Finding Number	Entity	Item Complete (Y / N)	Status (Date / Progress)	EQR Protocol 4 Activity Number	Finding	Recommendation
Finding 1.1	DOM		**02/14/18 - This change has already been made; however, changes need to be made in System, which may cause errors. A CSR is in place for current and new Contracts. Keith to work with Saranne to address contract related recommendations.**	Activity 1: Review State Requirements	DOM encounter submissions standards appear to be generally stated and could potentially be subject to interpretation. Developing standards specific to encounter data submissions may improve the quality of the encounter data and generate the accuracy and completeness required for DOM oversight and other analyses performed using the encounter data.	DOM should update the detailed standards and requirements specific to the encounter data submission. This may include a specific day or date for submitting initial encounters. For example, DOM may want to amend the contract to read that the CCO is required to submit encounter data within 60 days of claims payment (paid date). According to DOM representatives, this provision will be part of the next contract amendment.
Finding 1.2	DOM		**02/14/18 - DOM Finance will develop a standard for each Service Type as recommended in the audit submitted in December. Will prepare individual rates for review and approval. Finance will draft contract amendments. Target date for completion is April 30, 2018.**	Activity 1: Review State Requirements	The contract sets forth a single 98 percent completeness standard and two percent error rate for all service types. EQR Protocol 4 guidelines recommend states set specific standards for each service type.	DOM should develop specific standards by service type. See Table 1 on page 13 for Protocol 4 examples of service types for which the state should develop acceptable error rates. DOM should continue ensuring quality encounter data submissions via periodic reconciliation of paid encounter files to cash disbursement journals. DOM should require CCOs to submit all encounter iterations: originals, adjustments, and voids.
Finding 1.3	DOM	Yes	**3/20/18 - DOM iTech disagrees with this Finding. Deferred to Peter Montgomery, iTech, for any additional response. Peter's response: "The data dictionaries development was driven by the system where the data is utilized. Currently there is no requirement for the data tables, or the data elements to have the very same naming convention. It must be remembered that the MMIS and the Data Warehouse were designed, developed and implemented independently of each other and by different vendors. Consolidation of the various data tables is not an effort that DOM will be undertaking with the current MMIS and DSS platforms."**	Activity 1: Review State Requirements	There is an opportunity to enhance the state's data dictionaries to enhance detail, completeness, and user friendliness.	DOM may wish to consider whether a database administrator or an information technology professional could help develop more detailed data dictionaries that facilitate completeness and the ability to trace data from the 837s and NCPDPs to their final location in the data warehouse.
Finding 1.4	DOM		**02/14/18 - DOM agrees. DOM is moving forward to work out this process for attestations to be sent to Conduent from the CCOs.**	Activity 1: Review State Requirements	The CCOs are not providing a formal attestation or certification to DOM related to encounter data submissions as required by 42 CFR 438.606. This federal provision requires that the managed care entity attest to the accuracy, completeness, and truthfulness of the data.	DOM should require, monitor, and enforce submission of a standard written attestation from the CCOs for all encounter data submissions.
	Magnolia		Magnolia is in agreement with this process and will work with the DOM on establishing a process for attestation of the encounter files.			
Finding 1.5	DOM		**03/19/20 - DOM agrees. DOM will include the corrected code reference in a future contract amendment.**	Activity 1: Review State Requirements	The reference to actuarial soundness of the capitation rates is incorrectly cited as §438.3 of the rule in the proposed March 20, 2017 CCO contract language located in Section 11 on Program Integrity on page 150, Item 2.	DOM should update the reference within the contract language to §438.4.

Finding Number	Entity	Item Complete (Y / N)	Status (Date / Progress)	EQR Protocol 4 Activity Number	Finding	Recommendation
Finding 1.6	Conduent (FAC)	Yes	Raj -It is true that Conduent has requested both the CCO's to limit 1000 claims per file. However, from recent MSCHIP Submissions, we've seen the file sizes reported by the CCO to be fewer than 100 claims and currently there is no limit on the number of files they can drop to the CHIP/CAN folders. The MMIS Encounter processing Jobs are set up to RUN 5 days a week (M-F), however for some of the weeks we've seen that CCO's are dropping files only twice a week, and so for the rest of the days our Jobs would just run with empty files with nothing to report... Below are the set Limits for both CAN and CHIP encounters and this is far more than we can strech currently, especially considering other claims volume that we accommodate into the MMIS payment system. MSCAN Encounters: Currently, we can process 48 files per day, per CCO EQUALS to 1000 Claims (per file) times 48 = 48000 claims per day, and that 'd be 240,000 claims per week, per CCO. MSCHIP Encounters: Currently, we can process 32 files per day, per CCO EQUALS 1000 Claims (per file) times 32 = 32000 claims per day, equals to 160,000 claims per week, per CCO. On another note, we recently processed UHC's CHIP encounters (1 year backlog) in just about 5 weeks time frame, excluding the adjustments. **02/14/18 - DOM disagrees. The Conduent file size is not the issue. CCOs have been told that they can submit more files at once; need to max out. CCOs are not submitting the maximum allowed amount per day/week.**	Activity 1: Review State Requirements	Conduent has a file limitation of 1,000 claims per file. Conduent can process up to 48,000 claims per day per CCO. The file and volume limitations create obstacles for the CCOs to be compliant with submission requirements, particularly when the CCOs have to submit or re-submit large batches of claims.	Conduent and DOM should explore whether expansion of Conduent's capacity is feasible or whether such a change would be cost prohibitive.
Finding 1.7	Conduent (FAC)		Raj - as soon the CSR request is received from DOM, the fix to capture and display the health plans submitted DRG has been implemented in MMIS. This request was only to capture the DRG's on the Inpatient claim submissions. CSR Reference 'DO16016125' 12/11/17 Myers and Stauffer Update - DRG field was the only one that we are currently aware of. The point of the recommendation was to emphasize the need to ensure all data is captured and to reevaluate whether this is the case. **3/20/18 - DOM iTech will review the 837 files to see what DOM is requiring to insure all needed fields are noted on the companion guides and respond accordingly.**	Activity 1: Review State Requirements	At the time of the Conduent on-site review, the DRGs submitted by the health plans were not being saved or stored. DOM and Conduent worked to resolve this issue and a fix was implemented July 11, 2016.	The FAC should capture and retain all encounter data as submitted by the CCOs.

Finding Number	Entity	Item Complete (Y / N)	Status (Date / Progress)	EQR Protocol 4 Activity Number	Finding	Recommendation
Finding 1.8	Conduent (FAC)		Raj -The 'Denial' CAS codes list is provided by both the CCO's to Conduent at the time of CAN/CHIP implementations and we currently house these ARC codes in the MMIS tables…any encounter that we receive from the CCO's is validated against these 'denial' CAS codes and if a match is found on the MMIS table, we just deny the encounter in our system to track it as a denied encounter, and which is what was agreed upon in the initial meetings. The mismatches are mainly noted, since the CCO's are not updating Conduent with their denial CAS code listing on a regular basis.. in a more recent findings, we spotted encounters that has paid encounter dollars on them along with a denial CAS code ...and in some instances, we've seen encounters that are 'zero paid' with no CAS code...and currently we've a CSR open and working with DOM to find a solution for all these different scenarios... **03/20/18 - DOM agrees. CSR-16884 has been opened to resolve this issue. With the implementation of the CSR, Envision will take a different approach on setting the encounter status based on CAS codes. Once implemented, Envision will evaluate the CCO paid amount. If the CCO paid amount is greater than zero, the encounter header status will be reflected as "paid" instead of "denied".**	Activity 1: Review State Requirements	Initial encounter reconciliation reviews identified an issue with CAS code differences and coordination of CAS codes with the CCOs. There were instances where the CCOs submitted a paid encounter with a CAS code that was processed by the FAC as CCO-denied. This suggested that the FAC's denial adjustment reason code (ARC) table may not contain the same CAS codes that the CCO is intending to use to identify denied encounters. DOM has been working with the CCOs and the FAC to review and update CAS codes to ensure CCO-denied encounters are processing correctly.	The FAC should continue working with DOM and the CCOs to resolve all issues related to CAS codes.
Finding 1.9	Conduent (FAC)		Raj -This has been the rule from the beginning and which we adopted from the current FFS claim submission process…and the rule states that if an Encounter is denied (header status 'Denied'), we'd expect the CCO to file us back a correction or a replacement encounter like a 'new day' claim, along with the original 'MMIS TCN' attached and for the same CCO Claim number. Currently the MMIS system does not allow or support CCO's to re-submit the 'denied' encounters as adjustments unlike Voids. Upon DOM request, we submitted our research findings (RI17822) on how we can improve this process, and which is currently being reviewed by DOM. **02/14/18 - DOM agrees. CSR-RI17822 has been submitted to research and advise what changes are needed in order to allow the CCOs to adjust or void a denied encounter. The findings are still under review by DOM.**	Activity 1: Review State Requirements	There are instances where the claim adjustment back out to an encounter is successful, but the corresponding replacement transaction is denied by the FAC. This results in multiple encounter data issues: · Effectively removes paid encounters from the FAC's data warehouse that the CCO may have intended to replace. · Subsequent CCO replacement transactions (to replace the encounter record, are denied due to the original claim already having been removed. As a result, the CCO must send the transaction as a new unrelated original encounter in order to have it accepted. This process can produce encounters that may not reflect the CCO's actual claim adjustment activity. DOM, the FAC, and the CCOs have been working to resolve these issues. During the most recent encounter reconciliation cycles, fewer occurrences of these adjustment transactions were observed.	The FAC should continue working with the CCO to resolve all issues related to replacement transactions.

Finding Number	Entity	Item Complete (Y / N)	Status (Date / Progress)	EQR Protocol 4 Activity Number	Finding	Recommendation
Finding 1.10	Conduent (FAC)	Yes	Raj - 835s are standard transactions that are generated for all the providers in the MMIS system... and any change to this process would adversely affect providers other than CCO's providers...and there are also limitations on what we capture and send on an 835.., so upon DOM request, we created a weekly encounter 'denial extracts' with all the info that CCO's has requested for... we even report the MMIS native edits along with the edit description that are associated with the standard CARC and RARCs , which in our opinion is helping CCO's understand the exact reason behind an encounter denial in the MMIS system... Curently we generate denial extracts on a weekly basis for both MSCAN and MSCHIP encounters, received for that week and for each CCO. **03/20/18 - DOM disagrees. The 835 cannot be modified because it is a standard transaction and limits the amount of information that can be sent to the CCO regarding the processing of the encounter. If Magnolia is not able to use the weekly claims data extract, DOM should be advised so we can discontinue the distribution the file.**	Activity 1: Review State Requirements	DOM has created a supplemental file on the claims/encounter side because the 835 does not give sufficient detail to allow the CCOs to identify the reason for denial.	Conduent should work with DOM to evaluate whether the 835s could be modified to include sufficient information on denials to enable the CCO to reconcile and better work the files.
Finding 1.11	Conduent (FAC)		11/6/17 DOM/Conduent/Truven Update: Truven: We do check/verify counts and amounts for monthly MARS reports. We have automated Cognos balancing (weekly, monthly) reports that verifies all MARS report tables match MMIS report totals i.e. RX053, RX140, RX141, and RX240. We verify the following MARS reports: MAM250A, MAM270A, MRO01, MRO02, MRO03, MRO43, MRO47, MRO48, MRO52, MRO60, MRO64EXP, MRO89, MRO91, and MRO94. All MARS reports are verified for accuracy before uploading to Mississippi Reports Online for DOM access. Also, we send Myers and Stauffer's copies of MRO01, MRO01ENC, File Counts, and Recipient COE Counts for validation, along with all MS Medicaid monthly data extracts. **3/20/18 - iTech agrees with Truven's response and does not have any issues with processing these reports. To ensure Quality Control procedures, request from Conduent: (a) What quality controls are in place? (b) How does Conduent verify that Truven is providing accurate data?**	Activity 1: Review State Requirements	According to the FAC representatives, there is no oversight or quality assurance check performed on the Truven data warehouse standard reports that are submitted to the state (e.g., checking/verifying code, etc.).	The FAC should implement a quality control system or method of checking the code and verifying the accuracy of the standard Truven data warehouse reports submitted to the state.

Finding Number	Entity	Item Complete (Y / N)	Status (Date / Progress)	EQR Protocol 4 Activity Number	Finding	Recommendation
Finding 2.1	Magnolia		We have system to system validations in place to ensure data flows accurately from system to system. Intake systems with different addresses should only occur if a member address is updated manually in TruCare or CRM. It could also be caused by the timing of when data moves from one system to the next during batch processing (typically 12-24 hours). By updating Trucare our case managers have the most current address available and by updating CRM we insure more mailing reach the members. Magnolia is working on a process with the state where they will submit an address file weekly to the DOM which will be uploaded to their systems and feed the 834 which will update all systems. Additionally, when Magnolia moves to the Omni system for the call center it will capture addresses and feed them back to UMV and vice versa in real time. This same bi-directional feed will be available for Trucare Q2 2018. **03/20/18 - Yes. Magnolia's response is acceptable. CCOs need to conduct system to system validations for accuracy. Coordinated Care will request a defined timeframe from the CCOs.**	Activity 2: Review CCO's Capability	There is an opportunity to improve enrollment data in terms of system-to-system validation: The CCO's intake systems may have different member addresses than the Unified Member View (UMV) system. Since the case managers physically visit members and have more updated address information, that system is more reliable than the UMV system, which is based on the 834 file. If a report is pulled from the Enterprise Data Warehouse (EDW), there may be variances in data due to what system is being queried.	Magnolia should implement a process to conduct system to system validations to help ensure the most accurate and up-to-date information is available across systems.
Finding 2.2	Magnolia		Magnolia is requiring all sub-contracted vendors to provide accepted percentages for encounters submissions to ensure completeness of encounter data. Vendor Validation project to intake sub-contracted vendors encounter submission files and apply edits before submission to FAC is currently in Phase II of development. NCPDP completion date Q1 2018. 837 completion date Q3 2018. **03/20/18 - Yes. Magnolia's response is acceptable. CCO needs to develop a process to ensure accuracy of data files, particularly the subcontractor data files. Coordinated Care will request a defined timeframe from the CCOs.**	Activity 2: Review CCO's Capability	There is limited oversight and validation of subcontractor encounter submissions. Often, the data is passed through Magnolia/Centene to Conduent via automated processes with minimal checks for completion or subsequent validation by Magnolia/Centene.	The CCO should modify their processes as necessary to ensure all data files, especially subcontractor data files, are complete. This may include exchange of control totals for both inbound and out-bound subcontractor files. The CCO should explore implementing a more thorough quality assurance and audit process to verify the completeness and accuracy of encounter data from their subcontractors. The Medicaid Managed Care Final Rule imposes the same expectations for subcontractor encounter data as it does for the CCO. Accordingly, Magnolia needs to hold the subcontracted vendors accountable to the required encounter data submissions standards.
Finding 2.3	Magnolia		**12/18/17 - Response needed from Magnolia** **1/29/18 Magnolia Response: Magnolia has relayed to Conduent that we are willing to provide attestation numbers with our file submissions. Awaiting further information from Conduent on file layout.**	Activity 2: Review CCO's Capability	The CCO receives acknowledgment of the files from the FAC, but does not receive control totals. Receipt of control totals would enable the CCO to ensure the number of encounters submitted in the files are correctly received and loaded by the FAC.	Control totals should be exchanged between the FAC and the CCO.
	Conduent (FAC)		**02/14/18 - DOM is working with Conduent to ensure the exchange between Conduent and CCOs. How will iTech know when this is complete? What timeframe will Conduent have to complete?**			

Finding Number	Entity	Item Complete (Y / N)	Status (Date / Progress)	EQR Protocol 4 Activity Number	Finding	Recommendation
Finding 2.4	Magnolia	Yes	The disaster recovery (DR) site was moved to Rancho Cordova, CA site and we completed DR testing and DR certification on July 28th. 12/13/17 Myers and Stauffer Update - Confirm with DOM that no further action is required. **02/14/18 - DOM agrees with response submitted by Magnolia. No further action required.**	Activity 2: Review of CCO's Capability	Centene operates two redundant IT systems 40 miles apart. In the event of a power outage, storm, or other issue affecting their main campus operations center, it is possible the disaster recovery facility would also be affected and this could hinder Magnolia's ability to resume normal operations in a timely manner.	Magnolia (Centene) should ensure there is sufficient geographic distance between the operations center and disaster recovery center. Centene is scheduled to transition to a disaster recovery site in Rancho Cordova, California on December 9, 2017. In the future, the primary location will be in Missouri with the backup in Rancho Cordova, which is an eastern suburb of Sacramento. This will alleviate concerns related to the geographic proximity of the data centers.
Finding 2.5	Magnolia		As stated in the recommendation, Magnolia does perform penetration testing and will continue this practice. **02/14/18 - Deferred to DOM Security Officer (Keith Robinson) for further review. Do we need to put on schedule for CCOs validation on an annual basis?** **05/04/18 - DOM response - Yes, CCO validation on an annual basis is agreeable.**	Activity 2: Review of CCO's Capability	Penetration testing is performed annually for Centene by an outside vendor, CISCO. Based on the vendor's ability to penetrate the system, changes were made to security settings.	Magnolia should continue to perform penetration testing, since previous testing has identified opportunities for security enhancements.
Finding 3.1	DOM		**03/20/18 - DOM response - Evelyn will review emails to see if Claims Examples have been received from Myers and Stauffer. Conduent has been asked to provide the edit disposition for review by iTech and the Office of Coordinated Care, which may eliminate this issue.** **3/20/18 - Myers and Stauffer response - Claim examples were posted via FTP on 10/26/17. Please advise if Myers and Stauffer needs to resubmit claim samples.**	Activity 3: Analyze Encounter Data	<u>Outpatient and Professional Key Data Elements:</u> There were minor invalid values for the Plan Received Date data element values. In addition there were null amounts for the following key data element values: Header Paid Amount; Plan Paid Date; Plan Received Date and Diagnosis codes. <u>Dental Key Data Elements:</u> There were invalid values reported for the following required key data element values: Plan Paid Date and Plan Received Date. These were populated with 01/01/0001 values. <u>Pharmacy Key Data Elements:</u> All Billing Provider NPI data element values were invalid. All values were a length of 5 or 6 instead of the required 10 character length.	Conduent should ensure that all values submitted are valid and at a minimum report these errors to allow for corrections when necessary.
	Conduent (FAC)					
Finding 3.2	DOM		**3/20/18 - DOM agrees. CCOs are not meeting the overall 98% measurement, which is defined in the Contract. DOM will amend Contract language to include that subcontractors are held to the 98% measurement as the CCOs. Will include in the Contract amendment a defined measurement period. Finance will draft contract amendment. Target date for completion is 4/30/18.**	Activity 3: Analyze Encounter Data	No measurement period for the 98 percent encounter submission requirement is noted in the current contract between DOM and Magnolia.	DOM should stipulate the measurement period required to be utilized to measure compliance with the 98 percent encounter submission requirement and stipulate if the percentage should be measured by service type and whether a separate measurement should be applied by subcontractor.

Finding Number	Entity	Item Complete (Y / N)	Status (Date / Progress)	EQR Protocol 4 Activity Number	Finding	Recommendation
Finding 3.3	Magnolia	Yes	**EBO and Data analytics have researched the 'Missing' examples. These are all 2013 and prior. Per our Analytics team, there is no way to track for encounters this far back. Should we retroactively put these on the CDJ reports? 1/29/18 Magnolia Response: Please see the MMIS_ICN examples that Magnolia provided. EBO pulled the examples from the "Missing" tab on the report. Magnolia is currently reaching out to the team that pulls the CDJ reports to further research. We will provide additional information when received.** **12/13/17 Myers and Stauffer Update - Magnolia provided us these sample claims as items adjudicated in 2015. We did not locate the associated encounter in the MMIS. Therefore, it is confusing as to why we are now being told that these are for 2013 and prior.** **02/14/18 - iTech accepts Magnolia's response and recommends the responses be sent to Myers and Stauffer.** **3/20/18 - Myers and Stauffer to follow-up with Magnolia on their research to determine if additional information is available.** **5/16/18 - Closing out this finding after furhter review indicates no additional benefit to be derived.**	Activity 3: Analyze Encounter Data	Surplus encounters were noted in all service types based on the claims sample received from Magnolia for the sample test months of January and October 2015. Surplus encounters as a percentage of the total sample were 12 percent for outpatient, 17 percent for professional, 119 percent for dental and 54 percent for pharmacy. Also, a minimal amount of encounters were missing from the FAC encounter data based on the January and October 2015 claims sample.	Magnolia and Conduent should investigate the causes of surplus and missing encounters that appear to be present or missing in the FAC encounter data based on the sample claims data provided by Magnolia for January and October 2015. Encounter data should be updated in the FAC data warehouse for any discrepancies noted during the investigation.
			5/16/18 - Closing out this finding. Review indicates no additional benefit to be derived. This issue was likely due to the encounter pre-dating the MSLC repository's beginning date.			
	Conduent (FAC)					
Finding 3.4	DOM	Yes	**02/14/18 - Milliman is currently receiving all the claims information from Truven and can reconcile payments accordingly.**	Activity 3: Analyze Encounter Data	Adjustments to encounter payments in the FAC are necessary in reconciling payments to the cash disbursements journal to account for adjusted, void, denied, and replacement encounters.	Payment adjustments related to FAC encounter data for each rate setting period should be quantified and communicated to DOM's actuary to ensure duplicates, voids, and denied claims are accurately accounted for in the rate setting process.

Finding Number	Entity	Item Complete (Y / N)	Status (Date / Progress)	EQR Protocol 4 Activity Number	Finding	Recommendation
Finding 3.5	Magnolia		EBO has reviewed a handful of the examples provided (included in email). We found the following: 1. Adjusted to the procedure and the Encounter was never resubmitted. 2. The claim sample should have included the procedure but the revenue code was included in error. 3. One example the procedure and modifier are the same. We found no issue on those. 4. The test example included the Rendering provider instead of the Billing Provider. 5. Per the State Provider File, the TEST taxonomy that was sent on the encounter was the only taxonomy listed in the provider file.	Activity 3: Analyze Encounter Data	Errors were noted in key data component testing between sample claims and the FAC encounter data.	DOM, Magnolia, and Conduent should review and possibly update the data dictionary to address errors related to the claims sample data containing values differing from the encounter data. A crosswalk between the UB04 and 1500 claim forms to the encounter data should be summarized to ensure proper fields are utilized in reporting.
	DOM		**3/20/18 - DOM response - The 837 transaction is very large and it would be difficult to provide the MMIS values and DSS values. iTech recommends the 837 transaction sets be provided to Myers & Stauffer which details the fields the CCOs are required to transmit. iTech requests Myers & Stauffer identify the specific fields that are in question if the 837 transaction set does not provide the needed information.** **3/20/18 - Myers and Stauffer response - Our report highlighted examples of errors or differences in claim sample values versus what was in the encounter data. We were not questioning whether the CCOs should be required to transmit additional fields. We are happy to work with iTech to explore further if necessary.**			
	Conduent (FAC)		Conduent Response from similar UHC finding/recommendation - Raj – Need Clarification on the 'data dictionary' that is being referred here... Evelyn - Raj, Rami, Robert: please provide a chart that identifies the key/required data components for each transaction set including POS. The chart should also include the name of the field in the MMIS. Once completed, please share the file with Truven so they can indicate the name of the field in the field in the data warehouse. Robert: We have supplied the NCPDP D.0 payer sheets many times. In the PBM/POS (pharmacy) system, there is no 'data dictionary' as in MMIS. Instead, there are the payer sheets that specify what fields and in what format. I will also attach it with this response. 12/13/17 Myers and Stauffer Update - Awaiting DOM's response to Conduent's explanation and whether additional action is warranted. (See above response from DOM dated 03/20/18).			

Finding Number	Entity	Item Complete (Y / N)	Status (Date / Progress)	EQR Protocol 4 Activity Number	Finding	Recommendation
Finding 3.6	DOM		**02/14/18 - Magnolia has not provided sample Dental claims from the subcontractors for Encounter data testing. Should subcontractors be held to the same standards as CCO? Although Magnolia has already been previously notified, send strong letter requesting a corrective action plan (going forward) to ensure that the subcontractors are in Compliance with terms in Contract with a deadline for response.** **3/20/18 - DOM response - Compliance is working on a letter.**	Activity 3: Analyze Encounter Data	The dental subcontractor did not provide claims sample data to use in the FAC encounter data testing.	DOM should include enforceable language in its contracts with third party vendors to provide documentation to support Mississippi Medicaid claims, and include penalties for non-compliance even after the contract has terminated. All documents should be available for 10 years from the final date of the contract period or from the date of the completion of any audit, whichever is later to comply with the Managed Care final rule.
Finding 3.7	DOM		12/13/17 Myers and Stauffer Update - DOM may wish to require an action plan from Magnolia related to the vendor validation project in order to monitor progress and actual implementation in Q3 2018. **02/14/18 - DOM agrees. Need actual project specifications from CCOs. Coordinated Care will follow-up.** **03/20/18 - Conduent offers the additional following response regarding Myers & Stauffer Magnolia Finding 3.7. We also ask that the response be taken into consideration regarding applicable future pharmacy findings as they are identified.** **Encounter submission of denied pharmacy claims: DOM requires the CCOs submit their denied claims in addition to their paid claims. These were originally denied by the CCO, and are sent to the Conduent POS system for informational purposes only, at DOM's request. We coded edit 4828 to show that the encounter claim was originally denied by the CCO. Any encounter claim receiving edit 4828 and/or having NCPDP reject 6E on the response should not be considered a CCO paid claim that was denied/rejected as an encounter, because it was never a paid claim by the CCO.** **Compound pharmacy claims: MS DOM doesn't accept NCPDP claims for compound drugs from the point-of-sale interface. Instead, all pharmacy-billed compound claims must go through the web portal. There is no batch interface for NCPDP encounters to be submitted through the web portal. Initially felt that we might ask DOM to set edit 4304 to pay-and-report for encounter claims, so that compound encounter claims would not deny. But this will not work, as edit 4304 hits in the parser program, which is before exception control is built. So allowing encounter compound claims to not deny with edit 4304 would involve a bit of coding and testing. If DOM wishes to proceed, Conduent will need a CSR.** **3/20/18 - Myers and Stauffer response - previous comments relate to oversight of subcontractor data and Magnolia providing an action plan to DOM for improvement in its data.**	Activity 3: Analyze Encounter Data	Higher error rates and surplus encounters were noted in dental and pharmacy service types when compared with other service types. Both of these are subcontracted vendors for Magnolia.	DOM should require Magnolia to increase oversight of Magnolia's subcontractors related to encounter data to address the high error rates in key data component testing and surplus encounter data. Magnolia should provide DOM an action plan for improvement in its data.

Finding Number	Entity	Item Complete (Y / N)	Status (Date / Progress)	EQR Protocol 4 Activity Number	Finding	Recommendation
	Magnolia		Vendor Validation project is currently in process to intake contracted vendors encounter submission files and apply edits before submission to alleviate these error rates. The expected completion date of this project is Q3 2018. Magnolia would note that the pharmacy vendor did review the examples provided for finding 3.7 and these claims were all adjusted and the adjusted data was not represented in the examples. However, the vendor validation project above should provide the tools for Magnolia to satisfy the recommended improvement.			
Finding 3.8	Magnolia		Pharmacy vendor was having issues pulling data from their response files and loading the ICN's. This issue has been corrected. **02/14/18 - Magnolia did not provide a response to this finding; request for information. Ask Myers and Stauffer to clarify response: What does M&S need?** **03/08/18 - Myers and Stauffer Update - Magnolia did provide a response that said: Pharmacy vendor was having issues pulling data from their response files and loading the ICNs. This issue has been corrected.** **3/20/18 Myers and Stauffer Update - confirm with DOM whether this response is sufficient.** **05/04/18 -DOM response - Yes, the response is sufficient.**	Activity 3: Analyze Encounter Data	MMIS_ICNs were incorrectly assigned to pharmacy claims by Magnolia or its pharmacy subcontractor for claims paid in January 2015.	Magnolia should investigate its pharmacy subcontractor's process for assigning MMIS_ICNs to its encounters and incorporate the correct MMIS_ICNs into its claims processing system based on the FAC encounter data MMIS_ICNs.
	Conduent (FAC)					

Finding Number	Entity	Item Complete (Y / N)	Status (Date / Progress)	EQR Protocol 4 Activity Number	Finding	Recommendation
Finding 3.9	Magnolia		Please see attached file for explanations of the issues that caused these delays.	Activity 3: Analyze Encounter Data	As identified in Table 11 MississippiCAN and Magnolia CAN - Timeliness of Payment on page 41, the majority of Magnolia's institutional, professional, and pharmacy claims were paid within the first 60 days. A very small percentage of Magnolia's institutional (1.3 per-cent), professional (1.1 percent), and dental (0.4 percent) claims took over 90 days to process and therefore fell outside the contractual requirement which states, "The contractor will be responsible for processing claims within ninety calendar days of receipt…"	Magnolia should continue to monitor and ensure subcontractors are processing and paying claims within contractual requirements. DOM should continue to hold Magnolia responsible for contract compliance.
	DOM		12/13/17 Myers and Stauffer Update - Confirm with DOM as to whether the response is sufficient. **02/14/18 - Did Magnolia meet the 99% threshold for Dental, Professional and Institutional? Ask Myers and Stauffer for overall totals to process claims 90% within 30 days and 99% of claims within 90 days.** **3/19/18 - DOM response - It is Compliance's understanding that Finance will request actual/total % of claims that took over 90 days to process.** **3/20/18 - Myers and Stauffer response - We believe Table 11 contains the information DOM is seeking. We are happy to discuss further.**			
Finding 3.10	Magnolia	Yes	Please see attached file. All examples provided were related to a state encounter system issue that would not allow $0 charge lines on denied encounters to be accepted. Once the system was updated encounters were resubmitted and accepted, but obviously after the contractual timeframe due to the system corrections.	Activity 3: Analyze Encounter Data	As identified in Table 12 MississippiCAN and Magnolia CAN - Timeliness of Submitting Encounters on page 41, encounter records reflect submission dates more than 120 days after the claim payment for all service types. According to the contract, encounter records are required to be submitted by the last day of the 3rd month after the payment/adjudication calendar month in which the contractor paid/adjudicated the claim. There were 0.7 percent of institutional encounters, 2.0 percent of professional encounters, 88.0 percent of dental encounters, and 2.7 percent of pharmacy encounters that were submitted to the FAC beyond 120 days.	Magnolia should monitor and ensure subcontractor encounters are submitted to the FAC within contractual requirements. DOM should continue to hold Magnolia responsible for contract compliance.
	DOM	Yes	**02/14/18 - DOM agrees with response submitted by Magnolia. DOM will continue to hold Magnolia responsible in compliance for timeliness of encounter submissions. (See Table 12)**			

Finding Number	Entity	Item Complete (Y / N)	Status (Date / Progress)	EQR Protocol 4 Activity Number	Finding	Recommendation
Finding 4.1	DOM		**02/14/18 - DOM should send a strong letter to CCOs regarding recoupment of funds from the Providers for not submitting medical record documentation to support the encounter data submitted to the FAC.** **Magnolia: Did you recoup the funds? If so, provide DOM documentation of those Providers that the funds were collected from. Also educate Providers that they cannot bill the patient.** **Both CCOs: All documents should be available for 10-years from the final date of the Contract period or from the date of completion of any audit to comply with the Managed Care final rule.**	Activity 4: Review of Medical Records	Medical records chosen as a part the sample were not supplied by Magnolia from providers for testing of proper medical record documentation to support the encounter data in the FAC.	DOM should require Magnolia to recoup the funds from the providers not submitting medical record documentation to support the sampled claims. DOM should include enforceable language in its contracts requiring vendors to provide documentation to support Mississippi Medicaid claims, and include penalties for non-compliance. All documents should be available for 10 years from the final date of the contract period or from the date of the completion of any audit, whichever is later to comply with the Managed Care final rule.
	Magnolia		Magnolia has recouped or is in the process of recouping all claims which had no medical records support.			
Finding 4.2	DOM		**02/14/18 - Magnolia has updated its policy to meet 90% pass rate and added an element to compare the Claims to medical records. Request a copy of the Medical Record Review Policy and audit tool to score from Magnolia.**	Activity 4: Review of Medical Records	Magnolia's policy regarding medical record review requires physician to meet 80 percent of the requirements for medical record review or be subject to corrective action.	DOM should ensure there is proper oversight of medical records documentation and have Magnolia increase its minimum standard of meeting 80 percent of its record keeping requirements to closer to 100 percent.
	Magnolia		Please see attached policy (Medical Record Review Policy). Policy has been updated to require 90% pass rate and add an element to compare the claims on file to the medical records.			

Finding Number	Entity	Item Complete (Y / N)	Status (Date / Progress)	EQR Protocol 4 Activity Number	Finding	Recommendation
Finding 4.3	DOM	Yes	**1/26/18 DOM Response: PI receives weekly a report from Magnolia on providers subject to be audited in relation to program integrity related efforts. Medical record review results are reported to PI as Magnolia's cases progress. Efforts are coordinated between both CCOs and PI with PI providing guidance on the CCOs' reviews and findings. PI is in constant communication Magnolia's SIU team with meetings scheduled as needed to ensure that Magnolia and PI have an understanding of the audits conducted by Magnolia and to address any concerns/questions. PI is currently working to ensure that all of Magnolia's audits relating to Program Integrity are provided to DOM as outlined in the contract and PI's SOP.**	Activity 4: Review of Medical Records	Overall error rates in the medical record reviews range from 30 per-cent to 68 percent including errors related to missing records. Dental claims experienced a 68 percent error rate and professional claims had 47 percent error rate.	DOM should ensure there is proper oversight of Magnolia specific to Magnolia's program integrity efforts and provider training. Magnolia should conduct medical record reviews including targeting specific service types with high error rates and implement corrective action plans or penalties for non-compliance with documentation standards. Medical record review results should be shared with DOM. Magnolia should evaluate and strengthen where appropriate their provider's contractual provisions that define the maximum tolerable error rates and the potential monetary and/or legal consequences for failure to properly document services rendered to its members. Further, Magnolia should have a provision to verify whether the services that were represented as delivered were actually received by Mississippi Medicaid enrollees. In accordance with the Medicaid final rule, the application of this verification should occur on a regular basis. DOM's and Magnolia's program integrity sections should coordinate efforts to ensure that DOM has the ability to direct specific reviews and/or independently review the results from these medical record reviews to maintain proper oversight and monitoring in accordance with the Medicaid Managed Care Final Rule requirements.
	Magnolia	Yes	Please see attached as the policy and procedure for chart reviews and records retention for Envolve Dental (ENVD files). We have also made sure that the language is included in the Provider Agreement concerning record reviews and record management. Envolve speaks specific to the access of records and actions that result of not resolving the matter in a appropriate fashion. This is detailed in section 3.3 of the provider agreement. The process for recoupment of funds of any records requested and not received will begin at least 30 days from the date the records are due. To ensure that the dental records received match the claims submitted verification will be completed. Additionally, in questions above you will note policy has been updated to reflect higher pass rates and requirements to compare medical records to claims to improve professional accuracy.			
Finding 4.4	DOM		**02/14/18 - Coordinated Care will request documentation from Magnolia to ensure the results of outside medical record reviews are incorporated into its monitoring system properly.**	Activity 4: Review of Medical Records	Magnolia's provider manual requires the results of outside medical record reviews be incorporated into its monitoring system.	DOM should request supporting documentation from Magnolia to ensure the results are properly incorporated.