MEDALLION 3.0
Technical Manual

Virginia Department of Medical Assistance

Health Care Services Division

Version 5.6

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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
5.5	Section 1.3.7: Changed the due date for the October thru December Financial Report to March 1st.	03/01/18
5.6	Added new deliverable in Section 1.5.92 for Pharmacy Service Authorization Data - To-DMAS.	06/01/18
5.6	Added new deliverable in Section 2.1.33 for Pharmacy Service Authorization Data - From-DMAS.	06/01/18

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
1.8	10/01/13
1.9	11/01/13
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
3.5	11/01/15

Version	Effective Date
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
5.5	03/01/18
5.6	06/01/18

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 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 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 Format = mm/dd/yyyy 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 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. (Optional)
Estimated Gestation Period	Numeric value must be >= 22 and <= 54. (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 Date of Birth: 08/12/xxxx First Time Member Reported? Y	Member should be included in the report.
2	**Program**: FAMIS Date of Birth: 09/08/xxxx 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 **Age**: Date of birth 07/12/xxxx 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 Date of Birth: 07/12/xxxx 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 Valid Values: MII or FAMIS
Medicaid ID	Must be a valid Medicaid ID 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 Format: Numeric 12 bytes with leading zeros
Date assessment completed	Must be a valid date Format = mm/dd/yyyy
Date of member's visit to PCP (if reported)	Must be a valid date Format = mm/dd/yyyy Visit date <= last day of reporting period Visit date >-first day of reporting period (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 Cannot be blank/spaces	Value must be ≥ 0 Cannot be blank/spaces
MCO Administrative Issue (Appeal)	Value must be ≥ 0 Cannot be blank/spaces	Value must be ≥ 0 Cannot be blank/spaces
Benefit or Denial or Limitation (Appeal)	Value must be ≥ 0 Cannot be blank/spaces	Value must be ≥ 0 Cannot be blank/spaces
Total Resolved This Month (Resolution)	Value must be ≥ 0 Cannot be blank/spaces	Value must be ≥ 0 Cannot be blank/spaces
Total Carried Forward (Resolution)	Value must be ≥ 0 Cannot be blank/spaces	Value must be ≥ 0 Cannot be blank/spaces
Total Resolved Prior Month (Resolution)	Value must be ≥ 0 Cannot be blank/spaces	Value must be ≥ 0 Cannot be blank/spaces
MCO Customer Service (Grievance)	Value must be ≥ 0 Cannot be blank/spaces	Value must be ≥ 0 Cannot be blank/spaces
Access to Services/Providers (Grievance)	Value must be ≥ 0 Cannot be blank/spaces	Value must be ≥ 0 Cannot be blank/spaces
Provider Care & Treatment (Grievance)	Value must be ≥ 0 Cannot be blank/spaces	Value must be ≥ 0 Cannot be blank/spaces
Transportation (Grievance)	Value must be ≥ 0 Cannot be blank/spaces	Value must be ≥ 0 Cannot be blank/spaces
Administrative Issues (Grievance)	Value must be ≥ 0 Cannot be blank/spaces	Value must be ≥ 0 Cannot be blank/spaces
Reimbursement Related (Grievance)	Value must be ≥ 0 Cannot be blank/spaces	Value must be ≥ 0 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 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 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 Do not include extension
Provider Begin Date	Must be a valid date Format = mm/dd/yyyy
License Number	Must be 15 characters or less
State of License	Must be 2 characters or less Must be valid state code (USPS standards)
License Begin Date	Must be a valid date Format = mm/dd/yyyy (Required)
License End Date	Must be a valid date or blank Format = mm/dd/yyyy (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 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 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 Format: mm/dd/yyyy
End Date	Must be a valid date 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 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 Format: mm/dd/yyyy
End Date	Must be a valid date 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 Format: 12 bytes with leading zeros
Date of Death (Member Over Age 55)	Must be a valid date 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 Format: 12 bytes with leading zeros
Other Coverage Type	Must be 2 characters or less Valid Values: CA, LI, CS, PI, TI, NA
If reporting Injury or Trauma - date	Must be a valid date 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 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 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 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 Format: Numeric 12 bytes with leading zeros
Reason for Lack of Assessment	Must be 1 character or less 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:

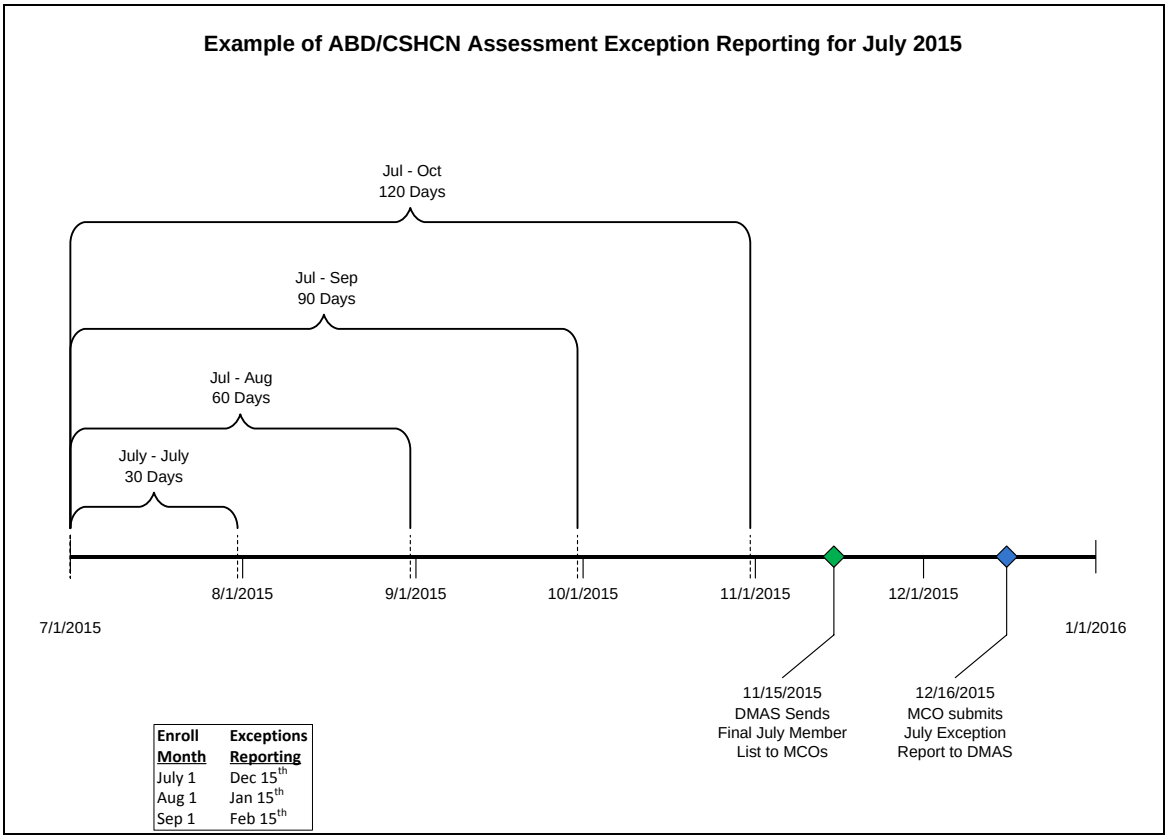
Code	Exception Reason
1	Member/parent was contacted and refused to complete assessment. Includes incomplete (partial) assessments.
2	Member had invalid or missing contact information and could not be contacted by phone (wrong/missing number) or mail (returned mail)
3	Member contact information was valid, 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 Format: Numeric 12 bytes with leading zeros
Date assessment completed	Must be a valid date 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 Format: 12 bytes with leading zeros
BHH Enrollment Begin Date	Format = mm/dd/yyyy. Must be a valid date. Must be greater than 07/01/2015.
BHH Enrollment End Date	Format = mm/dd/yyyy. Must be a valid date. Must be greater than 07/01/2015. 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

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NDC Code List

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68001024403	68071044645	68084008065	68084031411	68084052511
68071018130	68071047630	68084008090	68084031501	68084052601
68071021200	68071047660	68084008101	68084031511	68084052611
68071021207	68071047690	68084008108	68084031601	68084052701
68071021214	68071049430	68084008111	68084031611	68084052711
68071021230	68071049960	68084008165	68084031701	68084052801
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68071021260	68071066290	68084012201	68084031801	68084052901
68071021284	68071074090	68084012211	68084031811	68084052911
68071021290	68071074093	68084012301	68084031901	68084053001
68071021291	68071077530	68084012311	68084031911	68084053011
68071021292	68071079215	68084018301	68084032011	68084053101
68071022830	68071079315	68084018311	68084032021	68084053111

68084053201	68084080201	68115030030	68115069460	68115091200
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68084053301	68094019358	68115037030	68115070130	68115091860
68084053311	68094019359	68115037060	68115070190	68115092130
68084053401	68094019361	68115037300	68115070815	68115092160
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68084053511	68094021462	68115037360	68115071000	68115093015
68084054801	68094030159	68115037390	68115071330	68115093030
68084054811	68094030162	68115038500	68115072300	68115093045
68084056111	68094070159	68115038530	68115072400	68115093060
68084056121	68094070161	68115038548	68115073400	68180011202
68084056211	68094070162	68115038560	68115073430	68180011209
68084056221	68094075759	68115038590	68115073460	68180011216
68084056301	68094075762	68115045615	68115073490	68180011302
68084056311	68094076759	68115045630	68115074500	68180011309
68084056365	68094076762	68115046530	68115075815	68180011316
68084058109	68094081659	68115046560	68115075830	68180011402
68084058111	68094081662	68115046597	68115075845	68180011409
68084058209	68115006130	68115046700	68115075860	68180011416
68084058211	68115006160	68115046730	68115076699	68180011502
68084058309	68115006230	68115046915	68115078315	68180011507
68084058311	68115006260	68115047199	68115078330	68180011601
68084058409	68115006290	68115048400	68115078360	68180011707
68084058411	68115025300	68115048430	68115079430	68180011807
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68084059565	68115025390	68115048560	68115080415	68180026701
68084060201	68115025400	68115048590	68115080430	68180026702
68084060211	68115025430	68115048593	68115081815	68180033107
68084060701	68115025445	68115048597	68115081830	68180033207
68084060711	68115025460	68115048599	68115081860	68180033307
68084062401	68115025490	68115050130	68115082715	68180033407
68084062411	68115025497	68115050160	68115082760	68180044501
68084062501	68115025499	68115050190	68115084200	68180044503
68084062511	68115029200	68115050197	68115085260	68180044601
68084065501	68115029800	68115050230	68115085615	68180044603
68084065511	68115029804	68115050290	68115085660	68180044701
68084072301	68115029812	68115054500	68115086900	68180044703
68084072311	68115029815	68115058600	68115088600	68180044801
68084074001	68115029830	68115064500	68115088615	68180044802
68084074011	68115029860	68115064530	68115089200	68180044901
68084077401	68115029890	68115067060	68115090900	68180044902
68084077411	68115029912	68115069112	68115090960	68180044907
68084078301	68115030010	68115069415	68115091060	68180045001

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68258300002	68258710601	68258904601	68382011314	68387042190
68258300003	68258710603	68258904701	68382011405	68387049030
68258300009	68258710606	68258904901	68382011414	68387049060
68258300101	68258710703	68258908101	68382011505	68387049090
68258300103	68258710803	68258911201	68382011514	68387055512
68258300109	68258711001	68258912701	68382011605	68387055560
68258300201	68258711101	68258914501	68382011614	68387055630
68258704503	68258711201	68258914601	68382011705	68387055890
68258704506	68258711301	68322000101	68382011714	68387055930
68258704509	68258712001	68322000102	68382013805	68387055960
68258704603	68258712101	68322000103	68382013814	68387055990
68258704606	68258712103	68322000104	68382013905	68387056060
68258704609	68258712201	68322000201	68382013914	68387056090
68258704703	68258713001	68322000202	68382014005	68387065060
68258704706	68258713106	68322000203	68382014014	68387066030
68258705206	68258713203	68322000204	68382014105	68387066060
68258705209	68258713206	68382000414	68382014114	68387066090
68258705606	68258713306	68382000514	68382015406	68387066130
68258705706	68258713309	68382000601	68382015506	68387066160
68258706003	68258713401	68382000605	68382015606	68387066190
68258707001	68258713403	68382000610	68382020401	68387066290
68258707201	68258713501	68382000801	68382020405	68387066390
68258707301	68258713503	68382000805	68382020501	68405006836
68258707403	68258713601	68382000810	68382020505	68405068026
68258707501	68258713603	68382000905	68382031401	68405806826
68258707601	68258713609	68382000914	68382031501	68405806836
68258707703	68258713701	68382001005	68382031505	68462010810
68258707801	68258713703	68382001014	68387040412	68462010860
68258707803	68258713801	68382003101	68387040460	68462010910
68258707806	68258713803	68382003105	68387040490	68462010960
68258707903	68258713901	68382003201	68387040512	68462011010
68258708003	68258713903	68382003205	68387040590	68462011060
68258708406	68258714903	68382003301	68387040812	68462012601
68258708803	68258714906	68382003305	68387040860	68462012605
68258708903	68258714909	68382008001	68387040890	68462012701
68258708906	68258715101	68382008010	68387041010	68462012705
68258709001	68258715201	68382008101	68387041018	68462012801
68258709101	68258715301	68382010601	68387041030	68462012805
68258709201	68258715409	68382010610	68387041045	68462012901
68258709301	68258715603	68382010801	68387041060	68462012905
68258709501	68258715609	68382010805	68387041090	68462013001
68258709601	68258715909	68382010901	68387042012	68462013005
68258709706	68258798009	68382010905	68387042030	68462013701

68462013801	68462024560	68788902709	68968325001	76282032105
68462013901	68462024660	68788949906	68968350001	76282032201
68462015310	68462054508	68788949908	68968449201	76282032205
68462015360	68462054608	68788950908	76282022101	76282032301
68462022001	68462054708	68788950909	76282022105	76282032305
68462022101	68788902303	68788953206	76282022201	76282040501
68462022110	68788902306	68788953209	76282022205	76282040505
68462022201	68788902309	68788953309	76282022301	76282040590
68462022301	68788902603	68788973006	76282022305	76282040601
68462022401	68788902609	68788973008	76282022801	76282040605
68462022801	68788902702	68788992303	76282024612	76282040690
68462022901	68788902703	68788992306	76282024712	
68462024301	68788902706	68788992309	76282024812	
68462024401	68788902708	68968312501	76282032101	

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 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 Must be a valid Medicaid ID. Must be twelve digits. Fill with leading zeroes if necessary.
Service Auth Response Type	Required Must use one of the following one character valid values: 'A' = Approved 'D'= Denied for Cause 'M'=Denied by MCO because supplemental info not provided 'S' = Requires supplemental information from provider
Date Service Auth was Received by MCO or subcontractor (PBM)	Required Must be a valid date Format = mm/dd/yyyy Must be <= End Date of reporting period (calendar month)
Time Service Auth was Received by MCO or subcontractor (PBM)	Required Format = hh:mm:ss Must be a time value between 00:00:00 and 23:59:59
Date Response was sent to Provider	Required Must be a valid date Format = mm/dd/yyyy Must be >= Begin Date and <= End Date of reporting period (calendar month)
Time Response was sent to Provider	Required Format = hh:mm:ss 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 Y = Urgent N = Not urgent
Resubmission Indicator	Required 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. 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: '01' = Adopted / reunified '02' = Aged out '03' = Aid category change '04' = Can't locate with current address '05' = Deceased '06' = FIPS code not correct or missing '07' = In a facility/ incarcerated '08' = Invalid telephone number '09' = LDSS non-responsive '10' = Lost eligibility '11' = Moved out of coverage area '12' = New address reported '13' = New phone number '14' = Non-cooperative/ refusal to release info '15' = Not in custody of LDSS '16' = Other '17' = Out of state '18' = Returned mail
Data Source	Specify one of the following one character valid values: 'P' = Foster Care Parent 'D' = Local DSS 'M' = DMAS MMIS / 834 'R' = Returned Mail 'O' = Other
Date MCO Aware	Must be a valid date Format = mm/dd/yyyy 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 207K00000X	Allergy & Immunology
207L00000X 207LC0200X 207LP2900X 207LP3000X	Anesthesiology
208C00000X	Colon and Rectal Surgery
207N00000X 207ND0900X 207ND0101X 207NP0225X 207NS0135X	Dermatology
207PE0004X 207P00000X 207PH0002X 207PT0002X 207PP0204X 207PE0005X	Emergency Medicine
207QA0401X 207QA0000X 207QA0505X 207Q00000X 207QG0300X 207QH0002X 207QS1201X 207QS0010X	Family Medicine
208D00000X	General Practice

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

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

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

NPPES Taxonomy Code(s)	Specialty
367A00000X 363L00000X 363LA2100X 363LA2200X 363LF0000X 363LP0200X 363A00000X 363AM0700X 363AS0400X 367500000X	Physician Assistants and Advanced Practice Nursing Providers
225X00000X 225100000X 227800000X 227900000X 231H00000X 235Z00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers
282N00000X	Acute Care Hospital
291U00000X	Clinical Medical Laboratory
251S00000X	Community Service Boards
332BC3200X 332B00000X 332BX2000X	Durable Medical Equipment Supplier
261QE0700X	End-Stage Renal Disease Facility
261QF0050X 261QF0400X	Federally-Qualified Health Centers (FQHC)
261QP0904X 251K00000X	Health Department
251E00000X	Home Health
333600000X 3336C0003X 3336L0003X	Pharmacy
335E00000X	Prosthetic Supplier
261QR1300X	Rural Health Care Clinic (RHC)
314000000X	Skilled Nursing Facility
344800000X 341600000X 3416L0300X 347B00000X 343900000X 343800000X 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 March 1st
	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). Format: CHAR(20) 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. Required
FILL_DATE / FROM_DATE	Date prescription was filled (pharmacy) or drug was administered (medical and facility), Format: MM/DD/YYYY Must be a valid date. This date must be within the current contract year period. Required
PAID_DATE	Date claim paid. Used to calculate IBNR/trend estimates. Format: MM/DD/YYYY Must be a valid date. Must be greater than or equal to fill date / from date. Required
RECIP_ID	Member's Medicaid ID number. Format: Numeric 12 bytes with leading zeros. Must be a valid Medicaid ID number. Required
SSN	Member's social security number. Format: Numeric, 9 digits - 999999999 - No dashes. Required - Fill with all 9's if not available.
BIRTH	Member's birth date. Format: MM/DD/YYYY Required – Fill with 12/31/9999 if DOB is not available
SEX	Member's gender (as provided on 834) Format: CHAR(1) Valid Values: 'F' = female; 'M' = male; 'U' = unknown Required
CTY_CNTY	FIPS code of member's residence (as provided on 834) Format: CHAR(3) Must be valid Virginia city/county FIPS code Required – Fill with 999 if not available
ELIG_CAT	Member's aid category code at time of service (as provided on 834). Format: Numeric, three digits Must be a valid Virginia Medicaid/FAMIS aid category Required – Fill with '999' if not available

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

Field	Specifications
THER_CLS	Standard therapeutic class code. Format: CHAR(2) Required - Fill with '99' if not available.
REFILL	Indicates whether this drug claim is for a refill: Format: CHAR(1) Valid Values: 'Y' = refill; 'N' = not refill; 'U'=unknown Required
SUB_CAP	Format: CHAR(1) Indicates whether claim is paid FFS or is a capitated service; Valid Values: 'F' =FFS, 'C' = Capitated Required
PROC_CD	HCPCS / CPT/ J-code used for medical claims. Format: Char(5) Situational based on claim type. Required when CLM_TYPE = 'P' or 'I'. Required if NDC is not provided.
CLM_TYPE	Type of claim Format: Char(1) Valid values: N=pharmacy/NCPDP; P=professional/837P; I=institutional/ facility/ 837I 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 Format = mm/dd/yyyy
Term of Contract	Must not be blank – 25 character limit
Status	Valid values: New Existing Revised
Scope of Service	Valid Values: Planning Finance Reporting Systems Administration Quality Assessment Credentialing/Recredentialing Utilization Management Member Services Claims Processing Provider Services Transportation Vision Behavioral Health Prescription Drugs 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 Annually and prior to any changes
Due Date:	60 calendar days prior to printing (new or revised). 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 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 (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 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. Format CHAR(03) Values: JUL, AUG, SEP, OCT, NOV, DEC, JAN, FEB, MAR, APR, MAY, JUN.
Number of Foster Care Members Assessed (Numerator)	Required. Format: Numeric
Total Number of Foster Care Members (Denominator)	Required. 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. Format: CHAR(20) 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. Format: Num(3) 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. Format: Char(1) Valid values: P=professional/837P; I=institutional/ facility/ 837I
Recipient ID	Required. Member's Medicaid ID number. Format: NUM(12). Must be numeric with leading zeros. Must be a valid Medicaid ID number.
Servicing Provider NPI	Required. Servicing provider NPI number. Format: NUM(10). Must be numeric with leading zeros.
Servicing Provider Taxonomy	Required. Taxonomy code for servicing provider. Format: NUM(10). Must be numeric with leading zeros.
Primary Diagnosis Code	Required. Primary diagnosis code as submitted on claim. Format: CHAR(7). Must be a valid ICD-10 diagnosis code value.
From Date Service	Required First date of service provided. Format: CHAR(10). MM/DD/YYYY Must be a valid date. This date must be within the current contract year period.
Thru Date Service	Required Last date of service provided. Format: CHAR(10). MM/DD/YYYY 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. Format: CHAR(10). MM/DD/YYYY 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. Format: CHAR(10). MM/DD/YYYY 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. Format: Char(5) Must be a valid HCPCS / CPT.
Units/	Required . Units provided as submitted by the provider. 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. 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. 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. 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. 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to receipt of first 834 enrollment roster 10 business days prior to any published revision to the Provider Manual 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. Format: Numeric 10 digits, leading zeroes. Required.
Name	Provider's name Format: Character 40 Required
License	Provider's License Number Optional
Specialty	Provider's type / specialty. Must select value from drop down provided in template. Required.
Notification Date	Date that the MCO was notified of the provider infraction. Format: mm/dd/yyyy Required
Source	Identifies who reported the infraction to the MCO. Must select value from drop down provided in template. Required.
Action	Action taken by the Board against this provider Must select value from drop down provided in template. 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any revision 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any revision 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any published revision 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any revision 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any published revision to the Provider Manual 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 Upon adoption of such policy Upon Request
Due Date:	Upon signing of the original contract 30 calendar days prior to implementation of any change(s) 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any revision 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any published revision to the Provider Manual 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any revision 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any published revision to the Provider Manual 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any published revision to the Provider Manual 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any revision 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 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any revision 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any revision 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any revision 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 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 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 Department request
Due Date:	Annually at Contract signing 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any revision 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any revision 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any revision 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any revision 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any revision 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any revision 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 Upon Revision Upon Request
Due Date:	60 calendar days prior to signing of the original contract 10 business days prior to any revision 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

1.5.92 Pharmacy Prior Authorizations - NCPDP Transfer Standard - To DMAS

1.5.92.1 Contract Reference

Medallion 3.0 Contract, Section 11.7.D.IV

1.5.92.2 File Specifications

Method:	DMAS secure FTP server
Format:	Must conform to the *NCPDP Prior Authorization Transfer Standard Implementation Guide version 2.2*
File Name:	PRAUTH_NCPDP22.txt
Trigger:	Weekly
Due Date:	By 6PM each Monday
DMAS:	CMO / Pharmacy Team

1.5.92.3 Requirements

A. Submissions must conform to all requirements as documented in the *NCPDP Prior Authorization Transfer Standard Implementation Guide version 2.2*.

B. For every detail record provided, the MCO must include the MMIS service center ID in the 'SUBGROUP ID' (A21) field (position 58).

C. Service authorization data provided in this file will be distributed to the member's new MCO when there is a change in the member's changes MCO/program, in order to ensure continuity of care. DMAS will collect and distribute this service authorization data to the member's new MCO.

D. Each weekly file must contain all prior authorizations created and/or modified since the last data submission to DMAS.

E. Include prior auths for **ALL** enrolled members.

1.5.92.4 Examples

Refer to *NCPDP Prior Authorization Transfer Standard Implementation Guide version 2.2* for examples.

1.5.92.5 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 ANT - Anthem CCV – Coventry Cares of Virginia ITH – INTotal Health KPM – Kaiser Permanente MJC - MajestaCare OFC – Optima Family Care VAP – Virginia Premier Blank – newborn not enrolled in MCO/newborn ID not found
Cap_Pymt	Capitation Payment Amount
Ref_Num	ICN - Payment made by MMIS 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 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. 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: PRELIM – Preliminary score before 120 days have elapsed. FINAL – Final score after 120 days, before applying adjustment for exemption reasons. 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 Format = mm/dd/yyyy
TIMEFRAME	Time Category for Assessment Completion	Codes: 1 = Within 60 days 2 = Within 90 days 3 = Within 120 days 4 = Over 120 days 9 = Did not need assessment N = Not assessed
ELIGIBILITY	Reason Member is Eligible for Assessment	Codes: 1 = ABD 2 = Early Intervention 3 = Contract Special Needs 4 = HAP
EXCEPTION_REASON	Reason Member was not assessed (provided by MCO)	1 = Member/Parent Refusal 2 = Invalid contact information 3 = Unable to make contact with Member/Parent 4 = = Member's eligibility was retroactive to prior month(s) 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 – Proprietary Format

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: PatConstraint PatDrugCoverage 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

2.1.33 Pharmacy Prior Authorizations - NCPDP Transfer Standard - From DMAS

2.1.33.1 Contract Reference

N/A

2.1.33.2 File Specifications

Method	DMAS secure FTP server
Format	NCPDP Prior Authorization Transfer Standard Implementation Guide version 2.2
File Name	MCO_xxx_NCPDP_yyyymmdd.txt
Schedule	Weekly on Wednesday
DMAS	CMO / Pharmacy Team

2.1.33.3 Description

File will conform to all requirements as documented in the *NCPDP Prior Authorization Transfer Standard Implementation Guide version 2.2*.

DMAS generates this file based on the prior authorization data received from the member's previous MCO and/or the FFS PBM. This file only includes members who are currently enrolled with the MCO.

For each detail record provided, the originator/ source MCO service center ID is provided in the 'SUBGROUP ID' (A21) field (position 58). Service Center crosswalk:

Srvc Ctr	Program	Managed Care Organization
1001	Medallion 3	Optima Family Care
1002	Medallion 3	Aetna Better Health
1003	Medallion 3	Virginia Premier Health Plan
1004	Medallion 3	Anthem HealthKeepers Plus
1008	Medallion 3	InTotal Health
1010	Medallion 3	Kaiser Foundation Health Plan
1014	CCC Plus	Aetna Better Health of Virginia
1015	CCC Plus	HealthKeepers, Inc.
1016	CCC Plus	Magellan Complete Care of Virginia
1017	CCC Plus	Optima Health Plan
1018	CCC Plus	United Healthcare Community Plan
1019	CCC Plus	Virginia Premier Health Plan, Inc.
1044	Medallion 4	Aetna Better Health
1045	Medallion 4	HealthKeepers, Inc.
1046	Medallion 4	Magellan
1047	Medallion 4	Optima Health Plan
1048	Medallion 4	United HealthCare
1049	Medallion 4	Virginia Premier Health Plan, Inc.
1078	Fee For Srvc	Magellan

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:

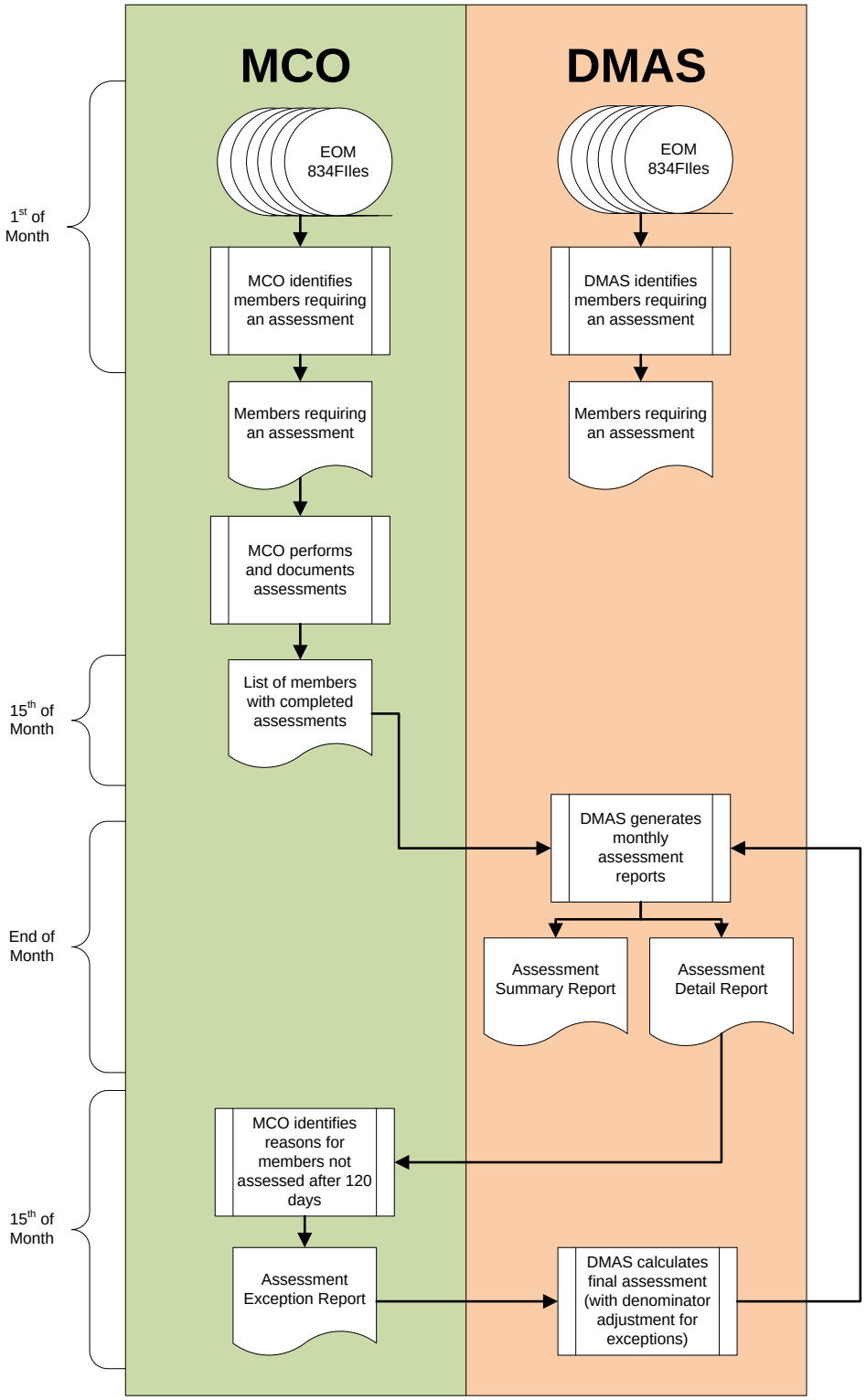
Enrollment Dates and Enrollment Look Back Period		
Enrollment Dates	**EOM Look Back Period**	
Begin	**Begin**	**End**
May 1st	Nov 1st	Apr 30th
Jun 1st	Dec 1st	May 31st
Jul 1st	Jan 1st	Jun 30th
Aug 1st	Feb 1st	Jul 31st
Sep 1st	Mar 1st	Aug 31st
Oct 1st	Apr 1st	Sep 30th
Nov 1st	May 1st	Oct 31st
Dec 1st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

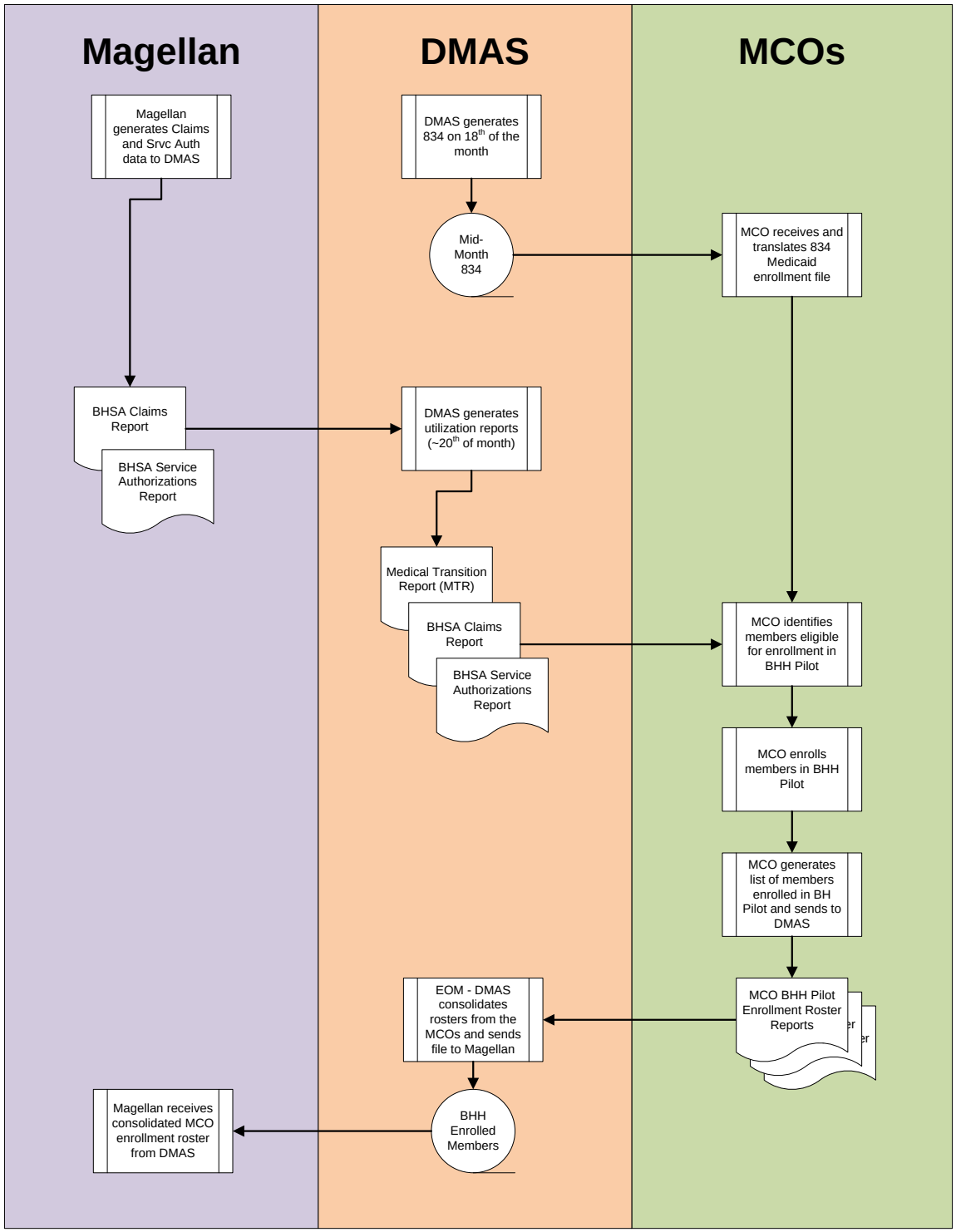
Mar 1st	Sep 1st	Feb 28th
Apr 1st	Oct 1st	Mar 31st

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: