or more error (as defined in the File Specifications) divided by the Total number of rows submitted.

## 1.3.2 Providers Failing Accreditation/Credentialing and Terminations

### *1.3.2.1 Contract Reference*

Medallion 3.0 Contract, Section 3.1

FAMIS Contract, Section 3.1

### *1.3.2.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Excel (.xlsx file) |
| File Name: | PRV_CRED.xlsx |
| Trigger: | Quarterly |
| Due Date: | By close of business on the last calendar day of the month following the end of the reporting quarter. |
| DMAS: | Program Integrity Division |

### *1.3.2.3 Requirements*

Include providers participating in Medicaid and FAMIS. Include all MCO-terminated providers in this report. The template is located on the DMAS web site, titled “Providers Failing Accreditation/Credentialing and Terminations.”

### *1.3.2.4 Examples*

None

### *1.3.2.5 Scoring Criteria*

None

### 1.3.3 Case Managers List (Eliminated)

Deliverable eliminated effective 07/01/2015

### 1.3.4 Members with Physical and Behavioral Health Limitations and Conditions (Eliminated)

Deliverable eliminated effective 07/01/2015

## 1.3.5 Program Integrity Activities

### *1.3.5.1 Contract Reference*

Medallion 3.0 Contract, Section 9.2

FAMIS Contract, Section 9.2

### *1.3.5.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | PDF file |
| File Name: | PI_ACTIV.pdf |
| Trigger: | Quarterly |
| Due Date: | By close of business on the last calendar day of the month following the end of the reporting quarter. |
| DMAS: | Program Integrity Division |

### *1.3.5.3 Requirements*

Include all components as specified by the contract. The template is located on the DMAS web site, titled “Quarterly PI Abuse Overpayment-Recovery Report”.

### *1.3.5.4 Examples*

None

### *1.3.5.5 Scoring Criteria*

None

## 1.3.6 BOI Filing - Quarterly

### *1.3.6.1 Contract Reference*

Medallion 3.0 Contract, Section 12.1.A

FAMIS Contract, Section 12.1.A

### *1.3.6.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | BOI_QTRLY.pdf |
| Trigger: | Quarterly |
| Due Date: | January thru March Report is due on May 15th |
| | April thru June is due on August 15th |
| | July thru September is due on November 15th |
| | No quarterly report for October thru December (reported in 3.4.24) |
| DMAS: | Provider Reimbursement Division |

### *1.3.6.3 Requirements*

All data for this deliverable must be submitted to DMAS in a single PDF file via the FTP as specified above. Do not submit any hardcopy files to DMAS.

### *1.3.6.4* **Examples**

None

### *1.3.6.5 Scoring Criteria*

None

## 1.3.7 Financial Report

### *1.3.7.1 Contract Reference*

Medallion 3.0 Contract, Section 12.1.B

FAMIS Contract, Section 12.1.B

### *1.3.7.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Excel (.xlsx) file |
| File Name: | FIN_QTRLY.xlsx |
| Trigger: | Quarterly |
| Due Date: | July thru September report is due November 15th |
| | October thru December report is due February 15th |
| | January thru March report is due May 15th |
| | April thru June report is due August 31st |
| DMAS: | Provider Reimbursement Division |

### *1.3.7.3 Requirements*

As specified by contract and additional guidance provided by DMAS Provider Reimbursement Division. The template for submission of this report is provided on the Managed Care web site.

All data for this deliverable must be submitted to DMAS in a single Excel (.xlsx) file via the FTP as specified above. Do not submit any hardcopy files to DMAS.

### *1.3.7.4 Examples*

| | | | | | | |
|---|---|---|---|---|---|---|
| | **For the quarter ended [date]** | | | | | |
| | **Analysis of Operations By Line Of Business** | | | | | |
| | | Medallion 3.0 Medicaid (Title XIX) | FAMIS + FAMIS MOMS SCHIP (Title XXI) | Commonwealth Coordinated Care (CCC) Medicaid + Medicare | All Other Lines of Business | Total |
| 1 | Net Premium Income | | | | | |
| | 1a. Medicaid | | | | | |
| | 1b. Medicare | | | | | |
| | 1c. Total | | | | | |
| 2 | Change In unearned premium reserves and reserve for rate credit | | | | | |
| 3 | Fee-for-Service (net of $0 medical expenses) | | | | | |
| 4 | Risk revenue | | | | | |
| 5 | Aggregate write Ins for other health care related revenues | | | | | |
| 6 | Aggregate write ins for other non-health care related revenues | | | | | |
| 7 | Total revenues (lines 1 through 6) | | | | | |
| 8 | Hospital/medical Benefits | | | | | |
| 9 | Other professional Services | | | | | |
| 10 | Outside referrals | | | | | |
| 11 | Emergency Room and Out of Area | | | | | |
| 12 | Prescription drugs | | | | | |
| 13 | Aggregate write-Ins for other hospital and medical | | | | | |
| 14 | Incentive pool, withhold adjustments and bonus amounts | | | | | |
| 15 | Subtotal (line 8 to 14) | | | | | |
| 16 | Net reinsurance recoveries | | | | | |
| 17 | Total hospital and medical (15 minus 16) | | | | | |
| 18 | Non-health claims (net) | | | | | |
| 19 | Claims adjustment expenses including cost containment expense | | | | | |
| 20 | General and administrative expenses | | | | | |
| 21 | Increase in reserves for life and A&H contracts | | | | | |
| 22 | Increase in reserve for life contracts | | | | | |
| 23 | Total underwriting deductions (Line 17 to 22) | | | | | |
| 24 | Net Underwriting gain or (loss) (Line 7 less 23) | | | | | |
| 1401 | Outpatient facility claims | | | | | |
| 1402 | Ancillary provider claims | | | | | |
| 1403 | | | | | | |
| 1498 | Summary of remaining write-ins for Line 13 from overflow page | | | | | |
| 1499 | Total (Lines 1401 through 1403 plus 1498) (from Line 14 above) | | | | | |
| | Fully Insured Membership | | | | | |
| | Fully Insured Member Months | | | | | |
| | Premiums PMPM | | | | | |

### *1.3.7.5 Scoring Criteria*

None

## 1.3.8 Reinsurance

### *1.3.8.1 Contract Reference*

Medallion 3.0 Contract, Section 12.12

FAMIS Contract, Section 12.12

### *1.3.8.2 File Specifications*

| Field | Specifications |
|---|---|
| CLAIM_ID | Unique MCO or MMIS claim identification number (ICN/CCN).<br>Format: CHAR(20)<br>The same CLAIM_ID cannot appear more than once in each file. If necessary, append line number for facility and medical claims to create a unique value. The identifier on this file should match the claim ID submitted on the corresponding MCO encounter record.<br>Required |
| FILL_DATE / FROM_DATE | Date prescription was filled (pharmacy) or drug was administered (medical and facility),<br>Format: MM/DD/YYYY<br>Must be a valid date. This date must be within the current contract year period.<br>Required |
| PAID_DATE | Date claim paid. Used to calculate IBNR/trend estimates.<br>Format: MM/DD/YYYY<br>Must be a valid date. Must be greater than or equal to fill date / from date.<br>Required |
| RECIP_ID | Member's Medicaid ID number.<br>Format: Numeric 12 bytes with leading zeros.<br>Must be a valid Medicaid ID number.<br>Required |
| SSN | Member's social security number.<br>Format: Numeric, 9 digits - 999999999 - No dashes.<br>Required - Fill with all 9's if not available. |
| BIRTH | Member's birth date.<br>Format: MM/DD/YYYY<br>Required – Fill with 12/31/9999 if DOB is not available |
| SEX | Member's gender (as provided on 834)<br>Format: CHAR(1)<br>Valid Values: 'F' = female; 'M' = male; 'U' = unknown<br>Required |
| CTY_CNTY | FIPS code of member's residence (as provided on 834)<br>Format: CHAR(3)<br>Must be valid Virginia city/county FIPS code<br>Required – Fill with 999 if not available |
| ELIG_CAT | Member's aid category code at time of service (as provided on 834).<br>Format: Numeric, three digits<br>Must be a valid Virginia Medicaid/FAMIS aid category<br>Required – Fill with '999' if not available |

| Field | Specifications |
|---|---|
| PROV_NPI | Pharmacy or servicing provider NPI or API number<br>Format: Numeric, ten digits, leading zeros if necessary<br>Required |
| PROV_TAXID | Provider tax ID<br>Format: Numeric, nine digits<br>Required - Fill with all 9's if not available. |
| BILLED_AMT | Billed Amount submitted to the MCO or PBM for the drug.<br>Format: Numeric with 2 decimal places, no leading zeroes, no commas, and no dollar sign. Must be greater than zero. (Do not submit negative numbers.)<br>Required |
| PAID_AMT | Amount Paid by the MCO for the drug – Include INGREDIENT COST and DISPENSING FEE.<br>Format: Numeric with 2 decimal places, no leading zeroes, no commas, and no dollar sign. Must be greater than zero. (Do not submit negative numbers.)<br>Required |
| COPAY_AMT | Co-pay collected from the member.<br>Format: Numeric with 2 decimal places, no leading zeroes, no commas, and no dollar sign. May be equal to zero, but cannot be negative.<br>Required |
| DISPENSE_FEE | Dispensing fee<br>Format: Numeric with 2 decimal places, no leading zeroes, and no dollar sign. May be equal to zero, but cannot be negative.<br>Required |
| BRAND_GEN | Format: CHAR(1)<br>Brand/Generic indicator. Valid values are: 'B'=brand, 'G'=generic, 'U'=unknown<br>Required |
| DRUG | Drug name<br>Format: CHAR(50)<br>Optional |
| DAW | Dispensed as written indicator.<br>Format: CHAR(1)<br>Valid values are:<br>0 = No product selection indicated (Default);<br>1 = Substitution not allowed by prescribing physician;<br>2 = Substitution allowed - patient requested product dispensed;<br>3 = Substitution allowed - pharmacist selected product dispensed;<br>4 = Substitution allowed -generic drug not in stock;<br>5 = Substitution allowed - brand drug dispensed as generic;<br>6 = Override;<br>7 = Substitution not allowed - brand drug mandated by law;<br>8 = Substitution allowed - generic drug not available in marketplace;<br>9 = Other.<br>Required |
| NDC | Must be a valid National drug code (NDC)<br>Format: Numeric, 11 digits<br>Situational based on claim type. Required when CLM_TYPE = 'N'. |

| Field | Specifications |
|---|---|
| THER_CLS | Standard therapeutic class code.<br>Format: CHAR(2)<br>Required - Fill with '99' if not available. |
| REFILL | Indicates whether this drug claim is for a refill:<br>Format: CHAR(1)<br>Valid Values: 'Y' = refill; 'N' = not refill; 'U'=unknown<br>Required |
| SUB_CAP | Format: CHAR(1)<br>Indicates whether claim is paid FFS or is a capitated service; Valid Values: 'F' =FFS, 'C' = Capitated<br>Required |
| PROC_CD | HCPCS / CPT/ J-code used for medical claims.<br>Format: Char(5)<br>Situational based on claim type. Required when CLM_TYPE = 'P' or 'I'.<br>Required if NDC is not provided. |
| CLM_TYPE | Type of claim<br>Format: Char(1)<br>Valid values:<br>N=pharmacy/NCPDP;<br>P=professional/837P;<br>I=institutional/ facility/ 837I<br>Required |

Method: DMAS secure FTP server

Format: Comma Separated Values

File Name: REINSURE.csv

Trigger: Quarterly

Due Date: Q3 – Due by DMAS close of business on October 31st
Q4 – Due by DMAS close of business on January 31st
Q1 – Due by DMAS close of business on April 30th
Q2 – Due by DMAS close of business September 30th

DMAS: Provider Reimbursement Division

#### *1.3.8.3 Requirements*

Include members enrolled in Medicaid and FAMIS.

Only include members whose total year to date MCO payment amount for all drug costs for the current contract year is over the threshold specified for the member's population group in the Medallion or FAMIS contract. Include pharmacy, physician, and outpatient hospital costs.

Data submitted each quarter must be cumulative year to date. For example, if a member exceeds the threshold in the first quarter, then report all drug costs associated with that member in each successive quarter along with any new prescription drug costs. In other words, each quarterly submission will be a full replacement file.

Submit final adjudicated paid claims only. If a claim that was previously submitted in a prior quarter but was subsequently voided, do not submit this claim in the current quarter.

In order to be processed for reimbursement by DMAS, MCO reinsurance requests must be submitted within five (5) business days of the due date specified for this deliverable.

Any submitted claim records that do not meet the specifications (editing criteria) specified for this deliverable in the MCTM will not be accepted and not considered for reimbursement.

#### *1.3.8.4 Examples*

None

#### *1.3.8.5 Scoring Criteria*

None

## 1.3.9 PCP Incentive Payments (Eliminated)

### *1.3.9.1 Contract Reference*

N/A

### *1.3.9.2 File Specifications*

N/A

### *1.3.9.3 Requirements*

N/A

### *1.3.9.4 Examples*

N/A

### *1.3.9.5 Scoring Criteria*

N/A

### 1.3.10 Disproportionate Share Hospital (Eliminated)

This deliverable was eliminated effective 10/01/2015.

### 1.3.11 Patient Utilization Management and Safety (PUMS) Outcome Report (Eliminated)

This deliverable was eliminated effective 07/01/2017.

## 1.3.12 Provider GeoAccess® GeoNetworks® File

### *1.3.12.1 Contract Reference*

Medallion 3.0 Contract, Section 3.2.G

FAMIS Contract, Section 3.2.G

### *1.3.12.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PROVIDER_ACCESS.pdf |
| Trigger: | Quarterly, or on a more frequent basis as requested by the Department |
| Due Date: | By close of business on the last calendar day of the month following the end of the reporting quarter |
| DMAS: | Managed Care Operations |

### *1.3.12.3 Requirements*

The Contractor shall submit to the Department a file using GeoAccess® GeoNetworks® or equivalent software on a quarterly basis. The file must provide information on travel time and/or distance access standards for PCPs, Obstetrical Providers, and Specialists as noted in Sections 3.12.A and 3.12.B of the Medallion 3.0 contract. The standards must be provided for members at the county/FIPS level for all applicable urban and rural service areas. The file must indicate the date of the membership file used in the calculations.

MCOs may elect to provide either travel time or distance access standards.

The file must show the standards in a numeric format – maps are not acceptable.

Member to provider ratios may be included in the report but should be provided only in addition to the time and distance standards.

### *1.3.12.4 Examples*

None

### *1.3.12.5 Scoring Criteria*

None

## 1.3.13 MCO Vision Utilization Report Review

### *1.3.13.1 Contract Reference*

Medallion 3.0 Contract, Section 7.2.S.Z

### *1.3.13.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | VIS_RPT_RVW.pdf |
| Trigger: | Quarterly |
| Due Date: | Ten business days after delivery of DMAS Vision Utilization Report (2.1.30) |
| DMAS: | Managed Care Operations |

### *1.3.13.3 Requirements*

MCO will validate the Vision Utilization report generated by DMAS and respond to any specific questions posed by DMAS based on the report results.

### *1.3.13.4 Examples*

None

### *1.3.13.5 Scoring Criteria*

None

## 1.3.14 MCO Foster Care Utilization Report Review

### *1.3.14.1 Contract Reference*

Medallion 3.0 Contract, Section 7.1.O.IV.b

### *1.3.14.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | FC_RPT_RVW.pdf |
| Trigger: | Quarterly |
| Due Date: | Ten business days after delivery of DMAS Foster Care Utilization Report (2.1.31) |
| DMAS: | Managed Care Operations |

### *1.3.14.3 Requirements*

MCO will validate the Foster Care Utilization report generated by DMAS and respond to any specific questions posed by DMAS based on the report results.

### *1.3.14.4 Examples*

None

### *1.3.14.5 Scoring Criteria*

None

## 1.3.15 ARTS Stop Loss (See 1.4.45)

This is an annual deliverable. Refer to section 1.4.45 for specifications.

## 1.4 Annual Deliverables

All annual reporting deliverables are due to DMAS within 90 calendar days after the effective contract date, or as noted by specific report. If the last calendar day falls on a Saturday, Sunday, or state holiday, then the report deliverables are due by close of business of the next full business day. The reporting period for annual reporting is the twelve month period July – June. Certain reports reflect different reporting periods, and these differences are defined in the detailed reporting specifications within this document.

## 1.4.1 List of Subcontractors

### *1.4.1.1 Contract Reference*

Medallion 3.0 Contract, Section 3.16.B

FAMIS Contract, Section 3.16.B

### *1.4.1.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Name of Subcontractor | Must not be blank – 100 character limit |
| Effective Date | Must be a valid date<br>Format = mm/dd/yyyy |
| Term of Contract | Must not be blank – 25 character limit |
| Status | Valid values:<br>New<br>Existing<br>Revised |
| Scope of Service | Valid Values:<br>Planning<br>Finance<br>Reporting Systems<br>Administration<br>Quality Assessment<br>Credentialing/Recredentialing<br>Utilization Management<br>Member Services<br>Claims Processing<br>Provider Services<br>Transportation<br>Vision<br>Behavioral Health<br>Prescription Drugs<br>Other Providers |

Method: DMAS secure FTP server

Format: Comma-separated value (.csv) file

File Name: SUBCONTRACT.csv All columns/fields for this deliverable must be included in the order specified, and no additional columns should be included.

Trigger: Annually and prior to any changes

Due Date: On September 30th of each year and 30 calendar days prior to implementation of any changes

DMAS: Managed Care Operations

#### *1.4.1.3 Requirements*

Report should utilize form available from DMAS Managed Care web site and submit file in comma-separated value (.CSV) format.

Include all subcontractors who provide any delegated administrative and medical services in the areas of planning, finance, reporting systems, administration, quality assessment, credentialing/ re-credentialing, utilization management, member services, claims processing, provider services, transportation, vision, behavioral health, prescription drugs, or other providers.

Report submission must include a listing of these subcontractors and the services each provides.

#### *1.4.1.4 Examples*

N/A

#### *1.4.1.5 Scoring Criteria*

None

## 1.4.2 Physician Incentive Plan

### *1.4.2.1 Contract Reference*

Medallion 3.0 Contract, Section 4.7

FAMIS Contract, Section 4.7

### *1.4.2.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PRV_INCENT.pdf |
| Trigger: | Annual |
| Due Date: | On September 30th of each year and 30 calendar days prior to implementation of any changes |
| DMAS: | Managed Care Operations |

### *1.4.2.3 Requirements*

As specified in the contract.

### *1.4.2.4 Examples*

None

### *1.4.2.5 Scoring Criteria*

None

## 1.4.3 Provider Satisfaction Survey Instrument

### *1.4.3.1 Contract Reference*

Medallion 3.0 Contract, Section 4.11

FAMIS Contract, Section 4.11

### *1.4.3.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PROV_SRVY.pdf |
| Trigger: | Biennial (Once every two years) |
| Due Date: | Submit copy of the survey instrument 30 days prior to distribution |
| DMAS: | Managed Care Quality Analyst |

### *1.4.3.3 Requirements*

As specified in the Medallion 3.0 contract section referenced above.

### *1.4.3.4 Examples*

None

### *1.4.3.5 Scoring Criteria*

None

## 1.4.4 Provider Satisfaction Survey Methodology

### *1.4.4.1 Contract Reference*

Medallion 3.0 Contract, Section 4.11

FAMIS Contract, Section 4.11

### *1.4.4.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PROV_SRVY_METH.pdf |
| Trigger: | Biennial (Once every two years) |
| Due Date: | Submit copy of methodology 30 days prior to distribution |
| DMAS: | Managed Care Quality Analyst |

### *1.4.4.3 Requirements*

As specified in the Medallion 3.0 contract section referenced above.

### *1.4.4.4 Examples*

None

### *1.4.4.5 Scoring Criteria*

None

## 1.4.5 Provider Satisfaction Survey Results

### *1.4.5.1 Contract Reference*

Medallion 3.0 Contract, Section 4.11

FAMIS Contract, Section 4.11

### *1.4.5.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PROV_SRVY._RSLTS.pdf |
| Trigger: | Biennial (Once every two years) |
| Due Date: | Submit results within 120 days after conducting the survey |
| DMAS: | Managed Care Quality Analyst |

### *1.4.5.3 Requirements*

As specified in the Medallion 3.0 contract section referenced above.

### *1.4.5.4 Examples*

None

### *1.4.5.5 Scoring Criteria*

None

## 1.4.6 Marketing Plan

### *1.4.6.1 Contract Reference*

Medallion 3.0 Contract, Section 6.1.B

FAMIS Contract, Section 6.1.B

### *1.4.6.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Microsoft Word document |
| File Name: | MKTG_PLAN.docx |
| Trigger: | Annually and prior to any changes |
| Due Date: | On September 30th of each year and 30 calendar days prior to implementation of any changes |
| DMAS: | Managed Care Operations |

### *1.4.6.3 Requirements*

As specified in contract.

Refer to the 'DMAS MCO Marketing Submission Form Instructions.pdf' that is posted on the DMAS web site: http://www.dmas.virginia.gov/Content_pgs/mc-rpt.aspx

All submissions must include the 'DMAS Member Communication and Marketing Submission Form' as the cover page within the document.

### *1.4.6.4 Examples*

None

### *1.4.6.5 Scoring Criteria*

None

## 1.4.7 Member Handbook

### *1.4.7.1 Contract Reference*

Medallion 3.0 Contract, Section 6.8

FAMIS Contract, Section 6.8

### *1.4.7.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server (MII and FAMIS) |
| Format: | Adobe PDF file |
| File Name: | MBR_HNDBK.pdf |
| Trigger: | Prior to Signing Original Contract<br>Annually and prior to any changes |
| Due Date: | 60 calendar days prior to printing (new or revised).<br>Within 10 business days of receipt of DMAS request |
| DMAS: | Managed Care Operations |

### *1.4.7.3 Requirements*

MCOs must follow the requirements as specified by the contract and use the 'Model Handbook' template posted on the DMAS web site at the following location: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx

Refer to the 'DMAS MCO Marketing Submission Form Instructions.pdf' that is posted on the DMAS web site: http://www.dmas.virginia.gov/Content_pgs/mc-rpt.aspx for instructions about submission for DMAS approval. All submissions must include the 'DMAS Member Communication and Marketing Submission Form' as the cover page within the document.

### *1.4.7.4 Examples*

None

### *1.4.7.5 Scoring Criteria*

None

## 1.4.8 Health Plan Assessment Plan

### *1.4.8.1 Contract Reference*

Medallion 3.0 Contract, Section 7.7.D

FAMIS Contract, Section 7.7.D

### *1.4.8.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | ASSMT_PLAN.pdf |
| Trigger: | Annual |
| Due Date: | September 30th of each year. |
| DMAS: | Managed Care Operations |

### *1.4.8.3 Requirements*

Plan must outline MCO's Medicaid assessment plan for the contract year. The submission must include the assessment tools.

### *1.4.8.4 Examples*

None

### *1.4.8.5 Scoring Criteria*

None

## 1.4.9 Medallion Care System Partnership Annual Plan

### *1.4.9.1 Contract Reference*

Medallion 3.0 Contract, Section 7.9.C.I

FAMIS Contract, Section 7.9.C.I

### *1.4.9.2 File Specifications*

| Medallion Care System Partnership (MCSP) - Requirement | MCSP #1 | Additional References to Attachments | Reason for Changes to MCSPs (use this column only if modifying an existing MCSP) |
|---|---|---|---|
| **1.1 - What specified model options and incentive types are to be used as part of the proposed agreement (MCOs may combine options and incentive types within a single MCSP).** Reference the types listed in Chart form in the Medallion 3.0 Contract, Section 7.8.D.IV. **Example: Model 1.1.A - Performance Rewards, MCO Contracts with Primary Care Providers** | | | |
| **2.1 - What type of service delivery and care coordination models are part of the proposed MCSP arrangement?** | | | |
| **2.2 - What is the target population of each proposed agreement? How does this MCSP focus on Pediatric Services and pediatric populations?** An MCSP may also target adults. | | | |
| **2.3 - What is the projected enrollment numbers for each proposed agreement?** | | | |
| **2.4 - What service area would be supported by each agreement?** | | | |
| **2.5 - Describe the process for assigning or attributing members within each agreement.** Attach Policies & Procedures if necessary. | | | |
| **2.6 - Describe the method that will be used for tracking cost of care or total costs of care needed to implement the model chosen.** Attach Policies & Procedures if necessary. | | | |

| Medallion Care System Partnership (MCSP) - Requirement | MCSP #1 | Additional References to Attachments | Reason for Changes to MCSPs (use this column only if modifying an existing MCSP) |
|---|---|---|---|
| **2.7 - What type of incentive arrangement (specific proprietary financial terms not required) have been set up as a part of the MCSP agreement?** | | | |
| **2.8 - What types of arrangements are being implemented for remedies for non-performance as part of the MCSP agreement?** | | | |
| **2.9 - Include an overarching timeline with milestones pertaining to the proposals- include planned completion dates for the MCSP.** | | | |
| **3.1 - Which Providers included in each MCSP arrangement are designated as a Health Care Home or Health Home?** Indicate if some portions of the provider entity are and others are not. Reference & include Attachments if necessary. If currently accredited by NCQA or URAC as a patient centered medical home, please include that information. | | | |
| **3.2 - Describe how providers involved in the MCSP shall demonstrate adherence (to both DMAS & the MCO) to the core set of Medical Home/Health Home Principles, specified in section 7.8.A of the Medallion 3.0 Contract. Attach Polices & Procedures if necessary.** | | | |
| **3.3 - Describe the process by which the MCO through its Health Care Homes will identify and monitor members with complex or chronic health conditions who are enrolled with the MCO within the context of the MCSP.** Attach Policies & Procedures if necessary and a sample report that would be given to the provider, if applicable. | | | |

| Medallion Care System Partnership (MCSP) - Requirement | MCSP #1 | Additional References to Attachments | Reason for Changes to MCSPs (use this column only if modifying an existing MCSP) |
|---|---|---|---|
| **3.4 - Describe the process which the MCO through its Health Care Homes will assign enrollment in the Health Care Home to the medical group/practitioner site and identify member specific care needs**. Attach Policies & Procedures if necessary. | | | |
| **4.1 What quality indicators will be used to measure each participating provider's performance and how will measurement be integrated into the MCSP?** Reference MCSP Quality Document, as found in **Medallion 3.0 Attachment XV. (Select one measure Menu #1 and Menu #2 for each MCSP).** | | | |
| **4.2 - What types of (targeted) population health outcomes are expected as a result of the MCSP agreement?** | | | |
| **4.3 - What benchmarks or standards will be used to determine whether the Provider entity is effectively implementing the agreement, including, cost of care expectations? How often will evaluation occur?** | | | |
| **4.4 - What is the MCO's process for monitoring and evaluating the effectiveness of and cost benefit of the MCSP? Attach Policies & Procedures if necessary.** | | | |

Method: DMAS secure FTP server

Format: Adobe .pdf file

File Name: MCSP_PLAN.pdf

Trigger: Annual

Due Date: November 1

DMAS: Senior Health Care Services Manager

#### *1.4.9.3 Requirements*

MCO shall submit a written description of its proposed MCSPs to the Department as an MCSP Annual Plan. The Department will review each proposed MCSP Annual Plan and determine whether the MCSP criteria have been met prior to approving the Annual Plan.

If this MCSP Annual Plan proposal is based on the previous year's final approved proposal (50% or more of the proposal being the same or only slightly changed), new MCSP Annual Plan submissions must use the final approved proposal as a starting point, with additions, deletions, and changes to the proposal RED-LINED or Highlighted to expedite the Department's review.

#### *1.4.9.4 Examples*

N/A

#### *1.4.9.5 Scoring Criteria*

None

## 1.4.10 Medallion Care System Partnership Performance Results

### *1.4.10.1 Contract Reference*

Medallion 3.0 Contract, Section 7.9.D.I

FAMIS Contract, Section 7.9.D.I

### *1.4.10.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | MCSP_PERF.pdf |
| Trigger: | Annual |
| Due Date: | On September 30th of each year and 30 calendar days prior to implementation of any changes |
| DMAS: | Senior Health Care Services Manager |

### *1.4.10.3 Requirements*

The report shall not exceed 15 pages in total length, including attachments, and must be based on the Final Version of the MCSPs that has been approved by the Department, if applicable.

Must include the following elements:

Section I: Introduction and Summary Description of MCSP (including population covered and partners)

Section II: Findings

Section II: Ongoing Evaluation Plans and Outcomes

Section IV: Conclusions/Next Steps (to include narrative about whether the MCSP is working. If functioning as anticipated, why is it successful? If not functioning as anticipated, why is it unsuccessful and how will the MCO modify this MCSP?)

Section V: Graphics or supporting documentation/attachments

### *1.4.10.4 Examples*

N/A

### *1.4.10.5 Scoring Criteria*

None

### 1.4.11 Quality Improvement Plan (Eliminated)

This requirement was eliminated effective 09/01/2017.

## 1.4.12 Quality Assessment & Performance Improvement Plan

### *1.4.12.1 Contract Reference*

Medallion 3.0 Contract, Section 8.3

FAMIS Contract, Section 8.3

### *1.4.12.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | QAPI_PLAN.pdf |
| Trigger: | Annual |
| Due Date: | July 31st |
| DMAS: | Managed Care Quality Analyst |

### *1.4.12.3 Requirements*

As specified in the contract.

### *1.4.12.4 Examples*

None

### *1.4.12.5 Scoring Criteria*

None

## 1.4.13 HEDIS Results

### *1.4.13.1 Contract Reference*

Medallion 3.0 Contract, Section 8.4

FAMIS Contract, Section 8.4

### *1.4.13.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Excel file |
| File Name: | HEDIS.xlsx |
| Trigger: | Annual |
| Due Date: | July 31st |
| DMAS: | Managed Care Quality Analyst |

### *1.4.13.3 Requirements*

As specified in the contract.

### *1.4.13.4 Examples*

None

### *1.4.13.5 Scoring Criteria*

None

### 1.4.14 HEDIS Corrective Action Plan (Eliminated)

Requirement eliminated effective 07/01/2015.

## 1.4.15 CAHPS Survey Results

### *1.4.15.1 Contract Reference*

Medallion 3.0 Contract, Section 8.4

FAMIS Contract, Section 8.4

### *1.4.15.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Excel or PDF file |
| File Name: | CAHPS.pdf or CAHPS.xlsx |
| Trigger: | Annual |
| Due Date: | July 31st |
| DMAS: | Managed Care Quality Analyst |

### *1.4.15.3 Requirements*

As specified in the contract, including all detailed survey results.

### *1.4.15.4 Examples*

None

### *1.4.15.5 Scoring Criteria*

None

## 1.4.16 Performance Improvement Project (PIP)

### *1.4.16.1 Contract Reference*

Medallion 3.0 Contract, Section 8.5.A

FAMIS Contract, Section 8.5.A

### *1.4.16.2 File Specifications*

| | |
|---|---|
| Method: | Deliver to EQRO Portal |
| Format: | As specified by EQRO |
| File Name: | As specified by EQRO |
| Trigger: | Annual |
| Due Date: | In accordance with the process & methodology of the EQRO |
| DMAS: | Managed Care Quality Analyst |

### *1.4.16.3 Requirements*

As specified in the contract. Report must comply with all reporting and content criteria as defined by DMAS Quality Analyst and/or EQRO.

Submit each Performance Improvement Project report to DMAS in a separate file.

When there is more than one report submitted in a day, append a sequence number to the file name, e.g., PIP1.pdf, PIP2.pdf, etc.

### *1.4.16.4 Examples*

None

### *1.4.16.5 Scoring Criteria*

None

## 1.4.17 Wellness and Member Incentive Programs

### *1.4.17.1 Contract Reference*

Medallion 3.0 Contract, Section 7.10

FAMIS Contract, Section 7.10

### *1.4.17.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | PDF file |
| File Name: | MBR_WELL.pdf |
| Trigger: | Annual |
| Due Date: | On September 30th of each year and 30 calendar days prior to implementation of any changes |
| DMAS: | Managed Care Operations |

### *1.4.17.3 Requirements*

As specified in the contract. Summarize all wellness and member incentive programs used to encourage active patient participation in health and wellness activities to both improve health and control costs.

### *1.4.17.4 Examples*

None

### *1.4.17.5 Scoring Criteria*

None

## 1.4.18 Complex Care Management Plan

### *1.4.18.1 Contract Reference*

Medallion 3.0 Contract, Section 8.6.A.IV

FAMIS Contract, Section 8.6.A.IV

### *1.4.18.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | PDF file |
| File Name: | CCM_PLAN.pdf |
| Trigger: | Annual |
| Due Date: | September 30th |
| DMAS: | Managed Care Operations |

### *1.4.18.3 Requirements*

As specified in the contract.

### *1.4.18.4 Examples*

None

### *1.4.18.5 Scoring Criteria*

None

### 1.4.19 Prenatal Program Outcomes (Eliminated)

This deliverable was eliminated effective 10/01/2015.

## 1.4.20 Program Integrity Plan

### *1.4.20.1 Contract Reference*

Medallion 3.0 Contract, Section 9.2

FAMIS Contract, Section 9.2

### *1.4.20.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PI_PLAN.pdf |
| Trigger: | Annual |
| Due Date: | On September 30th of each year |
| DMAS: | Program Integrity Division |

### *1.4.20.3 Requirements*

As specified in the contract.

### *1.4.20.4 Examples*

None

### *1.4.20.5 Scoring Criteria*

None

## 1.4.21 Program Integrity Activities Annual Summary

### *1.4.21.1 Contract Reference*

Medallion 3.0 Contract, Section 9.2

FAMIS Contract, Section 9.2

### *1.4.21.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PRI_OUTCM.pdf |
| Trigger: | Annual |
| Due Date: | September 30th |
| DMAS: | Program Integrity Division |

### *1.4.21.3 Requirements*

Include members enrolled in Medicaid and FAMIS

### *1.4.21.4 Examples*

None

### *1.4.21.5 Scoring Criteria*

None

## 1.4.22 Organizational Charts

### *1.4.22.1 Contract Reference*

Medallion 3.0 Contract, Section 14.6.A

FAMIS Contract, Section 14.6.A

### *1.4.22.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | ORG_CHART.pdf |
| Trigger: | Annual |
| Due Date: | On September 30th of each year and within five (5) calendar days when individuals either leave or are added to a key position (as listed in contract) |
| DMAS: | Managed Care Operations |

### *1.4.22.3 Requirements*

As specified in contract.

### *1.4.22.4 Examples*

None

### *1.4.22.5 Scoring Criteria*

None

## 1.4.23 Program Integrity Compliance Audit (PICA)

### *1.4.23.1 Contract Reference*

Medallion 3.0 Contract, Section 9.3

FAMIS Contract, Section 9.3

### *1.4.23.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Excel (.xlsx) file |
| File Name: | PICA.xlsx |
| Trigger: | Annual |
| Due Date: | January 1st |
| DMAS: | Program Integrity Division |

### *1.4.23.3 Requirements*

Contractor must utilize Program Integrity Compliance Audit (PICA) form available on the DMAS Managed Care web site. Contractors shall produce a standard audit report for each completed audit that includes, at a minimum:

- Purpose
- Methodology
- Findings
- Determination of Action and Final Resolution
- Claims Detail List

In developing the types of audits to include in the plan Contractors shall:

- Determine which risk areas will most likely affect their organization and prioritize the monitoring and audit strategy accordingly.
- Utilize statistical methods in:
  - Randomly selecting facilities, pharmacies, providers, claims, and other areas for review;
  - Determining appropriate sample size; and
  - Extrapolating audit findings to the full universe.
- Assess compliance with internal processes and procedures.
- Review areas previously found non-compliant to determine if the corrective actions taken have fully addressed the underlying problem.

### *1.4.23.4 Examples*

None

### *1.4.23.5 Scoring Criteria*

None

## 1.4.24 BOI Filing - Annual

### *1.4.24.1 Contract Reference*

Medallion 3.0 Contract, Section 12.1.A

FAMIS Contract, Section 12.1.A

### *1.4.24.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | BOI_ANNUAL.pdf |
| Trigger: | Annual |
| Due Date: | March 1st |
| DMAS: | Provider Reimbursement Division |

### *1.4.24.3 Requirements*

All data for this deliverable must be submitted to DMAS in a single PDF file via the FTP as specified above. Do not submit any hardcopy files to DMAS.

### *1.4.24.4 Examples*

None

### *1.4.24.5 Scoring Criteria*

None

## 1.4.25 Audit by Independent Auditor (Required by BOI)

### *1.4.25.1 Contract Reference*

Medallion 3.0 Contract, Section 12.1.A.I

FAMIS Contract, Section 12.1.A

### *1.4.25.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | IND_AUDIT.pdf |
| Trigger: | Annual |
| Due Date: | At the time it is submitted to the Bureau of Insurance or within 60 days of completion of audit (whichever is sooner) |
| DMAS: | Provider Reimbursement Division |

### *1.4.25.3 Requirements*

As specified in contract.

All data for this deliverable must be submitted to DMAS in a single PDF file via the FTP as specified above. Do not submit any hardcopy files to DMAS.

### *1.4.25.4 Examples*

None

### *1.4.25.5 Scoring Criteria*

None

## 1.4.26 Company Background History

### *1.4.26.1 Contract Reference*

Medallion 3.0 Contract, Section 14.6.D

FAMIS Contract, Section 14.6.D

### *1.4.26.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe.pdf file |
| File Name: | BACK_HIST.pdf |
| Trigger: | Annual |
| Due Date: | On September 30th of each year |
| DMAS: | Managed Care Operations |

### *1.4.26.3 Requirements*

The Contractor shall submit annually an updated company background history that includes any awards, major changes or sanctions imposed since the last annual report. The Contractor shall also submit the same information for all of its subcontractors.

### *1.4.26.4 Examples*

None

### *1.4.26.5 Scoring Criteria*

None

## 1.4.27 Health Insurer Fee

### *1.4.27.1 Contract Reference*

Medallion 3.0 Contract, Section 12.5.B

FAMIS Contract, Section 12.5.B

### *1.4.27.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe (.pdf) file |
| File Name: | Health Insurer Fee (HIF) Certification.pdf |
| Trigger: | Annual |
| Due Date: | September 15th – ***Report not required for SFY 2017. No submission is required for 09/15/2017.*** |
| DMAS: | Provider Reimbursement Division |

### *1.4.27.3 Requirements*

Use the template posted on the 'HIF Certification' template posted on the DMAS Managed Care web site, 'Studies and Reports' tab, 'Reporting Documentation' section.

The Medallion 3.0 contract provides for the reimbursement of that portion of the ACA Health Insurer Fee allocated to the Virginia Medicaid line of business. Use the provided Microsoft Word template to certify the calculation of the Virginia Medicaid portion of the fee. Complete the certification and submit it via FTP along with the calculation of the Virginia Medicaid portion including gross up and the Final Fee calculation letter 5067C.

### *1.4.27.4 Examples*

None

### *1.4.27.5 Scoring Criteria*

None

## 1.4.28 Patient Utilization Management and Safety (PUMS) Prior Authorization Requirements

### *1.4.28.1 Contract Reference*

Medallion 3.0 Contract, Section 7.1.M.IV

FAMIS Contract, Section 7.1.M.IV

### *1.4.28.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PUMS_PRIOR_AUTH.pdf |
| Trigger: | Annual |
| Due Date: | On September 30th of each year |
| DMAS: | Managed Care Operations |

### *1.4.28.3 Requirements*

Beginning October 1, 2015, the contractor shall submit its prior authorization mechanism for members enrolled in its PUMS program.

### *1.4.28.4 Examples*

N/A

### *1.4.28.5 Scoring Criteria*

None

## 1.4.29 Behavioral Health Home Pilot Care Team

### *1.4.29.1 Contract Reference*

Medallion 3.0 Contract, Section 7.10.E.III

FAMIS Contract, Section 7.10.E.III

### *1.4.29.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Role | Required. Must be 1 character<br>Valid values: 1,2,3,4,5 |
| Team Member Name | Required. Must be 40 characters or less |
| Phone Number | Required. Format 10 bytes |
| Email Address | Required. Must be valid email address format (localpart@domain) |

Method: DMAS secure FTP server

Format: Adobe .pdf file

File Name: BHH_TEAM.pdf

Trigger: Annual
Upon Change

Due Date: On September 30th of each year and 10 calendar days prior to implementation of any changes

DMAS: Managed Care Operations

### *1.4.29.3 Requirements*

Use the following codes to indicate the members of the behavioral health home pilot care team: 1 = BHH Pilot Lead, 2 = Psychiatrist, 3 = Case Manager, 4 = Pharmacist, 5 = Primary Care Physician. Names and contact information must be submitted to the Department at the beginning of the pilot and upon changes. If membership on the Care Team will rotate, please include all members.

### *1.4.29.4 Examples*

None

### *1.4.29.5 Scoring Criteria*

None

## 1.4.30 Behavioral Health Home Plan Outreach and Marketing Plan

### *1.4.30.1 Contract Reference*

Medallion 3.0 Contract, Section 7.10.E.IV

FAMIS Contract, Section 7.10.E.IV

### *1.4.30.2 File Specifications*

| | |
|---|---|
| Method: | Email: MCOHelp@dmas.virginia.gov<br>(Identify as "Behavioral Health Home Outreach and Marketing Plan" in subject line of email) |
| Format: | Adobe .pdf file |
| File Name: | BHH_OUTREACH.pdf |
| Trigger: | Annually Prior to Signing Original Contract<br>Prior to Any Changes |
| Due Date: | On September 30th of each year and 10 calendar days prior to implementation of any changes |
| DMAS: | Managed Care Operations |

### *1.4.30.3 Requirements*

Provide a one-page description of the BHH Pilot Member education process which shall include: how members are notified of BHH enrollment, identification of resources available to help enrolled members, and how enrolled members may navigate the system. BHH member education materials, including any web-based materials, must be submitted to the Department for approval. The Department will have 30 days to review such documents.

### *1.4.30.4 Examples*

None

### *1.4.30.5 Scoring Criteria*

None

## 1.4.31 Maternity Program Summary Report

### *1.4.31.1 Contract Reference*

Medallion 3.0 Contract, Section 8.8.E.II

FAMIS Contract, Section 8.8.E.II

### *1.4.31.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | MAT_PGM_SUM.pdf |
| Trigger: | Annual |
| Due Date: | On September 30th of each year and 30 calendar days prior to implementation of any changes |
| DMAS: | Managed Care Operations |

### *1.4.31.3 Requirements*

Provide a 3 to 5 page description of the MCO's accomplishments, challenges, and partnerships during the last contract year. Include the number of participating pregnant women and how many were identified as high risk. Also include any changes in the MCO's maternity program from the previous contract year and the results of one initiative to support positive birth outcomes.

### *1.4.31.4 Example*

N/A

### *1.4.31.5 Scoring Criteria*

None

## 1.4.32 Maternity Program Policy Report

### *1.4.32.1 Contract Reference*

Medallion 3.0 Contract, Section 8.8.E.II

FAMIS Contract, Section 8.8.E.II

### *1.4.32.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | MAT_PGM_POLICY.pdf |
| Trigger: | Annual |
| Due Date: | On September 30th of each year and 30 calendar days prior to implementation of any changes |
| DMAS: | Managed Care Operations |

### *1.4.32.3 Requirements*

Complete the Managed Care Maternity Care Program matrix as provided on the DMAS Managed Care web site. Scan files (if necessary) and import into matrix document. Submit all information as one file.

### *1.4.32.4 Example*

None

### *1.4.32.5 Scoring Criteria*

None

## 1.4.33 Interventions Targeted to Prevent Controlled Substance Abuse

### *1.4.33.1 Contract Reference*

Medallion 3.0 Contract, Section 7.2.S.II

FAMIS Contract, Section 7.2.S.II

### *1.4.33.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PREVENT_ABUSE.pdf |
| Trigger: | Annual |
| Due Date: | On September 30th of each year and 30 calendar days prior to implementation of any changes |
| DMAS: | Managed Care Operations |

### *1.4.33.3 Requirements*

The contractor must submit an annual report that describes its interventions targeted to prevent controlled substance abuse. The actions described in this report should reflect the Contractor's entire Medicaid membership. The report must describe actions taken by the Contractor to prevent the inappropriate use of controlled substances, including but not limited to, any clinical treatment protocols, a detailed definition of what, if any substances the Contractor targets that are not scheduled substances under the Controlled Substances Act (21 U.S.C. § 801 et seq.) but may place an individual at higher risk for abuse, prior authorization requirements, quantity limits, poly-pharmacy considerations, and related clinical edits.

### *1.4.33.4 Examples*

N/A

### *1.4.33.5 Scoring Criteria*

None

## 1.4.34 Abortion Services

### *1.4.34.1 Contract Reference*

Medallion 3.0 Contract, Section 7.3.B

FAMIS Contract, Section 7.3.B

### *1.4.34.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | To be determined |
| File Name: | To be determined |
| Trigger: | Annual |
| Due Date: | Beginning after October 1, 2015 |
| DMAS: | Managed Care Operations |

### *1.4.34.3 Requirements*

The requirements for this report will be determined in a future version of the MCTM.

### *1.4.34.4 Examples*

N/A

### *1.4.34.5 Scoring Criteria*

None

## 1.4.35 Value-Based Payment (VBP) Data Collection Tool

### *1.4.35.1 Contract Reference*

Medallion 3.0 Contract, Section 7.8.D

### *1.4.35.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Template available from DMAS web site |
| File Name: | M3_HCPLAN_TOOL.xlsx |
| Due Date: | July 31, 2017 for initial Contractor HCP-LAN APM Data Collection Submission and September 30, 2018 for the subsequent submission |
| DMAS: | Provider Reimbursement Division |

### *1.4.35.3 Requirements*

As specified in the contract section 7.8.D. Submission must include completion of the most current collection tool developed by HCP-LAN. The data included in this submission should pertain to the Contractor's Medicaid Medallion patient population serviced under this contract.

Use most current version of template. HCP-LAN updates this tool periodically. Next update is expected in May 2017. DMAS will post the revised template on our web site and notify the MCOs when it is available.

### *1.4.35.4 Examples*

N/A

### *1.4.35.5 Scoring Criteria*

None

## 1.4.36 PIA – Foster Care Numerator & Denominator

### *1.4.36.1 Contract Reference*

Medallion 3.0 Contract, Section 8.6.A

### *1.4.36.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Enrollment Period | Required. List each months of the state fiscal year on a separate row in the file, starting with JUL. See example below.<br>Format CHAR(03)<br>Values: JUL, AUG, SEP, OCT, NOV, DEC, JAN, FEB, MAR, APR, MAY, JUN. |
| Number of Foster Care Members Assessed (Numerator) | Required.<br>Format: Numeric |
| Total Number of Foster Care Members (Denominator) | Required.<br>Format: Numeric |

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Comma separated values, .CSV |
| File Name: | PIA_FC.csv |
| Trigger: | Annual |
| Due Date: | August 15th |
| DMAS: | Managed Care Quality Analyst |

### *1.4.36.3 Requirements*

By August 15th of each year, the Contractor must provide the Department with its self-reported numerator and denominator for the foster care assessment measure.

### *1.4.36.4 File Example*

```
JUL,99,999
AUG,99,999
SEP,99,999
OCT,99,999
NOV,99,999
DEC,99,999
JAN,99,999
FEB,99,999
MAR,99,999
APR,99,999
MAY,99,999
JUN,99,999
```

## 1.4.37 Medical Loss Ratio (MLR) Report

### *1.4.37.1 Contract Reference*

Medallion 3.0 Contract, Section 12.11

### *1.4.37.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Template available from DMAS web site |
| File Name: | MLR_RPT.xlsx |
| Trigger: | Annual |
| Due Date: | October 3, 2019 |
| DMAS: | Provider Reimbursement Division |

### *1.4.37.3 Requirements*

The Contractor shall report a medical loss ratio (MLR) annually for Medallion 3.0 for each contract/reporting year based on 42 CFR § 438.8 and any additional CMS guidance.

### *1.4.37.4 Examples*

N/A

### *1.4.37.5 Scoring Criteria*

None

## 1.4.38 Value-Based Payment (VBP) Status Report

### *1.4.38.1 Contract Reference*

Medallion 3.0 Contract, Section 7.8.C

### *1.4.38.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Template available from DMAS web site |
| File Name: | M3_VBP_STATUS.xlsx |
| Due Date: | September 30, 2017 for initial VBP Status Report (to the extent necessary the Contractor may resubmitted March 30, 2018) and a final version is due by December 31, 2018 |
| DMAS: | Provider Reimbursement Division |

### *1.4.38.3 Requirements*

As specified in the contract. Submission must include all nine components referenced in the contract.

### *1.4.38.4 Examples*

N/A

### *1.4.38.5 Scoring Criteria*

None

### 1.4.39 Value-Based Payment (VBP) Strategy (Eliminated)

This deliverable was eliminated effective 07/01/2017.

### 1.4.40 MCO DUR Program Activities (*Eliminated*)

This deliverable was eliminated effective 09/01/2017.

## 1.4.41 CMS Annual DUR Report

### *1.4.41.1 Contract Reference*

Medallion 3.0 Contract, Section 7.2.S.XIII

### *1.4.41.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe PDF file |
| File Name: | DUR_CMS.pdf |
| Trigger: | Annual, in accordance with CMS requirements |
| Due Date: | 45 days prior to submission to CMS |
| DMAS: | CMO Pharmacy Team |

### *1.4.41.3 Requirements*

MCOs must follow all CMS specifications for this report. Additional report details to be provided by CMS. See CMS' Medicaid Drug Utilization Review Program at www.medicaid.gov/medicaid/prescription-drugs/drug-utilization-review/index.html for additional information about the data to be collected.

A copy of the MCO's CMS report must be sent to DMAS 45 days prior to submission to CMS.

**FFY 2017 Report** - The CMS Annual DUR report for FFY 2017 (10/01/16 through 09/30/17) is due to CMS 06/30/18. **The MCOs do not need to submit any data to CMS for FFY 2017.**

**FFY 2018 Report** - The MCOs must start collecting the required DUR data effective 10/01/17. The MCOs will be required to submit their DUR data for FFY 2018 in the CMS Annual DUR report (report period 10/01/17 through 09/30/18). The FFY 2018 DUR report is due to CMS on 06/30/19.

In order to meet the reporting requirements, the MCO must implement procedures to collect the necessary data for DUR reporting to CMS starting 10/01/2017. DMAS may conduct a desk review/ audit of the MCO's DUR data and/or data collection processes prior to the submission of this data to CMS.

### *1.4.41.4 Examples*

N/A

### *1.4.41.5 Scoring Criteria*

None

## 1.4.42 MCO Vision Plan

### *1.4.42.1 Contract Reference*

Medallion 3.0 Contract, Section 7.2.Z

### *1.4.42.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe PDF file |
| File Name: | VISION_PLAN.pdf |
| Trigger: | Annual |
| Due Date: | September 30th |
| DMAS: | MCO Operations |

### *1.4.42.3 Requirements*

As required by contract.

### *1.4.42.4 Examples*

N/A

### *1.4.42.5 Scoring Criteria*

None

## 1.4.43 Data Quality Strategic Plan

### *1.4.43.1 Contract Reference*

Medallion 3.0 Contract, Section 11.7.C

### *1.4.43.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe PDF file |
| File Name: | DQ_STRATEGY.pdf |
| Trigger: | Annual |
| Due Date: | September 30th (First submission due 09/30/2017) |
| DMAS: | Office of Data Analytics |

### *1.4.43.3 Requirements*

As required by contract.

The Contractor shall provide the Department with an Annual Data Quality Strategic Plan in accordance to the specifications of the Department that addresses:

1) The Contractor's plan for ensuring high quality data that complies with the Department's standards for accuracy, timeliness, and completeness as described in the Data Quality Scorecard or other supporting documentation;
2) Plans and timelines for improving performance on the metrics in the Data Quality Scorecard, unless the Contractor is compliant on all measures;
3) What procedures and automated checks exist in the Contractor's systems to prevent transmission of non-compliant data; and,
4) The compliance actions and data quality standards expected of service providers, billing providers, sub-contractors, or vendors, to ensure that the transmission of data from these entities to the Contractor is compliant with Department's requirements.

### *1.4.43.4 Examples*

N/A

### *1.4.43.5 Scoring Criteria*

None

## 1.4.44 Value Based Purchasing (VBP) Plan

### *1.4.44.1 Contract Reference*

Medallion 3.0 Contract, Section 7.8.B

### *1.4.44.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe PDF file |
| File Name: | M3_VBP_PLAN.pdf |
| Due Date: | September 30, 2017 for initial VBP Plan and updated and resubmitted by March 30, 2018 to reflect lessons learned and necessary modifications |
| DMAS: | Provider Reimbursement Division |

### *1.4.44.3 Requirements*

As specified in the contract section referenced above (i.e. Contractor VBP Plan). Submission must include all components referenced in the contract section “Contractor VBP Plan”, including the Current State Review, Provider Readiness, Performance Review, and Communication, and Strategy and Alignment sections and related subsection requirements.

### *1.4.44.4 Examples*

N/A

### *1.4.44.5 Scoring Criteria*

None

## 1.4.45 ARTS Stop Loss

### *1.4.45.1 Contract Reference*

Medallion 3.0 Contract, Section 12.12.B

### *1.4.45.2 File Specifications*

| Field | Specifications |
|---|---|
| MCO Claim ID | Required. Unique MCO claim identification number.<br>Format: CHAR(20)<br>The identifier on this file must match the MCO Claim ID that is submitted on the corresponding MCO encounter record. |
| MCO Revenue Line Number | Situational. Revenue line number.<br>Format: Num(3)<br>Required when Claim Type = 'I'. Not valid for other claim types. Rev line must match the rev line submitted on the corresponding MCO encounter. |
| Claim Type | Required. Claim / EDI transaction type.<br>Format: Char(1)<br>Valid values:<br>P=professional/837P;<br>I=institutional/ facility/ 837I |
| Recipient ID | Required. Member's Medicaid ID number.<br>Format: NUM(12). Must be numeric with leading zeros.<br>Must be a valid Medicaid ID number. |
| Servicing Provider NPI | Required. Servicing provider NPI number.<br>Format: NUM(10). Must be numeric with leading zeros. |
| Servicing Provider Taxonomy | Required. Taxonomy code for servicing provider.<br>Format: NUM(10). Must be numeric with leading zeros. |
| Primary Diagnosis Code | Required. Primary diagnosis code as submitted on claim.<br>Format: CHAR(7).<br>Must be a valid ICD-10 diagnosis code value. |
| From Date Service | Required First date of service provided.<br>Format: CHAR(10). MM/DD/YYYY<br>Must be a valid date. This date must be within the current contract year period. |
| Thru Date Service | Required Last date of service provided.<br>Format: CHAR(10). MM/DD/YYYY<br>Must be a valid date. This date must be within the current contract year period. |
| Discharge Date | Situational Date patient was discharged from inpatient facility.<br>Format: CHAR(10). MM/DD/YYYY<br>Must be a valid date. This date must be within the current contract year period. Only accepted when Claim Type = 'I'. |
| Payment Date | Required. Date claim paid.<br>Format: CHAR(10). MM/DD/YYYY<br>Must be a valid date. Must be greater than or equal to from date. The date value in this file must match the MCO payment date submitted on the corresponding MCO encounter record. |

| Field | Specifications |
|---|---|
| Procedure Code | HCPCS / CPT. Required when Claim Type is P. Should also be submitted for Claim Type 'I' when present.<br>Format: Char(5)<br>Must be a valid HCPCS / CPT. |
| Units/ | Required . Units provided as submitted by the provider.<br>Format: Numeric with no decimal places. No leading zeroes or commas. Must be greater than zero. Do not submit negative numbers. |
| Billed Amount | Required . Billed Amount submitted by the provider for the service/line.<br>Format: Numeric with 2 decimal places. No leading zeroes, commas, or dollar signs. Must be greater than zero. Do not submit negative numbers. |
| Copay Amount | Required. Co-pay collected from the member.<br>Format: Numeric with 2 decimal places, no leading zeroes, no commas, and no dollar sign. May be equal to zero, but cannot be negative. |
| Paid Amount | Required. Amount Paid by the MCO for the service/line.<br>Format: Numeric with 2 decimal places, no leading zeroes, no commas, and no dollar sign. Must be greater than zero. Do not submit negative numbers. |

Method: DMAS secure FTP server

Format: Comma Separated Values

File Name: ARTS_STOP_LOSS.csv

Due Date: September 30, 2018

DMAS: Provider Reimbursement Division

#### *1.4.45.3 Requirements*

On 9/30/18, submit a single report for the entire time period 04/01/17 – 06/30/18.

Submit final adjudicated paid claims only.

Include members enrolled in Medicaid and FAMIS.

In order to be processed for reimbursement by DMAS, requests must be submitted within five (5) business days of the due date specified for this deliverable.

Any submitted claim records that do not meet the specifications (editing criteria) specified for this deliverable in the MCTM will not be accepted and not considered for reimbursement.

MCOs should use the revenue and procedure codes as specified in the chart from the current (revised) specifications document provided to the MCOs. The revenue and procedure codes should be sufficient to identify the claims without the additional requirement related to age and SUD diagnosis.

#### *1.4.45.4 Examples*

N/A

#### *1.4.45.5 Scoring Criteria*

None

## 1.5 Other Reporting Requirements

This section documents reporting deliverables that fall outside of the usual monthly, quarterly, and annual report cycles.

Each deliverables in this section is required by contract. Contract references are provided for each deliverable.

This section provides additional detail for each deliverable, including the specific trigger event(s) and the time frame (due date) in which the deliverable is required to be provided to DMAS.

Where applicable, this section also describes and specific content that is required for the particular deliverable.

## 1.5.1 NCQA Deficiencies

### *1.5.1.1 Contract Reference*

Medallion 3.0 Contract, Section 2.3

FAMIS Contract, Section 2.3

### *1.5.1.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | NCQA_DEF.pdf |
| Trigger: | MCO receipt of notification from NCQA of deficiency(s) |
| Due Date: | 30 calendar days after NCQA notification |
| DMAS: | Managed Care Quality Analyst |

### *1.5.1.3 Requirements*

N/A

### *1.5.1.4 Examples*

N/A

### *1.5.1.5 Scoring Criteria*

None

## 1.5.2 NCQA Accreditation Status Changes

### *1.5.2.1 Contract Reference*

Medallion 3.0 Contract, Section 2.3 and 8.3

FAMIS Contract, Sections 2.3 and 8.3

### *1.5.2.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | NCQA_ACRED.pdf |
| Trigger: | Notification by NCQA of Change in MCO's Accreditation Status |
| Due Date: | 10 calendar days after NCQA notification |
| DMAS: | Managed Care Quality Analyst |

### *1.5.2.3 Requirements*

N/A

### *1.5.2.4 Examples*

N/A

### *1.5.2.5 Scoring Criteria*

None

## 1.5.3 Provider Agreements

### *1.5.3.1 Contract Reference*

Medallion 3.0 Contract, Section 3.1 and Attachment III, Section A

FAMIS Contract, Section 3.1 and Attachment III, Section A

### *1.5.3.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PRV_AGRMT_CHG.pdf |
| Trigger: | Creation of new provider network agreement or modification of existing agreement (includes MCO and subcontractor) |
| Due Date: | At least 30 days prior to effective date |
| DMAS: | Managed Care Operations |

### *1.5.3.3 Requirements*

See detailed contract requirements for this deliverable.

### *1.5.3.4 Examples*

N/A

### *1.5.3.5 Scoring Criteria*

None

## 1.5.4 MCO Staffing Changes

### *1.5.4.1 Contract Reference*

Medallion 3.0 Contract, Section 3.16.B and 14.6

FAMIS Contract, Section 3.16.B and 14.6

### *1.5.4.2 File Specifications*

| | |
|---|---|
| Method: | Email: ManagedCare.Compliance@dmas.virginia.gov |
| Format: | 'Key Staffing Change' template on DMAS web site. |
| File Name: | N/A |
| Trigger: | Change in key staff position at MCO as specified in the Medallion 3.0 contract |
| Due Date: | For Staff Departure: The Contractor must provide notification to the Department within five (5) calendar days from receipt of knowledge of departure.<br>For New Hire: The Contractor must provide notification, a resume, and an updated organizational chart to the Department within five (5) calendar days of the start date. |
| DMAS: | Managed Care Compliance |

### *1.5.4.3 Requirements*

MCO must provide all of the relevant documentation for each staffing change as specified in the Medallion 3.0 contract to include (as applicable per Contract):

- Staff Change Template
- Resume (New staff person)
- Updated Organizational Chart (New staff person)

### *1.5.4.4 Examples*

See Template on DMAS website.

### *1.5.4.5 Scoring Criteria*

None

## 1.5.5 Provider Network Change Affecting Member Access to Care

### *1.5.5.1 Contract Reference*

Medallion 3.0 Contract, Section 3.2.B

FAMIS Contract, Section 3.2.B

### *1.5.5.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | Change to the provider network affecting member access to care |
| Due Date: | Within 30 business days |
| DMAS: | Managed Care Operations |

### *1.5.5.3 Requirements*

N/A

### *1.5.5.4 Examples*

N/A

### *1.5.5.5 Scoring Criteria*

None

## 1.5.6 Hospital Contract Changes

### *1.5.6.1 Contract Reference*

Medallion 3.0 Contract, Section 3.2.B

FAMIS Contract, Section 3.2.B

### *1.5.6.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | Change to hospital contract |
| Due Date: | Within 30 business days |
| DMAS: | Managed Care Operations |

### *1.5.6.3 Requirements*

N/A

### *1.5.6.4 Examples*

N/A

### *1.5.6.5 Scoring Criteria*

None

## 1.5.7 Provider Credentialing Policies and Procedures

### *1.5.7.1 Contract Reference*

Medallion 3.0 Contract, Section 3.4.A

FAMIS Contract, Section 3.4.A

### *1.5.7.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PROV_CRED.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to receipt of first 834 enrollment roster<br>10 business days prior to any published revision to the Provider Manual<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations |

### *1.5.7.3 Requirements*

Submission must adhere to all content and format requirements set forth in Medallion 3.0 contract language.

### *1.5.7.4 Examples*

N/A

### *1.5.7.5 Scoring Criteria*

None

## 1.5.8 Practitioner Infractions

### *1.5.8.1 Contract Reference*

Medallion 3.0 Contract, Section 3.4.A and Attachment III, A

FAMIS Contract, Section 3.4.A and Attachment III, A

### *1.5.8.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Provider ID | Provider's NPI or API identifier.<br>Format: Numeric 10 digits, leading zeroes.<br>Required. |
| Name | Provider's name<br>Format: Character 40<br>Required |
| License | Provider's License Number<br>Optional |
| Specialty | Provider's type / specialty.<br>Must select value from drop down provided in template.<br>Required. |
| Notification Date | Date that the MCO was notified of the provider infraction.<br>Format: mm/dd/yyyy<br>Required |
| Source | Identifies who reported the infraction to the MCO.<br>Must select value from drop down provided in template.<br>Required. |
| Action | Action taken by the Board against this provider<br>Must select value from drop down provided in template.<br>Required. |

Method: Email MCOhelp@dmas.virginia.gov

Format: Excel .xlsx file – Use the current version of the template provided on the DMAS web site

File Name: INFRACTION.xlsx

Trigger: Suspension or termination of a practitioner's license

Due Date: Within 5 business days

DMAS: Managed Care Compliance Unit and forward to Program Integrity Division

#### *1.5.8.3 Requirements*

Submission must adhere to all content and format requirements specified in the MCTM above and the template posted on the DMAS web site.

See DMAS homepage for notification form: http://www.dmas.virginia.gov/Content_pgs/mc-rpt.aspx

#### *1.5.8.4 Examples*

N/A

#### *1.5.8.5 Scoring Criteria*

None

## 1.5.9 PCP Assignment Policies & Procedures

### *1.5.9.1 Contract Reference*

Medallion 3.0 Contract, Section 3.6

FAMIS Contract, Section 3.6

### *1.5.9.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PCP_ASSIGN.pdf |
| Trigger: | Prior to signing of original contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any revision<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations |

### *1.5.9.3 Requirements*

N/A

### *1.5.9.4 Examples*

N/A

### *1.5.9.5 Scoring Criteria*

None

## 1.5.10 Inpatient Hospital Contracting Changes

### *1.5.10.1 Contract Reference*

Medallion 3.0 Contract, Section 3.8

FAMIS Contract, Section 3.8

### *1.5.10.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | Adobe .pdf file |
| File Name: | IP_CONTRACT.pdf |
| Trigger: | Any changes to MCO contract(s) with inpatient hospital |
| Due Date: | Within 15 calendar days of any change(s) |
| DMAS: | Managed Care Operations |

### *1.5.10.3 Requirements*

Refer to Attachment III of the Medallion 3.0 contract for complete details.

### *1.5.10.4 Examples*

N/A

### *1.5.10.5 Scoring Criteria*

None

## 1.5.11 Changes to Claims Operations

### *1.5.11.1 Contract Reference*

Medallion 3.0 Contract, Section 4.4

FAMIS Contract, Section 4.4

### *1.5.11.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | Any significant changes to the MCO's) claims processing operations |
| Due Date: | 45 calendar days in advance of any change |
| DMAS: | Managed Care Operations |

### *1.5.11.3 Requirements*

As specified in contract.

### *1.5.11.4 Examples*

N/A

### *1.5.11.5 Scoring Criteria*

None

## 1.5.12 Provider Disenrollment Policies & Procedures

### *1.5.12.1 Contract Reference*

Medallion 3.0 Contract, Section 4.5

FAMIS Contract, Section 4.5

### *1.5.12.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PROV_DISENROLL.pdf |
| Trigger: | Initial Medallion 3.0 contract signature |
| Due Date: | 45 calendar days prior to contract signature |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations and file |

### *1.5.12.3 Requirements*

As specified in the Medallion 3.0 contract language, including all subsections within this section.

### *1.5.12.4 Examples*

N/A

### *1.5.12.5 Scoring Criteria*

None

## 1.5.13 Enrollment – Excluding Members

### *1.5.13.1 Contract Reference*

Medallion 3.0 Contract, Section 5.1.B

FAMIS Contract, Section 5.1.B

### *1.5.13.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | ENROL_EXCLUSION.pdf |
| Trigger: | Upon learning that a member meets one or more of the exclusion criteria |
| Due Date: | Within 48 hours of discovery |
| DMAS: | Managed Care Operations |

### *1.5.13.3 Requirements*

As specified in the Medallion 3.0 contract language. Contractor must utilize Member Action Form available on the DMAS Managed Care web site.

Submit each member enrollment exclusion request to DMAS in a separate file.

When there is more than one exclusion request per day, append a sequence number to the file name, e.g., ENROL_EXCLUSION1.pdf, ENROL_EXCLUSION2.pdf, etc.

### *1.5.13.4 Examples*

N/A

### *1.5.13.5 Scoring Criteria*

None

## 1.5.14 Newborn Identification Procedures

### *1.5.14.1 Contract Reference*

Medallion 3.0 Contract, Section 5.7

FAMIS Contract, Section 5.7

### *1.5.14.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | NEWBORN_ID.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any revision<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations and file |

### *1.5.14.3 Requirements*

N/A

### *1.5.14.4 Examples*

N/A

### *1.5.14.5 Scoring Criteria*

None

## 1.5.15 Member Education & Outreach

### *1.5.15.1 Contract Reference*

Medallion 3.0 Contract, Section 6.1

FAMIS Contract, Section 6.1

### *1.5.15.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server (MII and FAMIS) |
| Format: | Microsoft Excel file (DMAS template) |
| File Name: | OUTREACH.xlsx |
| Trigger: | Community education, networking or outreach program event |
| Due Date: | 2 calendar weeks prior to event |
| DMAS: | Managed Care Operations |

### *1.5.15.3 Requirements*

Use the current version of the 'Outreach' template that is posted on the DMAS web site here: http://www.dmas.virginia.gov/Content_pgs/mc-rpt.aspx

### *1.5.15.4 Examples*

N/A

### *1.5.15.5 Scoring Criteria*

None

## 1.5.16 Member Marketing Materials

### *1.5.16.1 Contract Reference*

Medallion 3.0 Contract, Section 6.1.C

FAMIS Contract, Section 6.1.C

### *1.5.16.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server (MII and FAMIS) |
| Format: | Adobe PDF file |
| File Name: | MKTG_MATL.pdf |
| Trigger: | Planned distribution of marketing materials as defined in the Medallion 3.0 contract |
| Due Date: | 30 days prior to their planned distribution |
| DMAS: | Managed Care Operations |

### *1.5.16.3 Requirements*

As specified in the Medallion 3.0 contract.

Refer to the 'DMAS MCO Marketing Submission Form Instructions.pdf' that is posted on the DMAS web site: http://www.dmas.virginia.gov/Content_pgs/mc-rpt.aspx

All submissions must include the 'DMAS Member Communication and Marketing Submission Form' as the cover page within the document.

### *1.5.16.4 Examples*

N/A

### *1.5.16.5 Scoring Criteria*

None

## 1.5.17 Member Incentive Awards

### *1.5.17.1 Contract Reference*

Medallion 3.0 Contract, Section 6.2.I

FAMIS Contract, Section 6.2.I

### *1.5.17.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server (MII and FAMIS) |
| Format: | Adobe PDF file |
| File Name: | INCENT_AWD.pdf |
| Trigger: | Implementation of incentive award program |
| Due Date: | 30 days prior to implementation |
| DMAS: | Managed Care Operations |

### *1.5.17.3 Requirements*

Refer to the 'DMAS MCO Marketing Submission Form Instructions.pdf' that is posted on the DMAS web site: http://www.dmas.virginia.gov/Content_pgs/mc-rpt.aspx

All submissions must include the 'DMAS Member Communication and Marketing Submission Form' as the cover page within the document.

### *1.5.17.4 Examples*

N/A

### *1.5.17.5 Scoring Criteria*

None

## 1.5.18 Member Enrollment, Disenrollment, and Educational Materials

### *1.5.18.1 Contract Reference*

Medallion 3.0 Contract, Sections 6.4, 6.6, 6.12

FAMIS Contract, Sections 6.4, 6.6, 6.12

### *1.5.18.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server (MII and FAMIS) |
| Format: | Adobe PDF file |
| File Name: | MBR_EDE.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any published revision<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Operations |

### *1.5.18.3 Requirements*

Refer to the 'DMAS MCO Marketing Submission Form Instructions.pdf' that is posted on the DMAS web site: http://www.dmas.virginia.gov/Content_pgs/mc-rpt.aspx

All submissions must include the 'DMAS Member Communication and Marketing Submission Form' as the cover page within the document.

Including, but not limited to the following:

- New Member Packet
- All enrollment, disenrollment, and educational materials made available to members by the MCO
- All member health education materials, including any newsletters sent to members

### *1.5.18.4 Examples*

N/A

### *1.5.18.5 Scoring Criteria*

None

## 1.5.19 Program Changes

### *1.5.19.1 Contract Reference*

Medallion 3.0 Contract, Section 6.8.M.I

FAMIS Contract, Section 6.8.M.I

### *1.5.19.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | When they occur |
| Due Date: | 30 calendar days prior to implementation |
| DMAS: | Managed Care Operations |

### *1.5.19.3 Requirements*

N/A

### *1.5.19.4 Examples*

N/A

### *1.5.19.5 Scoring Criteria*

None

## 1.5.20 Member Rights - Policies & Procedures

### *1.5.20.1 Contract Reference*

Medallion 3.0 Contract, Section 6.9

FAMIS Contract, Section 6.9

### *1.5.20.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe PDF file |
| File Name: | MBR_RIGHTS.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any revision<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations and file |

### *1.5.20.3 Requirements*

Refer to the 'DMAS MCO Marketing Submission Form Instructions.pdf' that is posted on the DMAS web site: http://www.dmas.virginia.gov/Content_pgs/mc-rpt.aspx

All submissions must include the 'DMAS Member Communication and Marketing Submission Form' as the cover page within the document.

### *1.5.20.4 Examples*

N/A

### *1.5.20.5 Scoring Criteria*

None

## 1.5.21 Member Health Education & Prevention Plan

### *1.5.21.1 Contract Reference*

Medallion 3.0 Contract, Section 6.12

FAMIS Contract, Section 6.12

### *1.5.21.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server (MII and FAMIS) |
| Format: | Adobe PDF file |
| File Name: | EDUC_PGM.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any published revision to the Provider Manual<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Operations |

### *1.5.21.3 Requirements*

As specified in contract.

Refer to the 'DMAS MCO Marketing Submission Form Instructions.pdf' that is posted on the DMAS web site: http://www.dmas.virginia.gov/Content_pgs/mc-rpt.aspx

All submissions must include the 'DMAS Member Communication and Marketing Submission Form' as the cover page within the document.

### *1.5.21.4 Examples*

N/A

### *1.5.21.5 Scoring Criteria*

None

## 1.5.22 EPSDT Second Review Process

### *1.5.22.1 Contract Reference*

Medallion 3.0 Contract, Section 7.1.D.III

FAMIS Contract, Section 7.1.D.III

### *1.5.22.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | Prior to Implementation or Upon Request |
| Due Date: | Within 10 business days |
| DMAS: | Managed Care Operations |

### *1.5.22.3 Requirements*

N/A

### *1.5.22.4 Examples*

N/A

### *1.5.22.5 Scoring Criteria*

None

## 1.5.23 Services Not Covered Due to Moral or Religious Objections

### *1.5.23.1 Contract Reference*

Medallion 3.0 Contract, Section 7.1.I

FAMIS Contract, Section 7.1.I

### *1.5.23.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | OBJ_SRVCS.pdf |
| Trigger: | With the initiation of the Contract<br>Upon adoption of such policy<br>Upon Request |
| Due Date: | Upon signing of the original contract<br>30 calendar days prior to implementation of any change(s)<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations and file |

### *1.5.23.3 Requirements*

N/A

### *1.5.23.4 Examples*

N/A

### *1.5.23.5 Scoring Criteria*

None

## 1.5.24 Sentinel Event

### *1.5.24.1 Contract Reference*

Medallion 3.0 Contract, Section 7.1.J

FAMIS Contract, Section 7.1.J

### *1.5.24.2 File Specifications*

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Adobe .pdf file |
| File Name | SENTINEL.pdf. |
| Trigger | Identification by the MCO of any member sentinel event |
| Due Date | Within 48 hours of identification |
| DMAS | Managed Care Contract Monitor forward to Compliance Analyst for processing |

### *1.5.24.3 Requirements*

Contractor must utilize the Member Action Form provided on DMAS Managed Care website.

Submit each sentinel event report to DMAS in a separate file.

When there is more than one sentinel event report per day, append a sequence number to the file name, e.g., SENTINEL1.pdf, SENTINEL2.pdf, etc.

### *1.5.24.4 Examples*

N/A

### *1.5.24.5 Scoring Criteria*

None

## 1.5.25 Patient Utilization Management and Safety (PUMS) Program Policies and Procedures

### *1.5.25.1 Contract Reference*

Medallion 3.0 Contract, Section 7.1.M.IV

FAMIS Contract, Section 7.1.M.IV

### *1.5.25.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PUMS_OUTCM.pdf |
| Trigger: | Annual |
| Due Date: | October 1 |
| DMAS: | Managed Care Operations |

### *1.5.25.3 Requirements*

Plan must provide MCO's applicable policies and procedures, including clinical protocols used to determine appropriate intervention(s) and referral(s) to other services that may be needed (such as substance abuse treatment services, etc.).

### *1.5.25.4 Examples*

N/A

### *1.5.25.5 Scoring Criteria*

None

## 1.5.26 Compliance for Sterilizations & Hysterectomies

### *1.5.26.1 Contract Reference*

Medallion 3.0 Contract, Sections 7.2.N.III and 7.2.N.IV

FAMIS Contract, Sections 7.2.N.III and 7.2.N.IV

### *1.5.26.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | STERL_HYST.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any revision<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations |

### *1.5.26.3 Requirements*

N/A

### *1.5.26.4 Examples*

N/A

### *1.5.26.5 Scoring Criteria*

None

## 1.5.27 Substance Abuse Services for Pregnant Women

### *1.5.27.1 Contract Reference*

Medallion 3.0 Contract, Section 7.2.N.V.j

FAMIS Contract, Section 7.2.N.V.j

### *1.5.27.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | SUBS_ABS_PREG.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any published revision to the Provider Manual<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations and file |

### *1.5.27.3 Requirements*

N/A

### *1.5.27.4 Examples*

N/A

### *1.5.27.5 Scoring Criteria*

None

## 1.5.28 Access to Services for Disabled Children & Children with Special Health Care Needs

### *1.5.28.1 Contract Reference*

Medallion 3.0 Contract, Section 7.1.O.III

FAMIS Contract, Section 7.1.O.III

### *1.5.28.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | CSHCN_ACCESS.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any revision<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations and file |

### *1.5.28.3 Requirements*

N/A

### *1.5.28.4 Examples*

N/A

### *1.5.28.5 Scoring Criteria*

None

## 1.5.29 Utilization Management Plan

### *1.5.29.1 Contract Reference*

Medallion 3.0 Contract, Section 7.1.P

FAMIS Contract, Section 7.1.P

### *1.5.29.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | UM_PLAN.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any published revision to the Provider Manual<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations and file |

### *1.5.29.3 Requirements*

As specified in the contract.

### *1.5.29.4 Examples*

N/A

### *1.5.29.5 Scoring Criteria*

None

## 1.5.30 Atypical Drug Utilization Reporting

### *1.5.30.1 Contract Reference*

Medallion 3.0 Contract, Section 7.2.S

FAMIS Contract, Section 7.2.S

### *1.5.30.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | DMAS request |
| Due Date: | Within 30 calendar days of request |
| DMAS: | Managed Care Operations |

### *1.5.30.3 Requirements*

N/A

### *1.5.30.4 Examples*

N/A

### *1.5.30.5 Scoring Criteria*

None

## 1.5.31 Drug Formulary & Authorization Requirements

### *1.5.31.1 Contract Reference*

Medallion 3.0 Contract, Section 7.2.S

FAMIS Contract, Section 7.2.S

### *1.5.31.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | FORMULARY.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any published revision to the Provider Manual<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations and file |

### *1.5.31.3 Requirements*

N/A

### *1.5.31.4 Examples*

N/A

### *1.5.31.5 Scoring Criteria*

None

## 1.5.32 Incarcerated Members

### *1.5.32.1 Contract Reference*

Medallion 3.0 Contract, Section 7.3.A.V

FAMIS Contract, Section 7.3.A.V

### *1.5.32.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | INCAR_999999999999.pdf (where 9s are the member ID) |
| Trigger: | Identification of incarcerated member |
| Due Date: | Within 48 hours of knowledge |
| DMAS: | Managed Care Contract Monitor forward to Compliance Analyst for processing |

### *1.5.32.3 Requirements*

Contractor must utilize the Member Event reporting template provided on DMAS Managed Care website.

Submit each incarcerated member report to DMAS in a separate file.

### *1.5.32.4 Examples*

N/A

### *1.5.32.5 Scoring Criteria*

None

## 1.5.33 Enhanced Services

### *1.5.33.1 Contract Reference*

Medallion 3.0 Contract, Section 7.4

FAMIS Contract, Section 7.4

### *1.5.33.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | Upon Revision |
| Due Date: | 30 calendar days prior to implementing any new enhanced services |
| DMAS: | Managed Care Operations |

### *1.5.33.3 Requirements*

As specified in the contract.

### *1.5.33.4 Examples*

N/A

### *1.5.33.5 Scoring Criteria*

None

## 1.5.34 NCQA Accreditation Renewal

### *1.5.34.1 Contract Reference*

Medallion 3.0 Contract, Sections 2.3 and 8.3

FAMIS Contract, Sections 2.3 and 8.3

### *1.5.34.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | NCQA_RENEW.pdf |
| Trigger: | NCQA Accreditation Assessment or Renewal |
| Due Date: | Within 30 calendar days after NCQA notification to the MCO |
| DMAS: | Managed Care Quality Analyst |

### *1.5.34.3 Requirements*

Must include all components as specified in the contract.

### *1.5.34.4 Examples*

N/A

### *1.5.34.5 Scoring Criteria*

None

## 1.5.35 Prenatal Programs and Services Policies and Procedures (Eliminated)

This deliverable was eliminated effective 10/01/2015.

## 1.5.36 Fraud, Waste and Abuse Policies & Procedures

### *1.5.36.1 Contract Reference*

Medallion 3.0 Contract, Section 9.2.A.III

FAMIS Contract, Section 9.2.A.III

### *1.5.36.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | FWA_POLICY.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any revision<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Program Integrity Division |

### *1.5.36.3 Requirements*

N/A

### *1.5.36.4 Examples*

N/A

### *1.5.36.5 Scoring Criteria*

None

## 1.5.37 Provider Appeals Process

### *1.5.37.1 Contract Reference*

Medallion 3.0 Contract, Section 9.2.A.VIII

FAMIS Contract, Section 9.2.A.VIII

### *1.5.37.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PROV_APPEALS.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision |
| Due Date: | Upon Revision |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations and file |

### *1.5.37.3 Requirements*

N/A

### *1.5.37.4 Examples*

N/A

### *1.5.37.5 Scoring Criteria*

None

## 1.5.38 Fraud and/or Abuse Incident

### *1.5.38.1 Contract Reference*

Medallion 3.0 Contract, Section 9.2.I

FAMIS Contract, Section 9.2.I

### *1.5.38.2 File Specifications*

| | |
|---|---|
| Method: | Email: MCOhelp@dmas.virginia.gov |
| Format: | Adobe .pdf file |
| File Name: | N/A |
| Trigger: | Initiation of any investigative action by the Contractor or notification to the Contractor that another entity is conducting such an investigation of the Contractor, its network providers or members |
| Due Date: | Within 48 hours of initiation or notification and before initial investigation |
| DMAS: | Program Integrity Division |

### *1.5.38.3 Requirements*

Report must use either the “Notice of Suspected Recipient Fraud or Misconduct” template or the “Notification of Provider Investigation” template available from DMAS Managed Care web site.

### *1.5.38.4 Examples*

N/A

### *1.5.38.5 Scoring Criteria*

None

## 1.5.39 Marketing Fraud/Waste/Abuse

### *1.5.39.1 Contract Reference*

Medallion 3.0 Contract, Section 9.2.I

FAMIS Contract, Section 9.2.I

### *1.5.39.2 File Specifications*

| | |
|---|---|
| Method: | Email: MCOhelp@dmas.virginia.gov |
| Format: | Adobe .pdf file |
| File Name: | N/A |
| Trigger: | Discovery of an incident of potential or actual marketing services fraud, waste and abuse |
| Due Date: | Within 48 hours of discovery of incident |
| DMAS: | Program Integrity Division |

### *1.5.39.3 Requirements*

Report must use the “Notification of Provider Investigation” template available from DMAS Managed Care web site.

### *1.5.39.4 Examples*

N/A

### *1.5.39.5 Scoring Criteria*

None

## 1.5.40 Medicaid Fraud Control Unit (MFCU) Referrals

### *1.5.40.1 Contract Reference*

Medallion 3.0 Contract, Section 9.2.I

FAMIS Contract, Section 9.2.I

### *1.5.40.2 File Specifications*

| | |
|---|---|
| Method: | Email: MCOHelp@dmas.virginia.gov |
| Format: | Word document (.docx) file |
| File Name: | N/A |
| Trigger: | Referral to MFCU |
| Due Date: | Upon discovery |
| DMAS: | Program Integrity Division |

### *1.5.40.3 Requirements*

Report must use either the “Referral of Suspected Provider Fraud” template or the “Notice of Suspected Recipient Fraud or Misconduct” template available from the DMAS Managed Care website.

### *1.5.40.4 Examples*

N/A

### *1.5.40.5 Scoring Criteria*

None

## 1.5.41 Member Grievance & Appeals Policies & Procedures

### *1.5.41.1 Contract Reference*

Medallion 3.0 Contract, Section 10.1.D

FAMIS Contract, Section 10.1.D

### *1.5.41.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | MEMBER_GA.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any revision<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations |

### *1.5.41.3 Requirements*

As specified in contract.

### *1.5.41.4 Examples*

N/A

### *1.5.41.5 Scoring Criteria*

None

## 1.5.42 Enrollment Verification for Providers Policies & Procedures

### *1.5.42.1 Contract Reference*

Medallion 3.0 Contract, Section 11.3.E

FAMIS Contract, Section 11.3.E

### *1.5.42.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | ENROL_VER.pdf |
| Trigger: | Prior to signing of original contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any revision<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations and file |

### *1.5.42.3 Requirements*

N/A

### *1.5.42.4 Examples*

N/A

### *1.5.42.5 Scoring Criteria*

None

## 1.5.43 Encounter Data Plan for Completeness

### *1.5.43.1 Contract Reference*

Medallion 3.0 Contract, Section 11.5.D

FAMIS Contract, Section 11.5.D

### *1.5.43.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | ENC_PLAN.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any revision<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Systems & Reporting Supervisor |

### *1.5.43.3 Requirements*

As specified in the contract.

### *1.5.43.4 Examples*

N/A

### *1.5.43.5 Scoring Criteria*

None

## 1.5.44 Encounter Data Deficiencies

### *1.5.44.1 Contract Reference*

Medallion 3.0 Contract, Section 11.5.D

FAMIS Contract, Section 11.5.D

### *1.5.44.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | ENC_DEFIC.pdf |
| Trigger: | Identification of deficiency(s) in encounter data processes |
| Due Date: | Within 60 calendar days of identification |
| DMAS: | Systems & Reporting Supervisor |

### *1.5.44.3 Requirements*

As specified in the contract.

### *1.5.44.4 Examples*

N/A

### *1.5.44.5 Scoring Criteria*

None

## 1.5.45 Encounter Data Corrective Action Plan

### *1.5.45.1 Contract Reference*

Medallion 3.0 Contract, Section 11.5.D

FAMIS Contract, Section 11.5.D

### *1.5.45.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | ENC_CAP.pdf |
| Trigger: | Notification to DMAS of deficiency(s) in encounter data processes |
| Due Date: | Within 30 calendar days of notification |
| DMAS: | Systems & Reporting Supervisor |

### *1.5.45.3 Requirements*

As specified in the contract.

### *1.5.45.4 Examples*

N/A

### *1.5.45.5 Scoring Criteria*

None

## 1.5.46 BOI Filing - Revisions

### *1.5.46.1 Contract Reference*

Medallion 3.0 Contract, Section 12.1.A

FAMIS Contract, Section 12.1.A

### *1.5.46.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | BOI_REVISION.pdf |
| Trigger: | Upon Revision |
| Due Date: | On the same day on which it is submitted to the Bureau of Insurance |
| DMAS: | Provider Reimbursement Division |

### *1.5.46.3 Requirements*

N/A

### *1.5.46.4 Examples*

None

### *1.5.46.5 Scoring Criteria*

None

## 1.5.47 Independent Audit

### *1.5.47.1 Contract Reference*

Medallion 3.0 Contract, Section 12.1.A.I

FAMIS Contract, Section 12.1.A.I

### *1.5.47.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | AUDIT.pdf |
| Trigger: | DMAS request in writing or via email |
| Due Date: | Within 30 days of audit completion |
| DMAS: | Provider Reimbursement Division |

### *1.5.47.3 Requirements*

N/A

### *1.5.47.4 Examples*

N/A

### *1.5.47.5 Scoring Criteria*

None

## 1.5.48 Financial Report - Revisions

### *1.5.48.1 Contract Reference*

Medallion 3.0 Contract, Section 12.1.B

FAMIS Contract, Section 12.1.B

### *1.5.48.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | FIN_REVISION.pdf |
| Trigger: | Upon Revision |
| Due Date: | On the same day on which it is submitted to the Bureau of Insurance |
| DMAS: | Provider Reimbursement Division |

### *1.5.48.3 Requirements*

As specified by contract and additional guidance provided by DMAS Provider Reimbursement Division.

Includes detail medical expenditure categories, total member months related to the expenditures, Incurred but Not Reported (IBNR) amounts, and all administrative expenses associated with the Medallion 3.0 Program.

Department reserves the right to approve the final format of the report.

### *1.5.48.4 Examples*

None

### *1.5.48.5 Scoring Criteria*

None

## 1.5.49 Basis of Accounting Changes

### *1.5.49.1 Contract Reference*

Medallion 3.0 Contract, Section 12.2

FAMIS Contract, Section 12.2

### *1.5.49.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | BOA_CHANGE.pdf |
| Trigger: | Implementation of any change(s) to the MCO's basis of accounting |
| Due Date: | Must be submitted to DMAS 30 calendar days prior to implementation of change(s) |
| DMAS: | Provider Reimbursement Division |

### *1.5.49.3 Requirements*

N/A

### *1.5.49.4 Examples*

N/A

### *1.5.49.5 Scoring Criteria*

None

## 1.5.50 Reserve Requirements Changes

### *1.5.50.1 Contract Reference*

Medallion 3.0 Contract, Section 12.4

FAMIS Contract, Section 12.4

### *1.5.50.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | RESERVE.pdf |
| Trigger: | Written notification received by the MCO from BOI or any other entity requiring sanctions or/or changes to the MCO's reserve requirements |
| Due Date: | Must be submitted to DMAS within 2 business days |
| DMAS: | Provider Reimbursement Division |

### *1.5.50.3 Requirements*

As specified in the contract.

### *1.5.50.4 Examples*

N/A

### *1.5.50.5 Scoring Criteria*

None

## 1.5.51 FQHC/RHC Arrangements

### *1.5.51.1 Contract Reference*

Medallion 3.0 Contract, Section 12.14

FAMIS Contract, Section 12.14

### *1.5.51.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | FQHC_ARRANGE.pdf |
| Trigger: | Original contract signature<br>Establishment of a financial arrangement with an FQHC or RHC, or changes to an existing arrangement |
| Due Date: | 60 calendar days prior to contract signature<br>Within 10 business days of establishing or changing arrangement |
| DMAS: | Provider Reimbursement Division |

### *1.5.51.3 Requirements*

N/A

### *1.5.51.4 Examples*

N/A

### *1.5.51.5 Scoring Criteria*

None

## 1.5.52 FQHC/RHC Reimbursement Methodology

### *1.5.52.1 Contract Reference*

Medallion 3.0 Contract, Section 12.14

FAMIS Contract, Section 12.14

### *1.5.52.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | FQHC_REIMBS.pdf |
| Trigger: | DMAS request |
| Due Date: | Within 30 calendar days of the request |
| DMAS: | Provider Reimbursement Division |

### *1.5.52.3 Requirements*

N/A

### *1.5.52.4 Examples*

N/A

### *1.5.52.5 Scoring Criteria*

None

## 1.5.53 Contractor Non-Compliance Remedy

### *1.5.53.1 Contract Reference*

Medallion 3.0 Contract, Section 13.2.A.I

FAMIS Contract, Section 13.2.A.I

### *1.5.53.2 File Specifications*

| | |
|---|---|
| Method: | Email: ManagedCare.Compliance@dmas.virginia.gov |
| Format: | Adobe .pdf file |
| File Name: | COMPLIANCE_RMDY.pdf |
| Trigger: | DMAS Notifies the MCO of specific areas of non-compliance |
| Due Date: | Remedy must be implemented within the time frame specified by DMAS in the notification |
| DMAS: | HCS Compliance |

### *1.5.53.3 Requirements*

N/A

### *1.5.53.4 Examples*

N/A

### *1.5.53.5 Scoring Criteria*

None

## 1.5.54 Corrective Action Plan for Failure to Perform Administrative Function(s)

### *1.5.54.1 Contract Reference*

Medallion 3.0 Contract, Section 13.2.D.II

FAMIS Contract, Section 13.2.D.II

### *1.5.54.2 File Specifications*

| | |
|---|---|
| Method: | Email: ManagedCare.Compliance@dmas.virginia.gov |
| Format: | Adobe .pdf file |
| File Name: | ADMIN_CAP.pdf |
| Trigger: | Notification to contractor in writing by DMAS |
| Due Date: | Within 30 calendar days of notification |
| DMAS: | HCS Compliance |

### *1.5.54.3 Requirements*

The Corrective Action Plan form is available from the DMAS web site. A separate plan must be submitted for each identified compliance violation, failure or deficiency. The plan must contain:

- Compliance Violation/Failure/Deficiency to be addressed (one per report);
- A description of the “root cause” process that the MCO used to determine the reason for the compliance violation/failure/deficiency;
- Intervention(s) that are intended to correct the identified issue;
- Timeline for intervention implementation;
- Individuals responsible for intervention implementation; and
- Improvement goal(s)/benchmark(s) for the noted deficiency.

### *1.5.54.4 Examples*

N/A

### *1.5.54.5 Scoring Criteria*

None

## 1.5.55 Disclosure of Ownership & Control Interest Statement (CMS 1513)

### *1.5.55.1 Contract Reference*

Medallion 3.0 Contract, Section 13.3.A.II

FAMIS Contract, Section 13.3.A.II

### *1.5.55.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | Adobe .pdf file |
| File Name: | CMS1513.pdf |
| Trigger: | Annually at Contract signing<br>Department request |
| Due Date: | Annually at Contract signing<br>Within 35 days of request by the Department |
| DMAS: | Managed Care Operations |

### *1.5.55.3 Requirements*

As specified in the contract.

### *1.5.55.4 Examples*

N/A

### *1.5.55.5 Scoring Criteria*

None

## 1.5.56 Transaction with Other Party of Interest

### *1.5.56.1 Contract Reference*

Medallion 3.0 Contract, Section 13.3.A.II.a

FAMIS Contract, Section 13.3.A.II.a

### *1.5.56.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | Adobe .pdf file |
| File Name: | OTH_INTEREST.pdf |
| Trigger: | Occurrence of material transaction between the Contractor (MCO) and other party of Interest |
| Due Date: | Must be submitted to DMAS within 5 business days after transaction occurs |
| DMAS: | Managed Care Operations |

### *1.5.56.3 Requirements*

As specified in the contract, so include all required components.

### *1.5.56.4 Examples*

N/A

### *1.5.56.5 Scoring Criteria*

None

## 1.5.57 Acquisition/Merger/Sale

### *1.5.57.1 Contract Reference*

Medallion 3.0 Contract, Section 13.3.A.II.b

FAMIS Contract, Section 13.3.A.II.b

### *1.5.57.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | Adobe .pdf file |
| File Name: | MERGER.pdf |
| Trigger: | Public announcement of agreement as identified in the Medallion 3.0 contract. |
| Due Date: | Within 5 calendar days of any such agreement |
| DMAS: | Managed Care Operations |

### *1.5.57.3 Requirements*

As specified in the contract.

### *1.5.57.4 Examples*

N/A

### *1.5.57.5 Scoring Criteria*

None

## 1.5.58 Ownership Change

### *1.5.58.1 Contract Reference*

Medallion 3.0 Contract, Section 13.3.A.II.c

FAMIS Contract, Section 13.3.A.II.c

### *1.5.58.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | Adobe .pdf file |
| File Name: | OWNERSHIP.pdf |
| Trigger: | Change to MCO's ownership as identified in the Medallion 3.0 contract |
| Due Date: | 5 calendar days prior to change |
| DMAS: | Managed Care Operations |

### *1.5.58.3 Requirements*

As specified in the contract.

### *1.5.58.4 Examples*

N/A

### *1.5.58.5 Scoring Criteria*

None

## 1.5.59 MCO Principal Conviction or Criminal Offense

### *1.5.59.1 Contract Reference*

Medallion 3.0 Contract, Section 13.3.A.II.c(v)

FAMIS Contract, Section 13.3.A.II.c(v)

### *1.5.59.2 File Specifications*

| | |
|---|---|
| Method: | Email: MCOhelp@dmas.virginia.gov |
| Format: | PDF |
| File Name: | OFFENSE.pdf |
| Trigger: | Identification any person, principal, agent, managing employee, or key provider of health care services who (1) has been convicted of a criminal offense related to that individual's or entity's involvement in any program under Medicaid or Medicare since the inception of those programs (1965) or (2) has been excluded from the Medicare and Medicaid programs for any reason. |
| Due Date: | Within 48 hours of identification |
| DMAS: | Program Integrity Division |

### *1.5.59.3 Requirements*

As specified in the contract.

### *1.5.59.4 Examples*

N/A

### *1.5.59.5 Scoring Criteria*

None

## 1.5.60 Contractor or Subcontractor on LEIE

### *1.5.60.1 Contract Reference*

Medallion 3.0 Contract, Section 13.3.A.I.d

FAMIS Contract, Section 13.3.A.I.d

### *1.5.60.2 File Specifications*

| | |
|---|---|
| Method: | Email: MCOhelp@dmas.virginia.gov |
| Format: | PDF |
| File Name: | SUB_LEIE.pdf |
| Trigger: | Identification of any Contractor or subcontractor owners or managing employees on the Federal List of Excluded Individuals/Entities (LEIE) database. |
| Due Date: | Within 5 business days of identification |
| DMAS: | Program Integrity Division |

### *1.5.60.3 Requirements*

As specified in the contract.

### *1.5.60.4 Examples*

N/A

### *1.5.60.5 Scoring Criteria*

None

## 1.5.61 Other Categorically Prohibited Affiliations

### *1.5.61.1 Contract Reference*

Medallion 3.0 Contract, Section 13.3.B

FAMIS Contract, Section 13.3.B

### *1.5.61.2 File Specifications*

| | |
|---|---|
| Method: | Email: MCOhelp@dmas.virginia.gov |
| Format: | PDF |
| File Name: | OTH_EXCL.pdf |
| Trigger: | Action taken by contractor to exclude entity(s) based on the provisions of section 13.3.B |
| Due Date: | Within 48 hours of action |
| DMAS: | Program Integrity Division |

### *1.5.61.3 Requirements*

As specified in the contract.

### *1.5.61.4 Examples*

N/A

### *1.5.61.5 Scoring Criteria*

None

## 1.5.62 Ownership/Control of Other Entity

### *1.5.62.1 Contract Reference*

Medallion 3.0 Contract, Section 13.3.A.II.c.iv

FAMIS Contract, Section 13.3.A.II.c.iv

### *1.5.62.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | Prior to initial contract signing |
| | Change in MCO's ownership and/or control of another entity |
| Due Date: | 5 calendar days prior to change in ownership |
| DMAS: | Managed Care Operations |

### *1.5.62.3 Requirements*

N/A

### *1.5.62.4 Examples*

N/A

### *1.5.62.5 Scoring Criteria*

None

## 1.5.63 MCO Medicaid Managed Care Business Changes

### *1.5.63.1 Contract Reference*

Medallion 3.0 Contract, Section 13.3.A.II.b

FAMIS Contract, Section 13.3.A.II.b

### *1.5.63.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | Change to MCO's Medicaid managed care business as identified in the Medallion 3.0 contract |
| Due Date: | Within 5 business days |
| DMAS: | Managed Care Operations |

### *1.5.63.3 Requirements*

N/A

### *1.5.63.4 Examples*

N/A

### *1.5.63.5 Scoring Criteria*

None

## 1.5.64 Disputes between DMAS and MCO Arising Out of the Contract

### *1.5.64.1 Contract Reference*

Medallion 3.0 Contract, Section 13.4.B

FAMIS Contract, Section 13.4.B

### *1.5.64.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | PDF |
| File Name: | DISPUTE.pdf |
| Trigger: | Contractor knowledge of the occurrence giving rise to the dispute or the beginning date of the work upon which the dispute is based, whichever is earlier |
| Due Date: | within sixty (60) calendar days of trigger event |
| DMAS: | Managed Care Operations |

### *1.5.64.3 Requirements*

As specified in the contract, including requirements for prior notification of intent to file.

### *1.5.64.4 Examples*

N/A

### *1.5.64.5 Scoring Criteria*

None

## 1.5.65 PHI Breach/Disclosure Notification to DMAS

### *1.5.65.1 Contract Reference*

Medallion 3.0 Contract, Section 13.5.B

FAMIS Contract, Section 13.5.B

### *1.5.65.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | Refer to contract language |
| Due Date: | Refer to contract language |
| DMAS: | Managed Care Operations |

### *1.5.65.3 Requirements*

As specified in contract

### *1.5.65.4 Examples*

N/A

### *1.5.65.5 Scoring Criteria*

None

## 1.5.66 Data Security Plan for Department Data

### *1.5.66.1 Contract Reference*

Medallion 3.0 Contract, Section 13.5.B.III and Attachment V

FAMIS Contract, Section 13.5.B.III and Attachment V

### *1.5.66.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | DATA_SECUR.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any revision<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations |

### *1.5.66.3 Requirements*

As specified in the contract

### *1.5.66.4 Examples*

N/A

### *1.5.66.5 Scoring Criteria*

None

## 1.5.67 Data Confidentiality Policies & Procedures

### *1.5.67.1 Contract Reference*

Medallion 3.0 Contract, Section 13.5.C

FAMIS Contract, Section 13.5.C

### *1.5.67.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | DATA_CONFID.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any revision<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations |

### *1.5.67.3 Requirements*

N/A

### *1.5.67.4 Examples*

N/A

### *1.5.67.5 Scoring Criteria*

None

## 1.5.68 Request for Exemption from Contract Requirement(s)

### *1.5.68.1 Contract Reference*

Medallion 3.0 Contract, Section 14

FAMIS Contract, Section 14

### *1.5.68.2 File Specifications*

| | |
|---|---|
| Method: | Email: ManagedCare.Compliance@dmas.virginia.gov |
| Format: | Adobe .pdf file |
| File Name: | CONTRACT_EXEMPT.pdf |
| Trigger: | Signing of contract |
| Due Date: | 30 days prior to effective date |
| DMAS: | HCS Compliance |

### *1.5.68.3 Requirements*

The request for contract exemption must use the MCO Request for Exemption Form (available from the DMAS web site) and include the following: date of request, MCO name, MCO contact and phone, contract cycle period, relevant contract section, and reason for request for exemption. Submit separate requests for each relevant contract section and contract cycle. Requests should be submitted annually for approval.

### *1.5.68.4 Examples*

N/A

### *1.5.68.5 Scoring Criteria*

None

## 1.5.69 Notification of Potential Conflict of Interest

### *1.5.69.1 Contract Reference*

Medallion 3.0 Contract, Section 14.7

FAMIS Contract, Section 14.7

### *1.5.69.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | Signing of contract |
| Due Date: | Sixty days or more prior to contract signing |
| DMAS: | Managed Care Operations |

### *1.5.69.3 Requirements*

As specified in the contract.

### *1.5.69.4 Examples*

N/A

### *1.5.69.5 Scoring Criteria*

None

## 1.5.70 Third Party Administrator (TPA) Contracts

### *1.5.70.1 Contract Reference*

Medallion 3.0 Contract, Section 14.7.A

FAMIS Contract, Section 14.7.A

### *1.5.70.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | (10) days prior to execution, and then annually or upon amendment thereafter |
| Due Date: | As defined in trigger |
| DMAS: | Managed Care Operations |

### *1.5.70.3 Requirements*

As specified in the contract.

### *1.5.70.4 Examples*

N/A

### *1.5.70.5 Scoring Criteria*

None

## 1.5.71 Third Party Administrator (TPA) Firewall

### *1.5.71.1 Contract Reference*

Medallion 3.0 Contract, Section 14.7.B

FAMIS Contract, Section 14.7.B

### *1.5.71.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | (10) days prior to execution, and then annually or upon amendment thereafter |
| Due Date: | As defined in trigger |
| Trigger: | Signing of contract |
| Due Date: | Sixty days or more prior to contract signing |
| DMAS: | Managed Care Operations |

### *1.5.71.3 Requirements*

The Contractor must provide demonstrable assurances of adequate physical and virtual firewalls whenever utilizing a Third Party Administrator (TPA) for additional services beyond those referenced in Section 14.7.A, or when there is a change in an existing or new TPA relationship. Assurances must include an assessment, performed by an independent contractor/third party, that demonstrates proper interconnectivity with the Department and that firewalls meet or exceed the industry standard. Contractors and TPAs must provide assurances that all service level agreements with the Department will be met or exceeded. Contractor staff must be solely responsible to the single health plan entity contracted with the Department.

### *1.5.71.4 Examples*

N/A

### *1.5.71.5 Scoring Criteria*

None

## 1.5.72 Notification of Opt Out of Automatic Contract Renewal Clause

### *1.5.72.1 Contract Reference*

Medallion 3.0 Contract, Section 14.8

FAMIS Contract, Section 14.8

### *1.5.72.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | Signing of contract |
| Due Date: | Six months or more prior to renewal date |
| DMAS: | Managed Care Operations |

### *1.5.72.3 Requirements*

As specified in the contract

### *1.5.72.4 Examples*

N/A

### *1.5.72.5 Scoring Criteria*

None

## 1.5.73 Insurance Coverage Verification

### *1.5.73.1 Contract Reference*

Medallion 3.0 Contract, Section 14.16

FAMIS Contract, Section 14.16

### *1.5.73.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | INS_COVG.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any revision<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations |

### *1.5.73.3 Requirements*

As specified in the contract, including all required components

### *1.5.73.4 Examples*

N/A

### *1.5.73.5 Scoring Criteria*

None

## 1.5.74 Notification of Potential MCO Liability

### *1.5.74.1 Contract Reference*

Medallion 3.0 Contract, Section 14.17

FAMIS Contract, Section 14.17

### *1.5.74.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | Adobe .pdf file |
| File Name: | LIABILITY_NOTIFICATION.pdf |
| Trigger: | Involvement in a situation in which the contractor or one of its subcontractors may be held liable for damages or claims against the contractor or subcontractor |
| Due Date: | Within 24 hours of involvement |
| DMAS: | Managed Care Operations |

### *1.5.74.3 Requirements*

The Notification of Potential MCO Liability must use the template available on the DMAS Managed Care website and include all required information on the form.

### *1.5.74.4 Examples*

N/A

### *1.5.74.5 Scoring Criteria*

None

## 1.5.75 Medical Record Safeguards

### *1.5.75.1 Contract Reference*

Medallion 3.0 Contract, Sections 14.19.A.I and 14.19.A.II

FAMIS Contract, Sections 14.19.A.I and 14.19.A.II

### *1.5.75.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | MED_REC_SAFE.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any revision<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations |

### *1.5.75.3 Requirements*

N/A

### *1.5.75.4 Examples*

N/A

### *1.5.75.5 Scoring Criteria*

None

.

## 1.5.76 Practice Guidelines

### *1.5.76.1 Contract Reference*

Medallion 3.0 Contract, Section 14.24.B

FAMIS Contract, Section 14.24.B

### *1.5.76.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PRACT_GUIDE.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any revision<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations |

### *1.5.76.3 Requirements*

As specified in the contract, including all required components

### *1.5.76.4 Examples*

N/A

### *1.5.76.5 Scoring Criteria*

None

## 1.5.77 Request for Publication or Presentation of DMAS-Related Subjects

### *1.5.77.1 Contract Reference*

Medallion 3.0 Contract, Section 14.26

FAMIS Contract, Section 14.26

### *1.5.77.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | Presentation or publication of any DMAS data to any third party entity |
| Due Date: | 30 calendar days prior to the publication / presentation / release of data |
| DMAS: | Managed Care Operations |

### *1.5.77.3 Requirements*

N/A

### *1.5.77.4 Examples*

N/A

### *1.5.77.5 Scoring Criteria*

None

## 1.5.78 Bankruptcy Petition

### *1.5.78.1 Contract Reference*

Medallion 3.0 Contract, Section 14.29.B.VI

FAMIS Contract, Section 14.29.B.VI

### *1.5.78.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | Filing a petition in bankruptcy by a principle network provider or subcontractor |
| Due Date: | Within 24 hours of filing |
| DMAS: | Managed Care Operations |

### *1.5.78.3 Requirements*

N/A

### *1.5.78.4 Examples*

N/A

### *1.5.78.5 Scoring Criteria*

None

## 1.5.79 Provider Manual Managed Care References

### *1.5.79.1 Contract Reference*

Medallion 3.0 Contract, Attachment III, Section B

FAMIS Contract, Attachment III, Section B

### *1.5.79.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PROV_MANUAL.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any revision<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations |

### *1.5.79.3 Requirements*

N/A

### *1.5.79.4 Examples*

N/A

### *1.5.79.5 Scoring Criteria*

None

## 1.5.80 Notification of Changes to Subcontractor Method of Payment

### *1.5.80.1 Contract Reference*

Medallion 3.0 Contract, Attachment III, Section C

FAMIS Contract, Attachment III, Section C

### *1.5.80.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | Change in MCO's method of payment of subcontractor |
| Due Date: | Thirty calendar days or more prior to change |
| DMAS: | Managed Care Operations |

### *1.5.80.3 Requirements*

As specified in the contract

### *1.5.80.4 Examples*

N/A

### *1.5.80.5 Scoring Criteria*

None

## 1.5.81 New Agreements and Changes in Approved Agreements

### *1.5.81.1 Contract Reference*

Medallion 3.0 Contract, Attachment III, Section C

FAMIS Contract, Attachment III, Section C

### *1.5.81.2 File Specifications*

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Adobe .pdf file |
| File Name: | PHI_AGREE.pdf |
| Trigger: | Prior to Signing Original Contract<br>Upon Revision<br>Upon Request |
| Due Date: | 60 calendar days prior to signing of the original contract<br>10 business days prior to any revision<br>Within 10 business days of receiving a request from DMAS |
| DMAS: | Managed Care Contract Monitor notifies Managed Care Operations |

### *1.5.81.3 Requirements*

N/A

### *1.5.81.4 Examples*

N/A

### *1.5.81.5 Scoring Criteria*

None

## 1.5.82 Expansion Request (Letter of Intent)

### *1.5.82.1 Contract Reference*

Medallion 3.0 Contract, Attachment X

FAMIS Contract, Attachment X

### *1.5.82.2 File Specifications*

| | |
|---|---|
| Method: | Email MCOHelp@dmas.virginia.gov |
| Format: | N/A |
| File Name: | N/A |
| Trigger: | Initiated by MCO |
| Due Date: | At least six months prior to the desired expansion date |
| DMAS: | Managed Care Operations |

### *1.5.82.3 Requirements*

As specified in contract, including all required components.

### *1.5.82.4 Examples*

N/A

### *1.5.82.5 Scoring Criteria*

None

## 1.5.83 MCO Improvement Plan (MIP) for Failure to Perform Administrative Function(s)

### *1.5.83.1 Contract Reference*

Medallion 3.0 Contract, Section 13.2.D.I

FAMIS Contract, Section 13.2.D.I

### *1.5.83.2 File Specifications*

| | |
|---|---|
| Method: | Email: ManagedCare.Compliance@dmas.virginia.gov |
| Format: | Adobe .pdf file |
| File Name: | ADMIN_MIP.pdf |
| Trigger: | Notification to Contractor in writing by DMAS |
| Due Date: | Within 30 calendar days of notification |
| DMAS: | HCS Compliance |

### *1.5.83.3 Requirements*

This report must be submitted using the MCO Improvement Plan (MIP) form available from the DMAS web site. A separate plan must be submitted for each identified compliance violation, failure or deficiency.

The report must contain:

- Compliance Violation/Failure/Deficiency to be addressed (one per report);
- Description of area of non-compliance;
- Action steps(s) that are intended to correct the performance issue; and
- Timeline for intervention implementation.

### *1.5.83.4 Examples*

N/A

### *1.5.83.5 Scoring Criteria*

None

## 1.5.84 Physician Monitoring Program (PMP) Access Request Form for DMAS Agents

### *1.5.84.1 Contract Reference*

Medallion 3.0 Contract, Section 9.5

### *1.5.84.2 File Specifications*

| | |
|---|---|
| Method: | Email: MCOHelp@dmas.virginia.gov |
| Format: | Adobe .pdf file |
| File Name: | PMP_ACCESS.pdf |
| Trigger: | Staff change requiring new PMP access |
| Due Date: | N/A |
| DMAS: | HCS Operations |

### *1.5.84.3 Requirements*

Must be submitted using the PMP Registration form posted on the DMAS web site.

Completed form must be signed by the applicant (user) and witnessed by a notary public prior to submission to DMAS.

### *1.5.84.4 Examples*

N/A

### *1.5.84.5 Scoring Criteria*

None

## 1.5.85 Subcontractor Contracts

### *1.5.85.1 Contract Reference*

Medallion 3.0 Contract, Section 3.16.B

### *1.5.85.2 File Specifications*

| | |
|---|---|
| Method: | FTP |
| Format: | Adobe .pdf file |
| File Name: | SUBCONT.pdf |
| Trigger: | New subcontractor contract or change in existing subcontractor contract |
| Due Date: | At least 30 days prior to effective date of new contract or change |
| DMAS: | HCS Operations |

### *1.5.85.3 Requirements*

As specified in contract.

### *1.5.85.4 Examples*

N/A

### *1.5.85.5 Scoring Criteria*

None

## 1.5.86 MCO DUR Board Minutes

### *1.5.86.1 Contract Reference*

Medallion 3.0 Contract, Section 7.2.S.V

### *1.5.86.2 File Specifications*

| | |
|---|---|
| Method: | FTP |
| Format: | Adobe .pdf file |
| File Name: | DUR_MTG.pdf |
| Trigger: | MCO DUR Board Meeting |
| Due Date: | Within 30 days of meeting |
| DMAS: | CMO Pharmacy Team |

### *1.5.86.3 Requirements*

As specified in contract.

Per contract, MCO DUR board meetings are required twice a year.

Minutes should not contain any PHI (redact PHI).

### *1.5.86.4 Examples*

N/A

### *1.5.86.5 Scoring Criteria*

None

## 1.5.87 Medical Management Committee Report

### *1.5.87.1 Contract Reference*

Medallion 3.0 Contract, Section 7.6.B

### *1.5.87.2 File Specifications*

| | |
|---|---|
| Method: | FTP |
| Format: | Adobe .pdf file |
| File Name: | MEDMGT_MTG.pdf |
| Trigger: | MCO Medical Management Committee Meeting |
| Due Date: | Within 10 business days of meeting |
| DMAS: | MCO Operations |

### *1.5.87.3 Requirements*

As specified in contract.

At a minimum, must provide list of attendees, date/time, location, agenda, and meeting minutes.

### *1.5.87.4 Examples*

N/A

### *1.5.87.5 Scoring Criteria*

None

## 1.5.88 MCO Data Inventory

### *1.5.88.1 Contract Reference*

Medallion 3.0 Contract, Section 11.7.C

### *1.5.88.2 File Specifications*

| | |
|---|---|
| Method: | FTP |
| Format: | Adobe .pdf file |
| File Name: | DATA_INV.pdf |
| Trigger: | Twice Each Year |
| Due Date: | TBD |
| DMAS: | Office of Data Analytics |

### *1.5.88.3 Requirements*

As specified in contract.

Include the following for each MCO data source:

1) Origin of the data (*i.e*. what entity originally generated the data);
2) Business purpose of the data and reason for its existence;
3) Comprehensive description of all metadata elements, including:
    a. a list of all data fields
    b. a business description of the content of each field
    c. the field's format
    d. a list of valid values (where the data field is defined by a limited value set); and,
4) Description of the format, schedule, and any other required details regarding how the data is transmitted to DMAS, if that source is required by the Department.

Refer to contract for additional details.

### *1.5.88.4 Examples*

N/A

### *1.5.88.5 Scoring Criteria*

None

## 1.5.89 MCO Financial Transactions

### *1.5.89.1 Contract Reference*

Medallion 3.0 Contract, Section 11.7.D.III

### *1.5.89.2 File Specifications*

| | |
|---|---|
| Method: | TBD |
| Format: | TBD |
| File Name: | TBD |
| Trigger: | TBD |
| Due Date: | TBD |
| DMAS: | Office of Data Analytics |

### *1.5.89.3 Requirements*

Placeholder. Requirements to be developed at a later date.

### *1.5.89.4 Examples*

N/A

### *1.5.89.5 Scoring Criteria*

None

## 1.5.90 MCO Service Authorizations

### *1.5.90.1 Contract Reference*

Medallion 3.0 Contract, Section 11.7.D.IV

### *1.5.90.2 File Specifications*

| | |
|---|---|
| Method: | TBD |
| Format: | TBD |
| File Name: | TBD |
| Trigger: | TBD |
| Due Date: | TBD |
| DMAS: | Office of Data Analytics |

### *1.5.90.3 Requirements*

Placeholder. Requirements to be developed at a later date.

### *1.5.90.4 Examples*

N/A

### *1.5.90.5 Scoring Criteria*

None

## 1.5.91 ARTS - Provider Network Change Affecting Member Access to Care

### *1.5.91.1 Contract Reference*

Medallion 3.0 Contract, Section 3.2.B

FAMIS Contract, Section 3.2.B

### *1.5.91.2 File Specifications*

To be determined.

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | To be determined. |
| File Name: | To be determined. |
| Trigger: | Change to the provider network affecting member access to care |
| Due Date: | Within 30 calendar days of change |
| DMAS: | ARTS Coordinator |

### *1.5.91.3 Requirements*

This is a placeholder for the draft version of the Technical Manual. MCOs should continue to use the ARTS Technical Manual previously provided by DMAS for Medallion. The contents of that manual will be transferred into this document for the new Medallion contract cycle on July 1.

### *1.5.91.4 Examples*

N/A

### *1.5.91.5 Scoring Criteria*

N/A

# 2 DMAS Reports

## 2.1 Reports Generated by DMAS

The following reports are prepared by DMAS and sent to the MCOs.

DMAS has established a secure FTP server for transfer of files with the MCOs, and each MCO has its own secure login. All DMAS reports will be transmitted via DMAS' secure FTP server and should be picked up by the MCO.

The Department will notify the MCO in a timely manner of any changes to the reporting requirements. Changes may be communicated via memo or electronic.

## 2.1.1 Provider File

### *2.1.1.1 Contract Reference*

Medallion 3.0 Contract, Section 11.4

FAMIS Contract, Section 11.4

### *2.1.1.2 File Specifications*

| Field Description | Specifications |
|---|---|
| PROV | PROVIDER NUMBER |
| LICENSE | PROVIDER LICENSE NUMBER |
| PROVBASE | PROVIDER BASE ID |
| CITY_CNTY | PROVIDER LOCALITY CODE |
| PROVIDERNAME | PROVIDER NAME |
| PATTN | PAYTO ATTENTION LINE |
| PADDR | PAYTO ADDRESS LINE |
| PCITY | PAYTO CITY |
| PSTATE | PAYTO STATE |
| PZIP5 | PAYTO ZIP |
| SATTN | SVC ATTENTION LINE |
| SADDR | SVC ADDRESS LINE |
| SCITY | SVC CITY |
| SSTATE | SVC STATE |
| SZIP5 | SVC ZIP |
| SOPHONE | SVC OFFICE PHONE NUMBER |
| IRS_NO | IRS NO. |
| PCPIND | PCP IND |
| P_PROG01 | PROVIDER PROGRAM CODE 01 |
| BEGDT01C | ELIG BEGIN DATE CURRENT 01 |
| ENDDT01C | ELIG END DATE CURRENT 01 |
| CAN_RN01 | CANCEL REASON 01 |
| BEGDT011 | PRIOR1 BEGIN DATE 01 |
| ENDDT011 | PRIOR1 END DATE 01 |
| CANRN011 | PRIOR1 CANCEL REASON 01 |
| BEGDT012 | PRIOR2 BEGIN DATE 01 |
| ENDDT012 | PRIOR2 END DATE 01 |
| CANRN012 | PRIOR2 CANCEL REASON 01 |
| P_PROG02 | PROVIDER PROGRAM CODE 02 |
| BEGDT02C | ELIG BEGIN DATE CURRENT 02 |
| ENDDT02C | ELIG END DATE CURRENT 02 |
| CAN_RN02 | CANCEL REASON 02 |
| BEGDT021 | PRIOR1 BEGIN DATE 02 |

| Field Description | Specifications |
|---|---|
| ENDDT021 | PRIOR1 END DATE 02 |
| CANRN021 | PRIOR1 CANCEL REASON 02 |
| BEGDT022 | PRIOR2 BEGIN DATE 02 |
| ENDDT022 | PRIOR2 END DATE 02 |
| CANRN022 | PRIOR2 CANCEL REASON 02 |
| P_PROG03 | PROVIDER PROGRAM CODE 03 |
| BEGDT03C | ELIG BEGIN DATE CURRENT 03 |
| ENDDT03C | ELIG END DATE CURRENT 03 |
| CAN_RN03 | CANCEL REASON 03 |
| BEGDT031 | PRIOR1 BEGIN DATE 03 |
| ENDDT031 | PRIOR1 END DATE 03 |
| CANRN031 | PRIOR1 CANCEL REASON 03 |
| BEGDT032 | PRIOR2 BEGIN DATE 03 |
| ENDDT032 | PRIOR2 END DATE 03 |
| CANRN032 | PRIOR2 CANCEL REASON 03 |
| P_PROG04 | PROVIDER PROGRAM CODE 04 |
| BEGDT04C | ELIG BEGIN DATE CURRENT 04 |
| ENDDT04C | ELIG END DATE CURRENT 04 |
| CAN_RN04 | CANCEL REASON 04 |
| BEGDT041 | PRIOR1 BEGIN DATE 04 |
| ENDDT041 | PRIOR1 END DATE 04 |
| CANRN041 | PRIOR1 CANCEL REASON 04 |
| BEGDT042 | PRIOR2 BEGIN DATE 04 |
| ENDDT042 | PRIOR2 END DATE 04 |
| CANRN042 | PRIOR2 CANCEL REASON 04 |
| P_PROG05 | PROVIDER PROGRAM CODE 05 |
| BEGDT05C | ELIG BEGIN DATE CURRENT 05 |
| ENDDT05C | ELIG END DATE CURRENT 05 |
| CAN_RN05 | CANCEL REASON 05 |
| BEGDT051 | PRIOR1 BEGIN DATE 05 |
| ENDDT051 | PRIOR1 END DATE 05 |
| CANRN051 | PRIOR1 CANCEL REASON 05 |
| BEGDT052 | PRIOR2 BEGIN DATE 05 |
| ENDDT052 | PRIOR2 END DATE 05 |
| CANRN052 | PRIOR2 CANCEL REASON 05 |
| CLS_TP1 | PROVIDER CLASS TYPE 1 |
| CLS_BEG1 | PROVIDER CLASS TYPE 1 BEGIN DATE |
| CLS_END1 | PROVIDER CLASS TYPE 1 END DATE. |
| CLS_RN1 | PROVIDER CLASS TYPE 1 REASON CODE. |
| CLS_TP2 | PROVIDER CLASS TYPE 2 |

| Field Description | Specifications |
|---|---|
| CLS_BEG2 | PROVIDER CLASS TYPE 2 BEGIN DATE |
| CLS_END2 | PROVIDER CLASS TYPE 2 END DATE. |
| CLS_RN2 | PROVIDER CLASS TYPE 2 REASON CODE. |
| CLS_TP3 | PROVIDER CLASS TYPE 3 |
| CLS_BEG3 | PROVIDER CLASS TYPE 3 BEGIN DATE |
| CLS_END3 | PROVIDER CLASS TYPE 3 END DATE. |
| CLS_RN3 | PROVIDER CLASS TYPE 3 REASON CODE. |
| SPC_CDE1 | SPECIALTY CODE 1 |
| SPC_BEG1 | PROV SPEC CDE 1 BEGIN DATE |
| SPC_END1 | PROV SPEC CDE 1 END DATE |
| SPC_CDE2 | SPECIALTY CODE 2 |
| SPC_BEG2 | PROV SPEC CDE 2 BEGIN DATE |
| SPC_END2 | PROV SPEC CDE 2 END DATE |
| SPC_CDE3 | SPECIALTY CODE 3 |
| SPC_BEG3 | PROV SPEC CDE 3 BEGIN DATE |
| SPC_END3 | PROV SPEC CDE 3 END DATE |
| SPC_CDE4 | SPECIALTY CODE 4 |
| SPC_BEG4 | PROV SPEC CDE 4 BEGIN DATE |
| SPC_END4 | PROV SPEC CDE 4 END DATE |
| SPC_CDE5 | SPECIALTY CODE 5 |
| SPC_BEG5 | PROV SPEC CDE 5 BEGIN DATE |
| SPC_END5 | PROV SPEC CDE 5 END DATE |
| NPI_ID | NPI_ID (add leading zeroes) |
| NPI_API | NPI_API |
| AGREECDE | INDEFINITE AGREEMENT CODE |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Text .txt file |
| File Name | Provider_yyyymm.txt |
| Trigger | Monthly |
| Schedule | Generated around the 6th of the month, but may vary based on data availability |
| DMAS | N/A |

#### *2.1.1.3 Description*

This report lists all Medicaid fee for service providers and those providers who have enrolled in one or more of the MCO networks. Report includes those providers who are currently enrolled and those whose enrollment ended within the past 2 years. This file does not, however, specify which providers may not be accepting new Medicaid patients.

## 2.1.2 Pregnancy Due Date

### *2.1.2.1 Contract Reference*

N/A

### *2.1.2.2 File Specifications*

| Variable | Description |
|---|---|
| PROVIDER | MCO NPI |
| REXP_DTE | Member Expected Delivery/Delivery Date |
| RECIP | Member Identification Number |
| R_L_NAME | Member Last Name |
| R_F_NAME | Member First Name |
| R_M_NAME | Member Middle Initial |
| R_BIRTH | Member Birth Date |
| R_SSN | Member SSN |
| R_SEX | Member Sex |
| R_STREET | Member Street Address |
| ADD2 | Member Additional Address |
| R_CITY | Member City |
| R_STATE | Member State |
| R_ZIP_9 | Member Zip Code |
| R_PHONE | Member Telephone Number |
| CTY_CNTY | Member FIPS code |
| PROGRAM | Program (i.e., FAMIS or Medicaid) |
| ENR_BEG | Enrollment Begin Date |
| S_P_NAME_OBGYN | Service Provider Name (OBGYN) |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Excel 2007 |
| File Name | Pregnancy_yyyymm.xlsx |
| Trigger | Monthly |
| Schedule | Monthly after the EOM834 and the first weekend of the month |
| DMAS | N/A |

### *2.1.2.3 Description*

Identifies recipients assigned to the MCO (current and new enrollees) who have an estimated date of delivery (EDD) in the MMIS system. (EDD dates are entered by DSS.) The report also uses FFS and encounter claims to identify providers used by the recipient by practitioner type (05) and provider specialty codes (062 –OB/Gyn). This information should assist the MCO in identifying the OB/GYN their member has used to seek prenatal care. The pregnancy report is

useful in identifying pregnant women as early as possible in order to encourage their enrollment into the MCO's pregnancy or high-risk pregnancy programs, as well as facilitate possible transition of care to a network provider, if required.

## 2.1.3 Plan Change Report

### *2.1.3.1 Contract Reference*

Medallion 3.0 Contract, Section 5.12

FAMIS Contract, Section 5.12

### *2.1.3.2 File Specifications*

Change Report - MM CCYY

| Transferred From MCO | Transfer To MCO | Reason for MCO Change | Reason Description | Total number of Members |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

| Transfer To MCO | Transferred From MCO | Reason for MCO Change | Reason Description | Total number of Members |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Excel |
| File Name | Plan_Chg_yyyymm.xlxs |
| Trigger | Monthly |
| Schedule | After 18th of the month |
| DMAS | N/A |

### *2.1.3.3 Description*

This report is generated monthly by DMAS' enrollment broker, Maximus, and forwarded to the MCOs around the 18th of the month. The report identifies the total number of recipients in each plan who have contacted the Managed Care Helpline to change MCOs and the reasons for the changes. This report does not contain recipient-specific information but rather is to provide the MCOs with information about why recipients are moving from their health plan. This report may be helpful in identifying potential access issues, barriers, etc.

## 2.1.4 Community Mental Health Rehabilitation Services (CMHRS)

### *2.1.4.1 Contract Reference*

Medallion 3.0 Contract, Section 7.2.A.III

FAMIS Contract, Section 7.2.A.III

### *2.1.4.2 File Specifications*

| Variable | Description |
|---|---|
| PLAN_PROV | Provider Id (MCO) |
| RECIP | Member ID |
| DOB | Member Date of Birth |
| FROM_DTE | From Date (date of service) |
| THRU_DTE | Thru Date (date of service) |
| PROC_CDE | Procedure Code |
| VUS | Units |
| PLACE | Place of Service |
| SRVC_PROV_NPI | Service Provider NPI |
| S_P_NAME | Service Provider Name |
| PTL_SOPHONE | Service Provider Phone |
| ICN | Reference Number |
| AID_CATEGORY | Aid Category |
| COV_CHG | Billed Amount |
| DIAGNOSIS_CODE | Primary Diagnosis |
| SERVICE_TYPE | Derived from INV_TYPE |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Text .txt file |
| File Name | CHMRS_Clm_Chg_yyyymm.txt |
| Trigger | Monthly |
| Schedule | After the 18th of the month [to be discontinued after June 1, 2016] |
| DMAS | N/A |

### *2.1.4.3 Description*

This report reflects FFS claims on enrolled MCO recipients that have received services in the prior 6 months for the following carved-out community mental health services/codes: H0006, H0015, H0018, H0020, H0023, H0031, H0032, H0035, H0036, H0039, H0046, H0047, H0050, H2012, H2016, H2017, H2019, H2020, and H2022. This report also identifies the number of units for the service, and the servicing provider's NPI number. Although the services/codes listed above are carved-out from the MCO contract, this information is provided to help identify

recipients who may need additional behavioral health services or referral to an MCO behavioral health case manager.

### 2.1.5 Behavioral Health Service Authorizations (Eliminated)

Removed this section effective 07/01/2015

This information is already being sent to the MCOs. Refer to MCTM section 4.1.18 for details.

## 2.1.6 TPL

### *2.1.6.1 Contract Reference*

N/A

### *2.1.6.2 File Specifications*

| Variable | Description |
|---|---|
| RECIP | Member Id |
| R_L_NAME | Member Last Name |
| R_F_NAME | Member First Name |
| R_M_NAME | Member Middle Initial |
| PROV | Provider NPI (MCO) |
| ENR_BEG | Benefit Enrollment Begin |
| ENR_END | Benefit Enrollment End |
| TPL_INS | TPL Carrier Code |
| CARRIER_NAME | TPL Carrier Name |
| TPL_POL | TPL Policy Number |
| COV | TPL Coverage Code |
| COV_DESC | TPL Coverage Description |
| COVBEG | TPL Coverage Begin |
| COVEND | TPL Coverage End |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Excel 2007 |
| File Name | TPL_yyyymm |
| Trigger | Monthly |
| Schedule | After the 18th of the month |
| DMAS | N/A |

### *2.1.6.3 Description*

This file provides TPL information (except for limited type coverage such as dental) for recipients who have been enrolled in the health plan during the last 12 month period, and who may have also had TPL during that 12 month period. Information contained in the TPL file includes the carrier name, policy, coverage begin and end dates, and coverage type. This information provides health plans with another source of information to coordinate past payments to providers, if needed.

Do not submit information on members without a valid Medicaid ID (e.g., newborns) on this report.

## 2.1.7 New Members on 820 but not on (previous) Mid-Month 834

### *2.1.7.1 Contract Reference*

N/A

### *2.1.7.2 File Specifications*

| Variable | Description |
|---|---|
| PROVIDER | Provider ID (MCO) |
| SRV_CTR | Service Center |
| RECIP | Member ID |
| CASE | Case ID |
| R_L_NAME | Member Last Name |
| R_F_NAME | Member First Name |
| R_M_NAME | Member Middle Initial |
| R_S_NAME | Member Suffix |
| SSN | Member SSN |
| R_ADDTL | Member Additional Address |
| R_STREET | Member Street Address |
| R_CITY | Member City |
| R_STATE | Member State |
| R_ZIP9 | Member Zip Code |
| R_FIPS | Member FIPS |
| BIRTH | Member Date of Birth |
| SEX | Member Sex |
| R_LANG | Member Language |
| R_PHONE | Member Phone |
| RACE | Member Race |
| ELIG_BEG | Eligibility Begin Date |
| ELIG_END | Eligibility End Date |
| AID_CAT | Aid Category |
| PROGRAM | Program |
| BNFT_BEG | Benefit Begin Date |
| BNFT_END | Benefit End Date |
| BNFT_PKG | Benefit Package |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Excel 2007 |
| File Name | New_820_Mbr_yyyymm.xlsx |
| Trigger | Monthly |
| Schedule | After the first of the month (820) |

| | |
|---|---|
| DMAS | N/A |

#### *2.1.7.3 Description*

This report identifies recipients on the 820 file who were not on the previous month's mid-month 834. Most of these "additions" are newly added newborns so close attention should be paid to the ID numbers and dates of birth. This information should be used to "link" the newborn's new identification number with the identifiers the MCO has in their file reflecting this newborn as their member.

## 2.1.8 Medical Transition

### *2.1.8.1 Contract Reference*

N/A

### *2.1.8.2 File Specifications*

| Variable | Description |
|---|---|
| RUN_DATE | Date that the MedTrans file was created. |
| PLAN_PROV | VAMMIS MCO provider identifier. |
| RECORD_TYPE | The MedTrans file contains data for claims and prior auths. This field indicates whether this record is for a claim 'C' or prior auth 'P'. |
| RECIP | VAMMIS recipient identifier. |
| AID_CAT | VAMMIS eligibility aid category. |
| R_L_NAME | Recipient last name. |
| R_F_NAME | Recipient first name. |
| R_M_NAME | Recipient middle initial. |
| BIRTH | Recipient birth date. |
| SEX | Recipient gender. |
| FIPS | Recipient FIPS (locality) code. |
| SERVICE_TYPE | General descriptive category indicating type of claim (invoice type) or service (service category). |
| SRV_PROV | Servicing (or authorizing) provider ID. This is the internal DMAS provider ID. |
| S_P_NAME | Servicing (or authorizing) provider name. |
| PROV_CLS | Servicing provider class type. |
| PRV_SPEC | Servicing provider specialty. |
| FROM_DTE | Service from date. |
| THRU_DTE | Service thru date. |
| DIAGNOSIS_CODE | Primary diagnosis code from claim or prior auth. |
| PROCCD | On a 1500 claim, this is the servicing procedure code. On a UB claim, this is the principle procedure code. On a pharmacy claim, this is the NDC. On a prior auth, this is the authorized procedure or NDC. |
| VUS | From claim, units billed or pharmacy quantity dispensed. |
| REFILL | Code indicating whether a prescription is an original or a refill. |
| PA_NUM | Prior authorization identifier number. |
| AUNIT | From the prior auth, this is number of units initially authorized. |
| AAMNT | From the prior auth, this is number of units initially authorized. |
| UUNIT | From the prior auth, this is number of units used to date. |
| SRVC_PROV_NPI | Servicing (or authorizing) provider ID. May be NPI or Medicaid administrative ID (API). |
| PRESC | Claim Pharmacy Prescription Number |
| DAYS_SUP | Claim Pharmacy Days Supply |
| C_NDC | NDC on the Practitioner claim |
| WAIVER | Waiver |
| E_I | Early Intervention |
| FC | Foster Care |
| ICN | Reference Number |

| Variable | Description |
|---|---|
| BILLTYPE | Bill Type |
| COV_CHG | Billed Amount |
| PLACE | Location |
| PRSC_PRV | Prescriber ID |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Text .txt files |
| File Name | Med_Trans_yyymm.txt |
| Trigger | Monthly |
| Schedule | After the 18th of the month |
| DMAS | N/A |

#### *2.1.8.3 Description*

This report provides the prior 24 months of claim activity and the prior 12 months of prior authorizations that is on file for newly-eligible MCO recipients. "Newly eligible" status is determined by looking at the last 3 months of 834 files to see if the recipient was in the same MCO (three or more months prior). If not found, the recipient is considered "new" for the purposes of this report.

The following table identifies the source of the values provided in the 'Service Code' field in this report:

| Service Type | EDI | Service Code Source |
|---|---|---|
| Hospital IP | 837I | Principle Procedure Code (ICD9) |
| Nrsg Hm/ SNF | 837I | Principle Procedure Code (ICD9) |
| OutPat/Hm Hlth | 837I | Principle Procedure Code (ICD9) |
| Personal Care | 837P | Procedure Code (CPT/HCPCS) |
| Practitioner | 837P | Procedure Code (CPT/HCPCS) |
| Pharmacy | NCPDP | NDC |
| Laboratory | 837P | Procedure Code (CPT/HCPCS) |
| Medicare Xover A | 837I | Principle Procedure Code (ICD9) |
| Medicare Xover B | 837P | Procedure Code (CPT/HCPCS) |
| ICF | 837I | Principle Procedure Code (ICD9) |
| Dental | 837D | Dental Procedure Codes |
| Transportation | 837P | Procedure Code (CPT/HCPCS) |

## 2.1.9 Managed Care Enrollment (Flash)

### *2.1.9.1 Contract Reference*

N/A

### *2.1.9.2 File Specifications*

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Adobe .pdf file |
| File Name | Flash_yyyymm.pdf |
| | Flash_Region_yyyymm.pdf |
| Trigger | Monthly |
| Schedule | Approximately the 10th of the month |
| DMAS | N/A |

### *2.1.9.3 Description*

This report summarizes Medicaid enrollment numbers various ways. In addition to the Flash report, an Excel spreadsheet with the regional information is also provided. It contains a summary of the enrollment numbers by program, region, locality, and delivery system.

## 2.1.10 EOM 834 Summary

### *2.1.10.1 Contract Reference*

N/A

### *2.1.10.2 File Specifications*

| Variable | Description |
|---|---|
| PROVIDER | MCO NPI |
| MAIN_CD | Record Type 21 - Add, 24 - Term, 30 - Audit |
| RECORD_COUNT | Member Count |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Excel 2007 |
| File Name | EOM834_Cnts_yyyymm.xlsx |
| Trigger | Monthly |
| Schedule | After the 1st of the month (EOM834) |
| DMAS | N/A |

### *2.1.10.3 Description*

This report provides a count of members on the EOM 834.

## 2.1.11 MID 834 Summary

### *2.1.11.1 Contract Reference*

N/A

### *2.1.11.2 File Specifications*

| Variable | Description |
|---|---|
| PROVIDER | MCO NPI |
| MAIN_CD | Record Type 21 - Add, 24 - Term, 30 - Audit |
| RECORD_COUNT | Member Count |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Excel 2007 |
| File Name | MID834_Cnts_yyyymm.xlsx |
| Trigger | Creation of the mid-month 834 file |
| Schedule | 5 business days after mid-month 834 creation |
| DMAS | N/A |

### *2.1.11.3 Description*

This report provides a count of members on the MID 834 and sent to the MCO after the mid-month run.

## 2.1.12 Patient Utilization Management and Safety (PUMS)

### *2.1.12.1 Contract Reference*

N/A

### *2.1.12.2 File Specifications*

| Variable | Description |
|---|---|
| MEMBER_ID | Member ID |
| MEMBER_LAST_NAME | Member Last Name |
| MEMBER_FIRST_NAME | Member First Name |
| MEMBER_DOB | Member Date of Birth |
| PROGRAM_TYPE_CODE | Type of PUMS (Pharmacy or Provider) |
| PROVIDER_NPI | Provider NPI |
| PROVIDER_NAME | Provider Name |
| PROVIDER_STREET | Provider Street Address |
| PROVIDER_CITY | Provider City |
| PROVIDER_STATE | Provider State |
| PROVIDER_ZIP | Provider Zip Code |
| PROVIDER_PHONE | Provider Phone Number |
| RESTRICTION_BEGIN_DT | Restriction Begin Date |
| RESTRICTION_END_DT | Restriction End Date |
| SRV_CTR | Service Center - MCO identifier |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Excel 2007 |
| File Name | PUMS_yyyymm.xlsx |
| Trigger | Creation of the mid-month 834 |
| Schedule | 5 business days after mid-month 834 creation |
| DMAS | N/A |

### *2.1.12.3 Description*

Identifies members were previously assigned to Client Medical Management (CMM) in Medicaid fee for service prior to being assigned to the MCO. Report includes the provider and/or pharmacy that the members were assigned to. Report is sent to the MCO after the mid-month 834 cycle is executed.

## 2.1.13 School PDN Claims

### *2.1.13.1 Contract Reference*

N/A

### *2.1.13.2 File Specifications*

| Variable | Description |
|---|---|
| PLAN_PROV | Provider Id (MCO) |
| RECIP | Member ID |
| DOB | Member Date of Birth |
| FROM_DTE | From Date (date of service) |
| THRU_DTE | Thru Date (date of service) |
| PROC_CDE | Procedure Code |
| VUS | Units |
| PLACE | Place of Service |
| SRVC_PROV_NPI | Service Provider NPI |
| S_P_NAME | Service Provider Name |
| PTL_SOPHONE | Service Provider Phone |
| ICN | Reference Number |
| AID_CATEGORY | Aid Category |
| COV_CHG | Billed Amount |
| DIAGNOSIS_CODE | Primary Diagnosis |
| SERVICE_TYPE | Derived from INV_TYPE |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Text .txt files |
| File Name | School_PDN_Clm_yyyymm.txt |
| Trigger | Creation of the mid-month 834 |
| Schedule | 5 business days after mid-month 834 creation [to be discontinued June 1, 2016] |
| DMAS | N/A |

### *2.1.13.3 Description*

This is a report generated after the mid-month 834 and sent to the MCOs around the 25th of the month. This report reflects FFS claims on enrolled MCO recipients that have received services in the prior 6 months for the following school based private duty services/codes: S9123, S9124, G0162, and G0163. This report also identifies the number of units for the service, and the servicing provider's NPI number.

## 2.1.14 School PDN Prior Authorization

### *2.1.14.1 Contract Reference*

N/A

### *2.1.14.2 File Specifications*

| Variable | Description |
|---|---|
| PLAN_PROV | Provider Id (MCO) |
| MEMBER_ID | Member ID |
| M_L_NAME | Member last name |
| M_F_NAME | Member first name |
| M_M_NAME | Member middle initial |
| BIRTH | Member birth date |
| SEX | Member gender |
| SERVICE_TYPE | Service category |
| SRV_PROV | Authorizing provider internal ID |
| SRVC_PROV_NPI | Authorizing provider NPI |
| S_P_NAME | Authorizing provider name |
| DIAGNOSIS_CODE | Diagnosis code |
| PROCCD | Authorized procedure |
| PA_NUM | Service authorization identifier number |
| FROM_DTE | From date |
| THRU_DTE | Thru date |
| AUNIT | Authorized unit |
| AAMNT | Authorized amount |
| UUNIT | Number of units used to date |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Text .txt files |
| File Name | School_PDN_SA_yyyymm.txt |
| Trigger | Creation of the mid-month 834 |
| Schedule | 5 business days after mid-month 834 creation [to be discontinued June 1, 2016] |
| DMAS | N/A |

### *2.1.14.3 Description*

This report reflects FFS prior authorizations on enrolled MCO members that have had a school base private duty authorization type (0098) in place within the prior six (6) months. Although these services are carved-out from the MCO contract, this information is provided to help identify members who may need additional services.

## 2.1.15 Newborns

### *2.1.15.1 Contract Reference*

N/A

### *2.1.15.2 File Specifications*

| DATA FIELD | DESCRIPTION |
|---|---|
| MCO | MCO that submitted report |
| DATE_SUBMIT | Month and Year of report submission (MM/YY) |
| MOM_ID | Mother ID of the newborn submitted by MCO |
| LASTNAME_MCO | Last Name of the newborn's mother submitted by MCO |
| FIRSTNAME_MCO | First Name of the newborn's mother submitted by MCO |
| LASTNAME_DMAS | Last Name of the newborn's mother entered in the MMIS (based on the Mother ID submitted by MCO) |
| FIRSTNAME_DMAS | First name of the newborn's mother entered in the MMIS (based on the Mother ID submitted by MCO) |
| MOM_WARNING | Identifies Name mismatches for the Newborn's Mother between MCO submission and MMIS data |
| NB_DOB_MCO | Newborn Date of Birth submitted by MCO |
| NB_DOB_DMAS | Newborn Date of Birth entered in the MMIS |
| NB_ID_MCO | Newborn ID submitted by MCO |
| NB_ID_DMAS | Newborn ID entered in the MMIS |
| NB_LASTNAME_MCO | Newborn Last Name submitted by MCO |
| NB_FIRSTNAME_MCO | Newborn First Name submitted by MCO |
| NB_LASTNAME_DMAS | Newborn Last Name entered in the MMIS |
| NB_FIRSTNAME_DMAS | Newborn First Name entered in the MMIS |
| WARNING_NB | Identifies Name mismatches for the Newborn between MCO submission and MMIS data |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Excel 2007 |
| File Name | NB_ddMMyyyy.xlsx |
| Trigger | Weekly |
| Schedule | TBD |
| DMAS | N/A |

### *2.1.15.3 Description*

This report is generated weekly. It provides the member IDs for newborns submitted on the MCO's monthly newborn submission report.

## 2.1.16 Error Report

### *2.1.16.1 Contract Reference*

N/A

### *2.1.16.2 File Specifications*

| DATA FIELD | DESCRIPTION |
|---|---|
| MCO | MCO that submitted report |
| DATE_SUBMIT (MM/YY) | Month and Year of report submission |
| RSN_DESC | Mother ID Invalid – does not exist in the MMIS – MCO must research and resubmit on subsequent monthly report |
| LASTNAME_MCO | Last Name of the newborn's mother submitted by MCO |
| FIRSTNAME_MCO | First Name of the newborn's mother submitted by MCO |
| | |
| NB_DOB_MCO | Newborn Date of Birth submitted by MCO |
| NB_ID_MCO | Newborn ID submitted by MCO |
| NB_LASTNAME_MCO | Newborn Last Name submitted by MCO |
| NB_FIRSTNAME_MCO | Newborn First Name submitted by MCO |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | |
| File Name | |
| Trigger | Submission of contract deliverable reports by MCO |
| Schedule | |
| DMAS | N/A |

### *2.1.16.3 Description*

This report identifies each instance where a MCO deliverable submission does not comply with the specifications and/or requirements documented in the Technical Manual. Feedback is provided on the overall report and on the detail row / field level where appropriate.

### 2.1.17 Quarterly ABD Enrollment (Eliminated)

Report eliminated effective 07/0/2015.

### 2.1.18 Encounter Lag Report (Eliminated)

Report eliminated effective 07/01/2015.

Encounter lag days are now reported via the EDQ process documented in MCTM section 1.5.

## 2.1.19 Behavioral Health Service Authorizations Report

### *2.1.19.1 Contract Reference*

N/A

### *2.1.19.2 File Specifications*

| Field Name | Field Length | Field Description | Notes |
|---|---|---|---|
| AUSTS | 1 | Record Status | A=Add, C=Change, D=Delete |
| AUMBRID | 15 | Member ID | |
| AUPRVID | 10 | Provider ID (NPI) | |
| AUPRVNME | 30 | Provider Name | |
| AUPRVADR | 25 | Provider Address | |
| AUPRVCTY | 20 | Provider City | |
| AUPRVST | 2 | Provider State | |
| AUPRVZIP | 5 | Provider Zip Code | |
| AUPRVZIP1 | 4 | Provider Zip+4 | |
| AUPRVPHN | 10 | Provider Phone Number | |
| AUAUTHNO | 9 | Magellan Auth Tracking Number (MAT#) | |
| AUTHSTS | 1 | Approved/Void/Denied | A,V,D |
| AUTYPE | 4 | Service Auth Type | |
| AUADMDTE | 8 | Action Date CCYYMMDD | |
| AUSTRDTE | 8 | Auth Start Date CCYYMMDD | |
| AUENDDTE | 8 | Auth End Date CCYYMMDD | |
| AUDENIAL | 3 | Denial Reason | Descriptions supplied below |
| AUCPTCD | 5 | CPT Code | |
| AUCPTDSC | 50 | CPT Code Description | |
| AUTTLRQD | 3 | Total Requested | |
| AUTTLAPP | 3 | Total Approved | |
| MCO | 3 | MCO Code | Identifies the MCO receiving the file |

| Denial Reason Code | Denial Reason Description |
|---|---|
| 001 | Lacks Medical Necessity |
| 002 | Benefits Exhausted |
| 003 | Not Notified W/in Contract Terms |
| 004 | Non-Contracted Provider |
| 005 | Non-Contracted Facility |
| 006 | Insufficient Information |
| 007 | Non-Panel Provider |
| 008 | Treatment not a Covered Benefit |
| 009 | Member Not Eligible |
| 010 | Precert Not In Timeframe |

| | |
|---|---|
| 011 | No Out of Network Benefit |
| 012 | Provider Not Licensed/Covered |
| 013 | Insufficient Information |
| 014 | Pre-Existing Condition |
| 015 | Quality of Care Issues |
| 016 | OON Provider Not Authed as INN |
| 017 | Benefit Flexing Not Indicated |
| 018 | Experimental/Investigational |
| 019 | Magellan Not Follow/Delegated |
| 020 | Untimely Filing |
| 021 | NMN OP Extended Sessions |
| 022 | NMN OP Reduction in Services |
| 023 | NMN OP Duplicate Services |
| 096 | TPL ACT62 BSC PAHC |
| 097 | TPL ACT62 MT PAHC |
| 098 | TLP ACT62 TSS PAHC |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Excel |
| File Name | BHSA_YYYYMMDD.xlsx |
| Trigger | Weekly |
| DMAS | N/A |

### *2.1.19.3 Description*

This report is a weekly file containing all service authorizations that were processed during the week (approved and denied) by DMAS behavioral health contractor.

## 2.1.20 DMAS Newborn Reconciliation Return File

### *2.1.20.1 Contract Reference*

Medallion 3.0 Contract, Sections 5.7 and 12.8

FAMIS Contract, Sections 5.7 and 12.8

### *2.1.20.2 File Specifications*

| Field Description | Specifications |
|---|---|
| Mom_LastName | Mother Last Name submitted by MCO |
| Mom_FirstName | Mother First Name submitted by MCO |
| Mom_ID | Mother ID Number submitted by MCO |
| NB_LastName | Newborn Last Name submitted by MCO |
| NB_FirstName | Newborn First Name submitted by MCO |
| NB_DOB | Newborn DOB submitted by MCO |
| NB_ID_MCO | Newborn MCO ID Number submitted by MCO |
| NB_ID_DMAS MCO | Newborn DMAS ID Number submitted by MCO |
| NB_LastName_DMAS | Newborn Last Name from DMAS/MMIS |
| NB_FirstName_DMAS | Newborn First Name from DMAS/MMIS |
| NB_DOB_DMAS | Newborn DOB from DMAS/MMIS |
| NB_ID_DMAS | Newborn ID Number from DMAS/MMIS |
| BM | Reconciliation Status for BM1, BM2, BM3 |
| NB_AC | Newborn Eligibility Aid Category |
| NB_MCO | Newborn MCO Plan<br>ANT - Anthem<br>CCV – Coventry Cares of Virginia<br>ITH – INTotal Health<br>KPM – Kaiser Permanente<br>MJC - MajestaCare<br>OFC – Optima Family Care<br>VAP – Virginia Premier<br>Blank – newborn not enrolled in MCO/newborn ID not found |
| Cap_Pymt | Capitation Payment Amount |
| Ref_Num | ICN - Payment made by MMIS<br>OFFLINE PYMT – Payment made by Recon |
| DMAS Comment | DMAS explanation when no payment is made 30 bytes |
| Mom MCO | MCO Plan Mother ID enrolled in at NB DOB |
| Mom AC | Aid Category Mother ID enrolled in at NB DOB |
| Mom FIPS | FIPS Code Mother ID enrolled in at NB DOB |
| Program | Valid Values: 01= Medicaid; 07-= FAMIS |
| MCO Comment | MCO response regarding newborn nonpayment<br>30 bytes |

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Excel file. |
| File Name: | NB_Recon_Return_yyyymm.xlsx |
| Trigger: | Monthly |
| Schedule: | If possible, DMAS will send this file the week following the MCO submission of the NB_Recon_yyyymm file (see Section 3.2.17). However, delivery of this report may be a delayed if payments need to be generated through the MMIS capitation claim process.<br><br>Any response files must be submitted by the MCO within ten business days of DMAS' posting the NB_Recon_Return file to the FTP. Submit the response file in Excel Format to the DMAS email box at MCOhelp@dmas.virginia.gov. Include the file name, NB_Recon_Return_yyyymm, in the email Subject line. |
| DMAS: | Systems & Reporting |

### *2.1.20.3 Description*

This file is generated from the validation of the MCO Newborn Reconciliation file (**NB_Recon_yyyymm**) submission against MMIS data. The return file contains the data fields submitted by the MCO, additional fields validating the MCO data submission and payment information for the MCO newborn.

The payment information identifies: 1.) the payment amount for the newborn for all three months (BM1, BM2, and BM3); 2.) whether the payment was made by the MMIS (ICN Ref Number provided), or the payment will be made through the offline reconciliation process or that no payment will be made. If no payment will be made, the nonpayment reason is provided in the field DMAS Comment.

A payment will not be processed for the following reasons:

- MOM not in MCO on NB DOB
  - The mother of the newborn must be enrolled in the MCO benefit plan on the newborn's DOB
- NB Deceased (date of death provided)
  - Payment is not processed if the newborn's date of death is a month prior to the BM2 or BM3
- NB in different MCO
  - Newborn changed MCO's for BM2 and/or BM3 and payment was made to that MCO
  - The MCO in which the newborn was enrolled is provided for claims coordination
- NB not found - No Paid Encounter for Live Birth Delivery
  - Newborn was not found in the MMIS and DMAS was unable to locate a paid encounter from the MCO for the live birth delivery

MCO Comment

- The MCO may submit a response file for that newborn and provide the reference number in the MCO Comment field for the paid encounter submitted for the mother for the live birth so that DMAS can research and verify the delivery.

The Return file will include 4 Worksheets tabs:

- **ALL** – Includes all newborns submitted by the MCO on the NB_Recon_yyyymm file. Each newborn will have 3 rows with enrollment/payment information for all three months, BM1-Birth Month, BM2-Birth Month Plus 1, BM3-Birth Month Plus 2.
- **OFFLINE** - A subset of the **ALL** worksheet. Only includes the Newborns for which DMAS **is making** an Offline payment.
- **No Pymt** – A subset of the **ALL** worksheet. Only includes the Newborns for which DMAS **is not making** an Offline payment.

**Certify** - A Newborn Reconciliation Certification is included with the return file. The certification is acknowledgement that payment will be made for the payment amount for the newborns identified on the return file. The payment amount will be broken down into 2 payments, one for Medicaid and one for FAMIS and the Total. Once the Certification is signed and received from the MCO, the Newborn Reconciliation File is processed for payment. The signed document should be scanned and submitted using the file name **NB_Recon_CertLetter_YYYYMMDD** in .pdf format through the FTP site. When the signed Certification is received, the Add pay will be processed for payment.

## 2.1.21 Behavioral Health (BHSA) Claims History

### *2.1.21.1 Contract Reference*

N/A

### *2.1.21.2 File Specifications*

| Field Description | Type | Description |
|---|---|---|
| CLAIM_ICN | CHAR | Unique claim identifier |
| INV_TYPE | CHAR | Claim type: 01 = Inpatient; 03 = Outpatient; 05 = Professional |
| DISP | CHAR | |
| FORM_ICN | CHAR | For adjustments and voids, this is the claim ICN of the original claim |
| RECIP | CHAR | Enrollee ID |
| SRVC_NPI | NUM | Servicing provider ID |
| SRVC_NAME | CHAR | Servicing provider name |
| SRVC_CLS | CHAR | Servicing provider DMAS class type |
| SRVC_SPEC | CHAR | Servicing provider DMAS specialty code |
| SRVC_TXNMY | CHAR | Servicing provider taxonomy code |
| REFER_NPI | CHAR | Referring provider ID |
| BILL_AMT | NUM | Billed amount |
| PAID_AMT | NUM | Payment amount |
| TPL_AMT | NUM | TPL amount paid |
| FROM_DTE | DATE | From date of service |
| THRU_DTE | DATE | Thru date of service |
| ADM_DATE | DATE | Admission date (inpatient only) |
| UNITS | NUM | Units billed |
| PRN_PROC | CHAR | Principle procedure code (institutional only) |
| PROC_CDE | CHAR | Procedure Code |
| PROCMOD1 | CHAR | Procedure Code modifier |
| PROCMOD2 | CHAR | Procedure Code modifier |
| PROCMOD3 | CHAR | Procedure Code modifier |
| PROCMOD4 | CHAR | Procedure Code modifier |
| NDC_CODE | CHAR | National Drug Code (physician-administered) |
| NDC_QTY | NUM | Units associated with drug code billed |
| ADMIT_DIAG | CHAR | Admitting diagnosis code |
| PRI_DIAG | CHAR | Primary diagnosis code |
| OTH_DIAG2 | CHAR | Other diagnosis code |
| OTH_DIAG3 | CHAR | Other diagnosis code |
| OTH_DIAG4 | CHAR | Other diagnosis code |

Method: DMAS secure FTP server
Format: Comma separated (.csv) file

| | |
|---|---|
| File Name: | BHSA_Claims_yyyymm.csv |
| Trigger: | Monthly |
| Schedule: | Following the generation of the mid-month 834 |
| DMAS: | Systems & Reporting |

#### *2.1.21.3 Description*

- Paid claims only.
- Includes two years of BHSA claims.
- Includes claims history for any member who is currently enrolled with the MCO (based on current mid-month 834).

## 2.1.22 Assessments Summary Report

### *2.1.22.1 Contract Reference*

Medallion 3.0 Contract, Section 7.7.B

FAMIS Contract, Section 7.7.B

### *2.1.22.2 File Specifications*

| Field Name | Description |
|---|---|
| PLAN_PROV | Provider ID (MCO) |
| ENROLL_PERIOD | Monthly Enrollment Period |
| PERCENT_60DAY | Percent of Members Completing Assessments Within 60 Days of Enrollment |
| PERCENT_90DAY | Percent of Members Completing Assessments Within 90 Days of Enrollment |
| PERCENT_120DAY | Percent of Members Completing Assessments Within 120 Days of Enrollment |
| PERCENT_GT120DAY | Percent of Members Not Completing Assessments Within 120 Days of Enrollment |
| NBR_OTHER_ASSESS | Number of Members With Completed Assessment But Were Not Required |
| STATUS | The status code for the measures for the monthly enrollment period. Values are:<br>PRELIM – Preliminary score before 120 days have elapsed.<br>FINAL – Final score after 120 days, before applying adjustment for exemption reasons.<br>ADJUST – Final score after 120 days, after applying adjustments for exemption reasons. |

| | |
|---|---|
| Method: | DMAS secure FTP server |
| Format: | Comma separated values (.CSV) file |
| File Name: | ASSESSMENT_SUMMARY_yyyymm.csv |
| Trigger: | Monthly |
| Schedule: | DMAS will send this report by the end of the month |
| DMAS: | Systems & Reporting |

### *2.1.22.3 Description*

The source for this file is the Assessments Detail Report in Section 4.1.23. This report provides the percentage of members completing an assessment for each applicable enrollment timeframe. In addition, the number of assessments reported by an MCO but not attributable to an eligible member are provided for each enrollment date.

### *2.1.22.4 Example*

| ASSESSMENT_SUMMARY_201602.csv (Feb 2016 Report) | | | | | | | |
|---|---|---|---|---|---|---|---|
| **PLAN_PROV** | **ENROLL_PERIOD** | **PERCENT_60DAY** | **PERCENT_90DAY** | **PERCENT_120DAY** | **PERCENT_GT120DAY** | **NBR_OTHER_ASSESS** | **STATUS** |
| MCO1 | JUL_2015 | 50% | 65% | 85% | 15% | 15 | FINAL |
| MCO1 | AUG_2015 | 49% | 70% | 82% | 18% | 20 | FINAL |
| MCO1 | SEP_2015 | 55% | 70% | 81% | 19% | 6 | PRELIM |
| MCO1 | OCT_2015 | 60% | 68% | 70% | 30% | 11 | PRELIM |
| MCO1 | NOV_2015 | 62% | 67% | 75% | | 12 | PRELIM |
| MCO1 | DEC_2015 | 60% | 68% | | | 35 | PRELIM |
| MCO1 | JAN_2016 | 45% | | | | 40 | PRELIM |

## 2.1.23 Assessments Detail Report

### *2.1.23.1 Contract Reference*

Medallion 3.0 Contract, Section 7.7.B

FAMIS Contract, Section 7.7.B

### *2.1.23.2 File Specifications*

| Field Name | Field Description | Notes |
|---|---|---|
| PLAN_PROV | Provider ID (MCO) | |
| RECIP | Member ID | |
| ENROLL_PERIOD | Monthly Enrollment Period | |
| ASSESS_DTE | Date Member Completed Assessment | Must be a valid date<br>Format = mm/dd/yyyy |
| TIMEFRAME | Time Category for Assessment Completion | Codes:<br>1 = Within 60 days<br>2 = Within 90 days<br>3 = Within 120 days<br>4 = Over 120 days<br>9 = Did not need assessment<br>N = Not assessed |
| ELIGIBILITY | Reason Member is Eligible for Assessment | Codes:<br>1 = ABD<br>2 = Early Intervention<br>3 = Contract Special Needs<br>4 = HAP |
| EXCEPTION_REASON | Reason Member was not assessed (provided by MCO) | 1 = Member/Parent Refusal<br>2 = Invalid contact information<br>3 = Unable to make contact with Member/Parent<br>4 = = Member's eligibility was retroactive to prior month(s)<br>9 = Other |

Method: DMAS secure FTP server

Format: Comma separated values (.CSV) file

File Name: ASSESSMENT_DETAIL_yyyymm.csv

Trigger: Monthly

Schedule: DMAS will send this report following receipt of monthly Member Assessments File (ASSESSMENTS.csv) by the end of the month

DMAS: Systems & Reporting

### *2.1.23.3 Description*

The data source for this file is Member Assessments file received from the MCO. The file includes all newly identified/enrolled members and dates with completed assessments. In addition, the file shows the reason a member was not assessed if this information is provided by the MCO in the Assessment Exception Reason report.

### *2.1.23.4 Example*

| ASSESSMENT_DETAIL_201511.csv (Nov 2015 Report) | | | | | | |
|---|---|---|---|---|---|---|
| PLAN_PROV | RECIP | ENROLL_PERIOD | ASSESS_DTE | TIMEFRAME | ELIGIBILITY | EXCEPTION_REASON |
| MCO1 | 000000000001 | JUL_2015 | 07/15/2015 | 1 | 1 | |
| MCO1 | 000000000002 | JUL_2015 | 08/15/2015 | 1 | 2 | |
| MCO1 | 000000000003 | JUL_2015 | 09/15/2015 | 2 | 3 | |
| MCO1 | 000000000004 | JUL_2015 | 10/15/2015 | 3 | 4 | |
| MCO1 | 000000000005 | JUL_2015 | | 4 | 4 | 3 |
| MCO1 | 000000000006 | JUL_2015 | | 9 | 1 | |
| MCO1 | 000000000007 | AUG_2015 | 09/07/2015 | 1 | 2 | |
| MCO1 | 000000000008 | AUG_2015 | 09/15/2015 | 1 | 3 | |
| MCO1 | 000000000009 | AUG_2015 | 10/15/2015 | 2 | 4 | |
| MCO1 | 000000000010 | AUG_2015 | | N | 4 | 1 |
| MCO1 | 000000000011 | AUG_2015 | | 9 | 1 | |
| MCO1 | 000000000012 | SEP_2015 | 09/15/2015 | 1 | 2 | |
| MCO1 | 000000000013 | SEP_2015 | 10/15/2015 | 1 | 3 | |
| MCO1 | 000000000014 | SEP_2015 | | N | 4 | 1 |
| MCO1 | 000000000015 | SEP_2015 | | 9 | 4 | |
| MCO1 | 000000000016 | OCT_2015 | 10/15/2015 | 1 | 4 | |
| MCO1 | 000000000017 | OCT_2015 | | N | 3 | |
| MCO1 | 000000000018 | OCT_2015 | | 9 | 3 | |
| MCO1 | 000000000019 | NOV_2015 | 11/05/2015 | 1 | 3 | |
| MCO1 | 000000000020 | NOV_2015 | | N | 2 | 3 |
| MCO1 | 000000000021 | NOV_2015 | | 9 | 2 | |

## 2.1.24 Encounter Data Quality (EDQ) Critical and Emerging Issues Report

### *2.1.24.1 Contract Reference*

N/A

### *2.1.24.2 File Specifications*

***MCO_NAME - EDQ - CRITICAL ISSUES***

*Report Date: mm/dd/yyyy*

| Issue | ESC | Month | Weeks | Issues | Encntrs | | Cost |
|---|---|---|---|---|---|---|---|
| Issue1 | N/A | MMMYYYY | 9 | 9,999 | 9,999 | $ | - |
| Issue2 | xxxx | MMMYYYY | 9 | 9,999 | 9,999 | $ | 999.99 |

***MCO_NAME - EDQ - EMERGING ISSUES***

*Report Date: mm/dd/yyyy*

| Error_ESC | Issue | ImpDte | Weeks | Encntrs |
|---|---|---|---|---|
| xxxx ESC Description | Issue1 | mm/dd/yyyy | 9 | 9,999 |
| xxxx ESC Description | Issue1 | mm/dd/yyyy | 9 | 9,999 |
| xxxx ESC Description | Issue2 | mm/dd/yyyy | 9 | 9,999 |

| Variable | Description |
|---|---|
| **CRITICAL ISSUES** | |
| ISSUE | Description of the issue being reported. All issues are documented in Section xx of this document. |
| ESC | Lists the specific MMIS ESC errors present in the MCO data that caused this reported issue. |
| MONTH | The month in which the error occurred. Report periods are based on file submission dates within the calendar month. |
| WEEKS | Count of the number of weeks during the report month in which this issue occurred. |
| ISSUES | Total number of issues identified. |
| ENCNTRS | Unique count of encounter records on which one or more issues were identified. |
| COST | DMAS cost of encounter transaction processing for the reported issue. |
| **EMERGING ISSUES** | |
| ERROR/ESC | MMIS ESC or specific error condition that was present on the encounter causing the issue to set. |
| ISSUE | Description of the issue being reported. All issues are documented in Section xx of this document. |
| IMPDTE | The tentative effective date for transition of the emerging issue to the critical issue category. |

| Variable | Description |
|---|---|
| WEEKS | Count of the number of weeks during the report month in which this issue occurred. |
| ENCNTRS | Unique count of encounter records on which this particular ESC or error condition was identified. |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Adobe Acrobat (.PDF) |
| File Name | EDQ_Weekly_yyyymm.PDF |
| Trigger | Weekly |
| Schedule | Monday |
| | The final EOM report is generated on the Monday that follows or is on the 15th of the month. |
| DMAS | N/A |

### *2.1.24.3 Description*

Refer to the Medallion Encounter Technical Manual for additional information.

Note that not all Issues have MMIS ESC codes associated with them.

Critical Issue Cost is calculated as the total number of unique encounters to be corrected multiplied by DMAS' encounter transaction processing cost multiplied by the total number of transactions incurred because of the error (original + void/credit). Does not include costs associated with re-submittal of corrected encounter.

### *2.1.24.4 Examples*

[redacted]EDQ - Critical Issues
Reported as of: 05/04/2015

| Issue | ESC | Month | Weeks | Issues | Encntrs | Cost |
|---|---|---|---|---|---|---|
| Rebate | 0044 | APR2015 | 3 | 13,497 | 13,497 | $5,128.86 |
| Lag Days | N/A | APR2015 | 4 | 755,294 | 755,294 | 0 |

**[redacted] - EDQ - Emerging Issues**
**Reported as of: 05/04/2015**

| MCO | Error ESC | Issue | ImpDte | Weeks | Encntrs |
|---|---|---|---|---|---|
| [redacted] | 0396 Adjust Denied- Orig Pmt Req Not On File | Adj/Void | 09/01/2015 | 3 | 3,594 |
| [redacted] | 0397 Void Denied - Orig Pmt Req Not On File | Adj/Void | 09/01/2015 | 2 | 8 |
| [redacted] | 0752 Missing HMO Claim Number | Adj/Void | 09/01/2015 | 1 | 3 |
| [redacted] | 0423 NDC Not On File, Check NDC | Rebate | 09/01/2015 | 2 | 37 |
| [redacted] | 0328 Srvices Incurred Prior To Coverage | Date | 01/01/2016 | 3 | 52 |
| [redacted] | 0858 Bill Type 111/112 Adm Dt Not=From Date | Date | 01/01/2016 | 2 | 9 |
| [redacted] | 0202 Duplicate History - Diff Prov, Same DOS | Duplicate | 01/01/2016 | 3 | 817 |
| [redacted] | 0301 Duplicate - Same Provider, Same DOS | Duplicate | 01/01/2016 | 3 | 108 |
| [redacted] | 0302 Duplicate History - Same Prov, Same DOS | Duplicate | 01/01/2016 | 3 | 6,677 |
| [redacted] | 0866 Duplicate Provider, Rx # and Dt of Svc | Duplicate | 01/01/2016 | 3 | 118 |
| [redacted] | 1463 Duplicate History - Same Prov, Same DOS | Duplicate | 01/01/2016 | 2 | 4 |
| [redacted] | 0143 Enrollee Not Eligible on DOS | Enrollment | 10/01/2016 | 2 | 7 |
| [redacted] | 0318 Enrollee Not Eligible on DOS | Enrollment | 10/01/2016 | 4 | 116 |
| [redacted] | 0970 Enrollee Not Covered In Plan on DOS | Enrollment | 10/01/2016 | 3 | 182 |
| [redacted] | 0983 Enrollee not on File | Enrollment | 10/01/2016 | 2 | 19 |
| [redacted] | 0028 Admit Date Missing/Invalid | M/I Value | 11/01/2016 | 2 | 458 |
| [redacted] | 0038 Invalid Place Of Treatment Code | M/I Value | 11/01/2016 | 2 | 66 |
| [redacted] | 0041 Invalid Procedure Modifier | M/I Value | 11/01/2016 | 3 | 969 |
| [redacted] | 0146 Procedure Code Not On File | M/I Value | 11/01/2016 | 2 | 8 |
| [redacted] | 0147 Procedure Code Not In Use On Svc Date | M/I Value | 11/01/2016 | 2 | 27 |
| [redacted] | 0178 Invalid Diagnosis Code | M/I Value | 11/01/2016 | 2 | 18 |
| [redacted] | 0773 Conflicting CAS Adjustment Reasons | M/I Value | 11/01/2016 | 2 | 127 |
| [redacted] | 0995 Revenue HCPCS Not On File | M/I Value | 11/01/2016 | 2 | 4,077 |
| [redacted] | 1357 NPI Servicing Provider Not on File | Provider | 12/01/2016 | 3 | 34,675 |
| [redacted] | 1393 No Srvc Taxonomy Code On The Claim | Provider | 12/01/2016 | 1 | 3 |
| [redacted] | 0023 Units Missing/Not In Valid Format | Rebate | 12/31/9999 | 3 | 13,643 |

## 2.1.25 Encounter Data Quality (EDQ) Critical Issue Detail File

### *2.1.25.1 Contract Reference*

N/A

### *2.1.25.2 File Specifications*

| Field Name | Data Type | Begin | End |
|---|---|---|---|
| MCO Service Center | CHAR | 1 | 4 |
| Media Control Number (MCN) | CHAR | 5 | 12 |
| Filler | CHAR | 13 | 19 |
| MCO Claim Number (HMOREF) | CHAR | 20 | 43 |
| MMIS Claim ID (ICN) | CHAR | 44 | 60 |
| Enrollee ID Number | CHAR | 61 | 72 |
| Servicing Provider NPI | CHAR | 73 | 82 |
| DOS From Date (CCYYMMDD) | CHAR | 83 | 90 |
| DOS Thru  Date (CCYYMMDD) | CHAR | 91 | 98 |
| Diagnosis Code-1 | CHAR | 99 | 105 |
| Diagnosis Code-2 | CHAR | 106 | 112 |
| Filler | CHAR | 113 | 178 |
| MCO Claim Payment Amount | NUM | 179 | 189 |
| Claim Type | CHAR | 190 | 191 |
| Filler | CHAR | 192 | 192 |
| Provider Type | CHAR | 193 | 195 |
| Provider Specialty Code | CHAR | 196 | 198 |
| Filler | CHAR | 199 | 202 |
| Error Code-1 | NUM | 203 | 206 |
| EDC Issue | CHAR | 207 | 221 |
| File Submitted Date (CCYYMMDD) | CHAR | 222 | 229 |
| Report Date (CCYYMMDD) | CHAR | 230 | 237 |
| Filler | CHAR | 238 | 295 |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Fixed Length Text File (.TXT) |
| File Name | EDQ_CI_DTL_yyyymm.txt |
| Trigger | Weekly |
| Schedule | Monday |
| | The final EOM report is generated on the Monday that follows or is on the 15th of the month. |
| DMAS | N/A |

### *2.1.25.3 Description*

This file contains encounter level detail for every Issue that was identified on the EDQ Critical Issues Summary Report.

This file lists the encounters for all current and historical uncorrected Critical Issues.

There is a separate record in this detail file for each critical issue or error condition. Therefore, the same encounter may be reported more than once each in the detail file.

Refer to the Medallion Encounter Technical Manual for additional information about the purpose and usage of this file.

#### *2.1.25.4 Example*

N/A

## 2.1.26 Encounter Data Quality (EDQ) Emerging Issue Detail File

### *2.1.26.1 Contract Reference*

N/A

### *2.1.26.2 File Specifications*

***Format of this file is identical to 'Encounter Data Quality (EDQ) Critical Issue Detail File' as documented in section 4.1.25***

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Fixed Length Text File (.TXT) |
| File Name | EDQ_EI_DETAIL_yyyymm.txt |
| Trigger | Weekly |
| Schedule | Monday |
| | The final EOM report is generated on the Monday that follows or is on the 15th of the month. |
| DMAS | N/A |

### *2.1.26.3 Description*

This file contains encounter level detail for issues reported on the EDQ Emerging Issues Summary Report. This file lists only encounters for the most recent rolling 45 day period. Encounter issues older than 45 days roll off of this report.

There is a separate record in this detail file for each error condition. Therefore, the same encounter may be reported more than once each in the detail file.

Refer to the Medallion Encounter Technical Manual for additional information about the purpose and usage of this file.

### *2.1.26.4 Example*

N/A

## 2.1.27 Fee-For-Service Claims

### *2.1.27.1 Contract Reference*

Medallion 3.0 Contract, Section 7.2.A.III

FAMIS Contract, Section 7.2.A.III

### *2.1.27.2 File Specifications*

| Variable | Description |
|---|---|
| PLAN_PROV | Provider Id (MCO) |
| RECIP | Member ID |
| DOB | Member Date of Birth |
| FROM_DTE | From Date (date of service) |
| THRU_DTE | Thru Date (date of service) |
| PROC_CDE | Procedure Code |
| VUS | Units |
| PLACE | Place of Service |
| SRVC_PROV_NPI | Service Provider NPI |
| S_P_NAME | Service Provider Name |
| PTL_SOPHONE | Service Provider Phone |
| ICN | Reference Number |
| AID_CATEGORY | Aid Category |
| COV_CHG | Billed Amount |
| DIAGNOSIS_CODE | Primary Diagnosis |
| SERVICE_TYPE | Derived from INV_TYPE |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Text .txt files |
| File Name | FFS_Clm_yyyymm.txt |
| Trigger | Monthly |
| Schedule | After the 18th of the month |
| DMAS | N/A |

### *2.1.27.3 Description*

This report reflects FFS claims on enrolled MCO recipients that have received services in the prior month. This report also identifies the number of units for the service, and the servicing provider's NPI number. Although the services listed above are carved out from the MCO contract, this information is provided to assist the MCO with case management.

## 2.1.28 Fee-For-Service Prior Authorization

### *2.1.28.1 Contract Reference*

N/A

### *2.1.28.2 File Specifications*

| Variable | Description |
|---|---|
| PLAN_PROV | Provider Id (MCO) |
| MEMBER_ID | Member ID |
| M_L_NAME | Member last name |
| M_F_NAME | Member first name |
| M_M_NAME | Member middle initial |
| BIRTH | Member birth date |
| SEX | Member gender |
| SERVICE_TYPE | Service category |
| SRV_PROV | Authorizing provider internal ID |
| SRVC_PROV_NPI | Authorizing provider NPI |
| S_P_NAME | Authorizing provider name |
| DIAGNOSIS_CODE | Diagnosis code |
| PROCCD | Authorized procedure |
| PA_NUM | Service authorization identifier number |
| FROM_DTE | From date |
| THRU_DTE | Thru date |
| AUNIT | Authorized unit |
| AAMNT | Authorized amount |
| UUNIT | Number of units used to date |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Text .txt files |
| File Name | FFS_SA_yyyymm.txt |
| Trigger | Creation of the mid-month 834 |
| Schedule | 5 business days after mid-month 834 creation |
| DMAS | N/A |

### *2.1.28.3 Description*

This report reflects FFS prior authorizations on enrolled MCO members with at least one authorization in place within the prior two (2) months. Although these services are carved-out from the MCO contract, this information is provided to help identify members who may need additional services.

## 2.1.29 Assessments Foster Care Members

### *2.1.29.1 Contract Reference*

N/A

### *2.1.29.2 File Specifications*

| Variable | Description |
|---|---|
| MCO | MCO Code |
| RECIP | Member ID |
| EFF_DT | Effective Date |

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Excel .xlsx files |
| File Name | FC_Assmt_Mbrs_yyyymmdd |
| Trigger | Creation of the end of month 834 |
| Schedule | 5 business days after end of-month 834 creation |
| DMAS | N/A |

### *2.1.29.3 Description*

This report reflects MCO recipients newly enrolled in Foster Care (FC aid category 076) that requires an assessment.

## 2.1.30 Quarterly MCO Vision Utilization Report

### *2.1.30.1 Contract Reference*

7.2.S.Z

### *2.1.30.2 File Specifications*

Under development by DMAS.

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | Adobe PDF file |
| File Name | VISION_SVCS_yyyyQ9 |
| Trigger | TBD |
| Schedule | Quarterly |
| DMAS | N/A |

### *2.1.30.3 Description*

MCO encounter data is used to generate reports on the MCO's utilization of vision services. MCOs will be required to review and submit a response to DMAS. See MCO deliverable 1.3.13.

## 2.1.31 Quarterly MCO Foster Care Utilization Report

### *2.1.31.1 Contract Reference*

Medallion Contract 7.1.O.IV.b

### *2.1.31.2 File Specifications*

Under development by DMAS.

| | |
|---|---|
| Method | DMAS secure FTP server |
| Format | TBD |
| File Name | FC_SVCS_yyyyQ9 |
| Trigger | TBD |
| Schedule | Quarterly |
| DMAS | N/A |

### *2.1.31.3 Description*

MCO encounter data is used to generate reports on the MCO's utilization of services for foster care members.

MCOs will be required to review and submit a response to DMAS. See MCO deliverable 1.3.14.

## 2.1.32 Weekly FFS Pharmacy (PBM) Service Authorization Listing

### *2.1.32.1 Contract Reference*

N/A

### *2.1.32.2 File Specifications*

| Field | Format | Comments |
|---|---|---|
| CLIENT_ID | CHAR(21) | Default value: 'VIRGINIA FFS MEDICAID' |
| CARDHOLDER_ID | CHAR(12) | Medicaid member ID |
| NUMBER_ASSIGNED | CHAR(15) | Unique service auth ID assigned by PBM |
| ITEM_TYPE_CD | | *Code Values* |
| PRODUCT_SRVC_ID | CHAR(11) | NDC |
| PRODUCT_SRVC_ID_QLFR | | |
| DISPOSITION | | Disposition as determined by PBM: Accepted or Rejected. |
| REASON_CD | | *Code Values* |
| BEGIN_DT | CHAR(10) | Format: CCYYMMDD |
| END_DT | CHAR(10) | Format: CCYYMMDD |
| QTY_AUTHORIZED | | |
| DAYS_SUPPLY | | |
| PATIENT_F_NM | | Member first name |
| PATIENT_L_NM | | Member last name |
| GROUP_ID | | Identifies member's program: FFS (Medicaid) or FAMIS. |
| PLAN_ID | CHAR(04) | Defalut value: 'VA01'. |
| INTERNAL_PATIENT_ID | CHAR(10) | Internal member identifer used by PBM. |
| PA_PROCESSED_DT | CHAR(10) | Format: CCYYMMDD |
| THERAPEUTIC_CLASS_CD | | |
| HIC3 | | |
| HICL | | |
| GCN | | |
| GSN | | |
| DOSAGE_FORM_DESC | | |
| DRUG_NAME | | |
| DRUG_STRENGTH | | |
| CLIENT_ERROR_CD | | *Code Values* |
| USER_ID | | |
| SRVC_PROV_ID | | |
| PRESCRIBER_ID | | |
| CLIENT_PROCESS_MSG | | Values are:<br>PatConstraint<br>PatDrugCoverage<br>PatOverride |

Method DMAS secure FTP server

Format Excel (.xlsx)

| | |
|---|---|
| File Name | RXPA_SVCS_yyyymmdd |
| Trigger | Receipt of Service Auth file from FFS PBM |
| Schedule | Weekly |
| DMAS | Pharmacy Team |

#### *2.1.32.3 Description*

## 2.2 DMAS Forms

The following standard forms are available on the DMAS Managed Care Web Site.

- Sentinel Event Report Form
- Incarcerated Members Report Form
- Program Integrity Compliance Audit (PICA)
- Appeals and Grievances Report Format Template
- MCO Report Format Template
- Quarterly PI Abuse Overpayment-Recovery Report
- Encounter Data Certification Form

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# 3 Operational Business Processes

## 3.1 DMAS Processes

### 3.1.1 PCP Provider Incentive Payments (Eliminated)

Requirement eliminated effective 07/01/2016.

### 3.1.2 Incarcerated Members

New process effective 07/01/2012:

- MCO completes the Incarcerated Member form within 48 hours of identification. All required fields must be submitted in order to be processed.
- MCO submits completed form to DMAS via the DMAS secure FTP server.
- After receiving the MCO form, the DMAS Managed Care Contract Monitor creates a case record in the HCS Case Tracking System and assigns to Enrollment Analyst.
- Enrollment Analyst contacts facility to confirm incarceration and dates.
- After confirming member incarceration, the Enrollment Analyst retroactively cancels the member's managed care benefit based effective with the day before the date of incarceration.
- As necessary, the Enrollment Analyst will exempt the member from future managed care enrollment.
- The DMAS Eligibility and Enrollment Unit (EEU) will notify the member, close Medicaid eligibility (advanced notice is not required for these individuals), and notify the appropriate DSS Supervisor and DSS Regional Eligibility Specialist of the case closure. EEU will also handle any appeals regarding the enrollee's Medicaid cancellation.

- If the recipient WAS incarcerated but has already been released by the time DMAS receives the information, or is to be released within the month in question, then no action will be taken to end the MCO enrollment or the Medicaid coverage. The case will be referred on to the DMAS Recipient Audit Unit (RAU) for follow-up on any claims/encounters paid during the period of incarceration.

## 3.1.3 Newborn Reconciliation

### *3.1.3.1 Newborn Processing*

The Medallion 3.0 Contract at 5.7 requires the MCO to cover MCO (live birth) newborns for the birth month plus two additional months when the mother was enrolled in the MCO on the newborn's date of birth. The newborn reconciliation process provides an offline payment to the MCO for newborns when a capitation payment was not made through the MMIS on the 820 payment report. The reconciliation process occurs after the newborn turns age one.

The newborn MCO enrollment process updates the mother's MCO benefit on the newborn's ID. In order for this to occur, the mother's ID must be associated with the newborn ID in the MMIS. Once the association is made between the mother and the newborn, the MMIS will update the MCO benefit for the newborn and the capitation payment is made through the MMIS on the 820 payment report. DMAS utilizes your Live Birth report to identify these newborns to create the linkage and generate the payment through the MMIS 820 reimbursement process. Timely and accurately submission of the Live Birth report provides DMAS staff the opportunity to identify enrolled newborns and connect the mother ID allowing most payments to be made through the MMIS prior to the newborn turning age one. Once a newborn turns age one, the MMIS is not able to up the MCO benefit retroactively for the birth month+2.

There are some instances where even when the linkage is made between the mother and newborn, and the newborn has eligibility coverage in the MMIS that the MCO benefit is not updated for the newborn. The primary reason is that the newborn has other insurance (TPL) and MMIS edits will not allow managed care benefits to update with certain TPL coverages. Regardless if the MCO benefit is not updated on the newborn ID, the MCO is responsible for the newborn for the birth month+2 and payment will be processed through the reconciliation process.

### *3.1.3.2 Newborn Payment Calculation*

For standardization and consistency missing payments for the newborn reconciliation are calculated as follows:

1. Newborn has eligibility in the MMIS:
    - Payment is calculated using:
        - Newborn's MMIS AC for the month in which the payment is missing and
        - FIPS code for the Mother ID in the MMIS on newborn's DOB

2. Newborn has no eligibility in the MMIS (Newborn ID not found):
    - DMAS will validate the live birth by verifying that an encounter was submitted by the MCO for the Mother ID for a live birth delivery
    - Payment is calculated using:
        - Mother ID's AC on Newborn DOB,
            - If AC is Medicaid – AC 093 is used for payment,
            - If AC is 005 or 009 (FAMIS) - AC 008 is used for payment,
            - If AC is 007 (FAMIS) – AC 006 is used for payment
        - FIPS code for Mother ID on the newborn DOB submitted by the MCO

A payment will not be processed for the following reasons:

- Newborn enrollment was cancelled for death and the date of death was in month prior to the birth month+2. Payment is made for partial month enrollment.
  **Example:** DOB is 7/15/2012, date of death is 8/02/2012. The reconciliation process would issue a payment for 7/2012 and 8/2012 if a payment was not made by the MMIS. No payment is made for 9/2012.
- Newborn changed MCOs after the BM1 and was enrolled in a different MCO for BM2 and/or BM3 Payment is not made for BM2 and/or BM3 to the MCO that the mother was enrolled in on the newborns DOB BM1.
  **Example:** Mother was enrolled in MCO A on newborns DOB. Newborn enrolled in MCO A for BM1. Newborn/mother chose different MCO and was enrolled in MCO B for BM2 and BM3. No payment is made to MCO A for BM2 or BM3.
- Mother ID submitted not enrolled in MCO on Newborn DOB
- Newborn not enrolled in MMIS on DOB submitted. Newborn DOB submitted by MCO does not match MMIS DOB, month is different. MCO needs to resubmit on the correct monthly report.
- Newborn ID not found in the MMIS and a paid encounter was not submitted by the MCO for a live birth delivery for the Mother ID.
  - The MCO can submit a response and include the reference number for the paid live birth encounter in the comment field. DMAS will research the reference number and if the live birth is verified, correct the NB_Recon_Return_yyyymm to include the payment information. A new Certification form will be included to reflect the corrected offline payment amount.

#### *3.1.3.3 Newborn Reconciliation Processing*

The newborn reconciliation process consists of a monthly **NB_Recon_yyyymm** file submission from the MCO identifying newborns where a payment was not made on the MMIS 820 payment report. DMAS will validate the data submitted and return the **NB_Recon_Return_yyyymm** file to the MCO. The **Newborn Reconciliation Certification** is included with the return file. The Certification identifies the payment amount that will be processed for the MCO for newborns included on the reconciliation **NB_Recon_Return_yyyymm** file. The payment amount will be broken down into 2 payments, one for Medicaid and one for FAMIS and the total. Once the Certification is signed by the MCO and received by DMAS, the payment will be processed. The MCO will receive 2 checks one for the Medicaid amount and one for the FAMIS amount.

- **MCO Newborn Reconciliation File (NB_Recon_yyyymm)**
  Report <u>all newborn live births</u> that occurred during the reporting period where payment was not received for the Birth Month (BM1), and/or Birth Month+1 (BM2), and/or Birth Month+2 (BM3). See File layout at Section 3.1.**x**.

- **DMAS Newborn Reconciliation Return File (NB_Recon_Return_yyyymm)**
  DMAS will validate the report against MMIS enrollment and payment information and provide a return file to the MCO indicating that: (1) a payment was made by the MMIS, (2) an Offline payment will be made with the calculated amount, or, (3) a payment will not be processed. See File layout at Section 4.1.**x**.

- **MCO Response to DMAS Newborn Reconciliation Return File (NB_Recon_Return_yyyymm)**
  The MCO may submit a response file by email and include information in the MCO Comment field for any newborn where payment was not received. Information should

provide the reference number for the paid encounter submitted for the mother for the live birth so that DMAS can research and verify the delivery. Once DMAS has researched the information provided by the MCO, either a new **DMAS Newborn Reconciliation Return File** will be generated with the revised payment amount or an email response will be sent.

#### *3.1.3.4 Newborn Reconciliation Payment*

The Add pay will be processed when the signed Certification is received. 2 payments will be processed, one for the Medicaid payment amount and one for the FAMIS payment amount.

### 3.1.4 Assessment Population Determination

The Medallion 3.0 Contract requires the MCO to assess members who meet certain aid category and enrollment timeframes. MCOs should identify potential members based on aid category and then determine if the member meets the enrollment criteria for the ABD/CSHCN Assessments Report (Section 3.2.6). Members should be assessed within the timeframes specified in the Assessments Report deliverable.

#### *3.1.4.1 Members Requiring Assessment*

Per the Medallion 3.0 contract, members must be assessed by the MCO when they fall into one or more of the eligible category groups:

- Member is in Aid Category 049, 051, 052, 059, 060, 061, 062 (ABD), 072 (AA), and/or
- Member is enrolled in the early intervention benefit (01010100EI), and/or
- Member has one or more special needs as specified in the Managed Care contract, and/or
- Member is enrolled in one of the HAP waiver benefits (01010100S, 01010100T, 01010100R, 01010100Y, 010101009). The assessment requirement for HAP members was added in Contract Modification (Amendment Number III) dated 12/01/2014. (DMAS' evaluation of HAP members will start effective with June 1, 2015 member enrollments.)

The enrollment status of members who belong to one or more of the eligible category groups should be evaluated for the previous six months. Only new or newly identified members are eligible to receive an assessment. A new or newly identified member is defined as a member who is on the 'current' EOM 834, but who did not meet the above criteria / was not on the EOM 834 files in all of the previous **six months**. The following table details the applicable enrollment look-back period for each enrollment begin date:

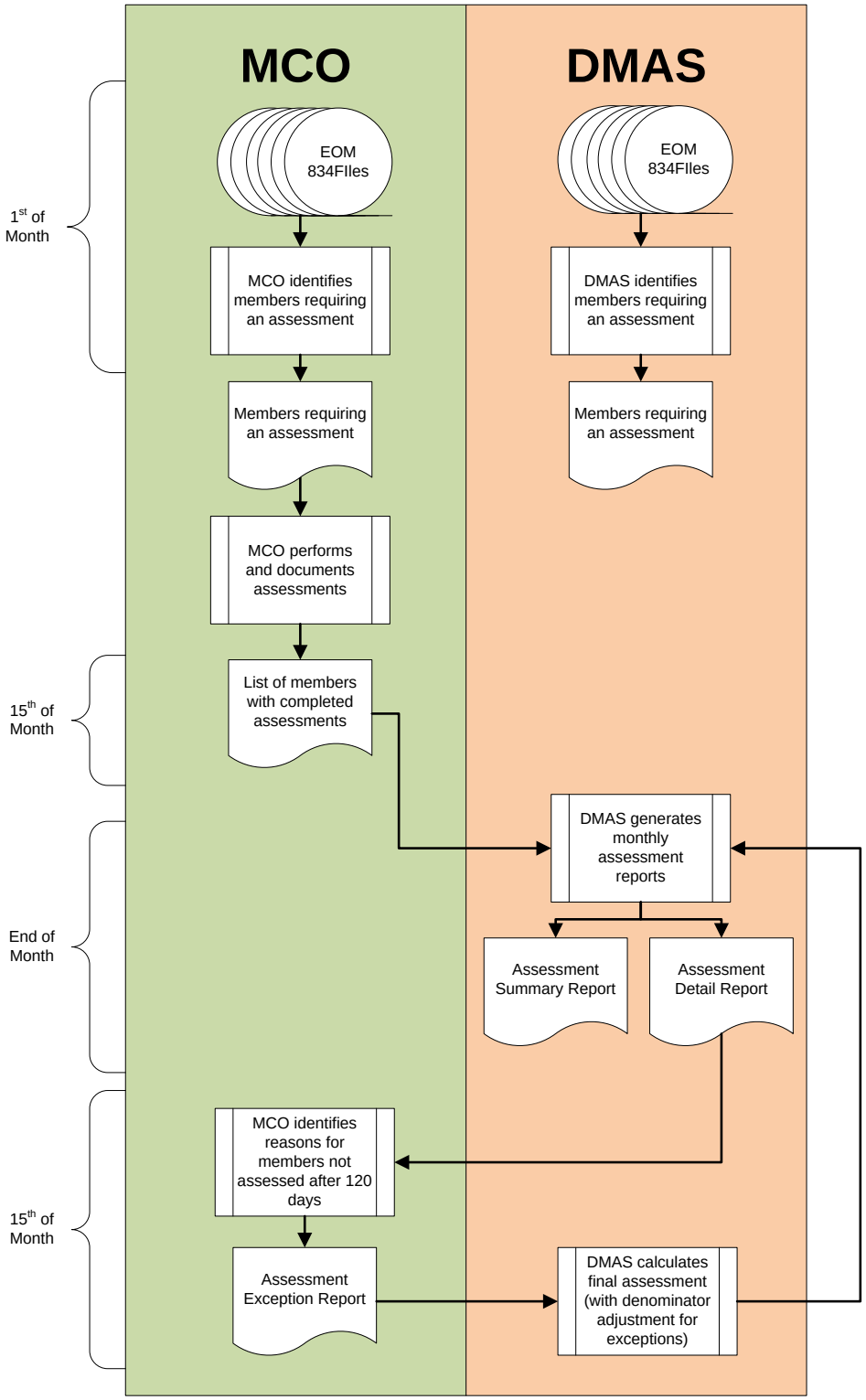
| Enrollment Dates and Enrollment Look Back Period | | |
|---|---|---|
| **Enrollment Dates** | **EOM Look Back Period** | |
| **Begin** | **Begin** | **End** |
| May 1st | Nov 1st | Apr 30th |
| Jun 1st | Dec 1st | May 31st |
| Jul 1st | Jan 1st | Jun 30th |
| Aug 1st | Feb 1st | Jul 31st |
| Sep 1st | Mar 1st | Aug 31st |
| Oct 1st | Apr 1st | Sep 30th |
| Nov 1st | May 1st | Oct 31st |
| Dec 1st | Jun 1st | Nov 30th |
| Jan 1st | Jul 1st | Dec 31st |
| Feb 1st | Aug 1st | Jan 31st |

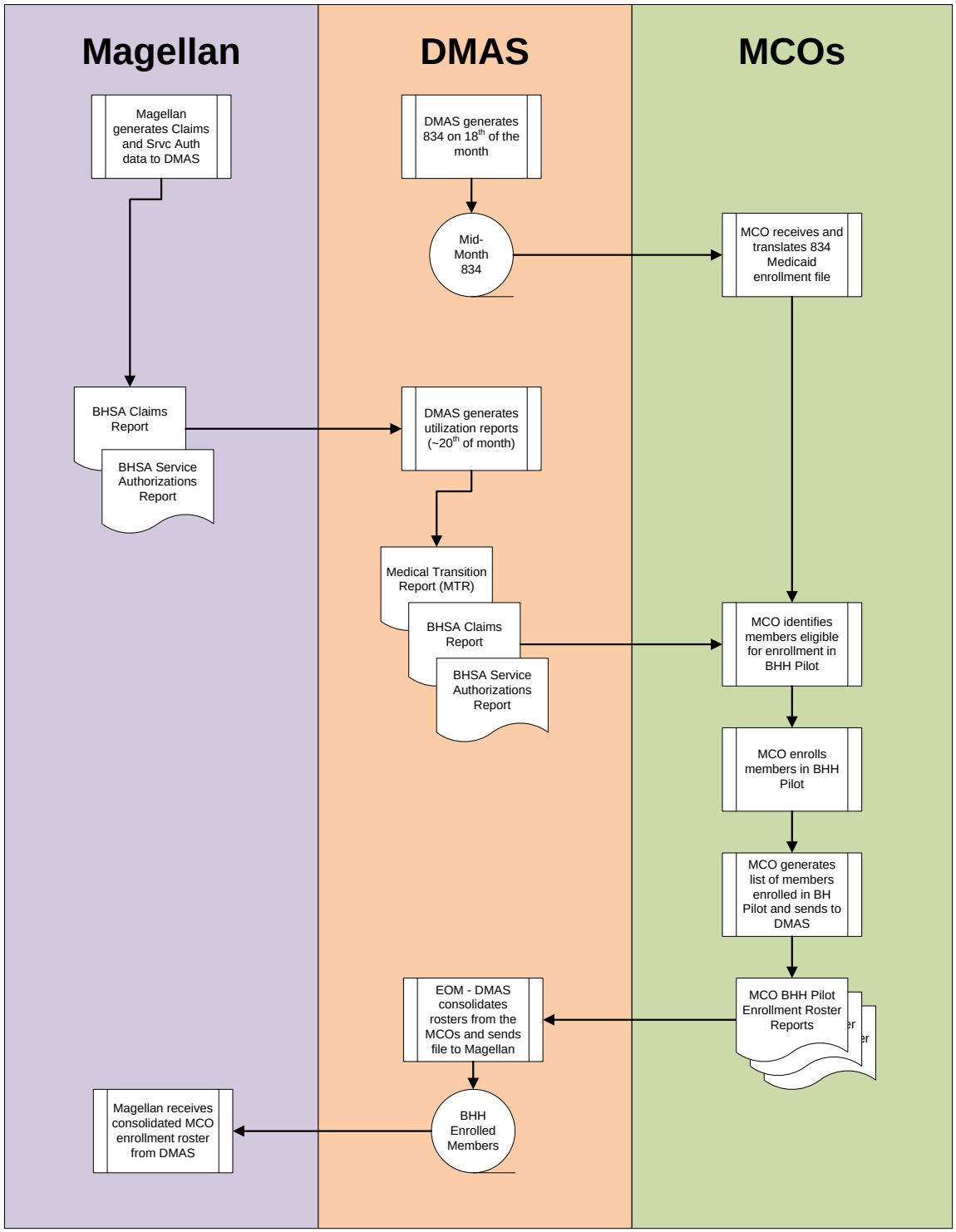
| | | |
|---|---|---|
| Mar 1st | Sep 1st | Feb 28th |
| Apr 1st | Oct 1st | Mar 31st |

Once the newly enrolled or newly-identified members are determined, the MCO should make every effort to assess the member. However, if a member is not continuously enrolled with the MCO or has a change in aid category during the 60 days after enrollment or identification, then the MCO is not responsible for reporting the assessment of the member. Members whose enrollment was terminated or who had a change in aid category during the 60-day post-enrollment period should not be included in the ABD/CSHCN Assessment Report. The following table provides the applicable enrollment date and 60-day post enrollment period for each report submission.

| **Report submission dates with the associated enrollment periods** | | |
|---|---|---|
| **Report** | **Enrollment Dates** | |
| **Submit Dt** | **Begin** | **End** |
| Jul 15th | May 1st | Jun 30th |
| Aug 15th | Jun 1st | Jul 31st |
| Sep 15th | Jul 1st | Aug 31st |
| Oct 15th | Aug 1st | Sep 30th |
| Nov 15th | Sep 1st | Oct 31st |
| Dec 15th | Oct 1st | Nov 30th |
| Jan 15th | Nov 1st | Dec 31st |
| Feb 15th | Dec 1st | Jan 31st |
| Mar 15th | Jan 1st | Feb 28th |
| Apr 15th | Feb 1st | Mar 31st |
| May 15th | Mar 1st | Apr 30th |
| Jun 15th | Apr 1st | May 31st |

The following diagram provides the data flow process for the assessments for the CSHCN and the ABD populations.



### 3.1.5 Behavioral Health Home Pilot Enrollment Roster

The following diagram provides the process flow for the determination of the final enrollment roster for the Behavioral Health Home Pilot program: