

JULY 1, 2020 THROUGH JUNE 30, 2022

**COMPARISON OF MISSISSIPPI
COORDINATED CARE ORGANIZATION
ENCOUNTER DATA TO CASH
DISBURSEMENTS FOR
MAGNOLIA HEALTH**



OCTOBER 12, 2022





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The Mississippi Division of Medicaid (DOM) requires that each of the coordinated care organizations (CCOs) submit encounter data to the DOM's fiscal agent contractor (FAC), Conduent. To ensure complete encounter data is being received, Myers and Stauffer provides bi-monthly encounter reconciliations. As part of this process, Myers and Stauffer analyzes Medicaid encounter data that has been submitted by the CCOs to Conduent and completes a comparison of the encounters to cash disbursement journals provided by each CCO. For purposes of this analysis, "encounter data" are claims that have been paid by CCOs or delegated vendors (e.g., vision and pharmacy) to health care providers that have rendered health care services to members enrolled with the CCO.

Myers and Stauffer is working closely with DOM and the CCOs to identify deficiencies and propose solutions that will result in high quality and reliable encounter data being submitted and available to the state agency to measure and monitor its Medicaid managed care program. Validated encounter data has many uses such as utilization by actuaries as part of their rate setting analyses as well as fulfilling the federal reporting requirements related to the Medicaid Managed Care Rule, to provide program management and oversight, and for tracking, accounting, and other ad hoc analyses.

Section 11.S.6 of the contract between DOM and the CCO states,

"The Contractor shall submit at least ninety-eight percent (98%) of all Member Encounter Data in a valid format, which will be deemed valid by the Division, including those of Subcontractors or Delegated Vendors as provided for in this Section, both for the original and any adjustment or void. The Division or its Agent will validate Member Encounter Data submissions according to the Cash Disbursement Journal of the Contractor and any of its applicable Subcontractors. If the Contractor fails to submit complete Member Encounter Data, as measured by a comparison of encounters to cash disbursements, Contractor may be subject to liquidated damages as outlined in Section 16, Default and Termination, of this Contract ... Ninety-eight percent (98%) of the records in the Contractor's encounter batch submission must pass X12 EDI compliance edits and the Mississippi Medicaid MMIS threshold and repairable compliance edits."

The bi-monthly encounter reconciliations also help fulfill part of the work requirements set forth in step number 3 of the Center for Medicare and Medicaid's (CMS) External Quality Review (EQR) Protocol 5 (formerly Protocol 4), which require a determination of the completeness, accuracy, and quality of the encounter data being submitted by each CCO. CMS' External Quality Review, Protocol 5, is an excellent way to assess whether the encounter data can be used to determine program effectiveness, accurately evaluate utilization, identify service gaps, and make strong management decisions. In addition, the Protocol evaluates both departmental policies, as well as the policies, procedures, and systems of the health plans to identify strengths and opportunities to enhance oversight. The full results of our Protocol 5 review have been issued as a separate report.

Our work was performed in accordance with American Institute of Certified Public Accountants (AICPA) professional standards for consulting engagements. We were not engaged to, nor did we perform, an audit, examination, or review services; accordingly, we express no opinion or conclusion related to the procedures performed or the information and documentation we reviewed. In addition, our engagement was not specifically designed for, and should not be relied on, to disclose errors, fraud, or other illegal acts that may exist.

The results of our engagement and this report are intended only for the internal use of the Mississippi Division of Medicaid (DOM), and should not be used for any other purpose.



MS Magnolia Health Encounter and CDJ Comparison



SUMMARY

DOM requested that, for this study, we review the CCO's entire plan, each delegated vendor, and fee-for-service (non-vendor) paid encounters to determine if the paid encounters meet the state contract minimum completeness requirement of **98 percent** when compared to the CDJ files. The encounters and CDJ files utilized in this study met the following criteria:

- Encounters were paid within the reporting period of July 1, 2020 through June 30, 2022;
- CDJ transactions had payment dates within the reporting period of July 1, 2020 through June 30, 2022;
- Encounters were received and accepted by the FAC and transmitted to Myers and Stauffer through September 5, 2022.

Table A — Magnolia Health CAN Cumulative Completion Totals and Percentages

Description	Entire Plan	Fee-for-Service (Non-Vendor)	Delegated Vendor					MTM (NET)
			Envolve Pharmacy Solutions (Pharmacy Benefits)	Envolve Dental (Dental Services)	Envolve Vision (Vision Services)	Magnolia Behavioral Health		
Encounter Total (FAC reported)	\$1,768,595,260	\$1,015,825,752	\$419,332,981	\$85,065,876	\$24,178,844	\$212,614,923	\$11,576,885	
<i>Total Encounter Adjustments (\$)</i>	<i>(\$114,998,886)</i>	<i>(\$81,908,771)</i>	<i>(\$10,265,271)</i>	<i>(\$5,195,616)</i>	<i>(\$759,392)</i>	<i>(\$16,348,588)</i>	<i>(\$521,247)</i>	
<i>Total Encounter Adjustments (%)</i>	<i>-6.50%</i>	<i>-8.06%</i>	<i>-2.44%</i>	<i>-6.10%</i>	<i>-3.14%</i>	<i>-7.68%</i>	<i>-4.50%</i>	
Net Encounter Total	\$1,653,596,374	\$933,916,980	\$409,067,710	\$79,870,260	\$23,419,451	\$196,266,335	\$11,055,638	
CDJ Total	\$1,651,670,914	\$932,878,391	\$407,900,176	\$80,236,446	\$23,462,459	\$196,147,247	\$11,046,195	
<i>Variance</i>	<i>\$1,925,460</i>	<i>\$1,038,590</i>	<i>\$1,167,533</i>	<i>(\$366,186)</i>	<i>(\$43,007)</i>	<i>\$119,088</i>	<i>\$9,443</i>	
Completion (%)	100.11%	100.11%	100.28%	99.54%	99.81%	100.06%	100.08%	
100% Limited^ Completion (%)	99.97%	100.00%	100.00%			100.00%	100.00%	
Contract Minimum Completeness Requirement (%)	98.00%							

[^] – To avoid overstating the Entire Plan CAN results in situations where the CCO or an individual vendor's cumulative completion percentage exceeds 100 percent, we have decreased the encounter totals by the reporting period's variance in comparison with the CDJs. Please see data analysis assumption number 10 on page 19 for further explanation.





For this study, Myers and Stauffer analyzes the encounter data that is submitted by the CCOs to the FAC’s subcontracted data warehouse vendor, Truven Health Analytics, and loaded into the FAC Medicaid Management Information System (MMIS). Encounters submitted by any CCO that were rejected by the FAC for errors in submission or other reasons are not transmitted to Myers and Stauffer.

Furthermore, Myers and Stauffer analyzes the encounter data from the FAC MMIS and makes the following adjustments. Tables B below outlines the impact of applying these encounter analysis adjustments to the encounter paid amounts, when compared to the raw data received.

1. Medical and institutional encounter voids with positive plan paid amounts and invalid former TCN values are excluded from the encounter totals. Additionally, pharmacy encounters being identified as denied are excluded from the encounter totals.
2. Myers and Stauffer identified potential duplicate encounters using our encounter review logic. Based on a comparison to the CDJ files, we noted some are actual duplicate submissions, and some are replacement encounter records without a matching void (i.e. calculated voids). Lists of these potential duplicates, noted in previous reports, were provided to Magnolia for examination. We have reviewed Magnolia Health’s disputed duplicate response files submitted to us prior to August 26, 2022. The accepted responses have been incorporated into the analysis for this report. Responses requiring further explanation have not been added to this report and will be resubmitted to the CCO.
3. Our potential duplicate and calculated void processes attempt to identify and remove encounters that appear to be duplicated for some reason. Encounters paid by the CCO but denied by the FAC were included in both our potential duplicate and calculated void processes. It should be noted that the inclusion of denied encounters by either the FAC or the CCO can artificially inflate the percentages of encounter counts and paid amounts being removed. In the case of encounters denied by the FAC, some of these encounters may have already been identified and flagged by the FAC as being duplicates.

Table B — Myers and Stauffer LC’s Adjustments to Magnolia Health CAN Encounters			
Description	Encounter Count	Paid Amount	Paid Amount (% of Total*)
Total Encounter Amount (FAC Reported)	12,125,584	\$1,768,595,260	100.00%
<i>Adjustment Type</i>			
<i>Denied</i>	<i>(590,675)</i>	<i>(\$10,448,703)</i>	<i>-0.59%</i>
<i>Calculated Void</i>	<i>(643,972)</i>	<i>(\$98,155,291)</i>	<i>-5.54%</i>
<i>Duplicate</i>	<i>(30,421)</i>	<i>(\$6,394,892)</i>	<i>-0.36%</i>
<i>Total Adjustments Made</i>	<i>(1,265,068)</i>	<i>(\$114,998,886)</i>	<i>-6.50%</i>
Net Encounter Amounts	10,860,516	\$1,653,596,374	93.50%

* - Percentage ratios are rounded down for each adjustment type and may not add up to the total percentage of adjustments made for this reporting period. Please see data analysis assumption number 9 on page 19 for further explanation.



DATA ISSUES AND RECOMMENDATIONS

During the course of this analysis, Myers and Stauffer identified potential data issues that may impact the completion percentages for specific delegated vendors and/or fee-for-service (non-vendor). **Section A** details issues related to completion percentages outside the targeted range, while **Section B** notes outstanding data issues that Magnolia Health may need to continue to work to identify and resolve.

Please reference Tables 1 through 7 starting on page 8 for Magnolia Health's CAN plan, delegated vendor, and fee-for-service (non-vendor) reconciliation period tables. These tables contain detailed reconciliation totals, completion percentages, and encounter analysis adjustments made by Myers and Stauffer.

SECTION A – Data issues that may cause completion percentages outside the targeted range (below 98 percent or above 100 percent):

1. **Fee-for-Service (non-vendor) and Behavioral Health (Tables 2 and 6):** The fee-for-service and behavioral health CAN cumulative completion percentages are above 100 percent due to an MMIS limitation where the encounter void paid date is not provided. This is causing the encounter voids to be allocated to their original paid dates, which are sometimes outside the reporting period, instead of the actual dates the encounter voids occurred. This system issue appears to be overstating the CAN completion percentages for some months and understating them for others.
 - We noted instances of multiple payment sequences being submitted in the encounter data related to a single final CDJ payment. These multiple encounter sequences along with potentially missing encounter voids may be contributing to the inflated August 2021 fee-for-service monthly completion percentages.
 - Additionally, we noted potentially missing encounter records, particularly Behavioral Health records for the January 20, 2022 paid date, contributing to the low monthly completion percentages.
 - **We recommend Magnolia Health identify and submit any potentially missing medical and behavioral health encounter sequences.**
2. **Involve Pharmacy Solutions (Table 3):** The Involve Pharmacy CAN completion percentages are inflated for several months (e.g., February 2021) and cumulatively for the entire period. These monthly percentage issues are mostly due to void encounters being allocated to earlier paid months, including those prior to the current reporting period, when compared to the CDJ recoupments. This is occurring because the encounter extracts we receive only include the original payment date for voids and not the recoupment date.
 - It appears that potentially missing encounter sequences, including voids, may be contributing to some of the high monthly completion percentages (e.g., February 2022).
 - **We recommend Magnolia continue to work with Involve Pharmacy to identify and submit any outstanding encounter sequences.**
3. **MTM (Table 7):** The MTM CAN cumulative completion percentage is above 100 percent primarily due to mismatched paid amounts when the encounter data and CDJ files are compared.
 - **Magnolia submitted MTM encounter corrections for the mismatched October 2021 paid amounts. While this has corrected the issue for this month, we recommend Magnolia continue to work with MTM to identify and correct any mismatched paid amounts for other months.**



SECTION B – Additional data issues and notes that currently may not impact compliance:

4. **Engolve Dental (Table 4):** The Dental CAN monthly completion percentages are inflated for a few months between December 2020 and November 2021 due to potentially missing encounter sequences (including voids).
 - We noted instances of adjustments submitted as new original encounters without voiding the replaced records. These encounters are being identified as potential duplicates and excluded from the reconciliation totals. Many of the potential duplicates have higher paid amounts than the original records, which appears to be causing the low April 2021 CAN completion percentage.
 - **We recommend Magnolia Health work with Engolve Dental to identify any potentially missing dental encounter sequences.**

5. **Engolve Vision (Table 5):** We noted several monthly CAN Vision completion percentages that are above 100 percent due to potentially missing negative encounter sequences, specifically voids, when the encounter data and CDJ transactions are compared. Additionally, we noted encounter voids allocated to their original paid dates appear to be contributing to some inflated monthly percentages, similar to Fee-for-Service.
 - **We recommend Magnolia Health work with Engolve Vision to identify and submit any potentially missing encounter sequences.**

MS Magnolia Health Encounter and CDJ Comparison



**MAGNOLIA HEALTH CAN ENTIRE PLAN
MONTHLY TABLE**

Table 1 — Magnolia Health CAN (Entire Plan)

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$82,730,314	(\$7,480,843)	-9.04%	\$75,249,471	\$75,016,109	\$233,362	100.31%
August 2020	\$68,352,678	(\$2,825,917)	-4.13%	\$65,526,761	\$65,340,518	\$186,243	100.28%
September 2020	\$70,866,746	(\$3,691,703)	-5.20%	\$67,175,043	\$68,051,596	(\$876,552)	98.71%
October 2020	\$86,726,402	(\$6,942,578)	-8.00%	\$79,783,824	\$81,045,175	(\$1,261,350)	98.44%
November 2020	\$62,683,414	(\$2,853,906)	-4.55%	\$59,829,508	\$60,155,049	(\$325,541)	99.45%
December 2020	\$83,797,220	(\$10,806,030)	-12.89%	\$72,991,190	\$73,297,520	(\$306,330)	99.58%
January 2021	\$67,313,464	(\$6,622,509)	-9.83%	\$60,690,955	\$61,442,817	(\$751,862)	98.77%
February 2021	\$71,178,440	(\$4,218,781)	-5.92%	\$66,959,659	\$64,517,536	\$2,442,123	103.78%
March 2021	\$71,434,391	(\$4,797,449)	-6.71%	\$66,636,942	\$66,734,254	(\$97,312)	99.85%
April 2021	\$89,855,631	(\$6,754,787)	-7.51%	\$83,100,843	\$83,054,130	\$46,714	100.05%
May 2021	\$71,150,469	(\$3,366,529)	-4.73%	\$67,783,940	\$67,952,515	(\$168,575)	99.75%
June 2021	\$72,917,739	(\$3,740,391)	-5.12%	\$69,177,348	\$69,208,263	(\$30,915)	99.95%
July 2021	\$85,189,761	(\$4,072,356)	-4.78%	\$81,117,404	\$79,645,947	\$1,471,457	101.84%
August 2021	\$75,768,617	(\$3,019,465)	-3.98%	\$72,749,152	\$71,143,944	\$1,605,208	102.25%
September 2021	\$80,498,355	(\$3,231,826)	-4.01%	\$77,266,529	\$76,950,215	\$316,314	100.41%
October 2021	\$66,039,842	(\$2,026,377)	-3.06%	\$64,013,465	\$64,099,478	(\$86,014)	99.86%
November 2021	\$67,486,707	(\$1,692,179)	-2.50%	\$65,794,527	\$66,181,231	(\$386,703)	99.41%
December 2021	\$73,918,202	(\$3,752,145)	-5.07%	\$70,166,058	\$70,652,862	(\$486,805)	99.31%
January 2022	\$62,905,515	(\$4,455,366)	-7.08%	\$58,450,150	\$59,745,774	(\$1,295,624)	97.83%
February 2022	\$67,634,172	(\$2,737,793)	-4.04%	\$64,896,379	\$64,313,475	\$582,904	100.90%
March 2022	\$80,343,295	(\$2,305,390)	-2.86%	\$78,037,905	\$76,948,000	\$1,089,905	101.41%
April 2022	\$71,042,771	(\$9,884,800)	-13.91%	\$61,157,971	\$61,291,665	(\$133,694)	99.78%
May 2022	\$65,399,889	(\$4,188,324)	-6.40%	\$61,211,565	\$61,363,935	(\$152,370)	99.75%
June 2022	\$73,361,226	(\$9,531,443)	-12.99%	\$63,829,783	\$63,518,905	\$310,878	100.48%
Cumulative Totals	\$1,768,595,260	(\$114,998,886)	-6.50%	\$1,653,596,374	\$1,651,670,914	\$1,925,460	100.11%
100% Limited^ Cumulative Totals				\$1,651,261,720	\$1,651,670,914	(\$409,194)	99.97%
					State Contract Minimum Completeness Percentage Requirement		98.00%

Unallocated date encounter total* \$2,910

* Please reference data analysis assumption number 7 on page 19 for further explanation.

^ - Since the CAN cumulative completion percentage for the CCO and/or delegated vendor(s) exceed 100 percent, we have decreased the Entire Plan CAN encounter totals by the total variance in comparison to the CDJs to avoid overstating the Entire Plan results. Please reference data analysis assumption number 10 on page 19 for further explanation.



**MAGNOLIA HEALTH CAN
SUMMARY REPORTING CHARTS**

Chart 1. Monthly CDJ totals and encounter submissions for Magnolia Health CAN's entire plan

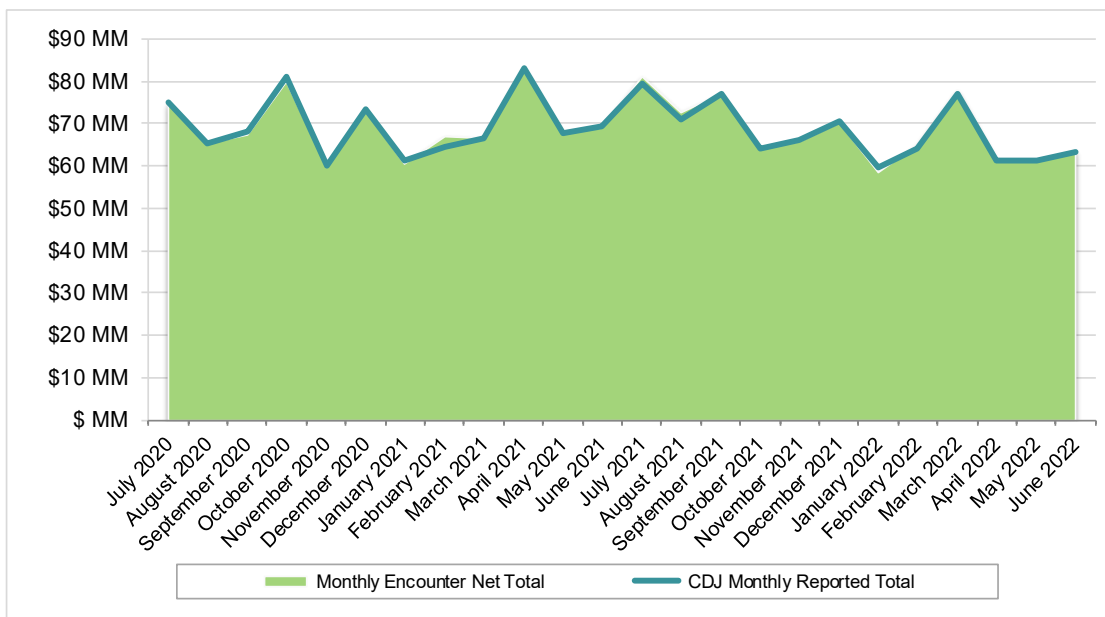
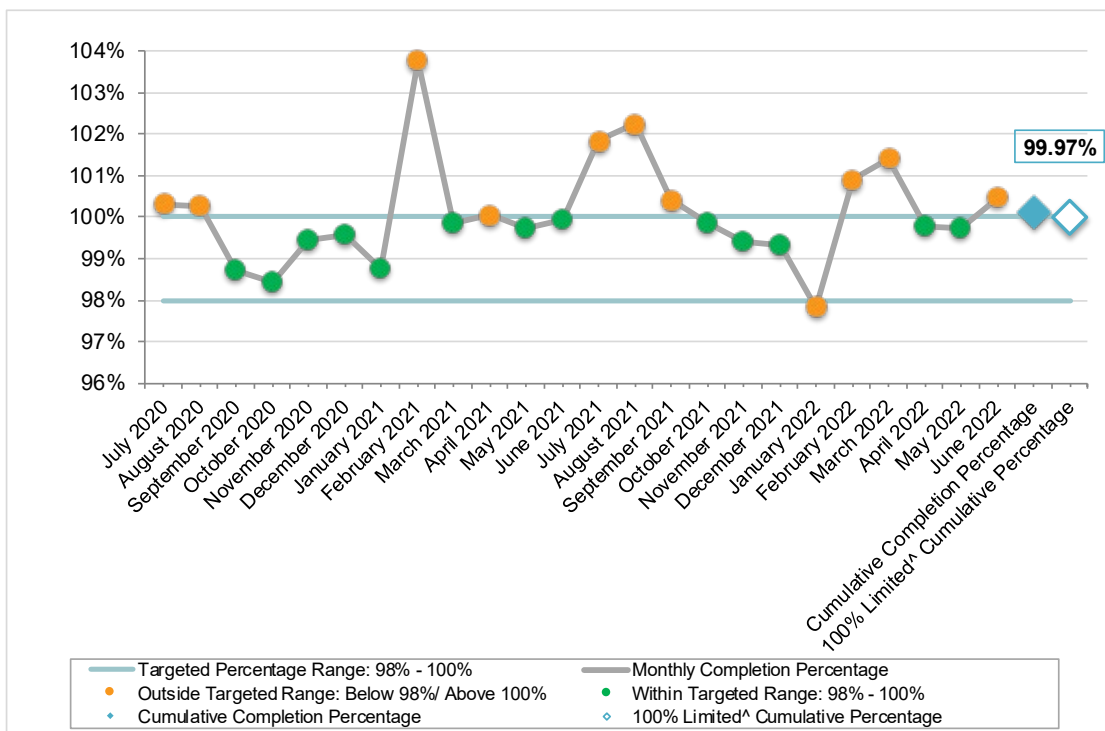


Chart 2. Magnolia Health CAN's monthly encounter submissions expressed as a percentage of payments submitted to the FAC to reported CCO CDJ payments for the entire plan



^ - To avoid overstating the Entire Plan results in situations when the CCO or an individual vendor's cumulative completion percentage exceeds 100 percent, we decreased the CAN encounter totals by the reporting period's variance in comparison with the CDJs. Please see data analysis assumption number 10 on page 19 for further explanation.



MAGNOLIA HEALTH CAN FEE-FOR-SERVICE MONTHLY TABLE

MS Magnolia Health Encounter and CDJ Comparison

Table 2 — Magnolia Health CAN Fee-for-Service (Non-Vendor)

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$44,568,649	(\$2,647,069)	-5.93%	\$41,921,580	\$41,886,251	\$35,329	100.08%
August 2020	\$38,266,158	(\$2,087,049)	-5.45%	\$36,179,108	\$35,787,255	\$391,853	101.09%
September 2020	\$39,270,078	(\$2,502,393)	-6.37%	\$36,767,686	\$37,281,250	(\$513,564)	98.62%
October 2020	\$48,872,151	(\$2,921,743)	-5.97%	\$45,950,408	\$46,965,126	(\$1,014,718)	97.83%
November 2020	\$32,952,933	(\$2,360,792)	-7.16%	\$30,592,141	\$30,663,279	(\$71,138)	99.76%
December 2020	\$51,138,559	(\$8,354,556)	-16.33%	\$42,784,003	\$43,210,377	(\$426,375)	99.01%
January 2021	\$37,319,658	(\$4,560,887)	-12.22%	\$32,758,772	\$32,808,048	(\$49,276)	99.84%
February 2021	\$39,252,988	(\$2,952,634)	-7.52%	\$36,300,354	\$36,559,742	(\$259,388)	99.29%
March 2021	\$39,432,261	(\$4,074,920)	-10.33%	\$35,357,341	\$35,535,916	(\$178,575)	99.49%
April 2021	\$53,254,007	(\$5,473,565)	-10.27%	\$47,780,442	\$47,632,532	\$147,910	100.31%
May 2021	\$39,901,499	(\$2,978,942)	-7.46%	\$36,922,557	\$36,962,329	(\$39,772)	99.89%
June 2021	\$41,113,041	(\$2,330,873)	-5.66%	\$38,782,168	\$39,025,376	(\$243,208)	99.37%
July 2021	\$51,017,084	(\$3,096,622)	-6.06%	\$47,920,462	\$47,325,352	\$595,110	101.25%
August 2021	\$45,061,555	(\$2,482,044)	-5.50%	\$42,579,511	\$40,933,675	\$1,645,836	104.02%
September 2021	\$50,417,865	(\$2,033,834)	-4.03%	\$48,384,031	\$48,355,453	\$28,578	100.05%
October 2021	\$36,093,127	(\$981,225)	-2.71%	\$35,111,902	\$35,157,552	(\$45,650)	99.87%
November 2021	\$37,334,078	(\$1,011,742)	-2.70%	\$36,322,336	\$36,656,752	(\$334,416)	99.08%
December 2021	\$39,776,814	(\$2,141,003)	-5.38%	\$37,635,811	\$37,609,937	\$25,873	100.06%
January 2022	\$36,510,396	(\$2,184,084)	-5.98%	\$34,326,312	\$34,750,427	(\$424,115)	98.77%
February 2022	\$39,945,856	(\$1,185,972)	-2.96%	\$38,759,884	\$38,319,773	\$440,110	101.14%
March 2022	\$48,826,454	(\$1,341,970)	-2.74%	\$47,484,484	\$46,375,980	\$1,108,504	102.39%
April 2022	\$41,913,132	(\$9,616,940)	-22.94%	\$32,296,192	\$32,298,946	(\$2,754)	99.99%
May 2022	\$37,672,836	(\$3,911,155)	-10.38%	\$33,761,681	\$33,856,455	(\$94,773)	99.72%
June 2022	\$45,914,574	(\$8,676,758)	-18.89%	\$37,237,815	\$36,920,606	\$317,209	100.85%
Cumulative Totals	\$1,015,825,752	(\$81,908,771)	-8.06%	\$933,916,980	\$932,878,391	\$1,038,590	100.11%
100% Limited^ Cumulative Totals				\$932,878,391	\$932,878,391	\$0	100.00%
State Contract Minimum Completeness Percentage Requirement							98.00%

Unallocated date encounter total* \$2,910

* Please reference data analysis assumption number 7 on page 19 for further explanation.

^ - The Fee- for-Service CAN cumulative completion percentage was limited to a maximum of 100 percent by decreasing the encounter totals by the reporting period's variance in comparison to the CDJs. Please reference data analysis assumption number 10 on page 19 for further explanation.


MAGNOLIA HEALTH CAN INVOLVE PHARMACY SOLUTIONS MONTHLY TABLE
Table 3 — Magnolia Health CAN Envolve Pharmacy Solutions (Pharmacy)

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$21,069,697	(\$3,622,326)	-17.19%	\$17,447,371	\$17,552,397	(\$105,026)	99.40%
August 2020	\$16,091,515	(\$13,849)	-0.08%	\$16,077,666	\$16,279,011	(\$201,345)	98.76%
September 2020	\$17,918,856	(\$72,673)	-0.40%	\$17,846,183	\$18,043,375	(\$197,192)	98.90%
October 2020	\$20,262,577	(\$2,199,508)	-10.85%	\$18,063,069	\$18,165,900	(\$102,831)	99.43%
November 2020	\$16,326,066	(\$19,813)	-0.12%	\$16,306,254	\$16,551,046	(\$244,792)	98.52%
December 2020	\$16,310,755	(\$42,782)	-0.26%	\$16,267,972	\$16,200,285	\$67,687	100.41%
January 2021	\$17,084,452	(\$33,702)	-0.19%	\$17,050,751	\$17,717,820	(\$667,069)	96.23%
February 2021	\$18,838,073	(\$156,595)	-0.83%	\$18,681,478	\$15,848,119	\$2,833,359	117.87%
March 2021	\$18,447,291	(\$22,361)	-0.12%	\$18,424,931	\$18,342,935	\$81,996	100.44%
April 2021	\$18,849,952	(\$14,013)	-0.07%	\$18,835,939	\$18,642,712	\$193,227	101.03%
May 2021	\$17,611,074	(\$21,406)	-0.12%	\$17,589,668	\$17,741,996	(\$152,328)	99.14%
June 2021	\$17,816,418	(\$17,000)	-0.09%	\$17,799,419	\$17,726,372	\$73,047	100.41%
July 2021	\$17,560,386	(\$59,343)	-0.33%	\$17,501,043	\$17,625,756	(\$124,713)	99.29%
August 2021	\$18,255,221	(\$41,769)	-0.22%	\$18,213,452	\$18,215,531	(\$2,079)	99.98%
September 2021	\$15,597,575	(\$23,039)	-0.14%	\$15,574,537	\$15,498,384	\$76,153	100.49%
October 2021	\$17,625,013	(\$75,111)	-0.42%	\$17,549,902	\$17,613,740	(\$63,838)	99.63%
November 2021	\$16,890,102	(\$45,506)	-0.26%	\$16,844,596	\$16,854,934	(\$10,338)	99.93%
December 2021	\$17,919,134	(\$106,409)	-0.59%	\$17,812,725	\$17,927,950	(\$115,225)	99.35%
January 2022	\$17,167,416	(\$2,038,361)	-11.87%	\$15,129,056	\$15,133,114	(\$4,058)	99.97%
February 2022	\$16,812,417	(\$1,450,225)	-8.62%	\$15,362,192	\$15,330,936	\$31,257	100.20%
March 2022	\$16,708,895	(\$62,901)	-0.37%	\$16,645,994	\$16,701,056	(\$55,062)	99.67%
April 2022	\$17,432,310	(\$44,296)	-0.25%	\$17,388,014	\$17,500,745	(\$112,731)	99.35%
May 2022	\$16,126,378	(\$27,021)	-0.16%	\$16,099,357	\$16,125,659	(\$26,302)	99.83%
June 2022	\$14,611,405	(\$55,264)	-0.37%	\$14,556,142	\$14,560,405	(\$4,263)	99.97%
Cumulative Totals	\$419,332,981	(\$10,265,271)	-2.44%	\$409,067,710	\$407,900,176	\$1,167,533	100.28%
100% Limited^ Cumulative Totals				\$407,900,176	\$407,900,176	\$0	100.00%
State Contract Minimum Completeness Percentage Requirement							98.00%

^ - The Envolve Pharmacy CAN cumulative completion percentage was limited to a maximum of 100 percent by decreasing the encounter totals by the reporting period's variance in comparison to the CDJs. Please reference data analysis assumption number 10 on page 19 for further explanation.

MS Magnolia Health Encounter and CDJ Comparison



MAGNOLIA HEALTH CAN INVOLVE DENTAL MONTHLY TABLE

Table 4 — Magnolia Health CAN Envolve Dental (Dental)

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$3,905,532	(\$353,792)	-9.05%	\$3,551,741	\$3,564,318	(\$12,577)	99.64%
August 2020	\$3,257,390	(\$162,219)	-4.98%	\$3,095,170	\$3,102,521	(\$7,351)	99.76%
September 2020	\$3,290,965	(\$182,448)	-5.54%	\$3,108,516	\$3,132,911	(\$24,395)	99.22%
October 2020	\$4,337,794	(\$277,571)	-6.39%	\$4,060,223	\$4,083,659	(\$23,436)	99.42%
November 2020	\$3,430,593	(\$186,467)	-5.43%	\$3,244,126	\$3,249,149	(\$5,023)	99.84%
December 2020	\$3,863,244	(\$231,459)	-5.99%	\$3,631,786	\$3,549,247	\$82,539	102.32%
January 2021	\$3,034,799	(\$196,226)	-6.46%	\$2,838,572	\$2,854,074	(\$15,502)	99.45%
February 2021	\$3,248,696	(\$190,872)	-5.87%	\$3,057,824	\$3,054,143	\$3,682	100.12%
March 2021	\$3,364,948	(\$279,318)	-8.30%	\$3,085,631	\$3,085,690	(\$60)	99.99%
April 2021	\$4,984,505	(\$392,073)	-7.86%	\$4,592,431	\$4,799,654	(\$207,223)	95.68%
May 2021	\$3,276,870	(\$34,952)	-1.06%	\$3,241,917	\$3,254,537	(\$12,619)	99.61%
June 2021	\$4,171,482	(\$796,096)	-19.08%	\$3,375,385	\$3,385,711	(\$10,326)	99.69%
July 2021	\$3,562,848	(\$182,130)	-5.11%	\$3,380,718	\$3,428,388	(\$47,670)	98.60%
August 2021	\$4,125,712	(\$93,743)	-2.27%	\$4,031,969	\$4,026,614	\$5,355	100.13%
September 2021	\$3,492,826	(\$117,868)	-3.37%	\$3,374,958	\$3,374,559	\$400	100.01%
October 2021	\$3,448,088	(\$125,434)	-3.63%	\$3,322,654	\$3,328,586	(\$5,932)	99.82%
November 2021	\$3,482,439	(\$164,859)	-4.73%	\$3,317,581	\$3,314,380	\$3,201	100.09%
December 2021	\$3,910,908	(\$200,850)	-5.13%	\$3,710,058	\$3,732,091	(\$22,033)	99.40%
January 2022	\$2,804,790	(\$91,656)	-3.26%	\$2,713,134	\$2,724,306	(\$11,172)	99.58%
February 2022	\$3,076,568	(\$46,934)	-1.52%	\$3,029,634	\$3,036,606	(\$6,972)	99.77%
March 2022	\$4,121,484	(\$787,639)	-19.11%	\$3,333,845	\$3,353,131	(\$19,286)	99.42%
April 2022	\$3,232,315	(\$23,463)	-0.72%	\$3,208,852	\$3,217,571	(\$8,720)	99.72%
May 2022	\$2,699,815	(\$40,062)	-1.48%	\$2,659,753	\$2,666,855	(\$7,102)	99.73%
June 2022	\$2,941,264	(\$37,484)	-1.27%	\$2,903,780	\$2,917,746	(\$13,966)	99.52%
Cumulative Totals	\$85,065,876	(\$5,195,616)	-6.10%	\$79,870,260	\$80,236,446	(\$366,186)	99.54%
						<i>State Contract Minimum Completeness Percentage Requirement</i>	<i>98.00%</i>


**MAGNOLIA HEALTH CAN INVOLVE VISION
MONTHLY TABLE**
Table 5 — Magnolia Health CAN Envolve Vision (Vision)

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$1,173,518	(\$984)	-0.08%	\$1,172,534	\$1,182,586	(\$10,052)	99.15%
August 2020	\$1,069,179	(\$657)	-0.06%	\$1,068,522	\$1,069,457	(\$935)	99.91%
September 2020	\$1,084,678	(\$1,030)	-0.09%	\$1,083,648	\$1,068,627	\$15,021	101.40%
October 2020	\$1,390,511	(\$4,558)	-0.32%	\$1,385,954	\$1,386,547	(\$594)	99.95%
November 2020	\$1,027,500	(\$2,822)	-0.27%	\$1,024,677	\$1,033,826	(\$9,149)	99.11%
December 2020	\$990,699	(\$3,036)	-0.30%	\$987,663	\$990,587	(\$2,923)	99.70%
January 2021	\$767,943	(\$14,665)	-1.90%	\$753,278	\$753,359	(\$81)	99.98%
February 2021	\$981,174	(\$23,893)	-2.43%	\$957,281	\$955,937	\$1,344	100.14%
March 2021	\$926,832	(\$29,396)	-3.17%	\$897,436	\$902,495	(\$5,058)	99.43%
April 2021	\$1,268,330	(\$26,301)	-2.07%	\$1,242,029	\$1,246,559	(\$4,530)	99.63%
May 2021	\$950,669	(\$14,107)	-1.48%	\$936,562	\$932,940	\$3,623	100.38%
June 2021	\$770,750	(\$10,214)	-1.32%	\$760,537	\$759,235	\$1,301	100.17%
July 2021	\$1,103,717	(\$19,557)	-1.77%	\$1,084,159	\$1,091,526	(\$7,367)	99.32%
August 2021	\$1,231,287	(\$72,028)	-5.84%	\$1,159,259	\$1,162,812	(\$3,553)	99.69%
September 2021	\$1,244,311	(\$136,998)	-11.00%	\$1,107,313	\$1,112,289	(\$4,976)	99.55%
October 2021	\$1,021,324	(\$90,911)	-8.90%	\$930,413	\$934,496	(\$4,083)	99.56%
November 2021	\$955,575	(\$84,652)	-8.85%	\$870,924	\$874,280	(\$3,357)	99.61%
December 2021	\$1,036,973	(\$76,755)	-7.40%	\$960,218	\$962,771	(\$2,553)	99.73%
January 2022	\$763,013	(\$50,261)	-6.58%	\$712,753	\$712,945	(\$193)	99.97%
February 2022	\$890,573	(\$36,481)	-4.09%	\$854,092	\$858,502	(\$4,411)	99.48%
March 2022	\$1,117,128	(\$33,603)	-3.00%	\$1,083,525	\$1,081,153	\$2,373	100.21%
April 2022	\$815,097	(\$11,331)	-1.39%	\$803,766	\$807,537	(\$3,770)	99.53%
May 2022	\$732,337	(\$10,199)	-1.39%	\$722,138	\$725,758	(\$3,621)	99.50%
June 2022	\$865,725	(\$4,954)	-0.57%	\$860,771	\$856,234	\$4,537	100.52%
Cumulative Totals	\$24,178,844	(\$759,392)	-3.14%	\$23,419,451	\$23,462,459	(\$43,007)	99.81%
						<i>State Contract Minimum Completeness Percentage Requirement</i>	<i>98.00%</i>

MS Magnolia Health Encounter and CDJ Comparison



MAGNOLIA HEALTH CAN BEHAVIORAL HEALTH MONTHLY TABLE

Table 6 — Magnolia Health CAN Behavioral Health

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$11,536,297	(\$853,651)	-7.39%	\$10,682,646	\$10,353,742	\$328,904	103.17%
August 2020	\$9,271,598	(\$556,344)	-6.00%	\$8,715,254	\$8,710,085	\$5,168	100.05%
September 2020	\$8,865,831	(\$924,335)	-10.42%	\$7,941,496	\$8,095,852	(\$154,356)	98.09%
October 2020	\$11,358,048	(\$1,535,770)	-13.52%	\$9,822,278	\$9,939,047	(\$116,769)	98.82%
November 2020	\$8,460,455	(\$282,804)	-3.34%	\$8,177,651	\$8,172,323	\$5,327	100.06%
December 2020	\$11,017,439	(\$2,174,196)	-19.73%	\$8,843,243	\$8,869,748	(\$26,505)	99.70%
January 2021	\$8,720,873	(\$1,817,029)	-20.83%	\$6,903,845	\$6,928,084	(\$24,239)	99.65%
February 2021	\$8,412,003	(\$894,692)	-10.63%	\$7,517,311	\$7,654,183	(\$136,872)	98.21%
March 2021	\$8,865,638	(\$391,363)	-4.41%	\$8,474,276	\$8,469,753	\$4,522	100.05%
April 2021	\$10,971,226	(\$847,653)	-7.72%	\$10,123,572	\$10,205,545	(\$81,972)	99.19%
May 2021	\$8,944,272	(\$316,283)	-3.53%	\$8,627,989	\$8,595,400	\$32,589	100.37%
June 2021	\$8,624,756	(\$582,625)	-6.75%	\$8,042,131	\$7,893,849	\$148,282	101.87%
July 2021	\$11,396,533	(\$714,138)	-6.26%	\$10,682,395	\$9,626,000	\$1,056,395	110.97%
August 2021	\$6,647,633	(\$328,468)	-4.94%	\$6,319,165	\$6,359,458	(\$40,293)	99.36%
September 2021	\$9,204,137	(\$901,746)	-9.79%	\$8,302,390	\$8,089,811	\$212,580	102.62%
October 2021	\$6,961,198	(\$286,225)	-4.11%	\$6,674,973	\$6,641,493	\$33,479	100.50%
November 2021	\$8,373,781	(\$380,121)	-4.53%	\$7,993,660	\$8,035,188	(\$41,528)	99.48%
December 2021	\$10,766,360	(\$1,227,127)	-11.39%	\$9,539,233	\$9,920,155	(\$380,922)	96.16%
January 2022	\$5,314,816	(\$91,004)	-1.71%	\$5,223,812	\$6,081,998	(\$858,186)	85.88%
February 2022	\$6,480,982	(\$18,180)	-0.28%	\$6,462,802	\$6,341,330	\$121,472	101.91%
March 2022	\$9,011,465	(\$79,277)	-0.87%	\$8,932,187	\$8,881,326	\$50,862	100.57%
April 2022	\$7,202,626	(\$188,749)	-2.62%	\$7,013,876	\$7,019,575	(\$5,698)	99.91%
May 2022	\$7,730,341	(\$199,822)	-2.58%	\$7,530,519	\$7,551,092	(\$20,573)	99.72%
June 2022	\$8,476,614	(\$756,982)	-8.93%	\$7,719,632	\$7,712,210	\$7,422	100.09%
Cumulative Totals	\$212,614,923	(\$16,348,588)	-7.68%	\$196,266,335	\$196,147,247	\$119,088	100.06%
100% Limited^ Cumulative Totals				\$196,147,247	\$196,147,247	\$0	100.00%
State Contract Minimum Completeness Percentage Requirement							98.00%

^ - The Behavioral Health CAN cumulative completion percentage was limited to a maximum of 100 percent by decreasing the encounter totals by the reporting period's variance in comparison to the CDJs. Please reference data analysis assumption number 10 on page 19 for further explanation.

MS Magnolia Health Encounter and CDJ Comparison



**MAGNOLIA HEALTH CAN MTM
MONTHLY TABLE**

Table 7 — Magnolia Health CAN MTM (NET)

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
July 2020	\$476,620	(\$3,022)	-0.63%	\$473,598	\$476,815	(\$3,217)	99.32%
August 2020	\$396,839	(\$5,799)	-1.46%	\$391,040	\$392,187	(\$1,147)	99.70%
September 2020	\$436,339	(\$8,824)	-2.02%	\$427,514	\$429,581	(\$2,067)	99.51%
October 2020	\$505,321	(\$3,428)	-0.67%	\$501,893	\$504,896	(\$3,003)	99.40%
November 2020	\$485,867	(\$1,208)	-0.24%	\$484,660	\$485,427	(\$767)	99.84%
December 2020	\$476,523	\$0	0.00%	\$476,523	\$477,276	(\$753)	99.84%
January 2021	\$385,738	\$0	0.00%	\$385,738	\$381,433	\$4,305	101.12%
February 2021	\$445,507	(\$95)	-0.02%	\$445,412	\$445,413	(\$1)	99.99%
March 2021	\$397,420	(\$91)	-0.02%	\$397,329	\$397,465	(\$136)	99.96%
April 2021	\$527,611	(\$1,182)	-0.22%	\$526,429	\$527,127	(\$698)	99.86%
May 2021	\$466,086	(\$840)	-0.18%	\$465,246	\$465,314	(\$68)	99.98%
June 2021	\$421,291	(\$3,582)	-0.85%	\$417,709	\$417,720	(\$11)	99.99%
July 2021	\$549,193	(\$566)	-0.10%	\$548,627	\$548,925	(\$298)	99.94%
August 2021	\$447,208	(\$1,411)	-0.31%	\$445,796	\$445,854	(\$58)	99.98%
September 2021	\$541,641	(\$18,341)	-3.38%	\$523,299	\$519,719	\$3,580	100.68%
October 2021	\$891,091	(\$467,471)	-52.46%	\$423,620	\$423,611	\$10	100.00%
November 2021	\$450,732	(\$5,300)	-1.17%	\$445,432	\$445,697	(\$265)	99.94%
December 2021	\$508,013	\$0	0.00%	\$508,013	\$499,958	\$8,056	101.61%
January 2022	\$345,083	\$0	0.00%	\$345,083	\$342,983	\$2,100	100.61%
February 2022	\$427,775	\$0	0.00%	\$427,775	\$426,327	\$1,447	100.33%
March 2022	\$557,869	\$0	0.00%	\$557,869	\$555,355	\$2,514	100.45%
April 2022	\$447,291	(\$21)	0.00%	\$447,270	\$447,291	(\$21)	99.99%
May 2022	\$438,183	(\$66)	-0.01%	\$438,117	\$438,117	\$0	100.00%
June 2022	\$551,644	\$0	0.00%	\$551,644	\$551,704	(\$60)	99.98%
Cumulative Totals	\$11,576,885	(\$521,247)	-4.50%	\$11,055,638	\$11,046,195	\$9,443	100.08%
100% Limited^ Cumulative Totals				\$11,046,195	\$11,046,195	\$0	100.00%
							State Contract Minimum Completeness Percentage Requirement
							98.00%

^ - The MTM CAN cumulative completion percentage was limited to a maximum of 100 percent by decreasing the encounter totals by the reporting period's variance in comparison to the CDJs. Please reference data analysis assumption number 10 on page 19 for further explanation.



APPENDIX A – DEFINITIONS AND ACRONYMS

The following terms are used throughout this document:

- **Calculated Void Encounter (CV)** – An encounter that Myers and Stauffer LC has identified as being a replacement encounter that does not appear to have a corresponding void of the original encounter in the FAC’s data warehouse.
- **Cash Disbursement Journal (CDJ) Monthly Reported Total** – The sum of all payments from a CCO or delegated vendor to service providers for a given month as reported by the CCO to the DOM.
- **Children’s Health Insurance Program (CHIP)** – This program provides insurance coverage for uninsured children up to age 19 whose family does not qualify for Medicaid and whose income does not exceed 200% of the federal poverty level. On January 1, 2015, CHIP became a coordinated care program with UHC and Magnolia Health responsible for coordinating services until October 31, 2019. Beginning on November 1, 2019, Molina Healthcare and UHC became responsible for coordinating CHIP services.
- **Coordinated Care Organization (CCO)** – A private organization that has entered into a risk-based contractual arrangement with the Mississippi Division of Medicaid (DOM) to obtain and finance care for enrolled Medicaid members. CCOs receive a capitation or per member per month (PMPM) payment from the DOM for each enrolled member. Before October 1, 2018, two CCOs were operating in the state of Mississippi during the reconciliation period. They were Magnolia Health Plan (Magnolia Health) and UnitedHealthcare Community Plan (UHC). Effective October 1, 2018, Molina Healthcare joined the other two CCOs to provide services to enrolled members.
- **Conduent** - State fiscal agent contractor, formerly known as Xerox Health Solutions.
- **Fiscal Agent Contractor (FAC)** – A contractor selected to design, develop and maintain the claims processing system (Medicaid Management Information System); Conduent (formerly known as Xerox Health Solutions) is the current FAC.
- **Medicaid Management Information System (MMIS)** – The claims processing system used by the FAC to adjudicate Mississippi Medicaid claims. CCO submitted encounters are loaded into this system and assigned a unique claim identifier.
- **Mississippi Coordinated Access Network (MississippiCAN)** – The state of Mississippi’s Medicaid managed care program. There are three coordinated care organizations responsible for coordinating services for Mississippi Medicaid beneficiaries, effective October 1, 2018.
- **Mississippi Division of Medicaid (DOM)** – The division in the Office of the Governor that is responsible for administering Medicaid in Mississippi.
- **Monthly Completion Percentage** – The percentage of the monthly encounter total in relation to the CDJ monthly reported total.
- **Monthly Encounter Net Total** – The sum of the encounter submissions for a given month incorporating the Myers and Stauffer LC encounter data adjustments made to the encounter submissions stored in the FAC’s encounter data warehouse.

MS Magnolia Health Encounter and CDJ Comparison

- **Monthly Encounter Total (Adjustments)** – The sum of all Myers and Stauffer LC adjustments for a given month that were removed from the encounter submissions stored in the FAC’s encounter data warehouse.
- **Monthly Encounter Total (FAC Reported)** – The sum of all encounter submissions for a given month stored in the FAC’s encounter data warehouse.
- **Monthly Variance** – The difference between the monthly encounter total and the CDJ monthly reported total.
- **Potential Duplicate Encounter (PDUP)** – An encounter that Myers and Stauffer LC has identified as being a potential duplicate of another encounter in the FAC’s data warehouse.
- **Truven Health Analytics (Truven)** – Subcontractor to the state’s fiscal agent contractor responsible for the encounter data warehouse.



Encounters from institutional, medical, and pharmacy service types were combined on like data fields. We analyzed the information reported on each encounter to capture the amount paid on the entire claim. Encounter totals were calculated by summarizing the data by the CCO paid date, CCO identification number, and specific delegated vendor criteria. Each cash disbursement submitted by the CCO were summarized by paid date, CCO program identifier, and delegated vendor to create a matching table. These matching tables were combined using common fields between the tables and were used to produce the results.

Based on criteria provided by the CCO and DOM, we identified Magnolia Health encounters as follows:

- ❖ **Magnolia Health CAN Encounters**
 - Submitter ID equal to '91473' or MC Prov ID equal to '09253560' for medical and institutional encounters
 - Pay to Provider Number equal to '09253560' or if the Pay to Provider Number is blank, Payer ID equal to '09253560' when the COB sequence number is one, for pharmacy encounters.
- ❖ **Magnolia Health CHIP Encounters¹**
 - Submitter ID equal to '93550' or MC Prov ID equal to '01935367' for medical and institutional encounters
 - Pay to Provider Number equal to '01935367' or if the Pay to Provider Number is blank, Payer ID equal to '01935367' when the COB sequence number is one, for pharmacy encounters.
- ❖ **Envolve Dental – Dental Services**
 - Plan Patient Account Number field contains "DH" in the first and second positions.
- ❖ **Envolve Vision - Vision Services**
 - Plan Patient Account Number field contains 'OC' in the first and second positions.
- ❖ **Magnolia Behavior Health– Behavioral Health Services**
 - Plan TCN field contains 'MK'.
- ❖ **MTM – Non-emergency Transportation**
 - Plan TCN or Patient Account Number field contains 'MOM' or 'MIS' in the first through third positions
 - Plan TCN or Patient Account Number field contains 'Q0' in the first and second positions and the third position does not contain a number.
- ❖ **Envolve Pharmacy Solutions - Pharmacy Benefit**
 - These encounters are contained in separate data warehouse tables as a result of pharmacy encounter submissions processing.
- ❖ **Magnolia Fee-for-Service**
 - All other plan submitted encounters that do not meet the listed criteria.

¹ – Magnolia's CHIP contract with the State ended on October 31, 2019, prior to the current reporting period. Any remaining CHIP encounter records have been excluded from this report.



**APPENDIX C – DATA
ANALYSIS ASSUMPTIONS**

1. We assume that all data provided to Myers and Stauffer is complete and accurate.
2. Voided encounter records contained within the encounter submissions were coded to match the associated adjustment's paid date to allow for the proper matching of cash disbursements that occurred due to this void transaction. However, we were unable to assign a paid date to the void transactions in which there was not an associated adjustment encounter.
3. We instructed the CCOs to exclude referral fees, management fees, and other non-encounter related fees in the CDJ data submitted to Myers and Stauffer.
4. Interest amounts do not appear to be included in the CCO paid amounts. We have therefore excluded the separately itemized interest expense from the CDJ totals.
5. There appear to be instances where the CCO submitted a paid encounter with a claim adjustment reason (CAS) code that was processed by the FAC as CCO-denied. This suggests 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 and Magnolia Health informed us that it is their understanding that Magnolia Health's CAS codes are properly identifying CCO-denied encounters. CSR DO16844 was completed in August 2018 to change the process to not set the line and header statuses to deny if the MC encounter paid amount is present.
6. Magnolia Health CHIP contract with DOM ended on October 31, 2019, prior to the start of the current reporting period. Magnolia Health's CHIP completion percentage information will no longer be included in the reconciliation reports.
7. Magnolia Health's Envolve Dental encounter submissions previously included a large volume of records with plan paid dates of "01/01/0001". However, there are no original missing paid date encounters processed within the current report period for Envolve Dental. Note that any remaining encounters without a valid payment date are included in a separate "unallocated date encounter total" and are not included as part of the encounter reconciliation totals (Tables 1 and 2).
8. Magnolia Health has voided and resubmitted a large volume of pharmacy encounters related to some NADAC pricing updates and dispensing fee corrections. This was previously causing misallocation issues due to differences in the paid dates for the voids between the encounter and CDJ data. We used supplemental information provided by Magnolia Health to reallocate NADAC void and dispensing fee void encounters to more closely reconcile to the date the void occurred in the CDJ files.
9. Percentage ratios noted in this report are rounded down. The sum of the percentages may not add up to the percentage sum total (Tables A and B).
10. Cumulative completion percentages exceeding 100 percent were noted for Magnolia Health's Fee-for-Service CAN, Envolve Pharmacy CAN, Behavioral Health CAN, and MTM CAN totals. So that the impacted amounts do not overstate the Entire Plan CAN results, we have decreased the encounter monthly reported totals by the variance between the encounter data and cash disbursement journals. Therefore, the cumulative completion percentages are decreased to a maximum of 100 percent (Tables A, 1, 2, 3, 6, and 7; Chart 2).
11. Opportunities for improving the encounter reconciliation process have been identified during the analysis of the encounter data and cash disbursement journals, as well as frequent interactions with the CCOs, their delegated vendors, DOM, and the FAC. While we have attempted to account for these situations, other potential data issues within the data may exist that have not yet been identified which may require use to restate prior reports or modify reconciliation processes in the future.

