



MISSISSIPPI DIVISION OF MEDICAID

External Quality Review (EQR)
Validation of Encounter Data
Submission of Findings

Molina Health Plan, Inc.

Coordinated Access Network (CAN) and
Children's Health Insurance Program (CHIP)



**MYERS AND
STAUFFER** L.C.
CERTIFIED PUBLIC ACCOUNTANTS



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Executive Summary

Mr. Drew Snyder
Executive Director
Mississippi Division of Medicaid
Office of the Governor
550 High Street, Suite 1000
Jackson, MS 39201

Dear Mr. Snyder:

This report presents the results of our work conducted to satisfy the periodic independent audit requirements concerning the accuracy, truthfulness and completeness of the encounter data submitted by or on behalf of each Mississippi Coordinated Care Organization (CCO) as codified in the Medicaid Managed Care Final Rule at 42 Code of Federal Regulations § 438.602(e)¹. We have completed the validation activities as prescribed by the *Centers for Medicare & Medicaid Services (CMS) External Quality Review (EQR) Protocol 5 Validation of Encounter Data Reported by the Medicaid and Children's Health Insurance Program (CHIP) Managed Care Health Plan*² for Molina Healthcare of Mississippi, Inc.'s Calendar Year (CY) 2022 encounter data.

This validation was conducted in accordance with Generally Accepted Government Auditing Standards (GAGAS) for performance audits. These standards require we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

In addition to GAGAS, this validation was conducted in accordance with Consulting Services Standards established by the American Institute of Certified Public Accountants (AICPA). This performance audit did not constitute an audit of financial statements or an attestation level report as defined under GAGAS and the AICPA standards for attestation engagements.

The audit objective(s) of our work were to perform an assessment and validation of the CY 2022 encounter data submitted by the CCOs to the Mississippi Division of Medicaid (DOM or State) managed care program, in accordance with EQR Protocol 5 guidelines, to assess the accuracy, truthfulness and completeness of this information; and to determine if the encounters met state and federal requirements.

¹ <https://www.federalregister.gov/documents/2016/05/06/2016-09581/medicaid-and-childrens-health-insurance-program-chip-programs-medicare-managed-care-chip-delivered>

² <https://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf>



Validation criteria were based on the five (5) activities outlined in EQR Protocol 5: (1) Review State Requirements, (2) Review the CCO's Capability, (3) Analyze Electronic Encounter Data, (4) Review Medical Records, and (5) Submission of Findings.

Our audit procedures assessed the CY 2022 encounter data submitted by the CCO to the fiscal agent contractor (FAC) for completeness and accuracy. The CCO submitted monthly cash disbursement journals (CDJs), which included payment dates and amounts paid by the CCO to providers (i.e., the bi-monthly Encounter Data Validation Report); and sample claims data which included transactions with payment (adjudication) dates within two selected sample months of March 2022 and November 2022, during this assessment period. Encounter data was provided by the fiscal agent contractor (FAC) in a standardized monthly data extract, which included encounters received and processed by the FAC and transmitted to Myers and Stauffer through September 29, 2023. A 98 percent completeness and accuracy threshold was used for comparing the encounters to the CDJs and sample claims data submitted by the CCO.

In addition, medical records were reviewed to further endorse the findings from the analysis of encounters, but was not a medical necessity review. Medical records selected for review were randomly sampled from both CAN and CHIP encounters with CY 2022 dates of service. A total of 120 medical records were selected for review. The CCO was responsible for retrieving the selected medical records from the providers and submitting the records to Myers and Stauffer for review.

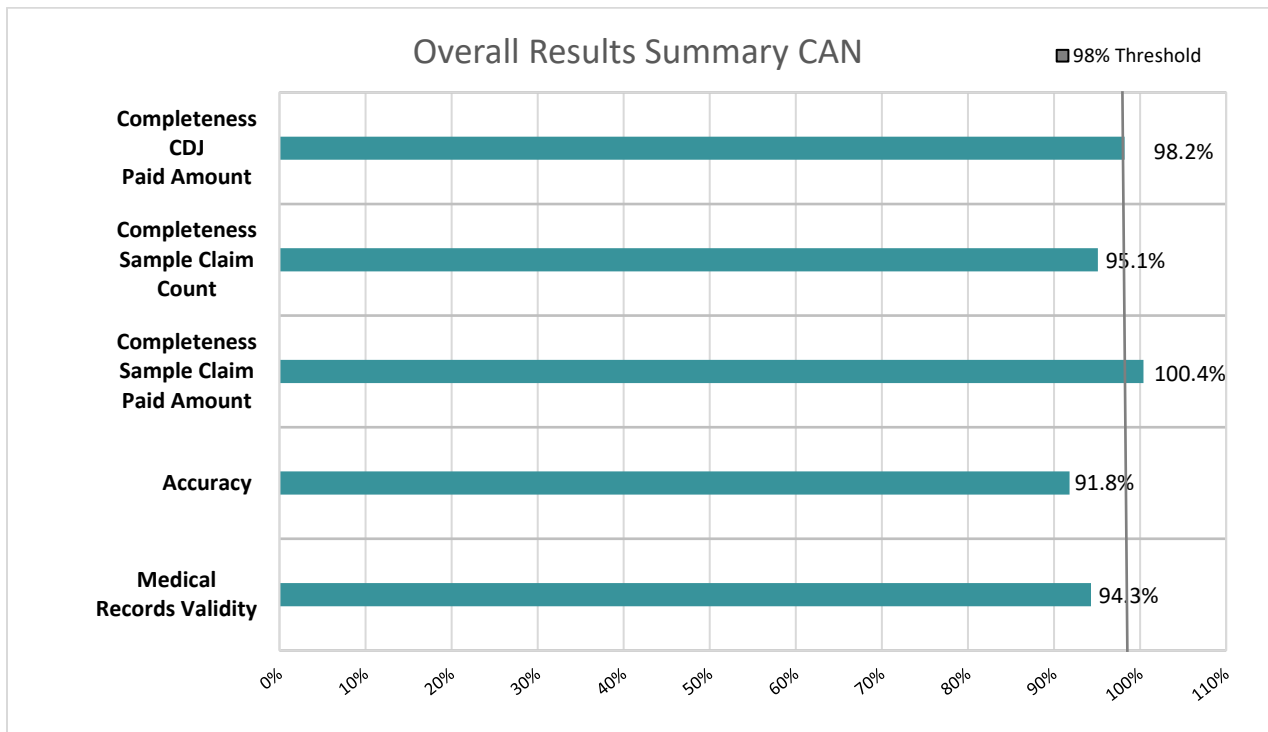
As part of the EQR Protocol 5 validation, we assessed the effectiveness of the CCO's information systems and controls to determine its ability to collect and submit complete and accurate encounter data. In addition, the CCO's fraud risk management and activities were reviewed to evaluate the CCO's ability to mitigate potential fraud risks and vulnerabilities. Based on a review of the System and Organization Control: Trust Services Criteria (SOC2®) report conducted on the CCO's internal controls, no material issues relating to the CCO's systems used for member enrollment, claims processing or encounter submissions were noted. Additionally, no material concerns were noted with the CCO's fraud policies and procedures.

Our findings are summarized below and are based on the information provided and known at the time of the validation. The findings and weaknesses noted may reside with the CCO and/or the FAC. The CCO should work with DOM and the FAC to resolve deficiencies noted within the encounter data.



CAN:

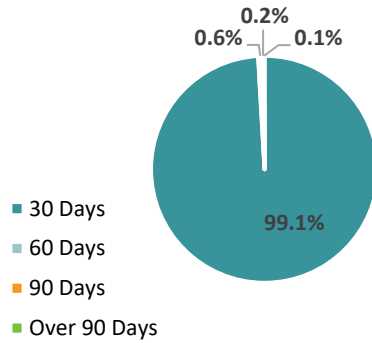
- **Completeness:** Encounter completion percentages were at the 98 percent threshold (98.2 percent) when compared to CDJ paid amounts. When compared to sample claim counts, encounter completion percentages were below the 98 percent threshold (95.1 percent), and encounter completion percentages were over 100 percent (100.4 percent) when compared to sample claim paid amounts.
- **Accuracy:** The overall accuracy percentage was below the 98 percent threshold (91.8 percent). Accuracy issues were primarily related to the service provider National Provider Identifier (NPI) and taxonomy, and/or data elements not populated in the CCO-submitted sample claims data.
- **Medical Record Validation Rates:** All 105 of the medical records requested (100.0 percent) were submitted and tested. The validation rate for the medical records tested was below the 98 percent threshold (94.3 percent).



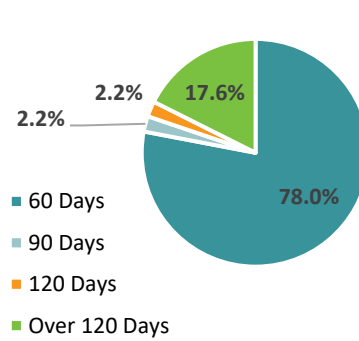


- **Timeliness:** The CCO paid 99.1 percent of CAN claims within 30 days. The CCO did not meet the required level of timeliness for the submission of encounters. The CCO submitted 78 percent of CAN encounters within the 60 day timeframe.

Timely Payment of Claims



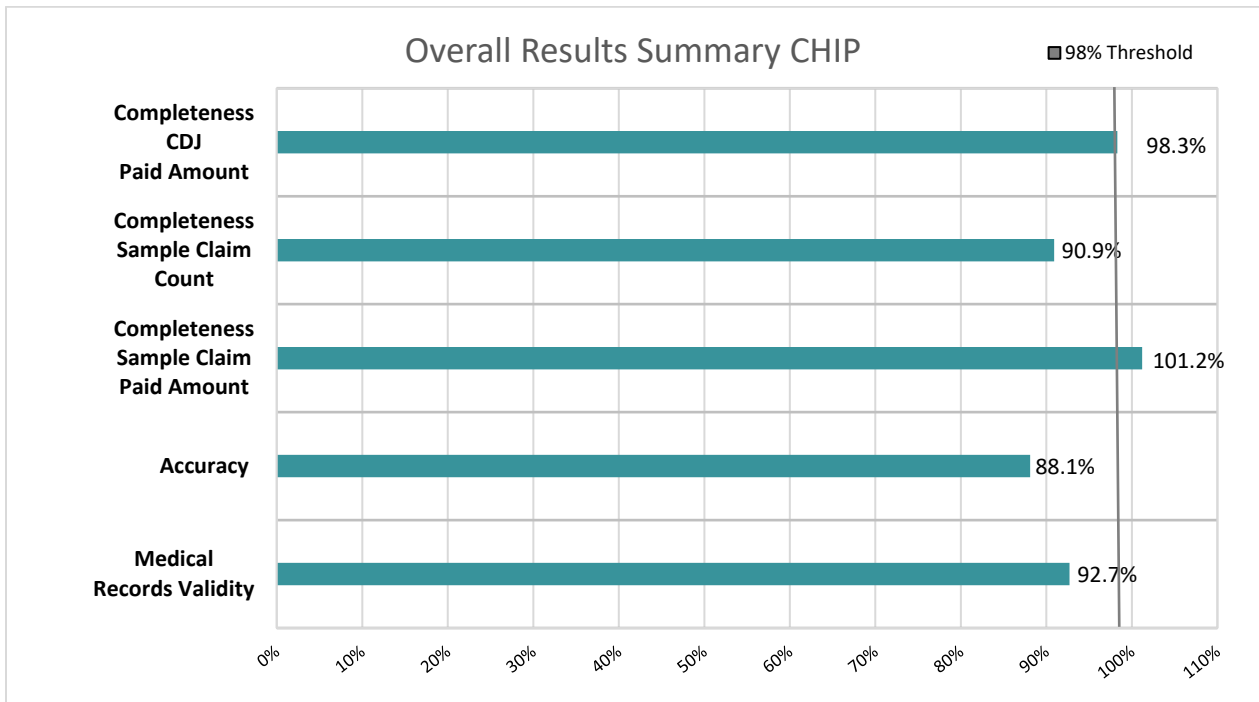
Timely Encounter Submissions





CHIP:

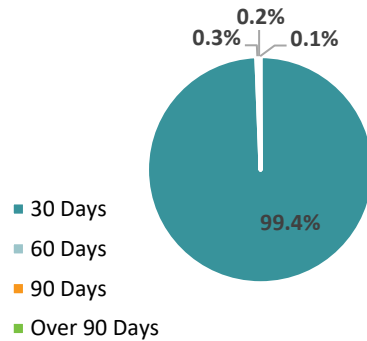
- **Completeness:** Encounter completion percentages were at 98 percent threshold (98.3 percent) when compared to CDJ paid amounts. When compared to sample claim counts, encounter completion percentages were below the 98 percent threshold (90.9 percent), and encounter completion percentages were over 100 percent (101.2 percent) when compared to sample claim paid amounts.
- **Accuracy:** The overall accuracy percentage was below the 98 percent threshold (88.1 percent). Accuracy issues were primarily related to the service provider NPI and taxonomy, and/or data elements not populated in the CCO-submitted sample claims data and/or data not provided in the encounter data extracts.
- **Medical Record Validation Rates:** All 15 medical records requested (100.0 percent) were submitted and tested. The validation rate for the medical records tested was below the 98 percent threshold (92.7 percent).



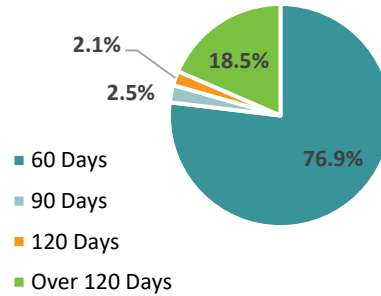


- **Timeliness:** The CCO paid 99.4 percent of CHIP claims within 30 days. The CCO did not meet the required level of timeliness for the submission of encounters. The CCO submitted 76.9 percent of CHIP encounters within the 60 day timeframe.

Timely Payment of Claims



Timely Encounter Submissions



We have made recommendations within the report related to the findings and weaknesses identified within the CY 2022 encounter data. These recommendations are intended to improve the integrity of the encounter data. The report also includes appendices which provide the detailed analyses behind the counts, amounts and percentage values reflected in the report.

Sincerely,

Myers and Stauffer LC
Atlanta, Georgia
March 29, 2024



Background

Medicaid is a state and federal program created by the Social Security Amendments of 1965, Title XIX, to provide health coverage to eligible, low income populations. The Mississippi Division of Medicaid (DOM), in the Office of the Governor, is designated by state statute as the single state agency responsible for administering Medicaid. Mississippi Medicaid health benefits encompass multiple programs administered by DOM; Medicaid, Medicaid managed care and CHIP.

Mississippi's Medicaid managed care program is known as Mississippi Coordinated Access Network (Mississippi CAN or CAN). Most Medicaid beneficiaries are required to enroll in a managed care plan for health care services. CHIP provides healthcare coverage to uninsured children up to 19 years of age who are not eligible for Medicaid. DOM contracts with three coordinated care organizations (CCOs) to provide healthcare services to CAN beneficiaries³ and contracts with two CCOs to provide healthcare services to CHIP beneficiaries. Molina is contracted to arrange and manage healthcare services to CAN and CHIP beneficiaries.

External Quality Review (EQR) Protocol 5

The Centers for Medicare & Medicaid Services (CMS) established requirements for states to improve the reliability of encounter data collected from managed care CCOs. In 2016, the Medicaid managed care final rule required states to conduct an independent audit of encounter data reported by each managed care CCO. Revisions to the Medicaid managed care regulations enhanced quality oversight criteria. Under the 2020 final rule, encounter data must include both the allowed and paid amounts and states must annually post on its website CCOs that are exempt from external quality review⁴.

CMS indicated that states could meet the independent audit requirement by conducting an encounter data assessment based on EQR Protocol 5⁵. Protocol 5 evaluates the completeness and accuracy of the encounter data submitted to the State's fiscal agent contractor (FAC) by the CCOs contracted to provide healthcare services to CAN and CHIP beneficiaries. Although Protocol 5 is a voluntary protocol, CMS strongly encourages states to contract with qualified entities to implement Protocol 5 to meet the audit requirement of the final rule.

Additionally, states are required to provide accurate encounter data to actuaries, as well as CMS, as part of the Transformed Medicaid Statistical Information System (T-MSIS) project. Protocol 5, performed under GAGAS, enables states to meet these data validation and monitoring requirements. Protocol 5 evaluates state/department policies, as well as the policies, procedures, and systems of the CCO, assists states in gauging utilization, identifying potential gaps in services, evaluating program effectiveness, and identifying strengths and opportunities to enhance oversight.

³ <https://medicaid.ms.gov/programs/managed-care/>

⁴ <https://www.cms.gov/newsroom/fact-sheets/medicaid-childrens-health-insurance-program-chip-managed-care-final-rule-cms-2408-f>

⁵ 81 Fed. Reg. 27,498, 27,603 (May 6, 2016).



Objective, Scope and Methodology

The objective for this performance audit was to:

- Perform the *Centers for Medicare and Medicaid Services (CMS) EQR Protocol 5 Encounter Data Validation* of the calendar year (CY) 2022 encounter data submitted by the CCO contracted to arrange and manage healthcare services to the State's CAN and CHIP beneficiaries enrolled with Molina Healthcare of Mississippi, Inc. (Molina), to determine if the encounters met state and federal requirements.

The scope of the audit included the following, as outlined in Protocol 5 or required by GAGAS:

- Review State Requirements
- Review the CCO's Capability
 - Review the CCO's Information Systems Capability Assessment (ISCA)
 - Interview CCO Personnel
 - Review SOC 2 report findings completed on CCO to determine if there is an impact on the beneficiary enrollment, claims processing or submission of encounters.
 - Review the CCO's fraud procedures to determine adequacy.
- Analyze Electronic Encounter Data
 - Develop a Data Quality Test Plan Based on Data Element Validity Requirements
 - Verification of Encounter Data Integrity
 - Generate and Review Analytical Reports
 - Comparing findings to state-identified standards
- Review Medical Records

Methodologies and Results of Review

A summary of methodologies, findings and results for each audit scope are presented below along with detailed analyses. Findings are based on the information provided, interviews with subject matter experts, and known data limitations at the time of the review. The report is written specific to the CCO; however, the findings and issues noted may reside with the fiscal agent contractor (FAC). The findings and recommendations within this report provide an opportunity for the CCO to review its processes to ensure information and data submitted to the State and/or captured by the FAC is complete and accurate. The expectation is for the CCO to work with DOM and the FAC to resolve issues noted within the encounter data.



State Requirements

The State's contract with the CCO and system companion guides were reviewed to ensure a complete understanding of the State's requirements for the CCOs' encounter data and to determine if additional or updated requirements are needed to ensure the encounter data is complete and accurate. DOM provided Myers and Stauffer with acceptable error rates, accuracy and completeness thresholds, and documentation, which included the following information, as listed in Protocol 5:

- Specific requirements regarding the collection and submission of encounters
- Requirements regarding the types of encounters that must be validated
- Standards for the submitted data
- Standards for encounter data completeness and accuracy
- Data dictionary and companion guides
- Description of the information flow from the CCO to the State
- A list and description of automated edits or checks performed on the data
- The timeliness requirements for encounter data submissions
- Any EQR validation reports from previous years
- Any other information relevant to encounter data validation

Methodology

The State's requirements were evaluated to determine whether DOM's standards were consistent with the Final Medicaid Managed Care Rule and Protocol 5 criteria.

We reviewed the DOM-CCO contracts and system companion guides in effect for the period under review. DOM's standards were reviewed for completeness and accuracy, file transfer protocols, certification policies, collection and submission requirements, processes, claims, and encounter submission requirements. Myers and Stauffer also met with DOM representatives regularly. Monthly status meetings conducted with DOM ensured that our understanding of policies, processes and systems were accurate.

Medicaid Management Information System

During the measurement period, DOM replaced its Medicaid Management Information System (MMIS). The goal of this modernization was to enhance connections between health services systems and improve access to health information for Medicaid providers and members.⁶ Along with this system replacement, DOM transitioned to a new fiscal agent contractor (FAC). Effective October 3, 2022,

⁶ <https://medicaid.ms.gov/the-mississippi-medicaid-mmis-replacement-project/>



Gainwell Technologies, Inc. became the FAC. Prior to this transition, Conduent EDI Solutions, Inc. was DOM's FAC.

Findings and Recommendations

Findings from the state requirements review are summarized below, including recommendations for DOM, and/or the FAC.

Findings and Recommendations	
Findings	Recommendations
There were no findings related to our review of the State's requirements.	



Review CCO Capability

The CCO's information systems and controls were evaluated to determine its ability to collect and submit complete and accurate encounter data.

Methodology

A survey was developed, documentation was requested, and interviews were conducted with CCO personnel to gain an understanding of the CCO's structure and processes.

The survey and personnel interviews requested information about the CCO, its parent company, and the local CCO environment. Questions related to claims processing, encounter data submissions, subcontractor/delegated vendor relationships, enrollment, data systems, controls and mechanisms⁷ were addressed.

Requested documentation included the CCO's Information Systems Capability Assessment (ISCA)⁸, work flows, policies and procedures for handling encounter data, subcontractor/delegated vendor information, key contacts, and organizational structures. The documentation was used to gain an understanding of the CCO's processes and to determine questions to ask during the interviews.

In addition, questions relating to the CCO's fraud risk management were solicited to evaluate the CCO's fraud mitigation controls and activities. Our questions were related to the following:

- Conducting comprehensive risk assessments to identify potential areas of vulnerability and/or to assess the effectiveness of the existing plan.
- Regular training and communication of policies (i.e., acceptable conduct, reporting mechanisms and consequences for fraudulent behavior).
- Internal controls including segregation of duties, access, controls and authorization mechanisms.
- Regular fraud awareness training for employees to recognize potential fraud indicators.
- Detection tools and analytics to monitor transactions, behavior patterns, and anomalies that may indicate potential fraudulent activity.
- Response plans for handling suspected fraud incidents, including protocols for investigations involving relevant internal and external parties, and compliance with legal and regulatory requirements.

A review of the results of the CCO's SOC2 report was also conducted. The results were evaluated to determine if any control issues were noted with the systems used for member enrollment, claims processing, and encounter submission. If findings were noted in these areas, the impact on encounter

⁷ Questions found in Appendix V, Attachment B of the Validation of Encounter Data protocol were included in the survey.
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/app5-attachb-isreview.pdf>

⁸ The key purpose of an ISCA is to determine the extent to which a CCO maintains the capacity to collect, manage, report and use valid and reliable data. ISCA's are performed by a third party to evaluate the systems within a CCO as part of the National committee for Quality Assurance (NCQA) accreditation process.



data completion and accuracy was evaluated and included in the findings and recommendations below.

Findings and Recommendations

Findings from the review and interviews are summarized below along with recommendations for DOM and the CCO.

Findings and Recommendations		
	Findings	Recommendations
2-A	There is no mechanism in place for review and approval of manual changes made to enrollment data before it is loaded into the CCO's system.	In order to minimize the CCO's risk and ensure accuracy, the CCO should put into place internal control procedures requiring review and approval of manual changes to the enrollment data. The approval should be conducted by a manager or another authorized user, prior to the data being loaded into the system.



Analyze Electronic Encounter Data

Analyzing the encounter data is the core function for determining the validity of the encounter data. It is designed to assist the state in determining whether the data can be used for rate setting and other analyses and is comprised of the following steps:

1. Developing a data quality test plan
2. Verifying the integrity of the CCO encounter data
3. Generating and reviewing analytical reports
4. Comparing findings to state-identified standards

Step 1: Developing a Data Quality Test Plan

CY 2022 encounter data and cash disbursement journal (CDJ) data were used in performing the encounter data testing and analysis. In addition, two distinct measurement sample periods of March 2022 and November 2022 were selected and approved by DOM for testing. These months were specifically selected to encompass testing of both the former FAC, Conduent EDI Solutions, Inc., and the current FAC, Gainwell Technologies, Inc., that DOM transitioned to during October 2022. CDJs were submitted by the CCO and its subcontractor/delegated vendors and encounter data was provided by the FAC. The CDJ files were submitted monthly to Myers and Stauffer by the CCO and its subcontractor/delegated vendors. On a monthly basis, Myers and Stauffer received encounter data from the FAC in a standardized data extract, which included both paid and denied encounters. The CCO submitted sample claims data extracts, based on paid (adjudication) date, from its claims processing systems and from each subcontractor/delegated vendor's claims processing systems for the selected sample months.

The cumulative monthly totals from the CDJs and the encounter data were used to test the completeness of the encounter data. The sample claims were used to test the quality of the encounter data received from the FAC for both completeness and accuracy. The sample claims testing was based on the expectation of the receipt of a full set of claims data from the CCO for the testing period to determine valid, missing, and erroneous encounters within the FAC encounter data by comparing the sample claims data to the FAC encounter data.

Step 2: Verifying the Integrity of the CCO Encounter Data Files

Verifying the integrity of the CCO encounter data files requires verifying both the completeness and accuracy of the encounter data. Validation analyses were performed on the CAN CY 2022 encounter data and were separately performed on the CHIP CY 2022 encounter data.



Completeness

DOM's contract with the CCO requires the CCO to submit 98 percent of all encounter data, including those of subcontractors and/or delegated vendors. The CCO must submit complete and accurate encounter data at least weekly. This includes all claims paid, denied, adjusted, and voided by the CCO and its subcontracted/delegated vendors. Encounters are due no later than the sixtieth (60th) day after the date of adjudication.⁹ Encounter data completeness is measured by comparing the encounters to CDJ and sample claim paid amounts within a two (2) percent error threshold.

Completeness of encounter data can also be measured based on the number of encounters to ensure denials, resubmissions, and zero-pay encounters related to sub-capitated providers are included in the encounter data, in addition to paid encounters.

Cash Disbursement Journals

Under a contractual arrangement with DOM, Myers and Stauffer routinely performs a bi-monthly reconciliation of the CCO-submitted CDJs to the FAC encounter data to measure encounter data completeness (i.e., "Comparison of Encounter Data to Cash Disbursements Reconciliation Report"). The CCO's paid encounters are reviewed to determine if the paid encounters meet the State's contract minimum completeness requirement of 98 percent when compared to the CDJ files. For this validation, the encounter data extract included encounters received and accepted by the FAC and transmitted to Myers and Stauffer through September 29, 2023. These results were published within the bi-monthly report issued on October 31, 2023. Pharmacy denied encounters were not included in the encounter data extracts until after the October 31 report was issued. At the direction of DOM, the report was subsequently updated and reissued to include these missing pharmacy denied encounters provided by the FAC in revised encounter data extracts. However, the EQR Protocol 5 validation was completed using the initial September 29, 2023 data and as a result, the Encounter Data Reconciliation analysis issued on October 31, 2023 was utilized for our analysis and excludes this updated pharmacy data.

⁹ Contract between DOM and the CCO, Section 11 – Reporting Requirements, S. Member Encounter Data.



Figures 1 and 2, below, show the monthly completion percentages obtained after the comparison of the CDJ paid amounts to the encounter paid amounts for CY 2022.

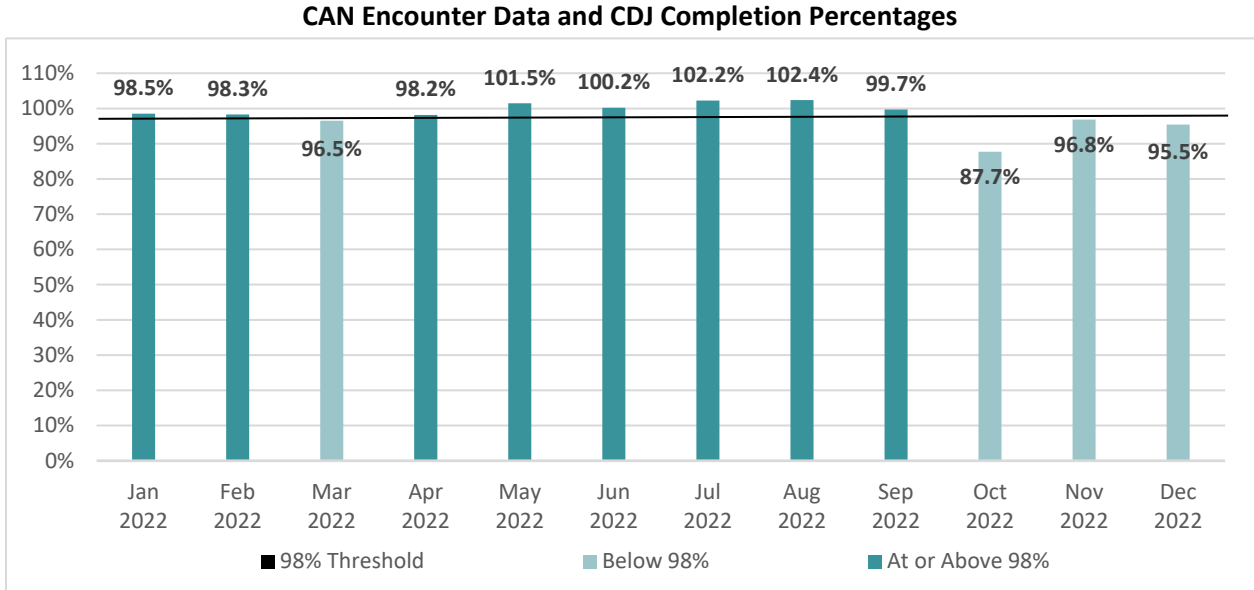


Figure 1 – CAN Encounter Data and CDJ Completion Percentages: The CAN monthly completion percentages were above the 98 percent threshold for eight (8) out of the twelve (12) month measurement period. The average CAN completion percentage for CY 2022, including delegated vendors, was 98.2 percent. Detailed results can be found in the October 31, 2023 Encounter Data Validation Report, Appendix A.

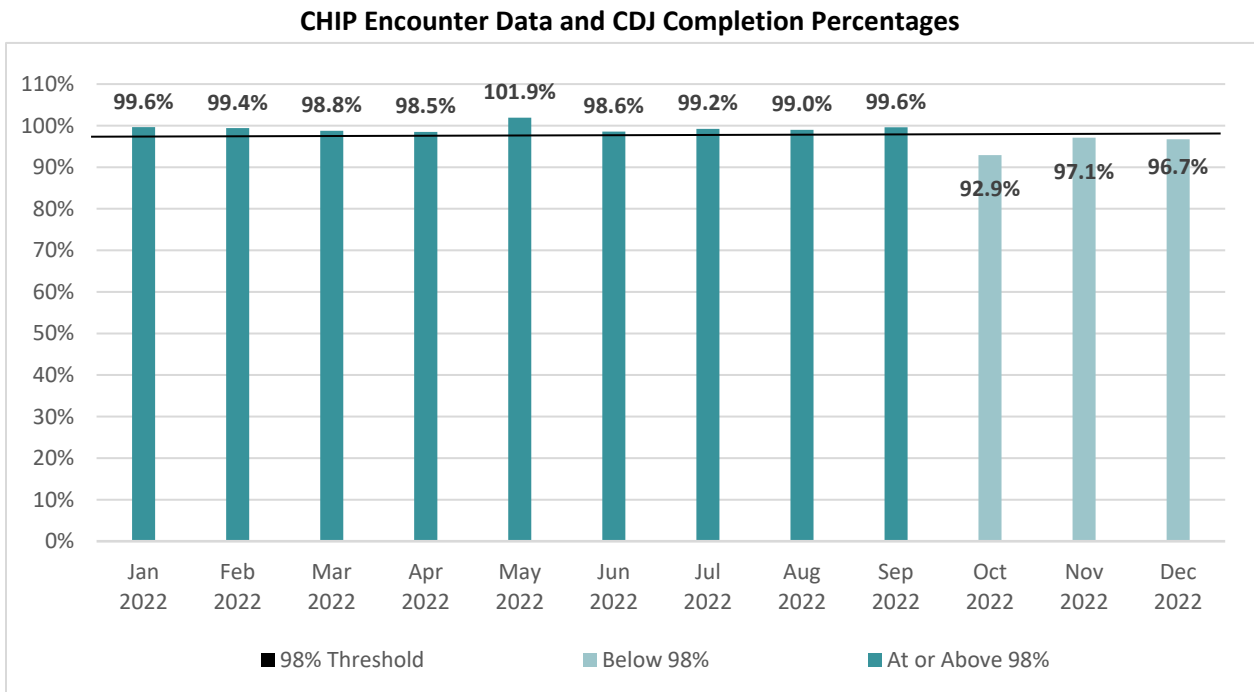


Figure 2 – CHIP Encounter Data and CDJ Completion Percentages: The average CHIP completion percentage for CY 2022, including delegated vendors, was 98.3 percent. Monthly completion percentages were above the 98 percent threshold for nine (9) out of the twelve (12) months measurement period. Detailed results can be found in the



October 31, 2023 Encounter Data Validation Report, Appendix A.

Sample Claims

The comparison of the March 2022 and November 2022 sample claims data to the encounter data for this same period sought to ensure that all CCO and delegated vendor adjudicated claims were properly transformed as encounters and present within the encounter data submitted to the FAC. The CCO-submitted sample claims data was traced to encounter data using data elements provided in the sample claims data. Completeness was evaluated on the following criteria:

- Sample Claim Count: The number of claims from the sample data that were identified as present within the encounters.
- Sample Claim Paid Amount: Sample claim paid amounts compared to encounter paid amounts.

Figures 2 and 3, below, show the completion percentages obtained after the identification of sample claims present in the encounters and the comparison of the sample claim counts and paid amounts to encounter counts and paid amounts.

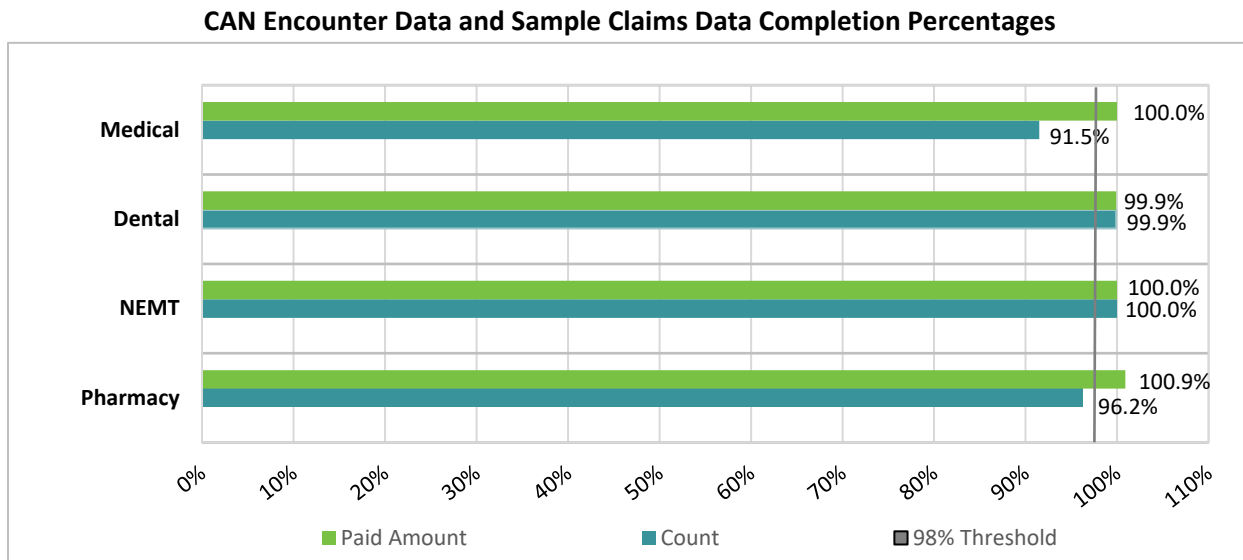


Figure 2 – CAN Encounter Data and Sample Claims Data Completion Percentages: Values reflect the two CAN sample months of March 2022 and November 2022 combined. Sample claims with paid (adjudication) dates outside of the sample months were excluded from the validation. Detailed results can be found in Appendix B.

Completion percentages based on sample claim counts were above the 98 percent threshold for CAN dental and non-emergency medical transportation (NEMT) encounters. When compared to sample claim paid amounts, medical, dental and NEMT encounters were at 100 percent and pharmacy encounters were over 100 percent. While we were unable to determine the specific root cause of the completion percentages greater than 100 percent and/or below the 98 percent threshold, these unexpected percentages may be indicative of incomplete data, timing differences, potential duplicates, or claims, voids, replacements, adjustments and/or other transactions present or absent from the encounter data.



CHIP Encounter Data and Sample Claims Data Completion Percentages

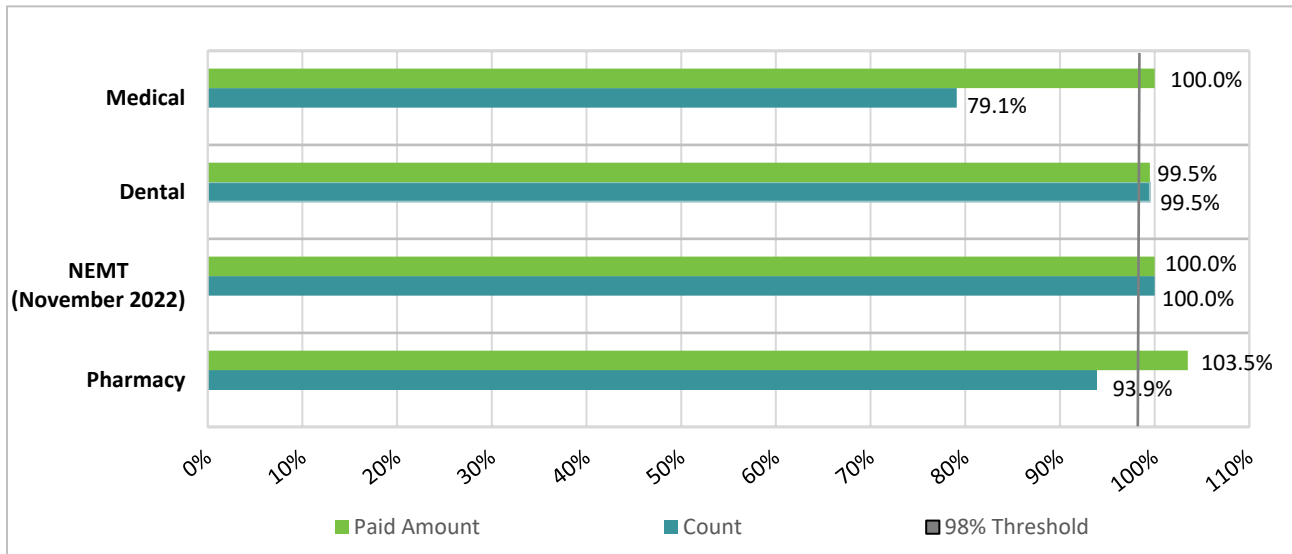


Figure 3 – CHIP Encounter Data and Sample Claims Data Completion Percentages: Values reflect the two CHIP sample months of March 2022 and November 2022 combined, with the exception on NEMT. All of the NEMT claims submitted for March 2022 had paid dates outside of the specified sample month. Sample claims with paid (adjudication) dates outside of the sample months were excluded from the validation process. Detailed results can be found in Appendix H.

Completion percentages based upon our review of the sample claim counts were below the 98 percent threshold for CHIP medical and pharmacy encounters. When compared to sample claim paid amounts, medical and dental encounters were at 100 percent and pharmacy encounters were over 100 percent. While we were unable to determine the specific root cause of the completion percentages greater than 100 percent and/or below the 98 percent threshold, these unexpected percentages may be indicative of incomplete data, timing differences, potential duplicates, or claims, voids, replacements, adjustments and/or other transactions present or absent from the encounter data.

Accuracy

For the purpose of verifying the integrity of the encounter data, certain key data elements from the encounter data were compared with the sample claims data. The key data elements comparison analysis was limited to the encounters for which we were able to identify a corresponding matching adjudicated claim within the sample claims data provided. The key data elements were evaluated based on the following criteria:

- **Valid Values:** The encounter key data element value matched the sample claim key data element value. If the encounter key data element was blank (or NULL) and the data element in the sample claim was also blank (or NULL), it was considered valid.
- **Missing Values:** The encounter key data element was blank (or NULL) and the data element in the sample claim was populated (i.e., had a value).



- **Erroneous Values:** The encounter key data element had a value (i.e., was populated) and the sample claim key data element value was populated, but the values were not the same.

Consistency checks were performed, such as verifying that key data elements contained the expected value, were in the correct format and specificity, and were consistent across data elements. Individual key data element validity and accuracy rates were calculated based on the total number of records in the encounter dataset. The targeted error rate was expected to be below two percent per key data element (i.e., a 98 percent accuracy threshold). Accuracy percentages are presented in **Table 1**, below.

Key Data Elements Accuracy Percentages – Valid Values		
Encounter Type	CAN	CHIP
Medical	94.0%	92.7%
Dental	90.0%	87.9%
NEMT	90.8%	91.7%
Pharmacy	88.0%	80.5%
Total Average	91.8%	88.1%

Table 1 – Key Data Elements Accuracy Percentages – Valid Values: Values reflect the two sample months of March 2022 and November 2022 combined. The total average accuracy rate was below the established 98 percent threshold requirement for both CAN and CHIP. The key data elements evaluated and specific testing results are presented in Appendix C (CAN) and Appendix I (CHIP).

CAN and/or CHIP encounter data accuracy issues were determined to be primarily related to service/rendering provider NPIs and taxonomy and values not being populated in the CCO-submitted sample claims data.

Findings and Recommendations

The findings from the completeness and accuracy analyses of the encounter data are summarized below, including recommendations for DOM, the FAC and/or the CCO.

Findings and Recommendations		
	Findings	Recommendations
3-A	Completeness – CDJs: Completion percentages were above the 98 percent threshold for both CAN and CHIP at 98.2 percent and 98.3 percent, respectively.	The CCO, in conjunction with the FAC, should investigate and identify the causes of any surplus and/or missing encounters present or absent in the encounter data. Any issues noted during the investigation requiring encounter data revisions should be accurately addressed and incorporated in the FAC encounter data. Additionally, the CCO should submit adjusted, void and denied claims and/or corrections/resubmissions to ensure claims are accurately reflected within the encounter data.
3-B	Completeness – Sample Claim Count: Medical and pharmacy encounter completion percentages were below the 98 percent threshold for both CAN and CHIP. For the medical encounters, inpatient and outpatient encounters were within the threshold while professional encounters were 90.3 percent for CAN and 77.1 percent for CHIP.	



Findings and Recommendations		
	Findings	Recommendations
3-C	Completeness – Sample Claim Paid Amount: Medical, dental and NEMT encounters, based on sample claim paid amounts, were 100 percent for both CAN and CHIP. Pharmacy encounters were over 100 percent at 100.9 percent for CAN and 103.5 percent for CHIP.	
3-D	Accuracy – Diagnosis Codes: Medical CAN and CHIP – Inpatient and outpatient values were not populated in the sample claims data. Additionally, the CHIP March 2022 sample claims data reflected a value, while the encounter data value was not populated.	Diagnosis codes are expected on most inpatient, long-term care, and outpatient claims and encounters. It is also a required T-MSIS Key Claims Service Data Element (TPI-20) ¹⁰ . All inpatient and long-term care claims should have an admitting diagnosis code, as well as a primary or principal diagnosis code. Outpatient hospital services, physicians’ services or clinic services are generally expected to have at least one diagnosis code. The CCO should ensure it is properly capturing and maintaining diagnosis code information in its claims system and data warehouse and be able to submit this information in accordance with 837I Encounter Submission and T-MSIS guidelines, and/or ad hoc requests.
3-E	Accuracy – Diagnosis Related Group: Medical (inpatient) CHIP –The March 2022 sample claims data reflected a value and the encounter value was not populated.	The CCO should ensure it is properly maintaining DRG information used for pricing a claim in its claims system and data warehouse and ensure the DRG is being captured and included in the encounter submissions, as required by the 837I Encounter Submission Guide.
3-F	Accuracy – Former/Original Claim ICN: Pharmacy CAN –The encounter data reflects valid values, but the sample value is not populated.	The CCO should ensure that appropriate audit trails are in place for all adjusted, replaced, and voided claims. The original ICN should be linked to the replacement, adjustment and/or voided claim and be available to trace the replacement or adjustment back to the original claim.
3-G	Accuracy – Revenue Code: Medical (outpatient) CAN and CHIP – For March 2022 both the sample claims data and the encounter data reflect valid values, but the values do not agree.	The CCO should ensure it is properly maintaining revenue codes used in its claims system and data warehouse and ensure the revenue code is being captured and included in the encounter submissions, as required by the 837I Encounter Submission Guide.

¹⁰ <https://www.hhs.gov/guidance/document/cms-guidance-diagnosis-procedure-codes>



Findings and Recommendations	
Findings	Recommendations
<p>3-H Accuracy – CCO Paid Amount: NEMT CAN and CHIP – Values were populated with a \$0.00 amount in the sample claims data.</p>	<p>The Encounter Submission Guide requires CCO/delegated vendor paid amounts be included on all 837 submissions. The CCO should implement a formal review process of delegated vendor encounter submissions to ensure all required fields are populated as expected. The Medicaid Managed Care Final Rule imposes the same expectations for the delegated vendors as it does for the CCO, and holds the CCO ultimately responsible for the encounter data submitted on its behalf by the delegated vendor.</p>
<p>3-I Accuracy – Billed Charges: Pharmacy CAN and CHIP – Both the sample claims data and the encounter data reflect valid values, but the values do not agree. CCO Paid Date: Pharmacy CAN and CHIP – The encounter date is before and/or after the sample claim date.</p>	<p>The CCO should work with its delegated vendor and review its encounter submission procedures to ensure the delegated vendor’s paid dates and billed charges are submitted in accordance with encounter submission requirements and ensure accurate adjudication dates (i.e., the date a determination was made to pay or deny a claim) are being reported on all encounter submissions. The FAC should also review its processes to ensure it is capturing the CCO’s/delegated vendor's adjudication date(s) and billed charges, as submitted by the CCO/delegated vendor, on all submitted encounters. The CCO, delegated vendor and the FAC should work together to resolve this issue.</p>
<p>3-J Accuracy – MMIS ICN: Medical CAN and CHIP, Dental CAN and CHIP, NEMT CAN, Pharmacy CHIP – The encounter data reflects valid values, but the sample value is not populated; or both the sample claims data and the encounter data reflect valid values, but the values do not agree.</p>	<p>The CCO/delegated vendors should ensure that appropriate audit trails are in place and it is properly capturing and storing all ICN(s) assigned by the FAC and returned to the CCO/delegated vendor on the 999 or proprietary response file(s).</p>
<p>3-K Accuracy – Billing Provider NPI/Number: Dental CAN and CHIP Service Provider NPI/Number and Taxonomy: Medical CAN and CHIP; Dental CAN and CHIP Both the sample claim data and the encounter data reflect valid values but they do not agree and/or the values are inconsistently populated in the sample claims data and/or encounter data.</p>	<p>The CCO should ensure it is properly maintaining provider data within the claims system and data warehouse and be able to submit this information in the encounter submissions, as required by the 837 Encounter Submission Guidelines. Additionally, the FAC should review its processes to ensure it is capturing billing NPI/number, service provider NPI/number and taxonomy data as submitted by the CCO and ensure the data is provided in the encounter data extracts. The FAC and the CCO should work together to ensure the provider regulated values are properly submitted and captured in the encounter data.</p>



Step 3 and 4: Generating and Reviewing Analytical Reports and Comparing Findings to State-Identified Standards

To further support the encounter data validation process, encounters with dates of service during the measurement period were analyzed for consistency among other measurable attributes such as member utilization and paid amounts, timeliness of payments, and encounter submission timeliness. Encounters with CY 2022 dates of service were compared to Mississippi Medicaid managed care program data¹¹ to further evaluate the encounter data.

Members, Utilization and Paid Amounts

Member and/or capitation data was used to evaluate utilization data on a per member basis. The total number of utilized services and total paid amounts were divided by the average number of members to determine per member utilization. Tables 3 and 4 show the resulting utilization and paid amounts per member.

CAN Per Member Per Year (PMPY) ¹² Utilization and Paid Amounts by Service Type						
Service Type	Mississippi CAN		Molina CAN		Variance	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Ancillary	5.7	\$373	4.4	\$274	-22.8%	-26.5%
Dental	4.4	\$221	3.5	\$185	-20.5%	-16.3%
Inpatient	3.0	\$1,032	3.6	\$1,257	20.0%	21.8%
Outpatient	11.0	\$816	9.7	\$763	-11.8%	-6.5%
Primary Care	13.6	\$588	12.9	\$577	-5.1%	-1.9%
Specialty Care	3.2	\$170	2.8	\$173	-12.5%	1.8%
Vision	1.4	\$50	1.1	\$34	-21.4%	-32.0%
NET	0.5	\$30	0.3	\$15	-40.0%	-50.0%
Pharmacy	14.4	\$892	9.2	\$860	-36.1%	-3.6%
Telehealth	0.4	\$32	0.3	\$26	-25.0%	-18.8%
Behavioral Health	3.0	\$384	1.8	\$227	-40.0%	-40.9%
Total	60.6	\$4,588	49.6	\$4,391	-18.2%	-4.3%

Table 3 - CAN Per Member Utilization and Paid Amount Statistics: The CCO’s overall CAN PMPY utilization rate of 49.6 was 18.2 percent lower than the Mississippi CAN overall utilization rate of 60.6, and the CCO’s PMPY paid amount was 4.3 percent lower. Detailed statistics are available in Appendix D.

¹¹ All CCOs contracted to provide healthcare services for Mississippi Medicaid managed care CAN or CHIP eligible beneficiaries were combined, as appropriate, for comparative purposes.

¹² Counts and/or paid amount divided by the average number of members.



CHIP Per Member Per Year Utilization and Paid Amounts by Service Type						
Service Type	Mississippi CHIP		Molina CHIP		Variance	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Ancillary	2.5	\$143	2.4	\$169	-4.0%	18.2%
Dental	6.4	\$337	6.0	\$316	-6.3%	-6.2%
Inpatient	0.3	\$231	0.3	\$314	0.0%	35.9%
Outpatient	4.6	\$591	4.4	\$548	-4.3%	-7.3%
Primary Care	8.5	\$425	8.3	\$450	-2.4%	5.9%
Specialty Care	3.7	\$162	2.7	\$146	-27.0%	-9.9%
Vision	1.8	\$50	1.6	\$51	-11.1%	2.0%
NEMT	0.0	\$0	0.0	\$1	0.0%	0.0%
Pharmacy	9.6	\$590	7.1	\$541	-26.0%	-8.3%
Telehealth	0.3	\$19	0.3	\$22	0.0%	15.8%
Behavioral Health	1.4	\$131	1.4	\$167	0.0%	27.5%
Total	39.1	\$2,679	34.5	\$2,725	-11.8%	1.7%

Table 4 - CHIP Per Member Utilization and Paid Amount Statistics: The CCO’s overall CHIP PMPY utilization rate of 34.5 was 11.8 percent lower than the Mississippi CHIP overall utilization rate of 39.1, and the CCO’s PMPY paid amount was 1.7 percent higher. Detailed statistics are available in Appendix J.

Timeliness

Complete data takes into account the time necessary to adjudicate a submitted claim and the subsequent timely turnaround for the submission of the generated encounter. Inconsistent processing may indicate problems within the CCO’s information systems. This analysis determines compliance with the timeliness requirements of the CCO’s payment of provider claims and its submission of encounters to the FAC after adjudication (i.e., payment or denial).

Timely Payment of Claims

This analysis measures how quickly the CCO paid or denied (adjudicated) claims submitted by providers for payment. The received dates and paid (adjudication) dates from encounters with CY 2022 dates of service were used for the analysis. The number of days between these dates determined the percentage of claims paid (adjudicated) by the CCO within the designated timeframes.



Tables 5 and 6 show the results of the timely payment of claims analysis.

CAN Timely Payment of Claims				
Encounter Type	30 Days	60 Days	90 Days	Average Days
Medical	99.2%	99.6%	99.7%	5
Dental	100.0%	100.0%	100.0%	3
Vision	98.4%	99.6%	99.9%	16
NEMT	73.1%	94.8%	98.8%	31
Pharmacy	99.6%	99.9%	99.9%	5
Overall Average	99.1%	99.7%	99.8%	5

Table 5 - CAN Timely Payment of Claims: The CCO paid 99.1 percent of CAN claims within 30 days. Detailed results can be found in Appendix E.

CHIP Timely Payment of Claims				
Encounter Type	30 Days	60 Days	90 Days	Average Days
Medical	99.4%	99.7%	99.8%	5
Dental	100.0%	100.0%	100.0%	3
Vision	91.7%	94.7%	98.2%	20
NEMT	67.4%	89.9%	95.5%	32
Pharmacy	99.9%	99.9%	100.0%	4
Overall Average	99.4%	99.7%	99.9%	5

Table 6 - CHIP Timely Payment of Claims: The CCO paid 99.4 percent of CHIP claims within 30 days. Detailed results can be found in Appendix K.

Timely Encounter Submissions

This analysis determined how long it took the CCO to get encounters into the Medicaid management information system (MMIS). According to the CCO’s contract with DOM, the CCO must submit [all]¹³ adjudicated clean claims as encounters no later than the sixtieth (60th) calendar day after the date the CCO adjudicated the claim.¹⁴

The paid dates from encounters with CY 2022 dates of service and the date the FAC processed the encounter were used for the analysis. The number of days between these dates determined the percentage of encounters submitted by the CCO to the FAC within the designated timeframes.

¹³ The word “all” is not included within the contract language. For purposes of this analysis, this requirement is assumed to contain a 100 percent threshold.

¹⁴ Section 11, Reporting Requirements, S. Member Encounter Data.



Tables 7 and 8 show the results of the encounter submission timeliness analysis.

CAN Timely Encounter Submissions				
Encounter Type	60 Days	90 Days	120 Days	Average Days
Medical	88.9%	91.5%	92.5%	32
Dental	83.5%	97.4%	100.0%	30
Vision	81.5%	90.1%	90.8%	43
NEMT	72.6%	80.2%	85.7%	79
Pharmacy	60.4%	60.5%	64.4%	69
Overall Average	78.0%	80.2%	82.4%	46

Table 7 – CAN Timely Encounter Submissions: The CCO submitted 78.0 percent of CAN encounters within the required 60 day timeframe. Detailed results can be found in Appendix F.

CHIP Timely Encounter Submissions				
Encounter Type	60 Days	90 Days	120 Days	Average Days
Medical	90.9%	92.8%	93.5%	28
Dental	81.7%	95.9%	100.0%	31
Vision	82.6%	92.6%	94.7%	39
NEMT	64.7%	73.0%	77.2%	119
Pharmacy	57.8%	57.8%	61.4%	74
Overall Average	76.9%	79.4%	81.5%	46

Table 8 – CHIP Timely Encounter Submissions: The CCO submitted 76.9 percent of CHIP encounters within the 60 day timeframe. Detailed results can be found in Appendix L.



Findings and Recommendations

The findings from the timeliness analyses are presented below, including recommendations for DOM, the FAC and/or the CCO.

Findings and Recommendations	
Findings	Recommendations
There were no findings related to our review of the CCO’s timely payment of claims.	
3-L	<p>Timeliness – Encounter Submissions: The CCO did not meet the required level of timeliness for the submission of encounters. Less than 80% of all CY 2022 encounters were submitted within the 60 day timeframe. The NEMT and pharmacy delegated vendors diluted the overall percentages with 72.6% of CAN and 64.7% of CHIP NEMT encounters submitted within 60 days, and 60.4% of CAN and 57.8% of CHIP pharmacy encounters submitted within 60 days. The delay in the submission and/or acceptance of encounters may have been impacted by the replacement of the MMIS system during the measurement period and/or the transition to a new FAC during the fourth quarter of 2022.</p>
	<p>The CCO should review and regularly monitor its claims adjudication practices and encounter submission procedures to ensure claims processing is timely and all encounter submissions are meeting contractual requirements.</p>



Review of Medical Records

A review of medical records confirms or provides supporting information for the findings from the analysis of encounters, but was not a medical necessity review. Certain key data elements from the encounters selected for review were traced to the corresponding provider medical records obtained, as the medical record is intended to represent the primary source of documentation for the service(s) provided. Encounter data with dates of service during the measurement period were used as the universe population for the selection of medical records. A sample size of 120 total medical records was specified by DOM for testing. One non-statistical¹⁵, proportionate random sampling of CAN and CHIP records, was drawn from the encounter data universe for review.

The encounters selected for review were forwarded to the CCO on June 26, 2023 for retrieval of the medical records from the billing provider. The notification included a guide outlining the specific types of documentation that may be submitted and stated that medical records were due to Myers and Stauffer by August 11, 2023. Medical records submitted after the due date, records with incorrect dates of service, and incomplete medical records were excluded from the validation process.

Tables 9 and 10 below, summarize the number of records requested, received, missing, and the net number of medical records submitted by the CCO for testing.

CAN Medical Records Summary					
Description	Medical	Dental	Vision	Pharmacy	Total
Total Records Requested	62	4	2	37	105
Records Missing	0	0	0	0	0
Medical Records Received and Tested	62	4	2	37	105
Percentage of Requested Records Tested	100.0%	100.0%	100.0%	100.0%	100.0%

Table 9 – CAN Medical Records Summary: All of the 105 medical records requested were submitted and tested. Medical includes inpatient, outpatient, and professional encounter types.

CHIP Medical Records Summary					
Description	Medical	Dental	Vision	Pharmacy	Total
Total Records Requested	8	1	1	5	15
Records Missing	0	0	0	0	0
Medical Records Received and Tested	8	1	1	5	15
Percentage of Requested Records Tested	100.0%	100.0%	100.0%	100.0%	100.0%

Table 10 – CHIP Medical Records Summary: All of the 15 medical records requested were submitted and tested. Medical includes inpatient, outpatient, and professional encounter types.

¹⁵ Non-statistical sampling is the selection of a test group, such as sample size, that is based on the examiner’s judgement, rather than a formal statistical method.
<https://www.accountingtools.com/articles/non-statistical-sampling.html>



The CCO submitted all fifteen (15) of the CHIP medical records requested and all 105 of the CAN medical records requested. A total of 120 medical records (100.0 percent) were submitted for testing.

Methodology

The medical records were reviewed and compared to the encounter data to validate that the tested key data elements were supported by the medical record documentation. Each key data element was independently evaluated against the medical record and deemed supported or unsupported (i.e., the medical record supported or did not support the encounter key data element value). The validation was segregated in the following manner:

- Supported: Encounters for which the medical records supported the key data element(s).
- Unsupported: Encounters for which the medical records reflected information that was different from the encounter key data element(s) and/or encounters for which the medical records did not include the information to support the encounter key data element(s).

Table 11 reflects the validation rates from the medical record key data element review. A 98 percent threshold was used for validation. The supported validation rates were below the 98 percent threshold for both CAN and CHIP.

Supported Medical Record Validation Rates		
Encounter Type	CAN	CHIP
Medical	97.6%	95.1%
Dental	96.0%	100.0%
Vision	60.0%	81.8%
Pharmacy	89.8%	89.8%
Total Average	94.3%	92.7%

Table 11 – Supported Medical Record Validation Rates: The key data elements evaluated and specific testing results are presented in Appendix G (CAN) and Appendix M (CHIP).



Findings and Recommendations

The findings from the encounter data testing against medical records are presented below, including recommendations for DOM, the FAC and/or the CCO.

Findings and Recommendations		
	Findings	Recommendations
4-A	All of the medical records requested were submitted and tested. The validation rates were below the 98 percent threshold for both CAN (94.3 percent) and CHIP (92.7 percent).	The CCO should work with its providers to ensure appropriate data element values are submitted and captured in the claims and encounter submissions, and that the data elements submitted are supported by the medical record(s).



Submission of Findings

The table below summarizes the findings and recommendations identified during the scope of the audit. Finding numbers corresponding to the sequential finding for each audit scope within the report.

Findings and Recommendations		
Findings	Recommendations	
Review State Requirements		
There were no findings related to our review of the State’s requirements.		
Review CCO Capability		
2-A	There is no mechanism in place for review and approval of manual changes made to enrollment data before it is loaded into the CCO’s system.	In order to minimize the CCO’s risk and ensure accuracy, the CCO should put into place internal control procedures requiring review and approval of manual changes to the enrollment data. The approval should be conducted by a manager or another authorized user, prior to the data being loaded into the system.
Analyze Electronic Encounter Data		
3-A	Completeness – CDJs: Completion percentages were above the 98 percent threshold for both CAN and CHIP at 98.2 percent and 98.3 percent, respectively.	The CCO, in conjunction with the FAC, should investigate and identify the causes of any surplus and/or missing encounters present or absent in the encounter data. Any issues noted during the investigation requiring encounter data revisions should be accurately addressed and incorporated in the FAC encounter data. Additionally, the CCO should submit adjusted, void and denied claims and/or corrections/resubmissions to ensure claims are accurately reflected within the encounter data.
3-B	Completeness – Sample Claim Count: Medical and pharmacy encounter completion percentages were below the 98 percent threshold for both CAN and CHIP. For the medical encounters, inpatient and outpatient encounters were within the threshold, while professional encounters were 90.3 percent for CAN and 77.1 percent for CHIP.	
3-C	Completeness – Sample Claim Paid Amount: Medical, dental and NEMT encounters, based on sample claim paid amounts, were 100 percent for both CAN and CHIP. Pharmacy encounters were over 100 percent at 100.9 percent for CAN and 103.5 percent for CHIP.	



Findings and Recommendations		
	Findings	Recommendations
3-D	Accuracy – Diagnosis Codes: Medical CAN and CHIP – Inpatient and outpatient values were not populated in the sample claims data. Additionally, the CHIP March 2022 sample claims data reflected a value, while the encounter data value was not populated.	Diagnosis codes are expected on most inpatient, long-term care and outpatient claims and encounters. It is also a required T-MSIS Key Claims Service Data Element (TPI-20) ¹⁶ . All inpatient and long-term care claims should have an admitting diagnosis code, as well as a primary or principal diagnosis code. Outpatient hospital services, physicians’ services or clinic services are generally expected to have at least one diagnosis code. The CCO should ensure it is properly capturing and maintaining diagnosis code information in its claims system and data warehouse and be able to submit this information in accordance with 837I Encounter Submission and T-MSIS guidelines, and/or ad hoc requests.
3-E	Accuracy – Diagnosis Related Group: Medical (inpatient) CHIP –The March 2022 sample claims data reflected a value, but the encounter value was not populated.	The CCO should ensure it is properly maintaining DRG information used for pricing a claim in its claims system and data warehouse and ensure the DRG is being captured and included in the encounter submissions, as required by the 837I Encounter Submission Guide.
3-F	Accuracy – Former/Original Claim ICN: Pharmacy CAN –The encounter data reflects valid values and the sample value is not populated.	The CCO should ensure that appropriate audit trails are in place for all adjusted, replaced, and voided claims. The original ICN should be linked to the replacement, adjustment and/or voided claim and be available to trace the replacement or adjustment back to the original claim.
3-G	Accuracy – Revenue Code: Medical (outpatient) CAN and CHIP – For March 2022 both the sample claims data and the encounter data reflect valid values but the values do not agree	The CCO should ensure it is properly maintaining revenue codes used in its claims system and data warehouse and ensure the revenue code is being captured and included in the encounter submissions, as required by the 837I Encounter Submission Guide.
3-H	Accuracy – CCO Paid Amount: NEMT CAN and CHIP – Values were populated with a \$0.00 amount in the sample claims data.	The Encounter Submission Guide requires CCO/delegated vendor paid amounts be included on all 837 submissions. The CCO should implement a formal review process of delegated vendor encounter submissions to ensure all required fields are populated as expected. The Medicaid Managed Care Final Rule imposes the same expectations for the delegated vendors as it does for the CCO, and holds the CCO ultimately responsible for the encounter data submitted on its behalf by the delegated vendor.

¹⁶ <https://www.hhs.gov/guidance/document/cms-guidance-diagnosis-procedure-codes>



Findings and Recommendations	
Findings	Recommendations
<p>3-I Accuracy – Billed Charges: Pharmacy CAN and CHIP – Both the sample claims data and the encounter data reflect valid values but the values do not agree. CCO Paid Date: Pharmacy CAN and CHIP – The encounter date is before and/or after the sample claim date.</p>	<p>The CCO should work with its delegated vendor and review its encounter submission procedures to ensure the delegated vendor’s paid dates and billed charges are submitted in accordance with encounter submission requirements and ensure accurate adjudication dates (i.e., the date a determination was made to pay or deny a claim) are being reported on all encounter submissions. The FAC should also review its processes to ensure it is capturing the CCO’s/delegated vendor’s adjudication date(s) and billed charges, as submitted by the CCO/delegated vendor, on all submitted encounters. The CCO, delegated vendor and the FAC should work together to resolve this issue.</p>
<p>3-J Accuracy – MMIS ICN: Medical CAN and CHIP, Dental CAN and CHIP, NEMT CAN, Pharmacy CHIP – The encounter data reflects valid values, but the sample value is not populated; or both the sample claims data and the encounter data reflect valid values, but the values do not agree.</p>	<p>The CCO/delegated vendors should ensure that appropriate audit trails are in place and it is properly capturing and storing all ICN(s) assigned by the FAC and returned to the CCO/delegated vendor on the 999 or proprietary response file(s).</p>
<p>3-K Accuracy – Billing Provider NPI/Number: Dental CAN and CHIP Service Provider NPI/Number and Taxonomy: Medical CAN and CHIP; Dental CAN and CHIP Both the sample claim data and the encounter data reflect valid values, but they do not agree and/or the values are inconsistently populated in the sample claims data and/or encounter data. NEMT CAN and CHIP – Sample claim values and encounter values were not populated.</p>	<p>The CCO should ensure it is properly maintaining provider data within the claims system and data warehouse and be able to submit this information in the encounter submissions, as required by the 837 Encounter Submission Guidelines. Additionally, the FAC should review its processes to ensure it is capturing billing NPI/number, service provider NPI/number and taxonomy data as submitted by the CCO and ensure the data is provided in the encounter data extracts. The FAC and the CCO should work together to ensure the provider regulated values are properly submitted and captured in the encounter data.</p>
<p>3-L Timeliness – Encounter Submissions: The CCO did not meet the required level of timeliness for the submission of encounters. Less than 80% of all CY 2022 encounters were submitted within the 60 day timeframe. The NEMT and pharmacy delegated vendors diluted the overall percentages with 72.6% of CAN and 64.7% of CHIP NEMT encounters submitted within 60 days, and 60.4% of CAN and 57.8% of CHIP pharmacy encounters submitted within 60 days. The delay in the submission and/or acceptance of encounters may have been impacted by the replacement of the MMIS system during the measurement period and/or the transition to a new FAC during the fourth quarter of 2022.</p>	<p>The CCO should review and regularly monitor its claims adjudication practices and encounter submission procedures to ensure claims processing is timely and all encounter submissions are meeting contractual requirements.</p>



Findings and Recommendations		
Findings		Recommendations
Review of Medical Records		
4-A	All of the medical records requested were submitted and tested. The validation rates were below the 98 percent threshold for both CAN (94.3 percent) and CHIP (92.7 percent).	The CCO should work with its providers to ensure appropriate data element values are submitted and captured in the claims and encounter submissions, and that the data elements submitted are supported by the medical record(s).



Glossary

834 file – HIPAA-compliant benefit enrollment and maintenance documentation.

835 file – HIPAA-compliant health care claim payment/advice documentation.

837 file – The standard format used by institutional providers and health care professionals and suppliers to transmit health care claims electronically.

Adjudication – The process of determining whether a provider submitted claim should be paid or denied.

American Institute of Certified Public Accountants (AICPA) – The national professional organization of Certified Public Accountants.

Ancillary Services – Supplies and equipment, laboratory and diagnostic tests, therapies (i.e., physical, occupational and speech) and home health services requested by a health care provider as a supplement to fundamental services.

Capitation – A payment arrangement for health care services that pays a set amount (typically monthly or prorated portion) for each enrolled member assigned to a provider and/or CCO.

Cash Disbursement Journal (CDJ) – A journal used to record and track cash payments by the CCO or other entity.

Centers for Medicare & Medicaid Services (CMS) – The agency within the United States Department of Health & Human Services that provides administration and funding for Medicare under Title XVIII, Medicaid under Title XIX, and the Children’s Health Insurance Program (CHIP) under Title XXI of the Social Security Act.

Centers for Medicare & Medicaid Services (CMS) Medicaid and the Children’s Health Insurance Program (CHIP) Managed Care Final Rule – On April 25, 2016 CMS published the Medicaid and CHIP Managed Care Final Rule which modernizes the Medicaid managed care regulations to reflect changes in the usage of managed care delivery systems. The final rule aligns many of the rules governing Medicaid managed care with those of other major sources of coverage; implements statutory provisions; strengthens actuarial soundness payment provisions to promote the accountability of Medicaid managed care program rates; and promotes the quality of care and strengthens efforts to reform delivery systems that serve Medicaid and CHIP beneficiaries. It also ensures appropriate beneficiary protections and enhances policies related to program integrity.

Certified Public Accountant (CPA) – A designation given by the AICPA to individuals that pass the uniform CPA examination and meet the education and experience requirements. The CPA designation helps enforce professional standards in the accounting industry.

CFR – Code of Federal Regulations.

Children’s Health Insurance Program (CHIP) – Insurance program that provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid, but not enough to buy private insurance.



Conduent EDI Solutions, Inc. – The state of Mississippi’s fiscal agent contractor up until October 2022.

Coordinated Care Organization – A private organization that has entered into a contractual arrangement with DOM to obtain and finance certain health care services for enrolled Medicaid members. CCOs receive a capitation or per member per month (PMPM) payment from DOM for each enrolled member.

Data Warehouse (DW) – A central repository for storing, retrieving, and managing large amounts of current and historical electronic data. Data stored in the warehouse is uploaded from the operational systems and may pass through additional processing functions before it is stored in the warehouse. Also known as an enterprise data warehouse (EDW).

Dental Services – Dentistry is the evaluation, diagnosis, prevention, and/or treatment (i.e., non-surgical, surgical, or related procedures) of diseases, disorders, injuries, and malformations of the teeth, gums, jaws, and mouth. Dental services include the removal, correction, and replacement of decayed, damaged, or lost parts, including the filling and crowning of teeth, the straightening of teeth, and the construction of artificial dentures.

Diagnosis Related Group (DRG) – A patient classification scheme which provides a means of relating the type of patients a hospital treats to the costs incurred by the hospital for inpatient hospital stays.

Division of Medicaid (DOM) – The agency within the state of Mississippi that oversees and administers Medicaid.

Encounter – A health care service rendered to a member, by a unique provider, on a single date of service, whether paid or denied by a coordinated care organization. One patient encounter may result in multiple encounter records.

Encounter Data – Claims that have been adjudicated by the CCO or subcontracted vendor(s), if applicable, for providers that have rendered health care services to members enrolled with the CCO. These claims are submitted to DOM via the FAC for use in rate setting, federal reporting, program oversight and management, tracking, accountability, and other ad-hoc analyses.

External Quality Review Organization (EQRO) – An organization that meets the competence and independence requirements set forth in 42 CFR §438.354, and performs external quality review or other EQR-related activities as set forth in 42 CFR §438.358, or both.

External Quality Review (EQR) – The analysis and evaluation by an EQRO, of aggregated information on quality, timeliness, and access to the health care services that CCOs, or its contractors, furnish to Medicaid recipients.

Fiscal Agent Contractor (FAC) – A contractor selected to design, develop, and maintain the claims processing Medicaid Management Information System (MMIS). Gainwell Technologies is the current FAC for Mississippi. Also known as a fiscal intermediary (FI).

Gainwell Technologies, Inc. – The state of Mississippi’s current fiscal agent contractor since October 2022.

Generally Accepted Government Auditing Standards (GAGAS) – Also known as the Yellow Book, are the guidelines for audits created by the Comptroller General and the audit agency of the United States



Congress, the Government Accountability Office.

GAGAS Performance Audit - Generally Accepted Government Auditing Standards (GAGAS) published by the federal Government Accountability Office (GAO), provide objective analysis, findings, and conclusions to assist management and those charged with governance and oversight with, among other things, improving program performance and operations, reducing costs, facilitating decision making by parties.

Health Insurance Portability and Accountability Act (HIPAA) – A set of federal regulations designed to protect the privacy and maintain security of protected health information (PHI).

Information Systems Capabilities Assessment (ISCA) – A tool for collecting facts about a CCO’s information system to ensure that the CCO maintains an information system that can accurately and completely collect, analyze, integrate and report data on member and provider attributes, and services furnished to members. An ISCA is a required part of multiple mandatory External Quality Review protocols.

Internal Control Number (ICN) – A numerical mechanism used to track health care claims and encounters. Also referred to as Transaction Control Number (TCN) or a Document Control Number (DCN).

Inpatient Services – Care or treatment provided to members who are extremely ill, have severe trauma, unable to care for themselves or have physical illnesses whose condition requires admission for at least one overnight stay. Lengths of stay are generally short and patients are provided 24-hour care in a safe and secure facility.

Key Data Element – A fundamental unit of information that has a unique meaning and distinct units or values (i.e., numbers, characters, figures, symbols, a specific set of values, or range of values) defined for use in performing computerized processes.

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 (i.e. ICN).

Non-Emergency Medical Transportation (NEMT) – Transportation services provided to members who are not in an emergency situation but may need more assistance than a taxi service is able to provide. Service providers are specially equipped to transport riders in wheelchairs, stretchers or with other special needs to medical appointments or the pharmacy.

Outpatient Services – Care or treatment that can be provided in a few hours at a facility without an overnight stay. Patients continue working or attend school, interacting and living their lives while receiving treatment. Outpatient services include rehabilitation services such as counseling and/or substance abuse.

Per Member Per Month (PMPM) – The amount paid to a CCO each month for each person for whom the CCO is responsible for providing health care services under a capitation agreement.

Potential Duplicate (PDUP) – An encounter that Myers and Stauffer LC has identified as being a potential duplicate of another encounter in the FAC’s data warehouse.



Primary Care Services – Medical providers in family and general practice, obstetrics and gynecology (for preventive and maternity care), pediatrics (without other sub specialties), and internal medicine (without other sub specialties) are generally considered primary care providers. Federally qualified health clinics and rural health clinics are included, as these clinics provide comprehensive primary and preventative care to underserved areas or populations. Primary care services provide a range of preventive and restorative care over a period of time and primary care providers, generally, coordinate all of the care that a member receives.

SOC 2 (System and Organization Control) Trust Services Criteria – is a voluntary compliance standard for service organizations, developed by the American Institute of CPAs (AICPA), which specifies how organizations should manage customer data. The standard is based on the following Trust Services Criteria: security, availability, processing integrity, confidentiality, privacy.

SOC 2 report – is tailored to the unique needs of each organization. Depending on its specific business practices, each organization can design controls that follow one or more principles of trust. These internal reports provide organizations and their regulators, business partners, and suppliers, with important information about how the organization manages and secures its data.

Specialty Care Services – Specialists are medical providers who devote attention to a particular branch of medicine (i.e., any type of medical provider who is not considered a primary care provider) in which they have extensive training and education. Specialty care includes services such as cardiology, diabetes and endocrinology, optometry, and behavioral health.

Sub-Capitated Provider – A health care provider that is paid on a capitated or per member per month (PMPM) basis that has contracted with a CCO and is paid under a capitated system and shares a portion of the CCO's capitated premium.

Subcontractor – A vendor to whom the CCO has contractually delegated responsibility for the provision and oversight of approval, payment, and administration of medical services to the Medicaid CCO's members. Also known as delegated vendor.

Validation – The review of information, data, and procedures to determine the extent to which encounter data is accurate, reliable, free from bias, and in accord with standards for data collection and analysis.



Appendices

APPENDIX A: BI-MONTHLY ENCOUNTER DATA COMPARISON

JULY 1, 2021 THROUGH JUNE 30, 2023

**COMPARISON OF MISSISSIPPI
COORDINATED CARE ORGANIZATION
ENCOUNTER DATA TO CASH
DISBURSEMENTS FOR
MOLINA HEALTHCARE**



OCTOBER 31, 2023





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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), Gainwell Technologies. 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 the FAC 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 for the reporting period 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. DOM has recently engaged Myers and Stauffer to perform a Protocol 5 review. These results are expected to be issued in a separate report later this year.

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 Molina Healthcare 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, 2021 through June 30, 2023;
- CDJ transactions had payment dates within the reporting period of July 1, 2021 through June 30, 2023;
- Encounters were received and processed by the FAC for transmission to Myers and Stauffer through September 29, 2023.

Table A — Molina Healthcare CAN Cumulative Completion Totals and Percentages

Description	Entire Plan	Delegated Vendor					
		Fee-for-Service (Non-Vendor)	CVS Health (Pharmacy Benefits)	SkyGen Dental (Dental Services)	Avesis (Dental and Hearing Services)	March Vision Care (Vision Services)	MTM (NET)
Encounter Total (FAC reported)	\$743,718,787	\$565,083,912	\$136,872,900	\$28,491,526	\$4,620,984	\$5,776,637	\$2,872,827
Total Encounter Adjustments (\$)	(\$46,462,231)	(\$31,519,906)	(\$11,026,006)	(\$3,311,098)	(\$33,048)	(\$216,555)	(\$355,618)
Total Encounter Adjustments (%)	-6.24%	-5.57%	-8.05%	-11.62%	-0.71%	-3.74%	-12.37%
Net Encounter Total	\$697,256,556	\$533,564,006	\$125,846,895	\$25,180,428	\$4,587,937	\$5,560,082	\$2,517,209
CDJ Total	\$704,743,410	\$537,586,150	\$129,126,768	\$25,289,221	\$4,571,876	\$5,654,393	\$2,515,002
Variance	(\$7,486,854)	(\$4,022,144)	(\$3,279,873)	(\$108,793)	\$16,060	(\$94,311)	\$2,207
Completion (%)	98.93%	99.25%	97.45%	99.56%	100.35%	98.33%	100.08%
100% Limited[^] Completion (%)	98.93%				100.00%		100.00%
Contract Minimum Completeness Requirement (%)	98.00%						
Non-Compliant (%)			-0.55%				

Table B — Molina Healthcare CHIP Cumulative Completion Totals and Percentages

Description	Entire Plan	Delegated Vendor					
		Fee-for-Service (Non-Vendor)	CVS Health (Pharmacy Benefits)	SkyGen Dental (Dental Services)	Avesis (Dental and Hearing Services)	March Vision Care (Vision Services)	MTM (NET)
Encounter Total (FAC reported)	\$79,303,625	\$52,654,767	\$15,945,684	\$7,958,585	\$1,274,967	\$1,443,257	\$26,365
Total Encounter Adjustments (\$)	(\$4,437,404)	(\$1,988,052)	(\$2,101,758)	(\$328,806)	(\$11,180)	(\$5,084)	(\$2,524)
Total Encounter Adjustments (%)	-5.59%	-3.77%	-13.18%	-4.13%	-0.87%	-0.35%	-9.57%
Net Encounter Total	\$74,866,221	\$50,666,715	\$13,843,927	\$7,629,778	\$1,263,787	\$1,438,173	\$23,841
CDJ Total	\$76,875,738	\$51,510,373	\$14,802,994	\$7,824,556	\$1,251,966	\$1,462,782	\$23,066
Variance	(\$2,009,517)	(\$843,658)	(\$959,068)	(\$194,778)	\$11,822	(\$24,609)	\$775
Completion (%)	97.38%	98.36%	93.52%	97.51%	100.94%	98.31%	103.35%
100% Limited[^] Completion (%)	97.36%				100.00%		100.00%
Contract Minimum Completeness Requirement (%)	98.00%						
Non-Compliant (%)	-0.64%		-4.48%	-0.49%			

[^] - To avoid overstating the Entire Plan CAN and CHIP 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 6 on page 28 for further explanation.



For this study, Myers and Stauffer analyzes the encounter data that is submitted by the CCOs to the FAC, Gainwell Technologies, 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 C and D below outline 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/or invalid former TCN values are excluded from the encounter totals. Additionally, pharmacy encounters being identified as denied in the MMIS 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 Molina for examination. We have reviewed Molina’s disputed duplicate response files submitted to us prior to August 26, 2023. 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 C — Myers and Stauffer LC's Adjustments to Molina Healthcare CAN Encounters			
Description	Encounter Count	Paid Amount	Paid Amount (% of Total*)
Total Encounter Amount (FAC Reported)	4,942,686	\$743,718,787	100.00%
<i>Adjustment Type</i>			
Denied	(495,035)	(\$10,992,919)	-1.47%
Calculated Void	(375,967)	(\$35,155,282)	-4.72%
Duplicate	(3,882)	(\$314,029)	-0.04%
<i>Total Adjustments Made</i>	<i>(874,884)</i>	<i>(\$46,462,231)</i>	<i>-6.24%</i>
Net Encounter Amounts	4,067,802	\$697,256,556	93.76%

Table D — Myers and Stauffer LC's Adjustments to Molina Healthcare CHIP Encounters			
Description	Encounter Count	Paid Amount	Paid Amount (% of Total*)
Total Encounter Amount (FAC Reported)	634,809	\$79,303,625	100.00%
<i>Adjustment Type</i>			
Denied	(71,952)	(\$2,057,887)	-2.59%
Calculated Void	(29,867)	(\$2,310,595)	-2.91%
Duplicate	(261)	(\$68,922)	-0.08%
<i>Total Adjustments Made</i>	<i>(102,080)</i>	<i>(\$4,437,404)</i>	<i>-5.59%</i>
Net Encounter Amounts	532,729	\$74,866,221	94.41%

* - 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 5 on page 28 for further explanation.



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 payor specific issues related to completion percentages outside the targeted range, while **Section B** notes outstanding payor specific data issues that Molina Healthcare may need to continue to work to identify and resolve. **Section C** notes data issues that may impact all payors to some extent (non-vendor and vendor).

Please reference Tables 1 through 14 starting on page 9 for Molina Healthcare's CAN and CHIP entire 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 – Non-vendor and/or vendor data issues that may cause completion percentages outside the targeted range (below 98 percent or above 100 percent):

1. **CVS Health (Tables 3 and 10):** The CVS Health CAN and CHIP cumulative completion percentages appear to be below 98 percent due to potentially missing and/or MMIS denied encounter sequences, when the CDJ files and encounter data are compared.
 - Additionally, we noted several of the CAN and CHIP CVS Health monthly completion percentages are over 100 percent. These inflated percentages appear to be caused by potentially missing or misallocated encounter sequences (e.g. voids). We noted the previous FAC (Truven) data extracts we received did not contain the CCO paid dates for encounter voids, but instead assigned the voids the same paid dates as the voided encounter records.
 - **Molina communicated that they were working with Gainwell to resolve some issues with their response files for pharmacy. We recommend Molina continue to work with CVS and Gainwell to submit any outstanding encounter records.**
2. **SkyGen Dental (Tables 4 and 11):** The Skygen CHIP cumulative completion percentage and a few monthly CAN percentages appear to be below 98 percent due to potentially missing encounter sequences when compared to the CDJ files, particularly for paid dates between May 3, 2023 and May 16, 2023.
 - We also noted instances of payments and voids in the CDJ files that do not exist in the encounter data with most of the CDJ void paid dates occurring in the inflated completion percentage months and the original CDJ paid dates occurring in the low completion percentage months.
 - **We recommend Molina work with SkyGen to ensure all encounters sequences are submitted to Gainwell.**
3. **Avesis Dental and Hearing (Tables 5 and 12):** The Avesis CAN and CHIP cumulative completion percentages appear to be above 100 percent due to potentially missing and/or misallocated encounter voids as well as mismatched paid dates when compared to the CDJ files.
 - Historical encounter voids are being allocated to the paid date of the voided encounters instead of the CCO recoupment dates reflected in the CDJ submissions due to a Truven MMIS data limitation. This issue appears to be contributing to the inflated monthly completion percentages for CAN and CHIP, in cases where the original payment date and recoupment date are in separate months.
 - **SkyGen replaced Avesis as Molina's dental delegated vendor effective October 1, 2021.**



MS Molina Healthcare Encounter and CDJ Comparison

4. **MTM (Tables 7 and 14):** The MTM CAN and CHIP cumulative completion percentages appear to be above 100 percent due to potentially mismatched payment sequences when the CDJ files and encounter data are compared. We noted instances of missing encounter records for the low completion months and missing CDJ voids or duplicate encounter submissions for the inflated completion percentage months.
 - **We recommend Molina continue to work with MTM to ensure all unique trip leg payments are being included in the CDJ files and submitted in the encounter data.**

SECTION B – Additional non-vendor and/or vendor data issues and notes that currently may not impact compliance:

5. **Fee-for-Service (non-vendor) (Tables 2 and 9):** We noted several monthly completion percentages for both CAN and CHIP are below 98 percent, while others are above 100 percent. It appears that potentially missing payment sequences, including adjustments and voids when the CDJ files and encounter data are compared, may be contributing to these monthly completion percentage fluctuations. In particular, we appear to be missing CHIP encounter records for February 2, 2023; June 6, 2023; June 8, 2023; and June 13, 2023 paid dates.
 - We noted instances of potential adjustment encounters (submitted as frequency code 7 transactions) identified as void records in our data extracts, particularly for the October 18, 2022 paid date. It appears that this issue may be understating the October 2022 through December 2022 encounter totals (see data issue number 7).
 - There appear to be instances of encounter voids are being allocated to the paid date of the voided encounters instead of the CCO recoupment dates reflected in the CDJ submissions. This may be contributing to some of the high monthly completion percentages.
 - **We recommend Molina continue to work with DOM to identify and submit any potentially outstanding encounter sequences, including adjustments and voids.**
6. **March Vision (Tables 6 and 13):** We noted several monthly completion percentages for both CAN and CHIP appear to be above 100 percent, while a few others are below 98 percent. It appears that potentially missing encounter sequences, including adjustments and voids when the CDJ files and encounter data are compared, may be contributing to these monthly completion percentage fluctuations.
 - The June 2023 CHIP monthly completion percentage appears to be low due to missing encounters for paid dates between June 2, 2023 and June 13, 2023.
 - We noted instances of potentially missing CDJ voids, particularly for August 2022 and September 2022 paid dates, when compared to the encounter data. It appears that missing CDJ sequences may be contributing to the low CAN and CHIP monthly completion percentages.
 - **We recommend Molina continue to work with March Vision to identify and submit any missing encounter and CDJ sequences.**

SECTION C – General data issues that may be contributing to non-vendor and/or vendor variances:

7. **Encounter Voids (Tables 1 through 14):** There appear to be instances of Gainwell voids where the CCO paid amount on the encounter is more than zero dollars. Since encounter voids are not expected to have any associated final CCO paid amounts, these encounter void amounts are being set to zero.

MS Molina Healthcare Encounter and CDJ Comparison



**MOLINA HEALTHCARE CAN ENTIRE PLAN
MONTHLY TABLE**

Table 1 — Molina Healthcare 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 2021	\$32,226,673	(\$632,102)	-1.96%	\$31,594,571	\$32,047,803	(\$453,231)	98.58%
August 2021	\$33,270,067	(\$348,162)	-1.04%	\$32,921,906	\$33,111,794	(\$189,889)	99.42%
September 2021	\$33,332,667	(\$546,682)	-1.64%	\$32,785,985	\$32,872,833	(\$86,847)	99.73%
October 2021	\$33,255,750	(\$2,812,506)	-8.45%	\$30,443,245	\$30,001,063	\$442,181	101.47%
November 2021	\$30,627,788	(\$738,007)	-2.40%	\$29,889,781	\$30,121,706	(\$231,925)	99.23%
December 2021	\$33,161,996	(\$1,214,944)	-3.66%	\$31,947,052	\$32,382,869	(\$435,817)	98.65%
January 2022	\$31,311,316	(\$746,455)	-2.38%	\$30,564,861	\$31,026,149	(\$461,289)	98.51%
February 2022	\$28,637,558	(\$724,709)	-2.53%	\$27,912,849	\$28,393,204	(\$480,355)	98.30%
March 2022	\$29,581,426	(\$2,336,709)	-7.89%	\$27,244,717	\$28,227,382	(\$982,665)	96.51%
April 2022	\$28,421,925	(\$1,772,732)	-6.23%	\$26,649,193	\$27,144,038	(\$494,844)	98.17%
May 2022	\$27,845,856	(\$928,534)	-3.33%	\$26,917,323	\$26,527,772	\$389,550	101.46%
June 2022	\$23,746,520	(\$540,640)	-2.27%	\$23,205,880	\$23,162,733	\$43,146	100.18%
July 2022	\$30,146,363	(\$544,675)	-1.80%	\$29,601,688	\$28,956,117	\$645,571	102.22%
August 2022	\$30,535,638	(\$1,681,006)	-5.50%	\$28,854,632	\$28,184,227	\$670,405	102.37%
September 2022	\$32,157,724	(\$2,956,460)	-9.19%	\$29,201,263	\$29,292,990	(\$91,726)	99.68%
October 2022	\$23,724,699	(\$2,024,274)	-8.53%	\$21,700,425	\$24,742,902	(\$3,042,478)	87.70%
November 2022	\$30,044,492	(\$3,197,663)	-10.64%	\$26,846,828	\$27,720,453	(\$873,625)	96.84%
December 2022	\$31,408,397	(\$2,916,203)	-9.28%	\$28,492,194	\$29,850,209	(\$1,358,015)	95.45%
January 2023	\$30,473,284	(\$2,980,828)	-9.78%	\$27,492,456	\$27,661,757	(\$169,301)	99.38%
February 2023	\$30,897,965	(\$2,153,613)	-6.97%	\$28,744,351	\$29,077,969	(\$333,617)	98.85%
March 2023	\$35,903,234	(\$2,642,986)	-7.36%	\$33,260,248	\$33,952,719	(\$692,471)	97.96%
April 2023	\$35,405,902	(\$6,276,621)	-17.72%	\$29,129,281	\$28,924,972	\$204,309	100.70%
May 2023	\$35,556,626	(\$4,268,164)	-12.00%	\$31,288,462	\$31,622,216	(\$333,754)	98.94%
June 2023	\$32,044,922	(\$1,477,556)	-4.61%	\$30,567,366	\$29,737,533	\$829,833	102.79%
Cumulative Totals	\$743,718,787	(\$46,462,231)	-6.24%	\$697,256,556	\$704,743,410	(\$7,486,854)	98.93%
100% Limited^ Cumulative Totals				\$697,238,289	\$704,741,203	(\$7,502,914)	98.93%
							State Contract Minimum Completeness Percentage 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 6 on page 28 for further explanation.



**MOLINA HEALTHCARE CAN
SUMMARY REPORTING CHARTS**

Chart 1. Monthly CDJ totals and encounter submissions for Molina Healthcare CAN's entire plan

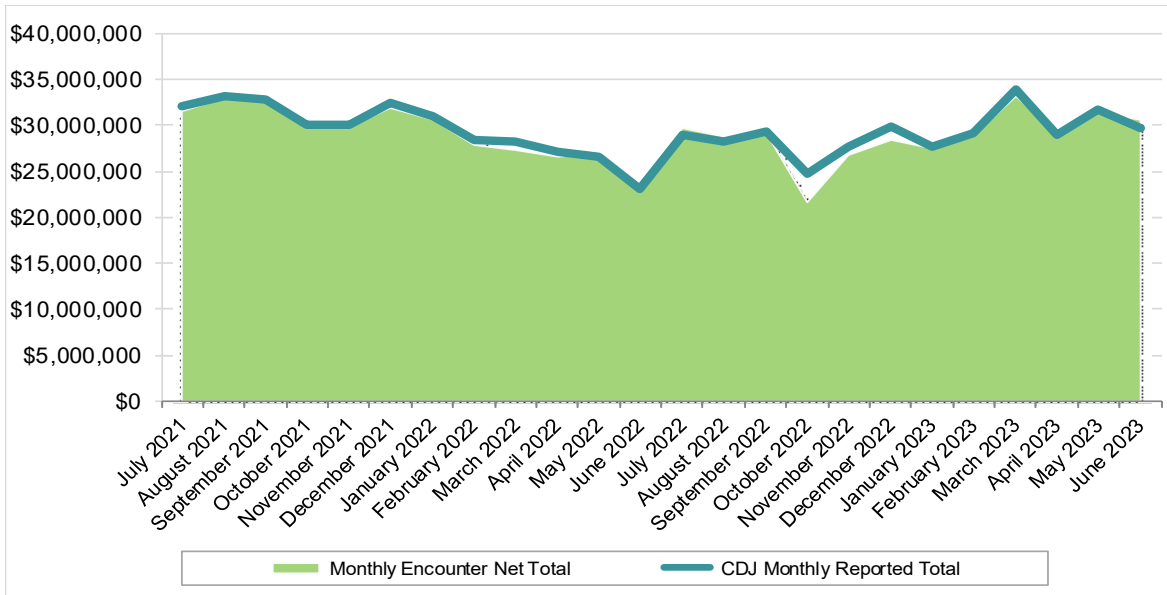
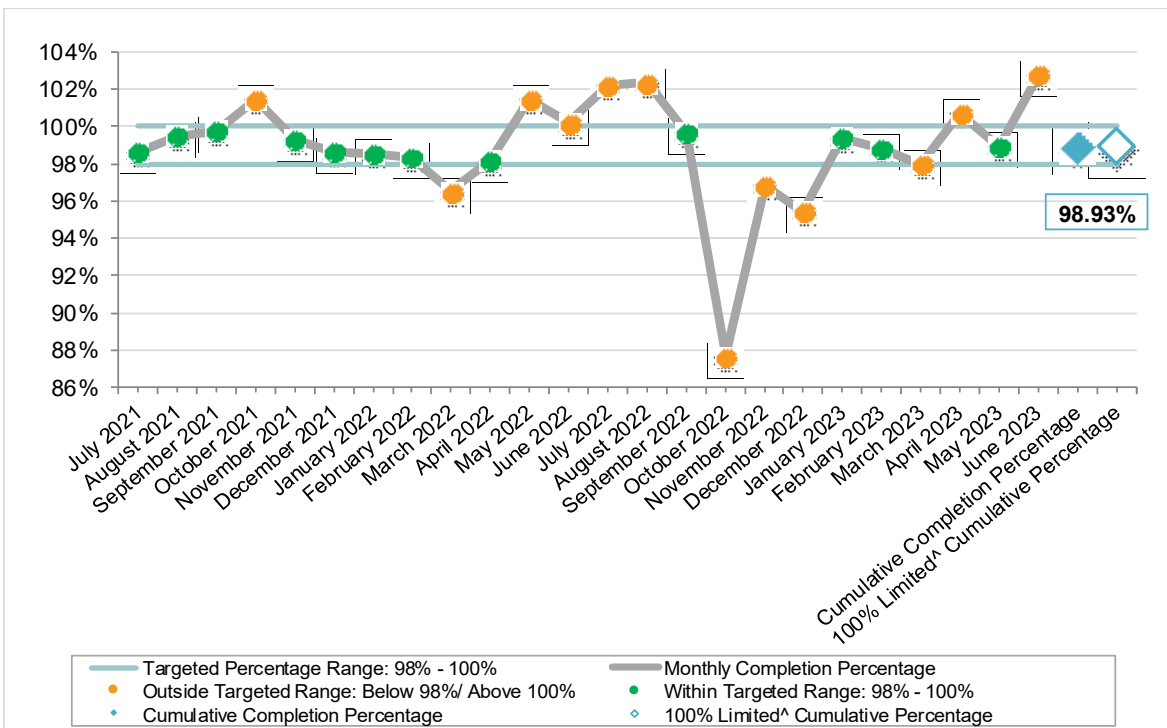


Chart 2. Molina Healthcare CAN's monthly encounter submissions expressed as a percentage of payments submitted to the FAC to reported CCO CDJ payments for the entire plan



[^] - To avoid overstating the Entire Plan 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 6 on page 28 for further explanation.

MS Molina Healthcare Encounter and CDJ Comparison



**MOLINA HEALTHCARE CAN FEE-FOR-SERVICE
MONTHLY TABLE**

Table 2 — Molina Healthcare 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 2021	\$25,704,599	(\$539,449)	-2.09%	\$25,165,150	\$25,628,266	(\$463,116)	98.19%
August 2021	\$26,899,825	(\$232,655)	-0.86%	\$26,667,170	\$26,859,235	(\$192,065)	99.28%
September 2021	\$26,119,410	(\$401,665)	-1.53%	\$25,717,745	\$25,844,307	(\$126,562)	99.51%
October 2021	\$26,015,889	(\$2,649,786)	-10.18%	\$23,366,102	\$22,927,130	\$438,973	101.91%
November 2021	\$23,577,496	(\$524,255)	-2.22%	\$23,053,241	\$23,324,904	(\$271,663)	98.83%
December 2021	\$25,487,873	(\$983,172)	-3.85%	\$24,504,701	\$24,885,109	(\$380,408)	98.47%
January 2022	\$25,002,544	(\$586,694)	-2.34%	\$24,415,850	\$24,832,253	(\$416,403)	98.32%
February 2022	\$21,983,979	(\$493,133)	-2.24%	\$21,490,846	\$22,018,627	(\$527,781)	97.60%
March 2022	\$20,795,147	(\$763,554)	-3.67%	\$20,031,593	\$21,004,663	(\$973,071)	95.36%
April 2022	\$19,938,226	(\$378,208)	-1.89%	\$19,560,017	\$20,037,198	(\$477,180)	97.61%
May 2022	\$21,533,363	(\$818,943)	-3.80%	\$20,714,421	\$20,379,109	\$335,312	101.64%
June 2022	\$17,400,379	(\$513,900)	-2.95%	\$16,886,479	\$16,837,311	\$49,168	100.29%
July 2022	\$23,843,890	(\$521,065)	-2.18%	\$23,322,825	\$22,550,278	\$772,547	103.42%
August 2022	\$23,759,362	(\$1,643,025)	-6.91%	\$22,116,337	\$21,469,269	\$647,068	103.01%
September 2022	\$24,635,737	(\$2,438,821)	-9.89%	\$22,196,916	\$22,195,944	\$972	100.00%
October 2022	\$16,505,972	(\$1,149,434)	-6.96%	\$15,356,538	\$18,131,160	(\$2,774,622)	84.69%
November 2022	\$22,453,234	(\$2,363,009)	-10.52%	\$20,090,225	\$20,536,380	(\$446,155)	97.82%
December 2022	\$23,259,882	(\$1,458,574)	-6.27%	\$21,801,308	\$22,583,965	(\$782,657)	96.53%
January 2023	\$22,524,828	(\$1,412,742)	-6.27%	\$21,112,086	\$20,917,660	\$194,426	100.92%
February 2023	\$23,166,934	(\$1,212,613)	-5.23%	\$21,954,321	\$21,880,210	\$74,111	100.33%
March 2023	\$25,347,904	(\$636,389)	-2.51%	\$24,711,515	\$24,772,185	(\$60,670)	99.75%
April 2023	\$27,613,284	(\$5,209,953)	-18.86%	\$22,403,331	\$21,977,641	\$425,690	101.93%
May 2023	\$27,519,622	(\$3,716,717)	-13.50%	\$23,802,905	\$23,692,814	\$110,091	100.46%
June 2023	\$23,994,535	(\$872,151)	-3.63%	\$23,122,384	\$22,300,534	\$821,850	103.68%
Cumulative Totals	\$565,083,912	(\$31,519,906)	-5.57%	\$533,564,006	\$537,586,150	(\$4,022,144)	99.25%
							State Contract Minimum Completeness Percentage Requirement
							98.00%

MS Molina Healthcare Encounter and CDJ Comparison



**MOLINA HEALTHCARE CAN CVS HEALTH
MONTHLY TABLE**

Table 3 — Molina Healthcare CAN CVS Health (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 2021	\$4,952,673	(\$87,479)	-1.76%	\$4,865,193	\$4,877,763	(\$12,570)	99.74%
August 2021	\$4,796,657	(\$114,698)	-2.39%	\$4,681,958	\$4,685,409	(\$3,451)	99.92%
September 2021	\$5,383,789	(\$123,996)	-2.30%	\$5,259,793	\$5,208,096	\$51,696	100.99%
October 2021	\$5,581,916	(\$150,574)	-2.69%	\$5,431,341	\$5,431,031	\$310	100.00%
November 2021	\$5,222,445	(\$178,398)	-3.41%	\$5,044,048	\$5,002,948	\$41,100	100.82%
December 2021	\$6,065,421	(\$203,048)	-3.34%	\$5,862,372	\$5,932,294	(\$69,921)	98.82%
January 2022	\$4,875,086	(\$142,553)	-2.92%	\$4,732,533	\$4,762,523	(\$29,990)	99.37%
February 2022	\$5,073,400	(\$208,748)	-4.11%	\$4,864,653	\$4,812,601	\$52,052	101.08%
March 2022	\$5,743,272	(\$188,306)	-3.27%	\$5,554,967	\$5,564,281	(\$9,315)	99.83%
April 2022	\$5,577,917	(\$92,708)	-1.66%	\$5,485,209	\$5,501,271	(\$16,062)	99.70%
May 2022	\$4,822,639	(\$6,333)	-0.13%	\$4,816,306	\$4,760,832	\$55,473	101.16%
June 2022	\$4,977,134	(\$6,919)	-0.13%	\$4,970,215	\$4,962,305	\$7,911	100.15%
July 2022	\$5,017,054	(\$8,908)	-0.17%	\$5,008,147	\$5,070,544	(\$62,398)	98.76%
August 2022	\$5,166,620	(\$3,383)	-0.06%	\$5,163,236	\$5,092,936	\$70,300	101.38%
September 2022	\$5,837,128	(\$499,969)	-8.56%	\$5,337,159	\$5,429,646	(\$92,487)	98.29%
October 2022	\$5,702,052	(\$858,264)	-15.05%	\$4,843,788	\$5,107,735	(\$263,946)	94.83%
November 2022	\$6,117,061	(\$825,946)	-13.50%	\$5,291,115	\$5,715,582	(\$424,467)	92.57%
December 2022	\$6,610,592	(\$1,439,216)	-21.77%	\$5,171,376	\$5,769,139	(\$597,763)	89.63%
January 2023	\$6,304,184	(\$1,541,484)	-24.45%	\$4,762,700	\$5,120,718	(\$358,018)	93.00%
February 2023	\$6,054,277	(\$892,989)	-14.74%	\$5,161,289	\$5,568,425	(\$407,136)	92.68%
March 2023	\$8,228,522	(\$1,613,602)	-19.60%	\$6,614,921	\$7,249,958	(\$635,037)	91.24%
April 2023	\$6,059,851	(\$772,343)	-12.74%	\$5,287,508	\$5,504,418	(\$216,910)	96.05%
May 2023	\$6,360,559	(\$462,361)	-7.26%	\$5,898,199	\$6,280,355	(\$382,156)	93.91%
June 2023	\$6,342,652	(\$603,782)	-9.51%	\$5,738,870	\$5,715,960	\$22,910	100.40%
Cumulative Totals	\$136,872,900	(\$11,026,006)	-8.05%	\$125,846,895	\$129,126,768	(\$3,279,873)	97.45%
							State Contract Minimum Completeness Percentage Requirement
							98.00%
							Non-Compliant
							-0.55%

MS Molina Healthcare Encounter and CDJ Comparison



**MOLINA HEALTHCARE CAN SKYGEN
MONTHLY TABLE**

Table 4 — Molina Healthcare CAN SkyGen (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
October 2021	\$776,412	(\$2,983)	-0.38%	\$773,429	\$775,470	(\$2,041)	99.73%
November 2021	\$1,353,861	(\$27,044)	-1.99%	\$1,326,817	\$1,340,418	(\$13,602)	98.98%
December 2021	\$1,205,542	(\$14,941)	-1.23%	\$1,190,601	\$1,179,057	\$11,544	100.97%
January 2022	\$1,159,139	(\$6,175)	-0.53%	\$1,152,964	\$1,155,409	(\$2,444)	99.78%
February 2022	\$1,253,553	(\$8,100)	-0.64%	\$1,245,453	\$1,245,828	(\$375)	99.96%
March 2022	\$2,667,105	(\$1,367,703)	-51.28%	\$1,299,402	\$1,297,394	\$2,007	100.15%
April 2022	\$2,568,556	(\$1,285,335)	-50.04%	\$1,283,222	\$1,282,152	\$1,070	100.08%
May 2022	\$1,187,433	(\$89,352)	-7.52%	\$1,098,081	\$1,098,977	(\$896)	99.91%
June 2022	\$1,078,222	(\$1,380)	-0.12%	\$1,076,842	\$1,079,380	(\$2,538)	99.76%
July 2022	\$1,008,364	\$0	0.00%	\$1,008,364	\$1,039,583	(\$31,219)	96.99%
August 2022	\$1,163,345	\$0	0.00%	\$1,163,345	\$1,177,205	(\$13,860)	98.82%
September 2022	\$1,298,788	(\$3,492)	-0.26%	\$1,295,296	\$1,296,096	(\$800)	99.93%
October 2022	\$1,183,916	(\$6,927)	-0.58%	\$1,176,989	\$1,176,100	\$889	100.07%
November 2022	\$1,123,494	(\$2,899)	-0.25%	\$1,120,595	\$1,121,402	(\$807)	99.92%
December 2022	\$1,212,046	(\$9,885)	-0.81%	\$1,202,160	\$1,178,527	\$23,633	102.00%
January 2023	\$1,338,142	(\$10,472)	-0.78%	\$1,327,671	\$1,332,520	(\$4,849)	99.63%
February 2023	\$1,306,649	(\$26,166)	-2.00%	\$1,280,483	\$1,282,094	(\$1,611)	99.87%
March 2023	\$1,892,974	(\$358,009)	-18.91%	\$1,534,965	\$1,529,449	\$5,516	100.36%
April 2023	\$1,124,917	(\$40,233)	-3.57%	\$1,084,684	\$1,086,161	(\$1,477)	99.86%
May 2023	\$1,226,530	(\$49,603)	-4.04%	\$1,176,927	\$1,239,398	(\$62,472)	94.95%
June 2023	\$1,362,537	(\$398)	-0.02%	\$1,362,138	\$1,376,600	(\$14,461)	98.94%
Cumulative Totals	\$28,491,526	(\$3,311,098)	-11.62%	\$25,180,428	\$25,289,221	(\$108,793)	99.56%
						<i>State Contract Minimum Completeness Percentage Requirement</i>	<i>98.00%</i>

MS Molina Healthcare Encounter and CDJ Comparison



**MOLINA HEALTHCARE CAN AVESIS
MONTHLY TABLE**

Table 5 — Molina Healthcare CAN Avesis (Dental and Hearing)

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 2021	\$1,258,427	(\$4,777)	-0.37%	\$1,253,650	\$1,230,077	\$23,572	101.91%
August 2021	\$1,150,017	(\$539)	-0.04%	\$1,149,478	\$1,143,052	\$6,427	100.56%
September 2021	\$1,492,050	(\$18,594)	-1.24%	\$1,473,456	\$1,483,418	(\$9,962)	99.32%
October 2021	\$547,515	(\$6,468)	-1.18%	\$541,047	\$538,981	\$2,066	100.38%
November 2021	\$87,188	(\$1,398)	-1.60%	\$85,790	\$81,735	\$4,056	104.96%
December 2021	\$29,462	(\$861)	-2.92%	\$28,601	\$26,974	\$1,627	106.03%
January 2022	\$29,185	(\$256)	-0.87%	\$28,929	\$40,593	(\$11,665)	71.26%
February 2022	\$11,289	(\$155)	-1.37%	\$11,134	\$10,915	\$219	102.00%
March 2022	\$10,784	\$0	0.00%	\$10,784	\$10,974	(\$189)	98.27%
April 2022	\$1,203	\$0	0.00%	\$1,203	\$1,294	(\$90)	93.00%
May 2022	\$2,133	\$0	0.00%	\$2,133	\$2,133	\$0	100.00%
June 2022	\$1,731	\$0	0.00%	\$1,731	\$1,731	\$0	100.00%
July 2022	\$0	\$0		\$0	\$0	\$0	
August 2022	\$0	\$0		\$0	\$0	\$0	
September 2022	\$0	\$0		\$0	\$0	\$0	
October 2022	\$0	\$0		\$0	\$0	\$0	
November 2022	\$0	\$0		\$0	\$0	\$0	
December 2022	\$0	\$0		\$0	\$0	\$0	
January 2023	\$0	\$0		\$0	\$0	\$0	
February 2023	\$0	\$0		\$0	\$0	\$0	
March 2023	\$0	\$0		\$0	\$0	\$0	
April 2023	\$0	\$0		\$0	\$0	\$0	
May 2023	\$0	\$0		\$0	\$0	\$0	
June 2023	\$0	\$0		\$0	\$0	\$0	
Cumulative Totals	\$4,620,984	(\$33,048)	-0.71%	\$4,587,937	\$4,571,876	\$16,060	100.35%
100% Limited^ Cumulative Totals				\$4,571,876	\$4,571,876	\$0	100.00%
State Contract Minimum Completeness Percentage Requirement							98.00%

^ - Since the Avesis CAN cumulative completion percentage exceeds 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 see data analysis assumption number 6 on page 28 for further explanation.



**MOLINA HEALTHCARE CAN MARCH VISION CARE
MONTHLY TABLE**

MS Molina Healthcare Encounter and CDJ Comparison

Table 6 — Molina Healthcare CAN March Vision Care (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 2021	\$202,116	(\$157)	-0.07%	\$201,959	\$203,190	(\$1,231)	99.39%
August 2021	\$329,200	(\$53)	-0.01%	\$329,147	\$330,173	(\$1,026)	99.68%
September 2021	\$233,672	(\$66)	-0.02%	\$233,605	\$235,016	(\$1,411)	99.39%
October 2021	\$241,441	(\$263)	-0.10%	\$241,178	\$243,140	(\$1,963)	99.19%
November 2021	\$280,102	\$0	0.00%	\$280,102	\$282,252	(\$2,150)	99.23%
December 2021	\$244,759	(\$3,642)	-1.48%	\$241,117	\$245,902	(\$4,785)	98.05%
January 2022	\$158,519	(\$239)	-0.15%	\$158,280	\$159,362	(\$1,083)	99.32%
February 2022	\$206,587	(\$96)	-0.04%	\$206,491	\$208,872	(\$2,381)	98.86%
March 2022	\$257,950	(\$1,075)	-0.41%	\$256,875	\$257,366	(\$491)	99.80%
April 2022	\$236,729	(\$1,211)	-0.51%	\$235,519	\$236,672	(\$1,153)	99.51%
May 2022	\$204,702	(\$1,379)	-0.67%	\$203,323	\$204,210	(\$887)	99.56%
June 2022	\$172,741	(\$1,350)	-0.78%	\$171,391	\$172,937	(\$1,546)	99.10%
July 2022	\$177,186	(\$1,205)	-0.68%	\$175,981	\$205,096	(\$29,115)	85.80%
August 2022	\$315,803	(\$646)	-0.20%	\$315,157	\$344,924	(\$29,767)	91.37%
September 2022	\$251,363	(\$3,590)	-1.42%	\$247,773	\$251,842	(\$4,069)	98.38%
October 2022	\$227,608	(\$3,736)	-1.64%	\$223,872	\$226,803	(\$2,930)	98.70%
November 2022	\$238,486	(\$3,311)	-1.38%	\$235,175	\$235,981	(\$806)	99.65%
December 2022	\$178,737	(\$1,867)	-1.04%	\$176,870	\$176,721	\$148	100.08%
January 2023	\$203,345	(\$4,499)	-2.21%	\$198,846	\$200,635	(\$1,789)	99.10%
February 2023	\$236,827	(\$2,199)	-0.92%	\$234,628	\$237,251	(\$2,622)	98.89%
March 2023	\$268,254	(\$1,022)	-0.38%	\$267,232	\$269,143	(\$1,911)	99.29%
April 2023	\$391,847	(\$146,073)	-37.27%	\$245,774	\$247,333	(\$1,559)	99.36%
May 2023	\$315,713	(\$37,838)	-11.98%	\$277,875	\$277,381	\$495	100.17%
June 2023	\$202,949	(\$1,038)	-0.51%	\$201,912	\$202,191	(\$279)	99.86%
Cumulative Totals	\$5,776,637	(\$216,555)	-3.74%	\$5,560,082	\$5,654,393	(\$94,311)	98.33%
							<i>State Contract Minimum Completeness Percentage Requirement</i>
							98.00%



**MOLINA HEALTHCARE CAN MTM
MONTHLY TABLE**

MS Molina Healthcare Encounter and CDJ Comparison

Table 7 — Molina Healthcare 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 2021	\$108,859	(\$239)	-0.21%	\$108,620	\$108,507	\$113	100.10%
August 2021	\$94,368	(\$217)	-0.22%	\$94,152	\$93,926	\$226	100.24%
September 2021	\$103,747	(\$2,361)	-2.27%	\$101,386	\$101,995	(\$609)	99.40%
October 2021	\$92,579	(\$2,431)	-2.62%	\$90,147	\$85,311	\$4,836	105.66%
November 2021	\$106,696	(\$6,912)	-6.47%	\$99,784	\$89,450	\$10,334	111.55%
December 2021	\$128,941	(\$9,281)	-7.19%	\$119,660	\$113,533	\$6,127	105.39%
January 2022	\$86,843	(\$10,537)	-12.13%	\$76,305	\$76,009	\$296	100.38%
February 2022	\$108,750	(\$14,477)	-13.31%	\$94,272	\$96,362	(\$2,089)	97.83%
March 2022	\$107,168	(\$16,072)	-14.99%	\$91,096	\$92,703	(\$1,607)	98.26%
April 2022	\$99,294	(\$15,271)	-15.37%	\$84,023	\$85,451	(\$1,428)	98.32%
May 2022	\$95,586	(\$12,527)	-13.10%	\$83,059	\$82,511	\$548	100.66%
June 2022	\$116,313	(\$17,092)	-14.69%	\$99,221	\$109,071	(\$9,849)	90.96%
July 2022	\$99,868	(\$13,497)	-13.51%	\$86,371	\$90,616	(\$4,244)	95.31%
August 2022	\$130,508	(\$33,952)	-26.01%	\$96,556	\$99,893	(\$3,336)	96.66%
September 2022	\$134,707	(\$10,588)	-7.85%	\$124,119	\$119,462	\$4,657	103.89%
October 2022	\$105,151	(\$5,914)	-5.62%	\$99,238	\$101,106	(\$1,868)	98.15%
November 2022	\$112,217	(\$2,497)	-2.22%	\$109,719	\$111,108	(\$1,389)	98.74%
December 2022	\$147,141	(\$6,661)	-4.52%	\$140,480	\$141,857	(\$1,377)	99.02%
January 2023	\$102,785	(\$11,632)	-11.31%	\$91,153	\$90,224	\$929	101.02%
February 2023	\$133,276	(\$19,646)	-14.74%	\$113,630	\$109,989	\$3,641	103.31%
March 2023	\$165,580	(\$33,965)	-20.51%	\$131,615	\$131,984	(\$369)	99.72%
April 2023	\$216,002	(\$108,018)	-50.00%	\$107,984	\$109,420	(\$1,436)	98.68%
May 2023	\$134,202	(\$1,646)	-1.22%	\$132,556	\$132,268	\$288	100.21%
June 2023	\$142,249	(\$186)	-0.13%	\$142,062	\$142,249	(\$186)	99.86%
Cumulative Totals	\$2,872,827	(\$355,618)	-12.37%	\$2,517,209	\$2,515,002	\$2,207	100.08%
100% Limited^ Cumulative Totals				\$2,515,002	\$2,515,002	\$0	100.00%
							State Contract Minimum Completeness Percentage Requirement
							98.00%

^ - Since the MTM CAN cumulative completion percentage exceeds 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 see data analysis assumption number 6 on page 28 for further explanation.

MS Molina Healthcare Encounter and CDJ Comparison



**MOLINA HEALTHCARE CHIP ENTIRE PLAN
MONTHLY TABLE**

Table 8 — Molina Healthcare CHIP (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 2021	\$3,094,398	(\$66,039)	-2.13%	\$3,028,359	\$3,076,144	(\$47,784)	98.44%
August 2021	\$3,216,076	(\$64,232)	-1.99%	\$3,151,844	\$3,168,618	(\$16,774)	99.47%
September 2021	\$3,088,601	(\$19,470)	-0.63%	\$3,069,131	\$3,063,989	\$5,142	100.16%
October 2021	\$3,022,296	(\$33,535)	-1.10%	\$2,988,761	\$2,994,684	(\$5,923)	99.80%
November 2021	\$3,239,890	(\$46,421)	-1.43%	\$3,193,468	\$3,223,333	(\$29,864)	99.07%
December 2021	\$3,197,526	(\$43,418)	-1.35%	\$3,154,108	\$3,174,559	(\$20,451)	99.35%
January 2022	\$3,167,080	(\$46,517)	-1.46%	\$3,120,563	\$3,132,104	(\$11,541)	99.63%
February 2022	\$2,729,591	(\$41,154)	-1.50%	\$2,688,436	\$2,704,008	(\$15,572)	99.42%
March 2022	\$3,213,949	(\$51,424)	-1.60%	\$3,162,524	\$3,201,552	(\$39,028)	98.78%
April 2022	\$3,064,090	(\$17,214)	-0.56%	\$3,046,876	\$3,093,325	(\$46,449)	98.49%
May 2022	\$2,871,686	(\$38,117)	-1.32%	\$2,833,569	\$2,780,080	\$53,488	101.92%
June 2022	\$2,473,599	(\$18,684)	-0.75%	\$2,454,915	\$2,490,267	(\$35,352)	98.58%
July 2022	\$3,369,367	(\$20,852)	-0.61%	\$3,348,516	\$3,374,757	(\$26,241)	99.22%
August 2022	\$3,495,833	(\$14,899)	-0.42%	\$3,480,935	\$3,516,056	(\$35,121)	99.00%
September 2022	\$4,188,658	(\$549,444)	-13.11%	\$3,639,214	\$3,652,850	(\$13,636)	99.62%
October 2022	\$4,145,710	(\$408,058)	-9.84%	\$3,737,653	\$4,022,824	(\$285,171)	92.91%
November 2022	\$3,577,135	(\$321,581)	-8.98%	\$3,255,554	\$3,352,000	(\$96,446)	97.12%
December 2022	\$3,780,329	(\$741,073)	-19.60%	\$3,039,255	\$3,141,969	(\$102,713)	96.73%
January 2023	\$3,572,679	(\$470,984)	-13.18%	\$3,101,696	\$3,179,704	(\$78,008)	97.54%
February 2023	\$3,258,229	(\$440,401)	-13.51%	\$2,817,828	\$3,049,455	(\$231,627)	92.40%
March 2023	\$3,822,471	(\$418,165)	-10.93%	\$3,404,306	\$3,565,658	(\$161,352)	95.47%
April 2023	\$3,241,870	(\$230,887)	-7.12%	\$3,010,983	\$3,122,607	(\$111,624)	96.42%
May 2023	\$3,465,343	(\$197,406)	-5.69%	\$3,267,937	\$3,492,328	(\$224,391)	93.57%
June 2023	\$3,007,220	(\$137,431)	-4.57%	\$2,869,789	\$3,302,868	(\$433,079)	86.88%
Cumulative Totals	\$79,303,625	(\$4,437,404)	-5.59%	\$74,866,221	\$76,875,738	(\$2,009,517)	97.38%
100% Limited^ Cumulative Totals				\$74,852,850	\$76,874,963	(\$2,022,113)	97.36%
						State Contract Minimum Completeness Percentage Requirement	98.00%
						Non-Compliant	-0.64%

^ - To avoid overstating the Entire Plan CHIP results in situations when the CCO or an individual vendor's cumulative completion percentage exceeds 100 percent, we decreased the CHIP encounter totals by the reporting period's variance in comparison with the CDJs. Please see data analysis assumption number 6 on page 28 for further explanation.



**MOLINA HEALTHCARE CHIP ENTIRE PLAN
SUMMARY REPORTING CHARTS**

Chart 3. Monthly CDJ totals and encounter submissions for Molina Healthcare CHIP’s entire plan

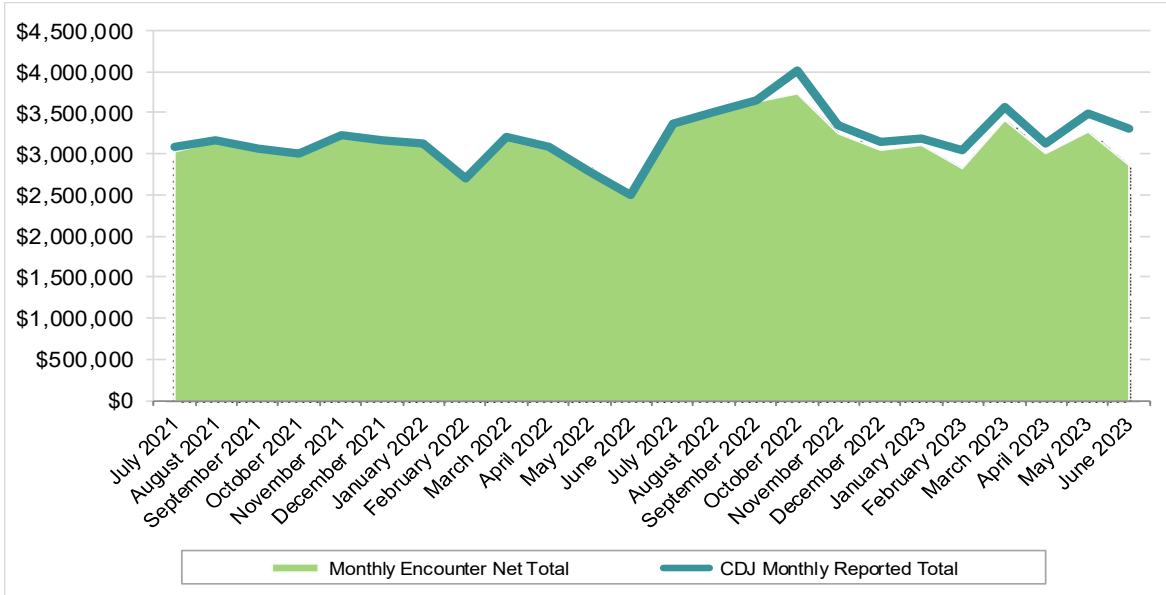
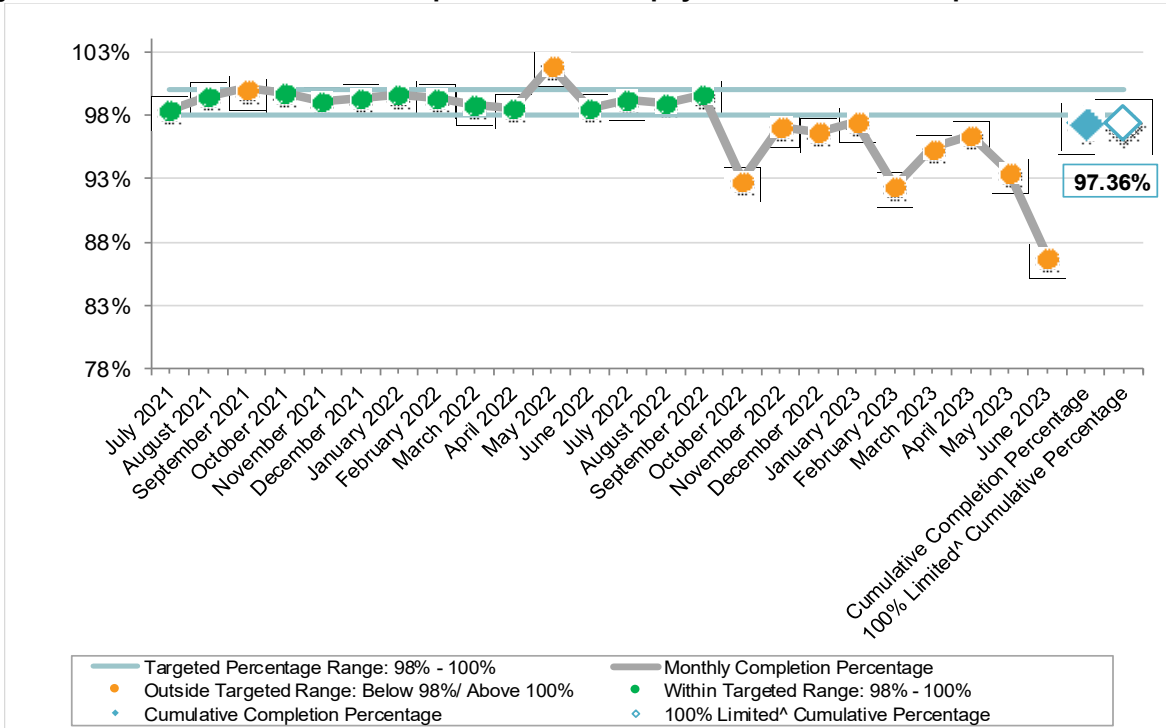


Chart 4. Molina Healthcare CHIP’s monthly encounter submissions expressed as a percentage of payments submitted to the FAC to reported CCO CDJ payments for the entire plan



^ - To avoid overstating the Entire Plan CHIP results in situations when the CCO or an individual vendor’s cumulative completion percentage exceeds 100 percent, we decreased the CHIP encounter totals by the reporting period’s variance in comparison with the CDJs. Please see data analysis assumption number 6 on page 28 for further explanation.

MS Molina Healthcare Encounter and CDJ Comparison



MOLINA HEALTHCARE CHIP FEE-FOR-SERVICE MONTHLY TABLE

Table 9 — Molina Healthcare CHIP 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 2021	\$2,086,151	(\$64,668)	-3.09%	\$2,021,483	\$2,057,439	(\$35,956)	98.25%
August 2021	\$2,297,963	(\$62,809)	-2.73%	\$2,235,154	\$2,247,755	(\$12,601)	99.43%
September 2021	\$2,086,497	(\$18,506)	-0.88%	\$2,067,991	\$2,086,105	(\$18,114)	99.13%
October 2021	\$2,089,211	(\$28,698)	-1.37%	\$2,060,513	\$2,075,667	(\$15,154)	99.26%
November 2021	\$2,299,364	(\$45,621)	-1.98%	\$2,253,743	\$2,268,243	(\$14,500)	99.36%
December 2021	\$2,196,421	(\$41,939)	-1.90%	\$2,154,482	\$2,164,267	(\$9,785)	99.54%
January 2022	\$2,302,483	(\$43,285)	-1.87%	\$2,259,198	\$2,271,646	(\$12,448)	99.45%
February 2022	\$1,764,408	(\$39,983)	-2.26%	\$1,724,426	\$1,745,903	(\$21,477)	98.76%
March 2022	\$2,142,661	(\$50,050)	-2.33%	\$2,092,611	\$2,134,824	(\$42,213)	98.02%
April 2022	\$2,012,005	(\$16,740)	-0.83%	\$1,995,265	\$2,034,113	(\$38,848)	98.09%
May 2022	\$1,927,533	(\$37,910)	-1.96%	\$1,889,623	\$1,816,060	\$73,563	104.05%
June 2022	\$1,453,676	(\$18,674)	-1.28%	\$1,435,002	\$1,454,613	(\$19,611)	98.65%
July 2022	\$2,414,972	(\$20,537)	-0.85%	\$2,394,435	\$2,394,243	\$192	100.00%
August 2022	\$2,265,293	(\$14,511)	-0.64%	\$2,250,781	\$2,276,393	(\$25,611)	98.87%
September 2022	\$2,932,949	(\$434,808)	-14.82%	\$2,498,141	\$2,458,590	\$39,551	101.60%
October 2022	\$2,934,829	(\$186,482)	-6.35%	\$2,748,347	\$2,932,034	(\$183,686)	93.73%
November 2022	\$2,390,458	(\$75,423)	-3.15%	\$2,315,035	\$2,351,508	(\$36,473)	98.44%
December 2022	\$2,332,685	(\$212,459)	-9.10%	\$2,120,226	\$2,091,588	\$28,638	101.36%
January 2023	\$2,175,738	(\$109,730)	-5.04%	\$2,066,008	\$2,061,725	\$4,284	100.20%
February 2023	\$1,953,750	(\$140,827)	-7.20%	\$1,812,924	\$1,929,060	(\$116,136)	93.97%
March 2023	\$2,238,838	(\$74,667)	-3.33%	\$2,164,170	\$2,132,676	\$31,494	101.47%
April 2023	\$2,115,448	(\$112,704)	-5.32%	\$2,002,743	\$2,032,309	(\$29,566)	98.54%
May 2023	\$2,417,413	(\$86,794)	-3.59%	\$2,330,619	\$2,365,211	(\$34,592)	98.53%
June 2023	\$1,824,021	(\$50,227)	-2.75%	\$1,773,794	\$2,128,403	(\$354,609)	83.33%
Cumulative Totals	\$52,654,767	(\$1,988,052)	-3.77%	\$50,666,715	\$51,510,373	(\$843,658)	98.36%
							<i>State Contract Minimum Completeness Percentage Requirement</i>
							98.00%



**MOLINA HEALTHCARE CHIP CVS HEALTH
MONTHLY TABLE**

MS Molina Healthcare Encounter and CDJ Comparison

Table 10 — Molina Healthcare CHIP CVS Health (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 2021	\$572,028	(\$248)	-0.04%	\$571,780	\$576,962	(\$5,182)	99.10%
August 2021	\$499,539	(\$40)	0.00%	\$499,499	\$501,069	(\$1,570)	99.68%
September 2021	\$549,720	(\$15)	0.00%	\$549,705	\$528,457	\$21,247	104.02%
October 2021	\$539,340	(\$39)	0.00%	\$539,301	\$543,563	(\$4,262)	99.21%
November 2021	\$465,955	(\$264)	-0.05%	\$465,691	\$476,727	(\$11,035)	97.68%
December 2021	\$566,221	(\$1,227)	-0.21%	\$564,995	\$578,739	(\$13,745)	97.62%
January 2022	\$467,733	(\$59)	-0.01%	\$467,674	\$468,323	(\$649)	99.86%
February 2022	\$534,029	(\$788)	-0.14%	\$533,241	\$526,986	\$6,255	101.18%
March 2022	\$577,482	(\$757)	-0.13%	\$576,725	\$572,622	\$4,103	100.71%
April 2022	\$596,843	\$0	0.00%	\$596,843	\$604,001	(\$7,158)	98.81%
May 2022	\$563,568	(\$207)	-0.03%	\$563,360	\$583,787	(\$20,427)	96.50%
June 2022	\$588,432	(\$9)	0.00%	\$588,423	\$603,309	(\$14,887)	97.53%
July 2022	\$519,539	\$0	0.00%	\$519,539	\$517,135	\$2,405	100.46%
August 2022	\$700,799	\$0	0.00%	\$700,799	\$690,738	\$10,062	101.45%
September 2022	\$696,959	(\$70,590)	-10.12%	\$626,369	\$678,040	(\$51,672)	92.37%
October 2022	\$727,834	(\$156,985)	-21.56%	\$570,849	\$673,054	(\$102,205)	84.81%
November 2022	\$819,719	(\$218,694)	-26.67%	\$601,025	\$661,536	(\$60,510)	90.85%
December 2022	\$1,022,206	(\$468,617)	-45.84%	\$553,589	\$686,345	(\$132,756)	80.65%
January 2023	\$778,970	(\$274,143)	-35.19%	\$504,827	\$588,144	(\$83,317)	85.83%
February 2023	\$896,371	(\$286,409)	-31.95%	\$609,962	\$726,138	(\$116,176)	84.00%
March 2023	\$1,005,865	(\$324,520)	-32.26%	\$681,345	\$872,072	(\$190,727)	78.12%
April 2023	\$775,592	(\$116,438)	-15.01%	\$659,154	\$741,235	(\$82,081)	88.92%
May 2023	\$816,848	(\$109,578)	-13.41%	\$707,270	\$742,506	(\$35,236)	95.25%
June 2023	\$664,091	(\$72,129)	-10.86%	\$591,962	\$661,507	(\$69,546)	89.48%
Cumulative Totals	\$15,945,684	(\$2,101,758)	-13.18%	\$13,843,927	\$14,802,994	(\$959,068)	93.52%
							State Contract Minimum Completeness Percentage Requirement
							98.00%
							Non-Compliant
							-4.48%

MS Molina Healthcare Encounter and CDJ Comparison



**MOLINA HEALTHCARE CHIP SKYGEN
MONTHLY TABLE**

Table 11 — Molina Healthcare CHIP SkyGen 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
October 2021	\$218,518	\$0	\$0	\$218,518	\$218,686	(\$168)	99.92%
November 2021	\$380,545	(\$537)	(\$0)	\$380,008	\$386,179	(\$6,170)	98.40%
December 2021	\$370,817	(\$131)	(\$0)	\$370,686	\$368,414	\$2,272	100.61%
January 2022	\$333,805	(\$34)	(\$0)	\$333,771	\$333,074	\$697	100.20%
February 2022	\$362,702	\$0	\$0	\$362,702	\$362,890	(\$188)	99.94%
March 2022	\$412,693	\$0	\$0	\$412,693	\$413,175	(\$482)	99.88%
April 2022	\$384,973	\$0	\$0	\$384,973	\$386,364	(\$1,391)	99.64%
May 2022	\$327,640	\$0	\$0	\$327,640	\$328,083	(\$444)	99.86%
June 2022	\$379,661	\$0	\$0	\$379,661	\$381,801	(\$2,140)	99.43%
July 2022	\$369,484	\$0	\$0	\$369,484	\$399,583	(\$30,099)	92.46%
August 2022	\$415,589	\$0	\$0	\$415,589	\$430,180	(\$14,591)	96.60%
September 2022	\$503,409	(\$43,533)	(\$0)	\$459,877	\$460,034	(\$157)	99.96%
October 2022	\$440,761	(\$64,389)	(\$0)	\$376,372	\$376,043	\$329	100.08%
November 2022	\$350,624	(\$27,464)	(\$0)	\$323,160	\$322,910	\$251	100.07%
December 2022	\$409,983	(\$59,271)	(\$0)	\$350,712	\$349,933	\$779	100.22%
January 2023	\$484,515	(\$86,090)	(\$0)	\$398,425	\$397,710	\$715	100.17%
February 2023	\$352,685	(\$12,775)	(\$0)	\$339,909	\$339,258	\$651	100.19%
March 2023	\$513,976	(\$18,155)	(\$0)	\$495,820	\$497,852	(\$2,032)	99.59%
April 2023	\$294,477	(\$877)	(\$0)	\$293,600	\$293,532	\$68	100.02%
May 2023	\$163,145	(\$516)	(\$0)	\$162,628	\$317,176	(\$154,547)	51.27%
June 2023	\$488,581	(\$15,034)	(\$0)	\$473,547	\$461,678	\$11,869	102.57%
Cumulative Totals	\$7,958,585	(\$328,806)	(\$0)	\$7,629,778	\$7,824,556	(\$194,778)	97.51%
						<i>State Contract Minimum Completeness Percentage Requirement</i>	98.00%
						<i>Non-Compliant</i>	-0.49%

MS Molina Healthcare Encounter and CDJ Comparison



**MOLINA HEALTHCARE CHIP AVESIS
MONTHLY TABLE**

Table 12 — Molina Healthcare CHIP Avesis (Dental and Hearing)							
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 2021	\$377,218	(\$1,123)	-0.29%	\$376,095	\$383,052	(\$6,957)	98.18%
August 2021	\$320,845	(\$1,370)	-0.42%	\$319,476	\$321,436	(\$1,960)	99.39%
September 2021	\$395,342	(\$948)	-0.23%	\$394,394	\$391,814	\$2,580	100.65%
October 2021	\$117,785	(\$4,765)	-4.04%	\$113,020	\$99,167	\$13,853	113.96%
November 2021	\$26,692	\$0	0.00%	\$26,692	\$24,700	\$1,991	108.06%
December 2021	\$8,429	\$0	0.00%	\$8,429	\$7,021	\$1,408	120.05%
January 2022	\$13,367	(\$2,725)	-20.38%	\$10,642	\$9,533	\$1,108	111.62%
February 2022	\$11,829	(\$250)	-2.11%	\$11,580	\$11,615	(\$35)	99.69%
March 2022	\$2,342	\$0	0.00%	\$2,342	\$2,509	(\$167)	93.35%
April 2022	\$204	\$0	0.00%	\$204	\$204	\$0	100.00%
May 2022	\$914	\$0	0.00%	\$914	\$914	\$0	100.00%
June 2022	\$0	\$0		\$0	\$0	\$0	
July 2022	\$0	\$0		\$0	\$0	\$0	
August 2022	\$0	\$0		\$0	\$0	\$0	
September 2022	\$0	\$0		\$0	\$0	\$0	
October 2022	\$0	\$0		\$0	\$0	\$0	
November 2022	\$0	\$0		\$0	\$0	\$0	
December 2022	\$0	\$0		\$0	\$0	\$0	
January 2023	\$0	\$0		\$0	\$0	\$0	
February 2023	\$0	\$0		\$0	\$0	\$0	
March 2023	\$0	\$0		\$0	\$0	\$0	
April 2023	\$0	\$0		\$0	\$0	\$0	
May 2023	\$0	\$0		\$0	\$0	\$0	
June 2023	\$0	\$0		\$0	\$0	\$0	
Cumulative Totals	\$1,274,967	(\$11,180)	-0.87%	\$1,263,787	\$1,251,966	\$11,822	100.94%
100% Limited^ Cumulative Totals				\$1,251,966	\$1,251,966	\$0	100.00%
						State Contract Minimum Completeness Percentage Requirement	98.00%

^ - Since the Avesis CHIP cumulative completion percentage exceeds 100 percent, we have decreased the Entire Plan CHIP encounter totals by the total variance in comparison to the CDJs to avoid overstating the Entire Plan results. Please see data analysis assumption number 6 on page 28 for further explanation.



MS Molina Healthcare Encounter and CDJ Comparison

**MOLINA HEALTHCARE CHIP MARCH VISION CARE
MONTHLY TABLE**

Table 13 — Molina Healthcare CHIP March Vision Care (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 2021	\$58,764	\$0	0.00%	\$58,764	\$58,454	\$310	100.53%
August 2021	\$96,662	(\$14)	-0.01%	\$96,649	\$97,037	(\$388)	99.60%
September 2021	\$56,803	\$0	0.00%	\$56,803	\$57,391	(\$588)	98.97%
October 2021	\$57,060	(\$33)	-0.05%	\$57,027	\$57,289	(\$262)	99.54%
November 2021	\$65,584	\$0	0.00%	\$65,584	\$65,917	(\$333)	99.49%
December 2021	\$54,524	\$0	0.00%	\$54,524	\$55,188	(\$664)	98.79%
January 2022	\$47,473	(\$18)	-0.03%	\$47,455	\$47,748	(\$292)	99.38%
February 2022	\$55,305	(\$31)	-0.05%	\$55,274	\$55,400	(\$126)	99.77%
March 2022	\$75,392	\$0	0.00%	\$75,392	\$75,515	(\$124)	99.83%
April 2022	\$67,975	(\$243)	-0.35%	\$67,732	\$67,149	\$583	100.86%
May 2022	\$51,899	\$0	0.00%	\$51,899	\$51,170	\$729	101.42%
June 2022	\$51,460	\$0	0.00%	\$51,460	\$50,243	\$1,217	102.42%
July 2022	\$64,101	\$0	0.00%	\$64,101	\$63,062	\$1,039	101.64%
August 2022	\$113,205	(\$224)	-0.19%	\$112,981	\$118,111	(\$5,130)	95.65%
September 2022	\$54,405	(\$229)	-0.42%	\$54,177	\$55,534	(\$1,357)	97.55%
October 2022	\$41,203	\$0	0.00%	\$41,203	\$40,811	\$392	100.95%
November 2022	\$14,618	\$0	0.00%	\$14,618	\$14,473	\$145	101.00%
December 2022	\$13,841	(\$726)	-5.24%	\$13,115	\$12,593	\$522	104.14%
January 2023	\$132,660	(\$977)	-0.73%	\$131,683	\$131,344	\$339	100.25%
February 2023	\$54,319	(\$391)	-0.71%	\$53,928	\$53,900	\$28	100.05%
March 2023	\$63,332	(\$822)	-1.29%	\$62,510	\$62,597	(\$87)	99.86%
April 2023	\$55,855	(\$861)	-1.54%	\$54,994	\$55,033	(\$38)	99.93%
May 2023	\$67,239	(\$517)	-0.76%	\$66,722	\$66,738	(\$16)	99.97%
June 2023	\$29,580	\$0	0.00%	\$29,580	\$50,087	(\$20,508)	59.05%
Cumulative Totals	\$1,443,257	(\$5,084)	-0.35%	\$1,438,173	\$1,462,782	(\$24,609)	98.31%
							State Contract Minimum Completeness Percentage Requirement
							98.00%

MS Molina Healthcare Encounter and CDJ Comparison



**MOLINA HEALTHCARE CHIP MTM
MONTHLY TABLE**

Table 14 — Molina Healthcare CHIP 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 2021	\$238	\$0	0.00%	\$238	\$238	\$0	100.00%
August 2021	\$1,067	\$0	0.00%	\$1,067	\$1,322	(\$255)	80.73%
September 2021	\$239	(\$1)	-0.37%	\$239	\$222	\$17	107.50%
October 2021	\$381	\$0	0.00%	\$381	\$312	\$70	122.38%
November 2021	\$1,750	\$0	0.00%	\$1,750	\$1,567	\$183	111.68%
December 2021	\$1,115	(\$122)	-10.91%	\$993	\$930	\$63	106.77%
January 2022	\$2,218	(\$396)	-17.85%	\$1,822	\$1,780	\$42	102.37%
February 2022	\$1,316	(\$102)	-7.77%	\$1,214	\$1,214	\$0	100.00%
March 2022	\$3,378	(\$617)	-18.25%	\$2,762	\$2,907	(\$145)	94.99%
April 2022	\$2,089	(\$231)	-11.05%	\$1,858	\$1,494	\$365	124.40%
May 2022	\$132	\$0	0.00%	\$132	\$66	\$66	200.00%
June 2022	\$369	\$0	0.00%	\$369	\$301	\$68	122.60%
July 2022	\$1,271	(\$315)	-24.78%	\$956	\$734	\$222	130.25%
August 2022	\$948	(\$164)	-17.27%	\$784	\$635	\$149	123.50%
September 2022	\$936	(\$284)	-30.38%	\$651	\$651	\$0	100.00%
October 2022	\$1,083	(\$201)	-18.52%	\$883	\$883	\$0	100.00%
November 2022	\$1,716	\$0	0.00%	\$1,716	\$1,573	\$143	109.06%
December 2022	\$1,613	\$0	0.00%	\$1,613	\$1,509	\$104	106.85%
January 2023	\$796	(\$44)	-5.48%	\$752	\$781	(\$29)	96.25%
February 2023	\$1,105	\$0	0.00%	\$1,105	\$1,099	\$6	100.55%
March 2023	\$460	\$0	0.00%	\$460	\$460	\$0	100.00%
April 2023	\$499	(\$6)	-1.21%	\$493	\$499	(\$6)	98.78%
May 2023	\$697	\$0	0.00%	\$697	\$697	\$0	100.00%
June 2023	\$947	(\$41)	-4.36%	\$906	\$1,193	(\$287)	75.96%
Cumulative Totals	\$26,365	(\$2,524)	-9.57%	\$23,841	\$23,066	\$775	103.35%
100% Limited^ Cumulative Totals				\$23,066	\$23,066	\$0	100.00%
							State Contract Minimum Completeness Percentage Requirement
							98.00%

^ - Since the MTM CHIP cumulative completion percentage exceeds 100 percent, we have decreased the Entire Plan CHIP encounter totals by the total variance in comparison to the CDJs to avoid overstating the Entire Plan results. Please see data analysis assumption number 6 on page 28 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** – Previous state fiscal agent contractor, formerly known as Xerox Health Solutions. Conduent was replaced by Gainwell Technologies as the FAC for Mississippi effective October 3, 2022.
- **Fiscal Agent Contractor (FAC)** – A contractor selected to design, develop, and maintain the claims processing system, Medicaid Management Information System (MMIS); Gainwell Technologies became the FAC effective October 3, 2022.
- **Gainwell Technologies** – State fiscal agent contractor effective October 3, 2022, formerly known as DXC Technology (DXC).
- **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.

MS Molina Healthcare Encounter and CDJ Comparison

- **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.
- **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 former fiscal agent contractor, Conduent, 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 Molina Healthcare encounters as follows:

- ❖ **Molina CAN Encounters**
 - Truven submitter ID equal to '94944' or Gainwell submitter ID equal to 'TP000172'.
 - Truven MC Prov ID equal to '0230871' or Gainwell Encounter Prov ID equal to '002350871'.
 - Pay to Provider Number equal to '02350871' or first COB Payer ID equal to '02350871' for Truven pharmacy encounters only.
- ❖ **Molina CHIP Encounters**
 - Truven submitter ID equal to '96020' or Gainwell submitter ID 'TP000173'.
 - Truven MC Prov ID equal to '01135031' or Gainwell Encounter Prov ID equal to '001135031'.
 - Pay to Provider Number equal to '01135031' or first COB Payer ID equal to '01135031' for Truven pharmacy encounters.
- ❖ **SkyGen – Dental Services**
 - Claim type of "D" and dates of service beginning on October 1, 2021.
 - Plan TCN starts with SY
- ❖ **Avesis – Dental and Hearing Services ¹**
 - Claims list provided by Molina for Avesis Dental and Hearing claims.
 - Claim type of "D" and dates of service through September 30, 2021.
 - Plan TCN starts with AD or AH
- ❖ **March Vision Care - Vision Services**
 - Claim list provided by Molina for March Vision Care claims.
 - Plan TCN starts with MV
- ❖ **MTM – Non-Emergency Transportation (NET)**
 - Claim list provided by Molina for MTM claims.
 - Plan TCN starts with TM
- ❖ **CVS Health - Pharmacy Benefit**
 - These encounters are contained in separate data warehouse tables as a result of pharmacy encounter submissions processing.
- ❖ **Molina Fee-for-Service**
 - All other plan submitted encounters that do not meet the listed criteria.

¹ – Avesis was Molina's Dental delegated vendor through September 30, 2021. Skygen has replaced Avesis effective October 1, 2021.



**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. We excluded a small volume of MTM backout encounters from this process, since the adjustments were submitted to correct encounters with invalid original payment dates. Additionally, Molina submitted supplemental records for some encounter voids, which we used to allocate the encounter voids to the appropriate recoupment date.
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. 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 through D).
6. Cumulative completion percentages exceeding 100 percent were noted for the Avesis CAN, MTM CAN, Avesis CHIP, and MTM CHIP totals. So that the impacted amounts do not overstate the Entire Plan CHIP 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, B, 1, 5, 7, 8, 12, and 14; Charts 2 and 4).
7. 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.





Appendix B: CAN Sample Claims Completeness

Description	Medical						Dental					
	March 2022		November 2022		Total		March 2022		November 2022		Total	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Claims Sample Data												
Claims Sample Total	108,749	\$14,259,251	102,819	\$15,414,944	211,568	\$29,674,195	25,694	\$1,297,723	22,414	\$1,123,329	48,108	\$2,421,052
Reconciling Adjustment ¹	(54,379)	(\$9,209,277)	(57,633)	(\$11,256,960)	(112,012)	(\$20,466,237)	0	\$0	0	\$0	0	\$0
Net Claims Sample Total	54,370	\$5,049,974	45,186	\$4,157,984	99,556	\$9,207,958	25,694	\$1,297,723	22,414	\$1,123,329	48,108	\$2,421,052
Encounter Data												
Total Matched Encounters	106,544	\$7,486,125	115,552	\$6,777,525	222,096	\$14,263,650	25,695	\$1,300,291	22,419	\$1,127,516	48,114	\$2,427,807
Less Surplus Encounters	(60,546)	(\$2,415,232)	(70,436)	(\$2,618,062)	(130,982)	(\$5,033,294)	(22)	(\$2,864)	(25)	(\$2,676)	(47)	(\$5,540)
Payment Adjustments	0	(\$20,062)	0	(\$2,536)	0	(\$22,598)	0	(\$33)	0	(\$3,532)	0	(\$3,565)
Net Matched Encounters	45,998	\$5,050,831	45,116	\$4,156,927	91,114	\$9,207,758	25,673	\$1,297,394	22,394	\$1,121,308	48,067	\$2,418,702
Encounter Completeness Percentage	84.6%	100.0%	99.8%	100.0%	91.5%	100.0%	99.9%	100.0%	99.9%	99.8%	99.9%	99.9%

¹ CCO-submitted claim sample data included claims with paid (adjudication) dates outside of the requested March 2022 and November 2022 sample months



Description	NEMT						Pharmacy					
	March 2022		November 2022		Total		March 2022		November 2022		Total	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Claims Sample Data												
Claims Sample Total	1,957	\$93,087	1,880	\$101,301	3,837	\$194,388	128,647	\$5,612,637	160,763	\$5,485,025	289,410	\$11,097,662
Reconciling Adjustment ¹	(1,723)	(\$81,245)	(1,768)	(\$97,860)	(3,491)	(\$179,105)	(68,307)	\$0	(96,644)	\$0	(164,951)	\$0
Net Claims Sample Total	234	\$11,842	112	\$3,441	346	\$15,283	60,340	\$5,612,637	64,119	\$5,485,025	124,459	\$11,097,662
Encounter Data												
Total Matched Encounters	234	\$11,842	112	\$3,441	346	\$15,283	59,917	\$5,949,558	60,290	\$5,779,805	120,207	\$11,729,363
Less Surplus Encounters	0	\$0	0	\$0	0	\$0	(238)	(\$203,287)	(266)	(\$237,246)	(504)	(\$440,533)
Payment Adjustments	0	\$0	0	\$0	0	\$0	0	(\$77,886)	0	(\$13,979)	0	(\$91,865)
Net Matched Encounters	234	\$11,842	112	\$3,441	346	\$15,283	59,679	\$5,668,385	60,024	\$5,528,580	119,703	\$11,196,965
Encounter Completeness Percentage	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.9%	101.0%	93.6%	100.8%	96.2%	100.9%

¹ The CCO-submitted claim sample data included claims with paid (adjudication) dates outside of the requested March 2022 and November 2022 sample months



MISSISSIPPI MEDICAID MANAGED CARE
EQR Validation of Encounter Data

SUBMISSION OF FINDINGS
Molina Healthcare of Mississippi, Inc.

Description	Total					
	March 2022		November 2022		Total	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Claims Sample Data						
Claims Sample Total	265,047	\$21,262,698	287,876	\$22,124,599	552,923	\$43,387,297
Reconciling Adjustment ¹	(124,409)	(\$9,290,522)	(156,045)	(\$11,354,820)	(280,454)	(\$20,645,342)
Net Claims Sample Total	140,638	\$11,972,176	131,831	\$10,769,779	272,469	\$22,741,955
Encounter Data						
Total Matched Encounters	192,390	\$14,747,816	198,373	\$13,688,287	390,763	\$28,436,103
Less Surplus Encounters	(60,806)	(\$2,621,383)	(70,727)	(\$2,857,984)	(131,533)	(\$5,479,367)
Payment Adjustments	0	(\$97,981)	0	(\$20,047)	0	(\$118,028)
Net Matched Encounters	131,584	\$12,028,452	127,646	\$10,810,256	259,230	\$22,838,708
Encounter Completeness Percentage	93.6%	100.5%	96.8%	100.4%	95.1%	100.4%

¹The CCO-submitted claim sample data included claims with paid (adjudication) dates outside of the requested March 2022 and November 2022 sample months



Appendix C: CAN Key Data Element Matching

Key Data Element	Medical																				
	March 2022								November 2022								Total				
	Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/Invalid)		Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/Invalid)		Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/Invalid)	
		Count	Percent	Count	Percent	Count	Percent		Count	Percent	Count	Percent	Count	Percent		Count	Percent	Count	Percent	Count	Percent
Admission Date	3,674	3,674	100.0%	0	0.0%	0	0.0%	983	983	100.0%	0	0.0%	0	0.0%	4,657	4,657	100.0%	0	0.0%	0	0.0%
Bill Type (digits 1 and 2)	29,215	29,215	100.0%	0	0.0%	0	0.0%	28,660	28,660	100.0%	0	0.0%	0	0.0%	57,875	57,875	100.0%	0	0.0%	0	0.0%
Billed Charges	106,544	104,334	97.9%	71	0.1%	2,139	2.0%	115,552	115,552	100.0%	0	0.0%	0	0.0%	222,096	219,886	99.0%	71	0.0%	2,139	1.0%
Billing Provider NPI/Number	106,544	105,566	99.1%	245	0.2%	733	0.7%	115,552	113,792	98.5%	1,207	1.0%	553	0.5%	222,096	219,358	98.8%	1,452	0.7%	1,286	0.6%
CCO Paid Amount	106,544	105,656	99.2%	0	0.0%	888	0.8%	115,552	114,466	99.1%	1,086	0.9%	0	0.0%	222,096	220,122	99.1%	1,086	0.5%	888	0.4%
CCO Paid Date	106,544	106,544	100.0%	0	0.0%	0	0.0%	115,552	115,552	100.0%	0	0.0%	0	0.0%	222,096	222,096	100.0%	0	0.0%	0	0.0%
Date of Service	106,544	106,543	100.0%	0	0.0%	1	0.0%	115,552	115,552	100.0%	0	0.0%	0	0.0%	222,096	222,095	100.0%	0	0.0%	1	0.0%
Diagnosis Codes	106,544	77,329	72.6%	0	0.0%	29,215	27.4%	115,552	86,892	75.2%	0	0.0%	28,660	24.8%	222,096	164,221	73.9%	0	0.0%	57,875	26.1%
Diagnosis Related Group (DRG)	3,674	3,586	97.6%	71	1.9%	17	0.5%	983	983	100.0%	0	0.0%	0	0.0%	4,657	4,569	98.1%	71	1.5%	17	0.4%
Former/Original Claim ICN	106,544	106,540	100.0%	0	0.0%	4	0.0%	115,552	115,552	100.0%	0	0.0%	0	0.0%	222,096	222,092	100.0%	0	0.0%	4	0.0%
ICN	106,544	103,475	97.1%	0	0.0%	3,069	2.9%	115,552	107,073	92.7%	7,481	6.5%	998	0.9%	222,096	210,548	94.8%	7,481	3.4%	4,067	1.8%
Member ID (Medicaid)	106,544	106,542	100.0%	0	0.0%	2	0.0%	115,552	115,519	100.0%	30	0.0%	3	0.0%	222,096	222,061	100.0%	30	0.0%	5	0.0%
Place of Service	77,329	77,327	100.0%	0	0.0%	2	0.0%	114,569	114,524	100.0%	0	0.0%	45	0.0%	191,898	191,851	100.0%	0	0.0%	47	0.0%
Procedure Code	102,870	100,215	97.4%	0	0.0%	2,655	2.6%	114,569	114,098	99.6%	471	0.4%	0	0.0%	217,439	214,313	98.6%	471	0.2%	2,655	1.2%
Procedure Modifiers	102,870	102,722	99.9%	0	0.0%	148	0.1%	86,892	86,892	100.0%	0	0.0%	0	0.0%	189,762	189,614	99.9%	0	0.0%	148	0.1%
Revenue Code	29,215	27,769	95.1%	0	0.0%	1,446	4.9%	28,660	28,660	100.0%	0	0.0%	0	0.0%	57,875	56,429	97.5%	0	0.0%	1,446	2.5%
Service Provider NPI/Number	106,544	105,552	99.1%	563	0.5%	429	0.4%	115,552	66,192	57.3%	28,720	24.9%	20,640	17.9%	222,096	171,744	77.3%	29,283	13.2%	21,069	9.5%
Service Provider Specialty/Taxonomy	106,544	104,132	97.7%	564	0.5%	1,848	1.7%	115,552	56,487	48.9%	9,399	8.1%	49,666	43.0%	222,096	160,619	72.3%	9,963	4.5%	51,514	23.2%
Surgical Procedure Codes	3,674	3,604	98.1%	0	0.0%	70	1.9%	983	983	100.0%	0	0.0%	0	0.0%	4,657	4,587	98.5%	0	0.0%	70	1.5%
Total	1,524,505	1,480,325	97.1%	1,514	0.1%	42,666	2.8%	1,647,371	1,498,412	91.0%	48,394	2.9%	100,565	6.1%	3,171,876	2,978,737	93.9%	49,908	1.6%	143,231	4.5%



Key Data Element	Dental																	
	March 2022						November 2022						Total					
	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Billed Charges	25,695	100.0%	0	0.0%	0	0.0%	22,419	100.0%	0	0.0%	0	0.0%	48,114	100.0%	0	0.0%	0	0.0%
Billing Provider NPI/Number	3,827	14.9%	0	0.0%	21,868	85.1%	18,133	80.9%	4,286	19.1%	0	0.0%	21,960	45.6%	4,286	8.9%	21,868	45.5%
CCO Paid Amount	25,645	99.8%	0	0.0%	50	0.2%	22,370	99.8%	0	0.0%	49	0.2%	48,015	99.8%	0	0.0%	99	0.2%
CCO Paid Date	25,658	99.9%	0	0.0%	37	0.1%	22,371	99.8%	0	0.0%	48	0.2%	48,029	99.8%	0	0.0%	85	0.2%
Date of Service	25,695	100.0%	0	0.0%	0	0.0%	22,419	100.0%	0	0.0%	0	0.0%	48,114	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	25,619	99.7%	N/A		76	0.3%	22,365	99.8%	N/A		54	0.2%	47,984	99.7%	N/A		130	0.3%
ICN	22,542	87.7%	0	0.0%	3,153	12.3%	22,412	100.0%	0	0.0%	7	0.0%	44,954	93.4%	0	0.0%	3,160	6.6%
Member ID (Medicaid)	25,534	99.4%	0	0.0%	161	0.6%	22,379	99.8%	0	0.0%	40	0.2%	47,913	99.6%	0	0.0%	201	0.4%
Place of Service	25,695	100.0%	0	0.0%	0	0.0%	22,419	100.0%	0	0.0%	0	0.0%	48,114	100.0%	0	0.0%	0	0.0%
Procedure Code	25,695	100.0%	0	0.0%	0	0.0%	22,419	100.0%	0	0.0%	0	0.0%	48,114	100.0%	0	0.0%	0	0.0%
Service Provider NPI/Number	25,481	99.2%	0	0.0%	214	0.8%	18,133	80.9%	4,286	19.1%	0	0.0%	43,614	90.6%	4,286	8.9%	214	0.4%
Service Provider Specialty/Taxonomy	9,601	37.4%	0	0.0%	16,094	62.6%	5,807	25.9%	4,286	19.1%	12,326	55.0%	15,408	32.0%	4,286	8.9%	28,420	59.1%
Tooth Number	25,680	99.9%	N/A		15	0.1%	22,408	100.0%	N/A		11	0.0%	48,088	99.9%	N/A		26	0.1%
Tooth Surface	25,695	100.0%	N/A		0	0.0%	22,419	100.0%	N/A		0	0.0%	48,114	100.0%	N/A		0	0.0%
Total	318,062	88.4%	0	0.0%	41,668	11.6%	288,473	91.9%	12,858	4.1%	12,535	4.0%	606,535	90.0%	12,858	1.9%	54,203	8.0%
Total Records in the Encounter Dataset	25,695						22,419						48,114					
Number of Key Data Element Evaluated	14						14						14					
Maximum Count	359,730	100.0%					313,866	100.0%					673,596	100.0%				



NEMT																		
Key Data Element	March 2022						November 2022						Total					
	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Billed Charges	234	100.0%	0	0.0%	0	0.0%	112	100.0%	0	0.0%	0	0.0%	346	100.0%	0	0.0%	0	0.0%
Billing Provider NPI/Number	234	100.0%	0	0.0%	0	0.0%	112	100.0%	0	0.0%	0	0.0%	346	100.0%	0	0.0%	0	0.0%
CCO Paid Amount	0	0.0%	0	0.0%	234	100.0%	0	0.0%	0	0.0%	112	100.0%	0	0.0%	0	0.0%	346	100.0%
CCO Paid Date	234	100.0%	0	0.0%	0	0.0%	112	100.0%	0	0.0%	0	0.0%	346	100.0%	0	0.0%	0	0.0%
Date of Service	234	100.0%	0	0.0%	0	0.0%	112	100.0%	0	0.0%	0	0.0%	346	100.0%	0	0.0%	0	0.0%
Diagnosis Codes	234	100.0%	0	0.0%	0	0.0%	112	100.0%	0	0.0%	0	0.0%	346	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	230	98.3%	N/A		4	1.7%	112	100.0%	N/A		0	0.0%	342	98.8%	N/A		4	1.2%
ICN	210	89.7%	0	0.0%	24	10.3%	106	94.6%	0	0.0%	6	5.4%	316	91.3%	0	0.0%	30	8.7%
Member ID (Medicaid)	234	100.0%	0	0.0%	0	0.0%	112	100.0%	0	0.0%	0	0.0%	346	100.0%	0	0.0%	0	0.0%
Place of Service	234	100.0%	0	0.0%	0	0.0%	112	100.0%	0	0.0%	0	0.0%	346	100.0%	0	0.0%	0	0.0%
Procedure Code	234	100.0%	0	0.0%	0	0.0%	112	100.0%	0	0.0%	0	0.0%	346	100.0%	0	0.0%	0	0.0%
Procedure Modifiers	234	100.0%	N/A		0	0.0%	112	100.0%	N/A		0	0.0%	346	100.0%	N/A		0	0.0%
Total	2,546	90.7%	0	0.0%	262	9.3%	1,226	91.2%	0	0.0%	118	8.8%	3,772	90.8%	0	0.0%	380	9.2%
Total Records in the Encounter Dataset	234						112						346					
Number of Key Data Element Evaluated	12						12						12					
Maximum Count	2,808	100.0%					1,344	100.0%					4,152	100.0%				



Pharmacy																			
Key Data Element	March 2022						November 2022						Total						
	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Billed Charges	28,288	47.2%	0	0.0%	31,629	52.8%	30,685	50.9%	0	0.0%	29,605	49.1%	58,973	49.1%	0	0.0%	61,234	50.9%	
CCO Paid Amount	59,787	99.8%	0	0.0%	130	0.2%	60,142	99.8%	0	0.0%	148	0.2%	119,929	99.8%	0	0.0%	278	0.2%	
CCO Paid Date	35	0.1%	0	0.0%	59,882	99.9%	0	0.0%	0	0.0%	60,290	100.0%	35	0.0%	0	0.0%	120,172	100.0%	
Date of Service	59,917	100.0%	0	0.0%	0	0.0%	60,290	100.0%	0	0.0%	0	0.0%	120,207	100.0%	0	0.0%	0	0.0%	
Days Supply	59,906	100.0%	0	0.0%	11	0.0%	60,257	99.9%	0	0.0%	33	0.1%	120,163	100.0%	0	0.0%	44	0.0%	
Former/Original Claim ICN	56,712	94.7%	N/A		3,205	5.3%	60,289	100.0%	N/A		1	0.0%	117,001	97.3%	N/A		3,206	2.7%	
ICN	59,488	99.3%	0	0.0%	429	0.7%	59,863	99.3%	0	0.0%	427	0.7%	119,351	99.3%	0	0.0%	856	0.7%	
Member ID (Medicaid)	59,904	100.0%	0	0.0%	13	0.0%	60,280	100.0%	0	0.0%	10	0.0%	120,184	100.0%	0	0.0%	23	0.0%	
National Drug Code (NDC)	59,907	100.0%	3	0.0%	7	0.0%	60,277	100.0%	0	0.0%	13	0.0%	120,184	100.0%	3	0.0%	20	0.0%	
Prescribing Provider NPI	59,854	99.9%	0	0.0%	63	0.1%	58,806	97.5%	2	0.0%	1,482	2.5%	118,660	98.7%	2	0.0%	1,545	1.3%	
Prescription Number	59,917	100.0%	0	0.0%	0	0.0%	60,290	100.0%	0	0.0%	0	0.0%	120,207	100.0%	0	0.0%	0	0.0%	
Quantity Dispensed	59,831	99.9%	71	0.1%	15	0.0%	60,252	99.9%	0	0.0%	38	0.1%	120,083	99.9%	71	0.1%	53	0.0%	
Refill Number	59,917	100.0%	0	0.0%	0	0.0%	60,290	100.0%	0	0.0%	0	0.0%	120,207	100.0%	0	0.0%	0	0.0%	
Total	683,463	87.7%	74	0.0%	95,384	12.2%	691,721	88.3%	2	0.0%	92,047	11.7%	1,375,184	88.0%	76	0.0%	187,431	12.0%	
Total Records in the Encounter Dataset	59,917						60,290						120,207						
Number of Key Data Element Evaluated	13						13						13						
Maximum Count	778,921	100.0%					783,770	100.0%					1,562,691	100.0%					



Key Data Element	Total																				
	March 2022								November 2022								Total				
	Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/Invalid)		Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/Invalid)		Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/Invalid)	
		Count	Percent	Count	Percent	Count	Percent		Count	Percent	Count	Percent	Count	Percent		Count	Percent	Count	Percent	Count	Percent
Admission Date	3,674	3,674	100.0%	0	0.0%	0	0.0%	983	983	100.0%	0	0.0%	0	0.0%	4,657	4,657	100.0%	0	0.0%	0	0.0%
Bill Type (digits 1 and 2)	29,215	29,215	100.0%	0	0.0%	0	0.0%	28,660	28,660	100.0%	0	0.0%	0	0.0%	57,875	57,875	100.0%	0	0.0%	0	0.0%
Billed Charges	192,390	158,551	82.4%	71	0.0%	33,768	17.6%	198,373	168,768	85.1%	0	0.0%	29,605	14.9%	390,763	327,319	83.8%	71	0.0%	63,373	16.2%
Billing Provider NPI/Number	132,473	109,627	82.8%	245	0.2%	22,601	17.1%	138,083	132,037	95.6%	5,493	4.0%	553	0.4%	270,556	241,664	89.3%	5,738	2.1%	23,154	8.6%
CCO Paid Amount	192,390	191,088	99.3%	0	0.0%	1,302	0.7%	198,373	196,978	99.3%	1,086	0.5%	309	0.2%	390,763	388,066	99.3%	1,086	0.3%	1,611	0.4%
CCO Paid Date	192,390	132,471	68.9%	0	0.0%	59,919	31.1%	198,373	138,035	69.6%	0	0.0%	60,338	30.4%	390,763	270,506	69.2%	0	0.0%	120,257	30.8%
Date of Service	192,390	192,389	100.0%	0	0.0%	1	0.0%	198,373	198,373	100.0%	0	0.0%	0	0.0%	390,763	390,762	100.0%	0	0.0%	1	0.0%
Diagnosis Codes	106,778	77,563	72.6%	0	0.0%	29,215	27.4%	115,664	87,004	75.2%	0	0.0%	28,660	24.8%	222,442	164,567	74.0%	0	0.0%	57,875	26.0%
Diagnosis Related Group (DRG)	3,674	3,586	97.6%	71	1.9%	17	0.5%	983	983	100.0%	0	0.0%	0	0.0%	4,657	4,569	98.1%	71	1.5%	17	0.4%
Former/Original Claim ICN	192,390	189,101	98.3%	0	0.0%	3,289	1.7%	198,373	198,318	100.0%	0	0.0%	55	0.0%	390,763	387,419	99.1%	0	0.0%	3,344	0.9%
ICN	192,390	185,715	96.5%	0	0.0%	6,675	3.5%	198,373	189,454	95.5%	7,481	3.8%	1,438	0.7%	390,763	375,169	96.0%	7,481	1.9%	8,113	2.1%
Member ID (Medicaid)	192,390	192,214	99.9%	0	0.0%	176	0.1%	198,373	198,290	100.0%	30	0.0%	53	0.0%	390,763	390,504	99.9%	30	0.0%	229	0.1%
Place of Service	103,258	103,256	100.0%	0	0.0%	2	0.0%	137,100	137,055	100.0%	0	0.0%	45	0.0%	240,358	240,311	100.0%	0	0.0%	47	0.0%
Procedure Code	128,799	126,144	97.9%	0	0.0%	2,655	2.1%	137,100	136,629	99.7%	471	0.3%	0	0.0%	265,899	262,773	98.8%	471	0.2%	2,655	1.0%
Procedure Modifiers	103,104	102,956	99.9%	0	0.0%	148	0.1%	87,004	87,004	100.0%	0	0.0%	0	0.0%	190,108	189,960	99.9%	0	0.0%	148	0.1%
Revenue Code	29,215	27,769	95.1%	0	0.0%	1,446	4.9%	28,660	28,660	100.0%	0	0.0%	0	0.0%	57,875	56,429	97.5%	0	0.0%	1,446	2.5%
Service Provider NPI/Number	132,239	131,033	99.1%	563	0.4%	643	0.5%	137,971	84,325	61.1%	33,006	23.9%	20,640	15.0%	270,210	215,358	79.7%	33,569	12.4%	21,283	7.9%
Service Provider Specialty/Taxonomy	132,239	113,733	86.0%	564	0.4%	17,942	13.6%	137,971	62,294	45.2%	13,685	9.9%	61,992	44.9%	270,210	176,027	65.1%	14,249	5.3%	79,934	29.6%
Surgical Procedure Codes	3,674	3,604	98.1%	0	0.0%	70	1.9%	983	983	100.0%	0	0.0%	0	0.0%	4,657	4,587	98.5%	0	0.0%	70	1.5%
Tooth Number	25,695	25,680	99.9%	0	0.0%	15	0.1%	22,419	22,408	100.0%	0	0.0%	11	0.0%	48,114	48,088	99.9%	0	0.0%	26	0.1%
Tooth Surface	25,695	25,695	100.0%	0	0.0%	0	0.0%	22,419	22,419	100.0%	0	0.0%	0	0.0%	48,114	48,114	100.0%	0	0.0%	0	0.0%
Days Supply	59,917	59,906	100.0%	0	0.0%	11	0.0%	60,290	60,257	99.9%	0	0.0%	33	0.1%	120,207	120,163	100.0%	0	0.0%	44	0.0%
National Drug Code (NDC)	59,917	59,907	100.0%	3	0.0%	7	0.0%	60,290	60,277	100.0%	0	0.0%	13	0.0%	120,207	120,184	100.0%	3	0.0%	20	0.0%
Prescribing Provider NPI	59,917	59,854	99.9%	0	0.0%	63	0.1%	60,290	58,806	97.5%	2	0.0%	1,482	2.5%	120,207	118,660	98.7%	2	0.0%	1,545	1.3%
Prescription Number	59,917	59,917	100.0%	0	0.0%	0	0.0%	60,290	60,290	100.0%	0	0.0%	0	0.0%	120,207	120,207	100.0%	0	0.0%	0	0.0%
Quantity Dispensed	59,917	59,831	99.9%	71	0.1%	15	0.0%	60,290	60,252	99.9%	0	0.0%	38	0.1%	120,207	120,083	99.9%	71	0.1%	53	0.0%
Refill Number	59,917	59,917	100.0%	0	0.0%	0	0.0%	60,290	60,290	100.0%	0	0.0%	0	0.0%	120,207	120,207	100.0%	0	0.0%	0	0.0%
Total	2,665,964	2,484,396	93.2%	1,588	0.1%	179,980	6.8%	2,746,351	2,479,832	90.3%	61,254	2.2%	205,265	7.5%	5,412,315	4,964,228	91.8%	62,842	1.2%	385,245	7.1%



Appendix D: CAN Per Member Utilization and Paid Amounts

CY 2022										
Description	Mississippi CAN				Molina CAN				Percentage of Mississippi CAN	
	Members									
Total member Months	4,526,034				918,847				20.3%	
Average Number of Members ¹	377,170				76,571					
Service Type	Count	PMPY ² Count	Paid Amount	PMPY ² Amount	Count	PMPY ² Count	Paid Amount	PMPY ² Amount	Percentage Variance	
									Count	Amount
Ancillary	2,141,445	5.7	\$140,534,243	\$373	336,005	4.4	\$20,969,269	\$274	-22.8%	-26.5%
Dental	1,660,698	4.4	\$83,341,349	\$221	270,185	3.5	\$14,141,203	\$185	-20.5%	-16.3%
Inpatient	1,144,643	3.0	\$389,184,722	\$1,032	278,601	3.6	\$96,246,778	\$1,257	20.0%	21.8%
Outpatient	4,160,524	11.0	\$307,926,742	\$816	744,190	9.7	\$58,400,119	\$763	-11.8%	-6.5%
Primary Care	5,137,258	13.6	\$221,931,374	\$588	990,342	12.9	\$44,202,970	\$577	-5.1%	-1.9%
Specialty	1,198,150	3.2	\$63,935,069	\$170	218,032	2.8	\$13,251,361	\$173	-12.5%	1.8%
Vision	545,910	1.4	\$18,791,282	\$50	86,314	1.1	\$2,623,771	\$34	-21.4%	-32.0%
NEMT	171,335	0.5	\$11,365,783	\$30	21,193	0.3	\$1,158,257	\$15	-40.0%	-50.0%
Pharmacy	5,437,589	14.4	\$336,277,580	\$892	702,809	9.2	\$65,822,675	\$860	-36.1%	-3.6%
Telehealth ³	154,448	0.4	\$11,987,925	\$32	25,402	0.3	\$1,957,346	\$26	-25.0%	-18.8%
Behavioral Health	1,115,089	3.0	\$145,009,170	\$384	134,041	1.8	\$17,400,037	\$227	-40.0%	-40.9%
Total Services⁴	22,867,089	60.6	\$1,730,285,239	\$4,588	3,807,114	49.6	\$336,173,786	\$4,391	-18.2%	-4.3%

¹ Total member months divided by the number of months in the measurement period.

² Per member per year counts and/or paid amount divided by the average number of members.

³ Includes behavioral health telehealth visits.

⁴ Differences are due to rounding.



Appendix E: CAN Timely Payment of Claims

CY 2022													
Encounter Type	30 Days		60 Days			90 Days			Over 90 Days			Total Count	Average Days
	Count	Percentage	Count	Percentage		Count	Percentage		Count	Percentage			
		Absolute		Absolute	Cumulative		Absolute	Cumulative		Absolute	Cumulative		
Medical	1,128,870	99.2%	3,736	0.3%	99.6%	1,820	0.2%	99.7%	3,051	0.3%	100.0%	1,137,477	5
Dental	76,595	100.0%	2	0.0%	100.0%	2	0.0%	100.0%	0	0.0%	100.0%	76,599	3
Vision	26,325	98.4%	326	1.2%	99.6%	62	0.2%	99.9%	40	0.1%	100.0%	26,753	16
NEMT	17,418	73.1%	5,174	21.7%	94.8%	963	4.0%	98.8%	283	1.2%	100.0%	23,838	31
Pharmacy	729,290	99.6%	2,088	0.3%	99.9%	318	0.0%	99.9%	441	0.1%	100.0%	732,137	5
Total	1,978,498	99.1%	11,326	0.6%	99.7%	3,165	0.2%	99.9%	3,815	0.1%	100.0%	1,996,804	5



Appendix F: CAN Timely Encounter Submissions

CY 2022																
Encounter Type	30 Days		60 Days			90 Days			120 Days			Over 120 Days			Total Count	Average Days
	Count	Percentage	Count	Percentage		Count	Percentage		Count	Percentage		Count	Percentage			
		Absolute		Absolute	Cumulative		Absolute	Cumulative		Absolute	Cumulative		Absolute	Cumulative		
Medical	868,735	76.4%	142,587	12.5%	88.9%	29,371	2.6%	91.5%	11,489	1.0%	92.5%	85,295	7.5%	100.0%	1,137,477	32
Dental	47,636	62.2%	16,354	21.4%	83.5%	10,638	13.9%	97.4%	1,970	2.6%	100.0%	1	0.0%	100.0%	76,599	30
Vision	19,492	72.9%	2,306	8.6%	81.5%	2,300	8.6%	90.1%	193	0.7%	90.8%	2,462	9.2%	100.0%	26,753	43
NEMT	12,650	53.1%	4,645	19.5%	72.6%	1,818	7.6%	80.2%	1,312	5.5%	85.7%	3,413	14.3%	100.0%	23,838	79
Pharmacy	442,291	60.4%	49	0.0%	60.4%	264	0.0%	60.5%	28,854	3.9%	64.4%	260,679	35.6%	100.0%	732,137	69
Total	1,390,804	69.7%	165,941	8.3%	78.0%	44,391	2.2%	80.2%	43,818	2.2%	82.4%	351,850	17.6%	100.0%	1,996,804	46



Appendix G: CAN Medical Records Validity Rate

Key Data Element	Medical					Dental					Vision				
	Total Elements Sampled	Supported Elements		Unsupported Elements		Total Elements Sampled	Supported Elements		Unsupported Elements		Total Elements Sampled	Supported Elements		Unsupported Elements	
		Count	Percent	Count	Percent		Count	Percent	Count	Percent		Count	Percent	Count	Percent
Member Name	62	62	100.0%	0	0.0%	4	4	100.0%	0	0.0%	2	2	100.0%	0	0.0%
Member DOB	62	61	98.4%	1	1.6%	4	4	100.0%	0	0.0%	2	1	50.0%	1	50.0%
Admit Date	1	1	100.0%	0	0.0%	N/A					N/A				
Date of Service (First)	62	61	98.4%	1	1.6%	4	4	100.0%	0	0.0%	2	2	100.0%	0	0.0%
Date of Service (Last)	1	1	100.0%	0	0.0%	N/A					N/A				
Billing Provider	60	54	90.0%	6	10.0%	4	4	100.0%	0	0.0%	2	2	100.0%	0	0.0%
Type of Bill Code	10	9	90.0%	1	10.0%	N/A					N/A				
Revenue Code	41	40	97.6%	1	2.4%	N/A					N/A				
Procedure Code	123	121	98.4%	2	1.6%	18	17	94.4%	1	5.6%	8	3	37.5%	5	62.5%
Procedure Modifiers	83	81	97.6%	2	2.4%	N/A					0	0	0.0%	0	0.0%
Tooth Number	N/A					12	12	0.0%	0	0.0%	N/A				
Tooth Surface	N/A					0	0	0.0%	0	0.0%	N/A				
Diagnosis Codes	104	102	98.1%	2	1.9%	N/A					2	1	50.0%	1	50.0%
Servicing Provider	53	53	100.0%	0	0.0%	4	3	75.0%	1	25.0%	2	1	50.0%	1	50.0%
Surgical Procedure Codes	0	0	0.0%	0	0.0%	N/A					N/A				
Total	662	646	97.6%	16	2.4%	50	48	96.0%	2	4.0%	20	12	60.0%	8	40.0%

Note: All 105 of the CAN medical records requested were submitted and tested.



Key Data Element	Pharmacy					Total				
	Total Elements Sampled	Supported Elements		Unsupported Elements		Total Elements Sampled	Supported Elements		Unsupported Elements	
		Count	Percent	Count	Percent		Count	Percent	Count	Percent
Member Name	37	37	100.0%	0	0.0%	105	105	100.0%	0	0.0%
Member DOB	37	37	100.0%	0	0.0%	105	103	98.1%	2	1.9%
Admit Date		N/A				1	1	100.0%	0	0.0%
Date of Service (First)	37	35	94.6%	2	5.4%	105	102	97.1%	3	2.9%
Date of Service (Last)		N/A				1	1	100.0%	0	0.0%
Billing Provider	37	37	100.0%	0	0.0%	103	97	94.2%	6	5.8%
Type of Bill Code		N/A				10	9	90.0%	1	10.0%
Revenue Code		N/A				41	40	97.6%	1	2.4%
Procedure Code		N/A				149	141	94.6%	8	5.4%
Procedure Modifiers		N/A				83	81	97.6%	2	2.4%
Tooth Number		N/A				12	12	100.0%	0	0.0%
Tooth Surface		N/A				0	0	0.0%	0	0.0%
Diagnosis Codes		N/A				106	103	97.2%	3	2.8%
Servicing Provider		N/A				59	57	96.6%	2	3.4%
Surgical Procedure Codes		N/A				0	0	0.0%	0	0.0%
Date Prescribed	37	25	67.6%	12	32.4%	37	25	67.6%	12	32.4%
Prescription Number	37	36	97.3%	1	2.7%	37	36	97.3%	1	2.7%
National Drug Code (NDC)	37	35	94.6%	2	5.4%	37	35	94.6%	2	5.4%
Quantity Dispensed	37	37	100.0%	0	0.0%	37	37	100.0%	0	0.0%
Days Supply	37	21	56.8%	16	43.2%	37	21	56.8%	16	43.2%
Prescribing Provider	31	27	87.1%	4	12.9%	31	27	87.1%	4	12.9%
Total	364	327	89.8%	37	10.2%	1,096	1,033	94.3%	63	5.7%

Note: All 105 of the CAN medical records requested were submitted and tested.



Appendix H: CHIP Sample Claims Completeness

Description	Medical						Dental					
	March 2022		November 2022		Total		March 2022		November 2022		Total	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Claims Sample Data												
Claims Sample Total	15,516	\$1,243,946	13,892	\$1,436,299	29,408	\$2,680,245	8,222	\$416,200	6,494	\$323,997	14,716	\$740,197
Reconciling Adjustment ¹	(6,619)	(\$674,066)	(7,101)	(\$803,409)	(13,720)	(\$1,477,475)	0	\$0	0	\$0	0	\$0
Net Claims Sample Total	8,897	\$569,880	6,791	\$632,890	15,688	\$1,202,770	8,222	\$416,200	6,494	\$323,997	14,716	\$740,197
Encounter Data												
Total Matched Encounters	11,375	\$884,341	16,104	\$1,029,296	27,479	\$1,913,637	8,169	\$413,720	6,489	\$323,230	14,658	\$736,950
Less Surplus Encounters	(5,756)	(\$311,460)	(9,314)	(\$396,107)	(15,070)	(\$707,567)	(9)	(\$1,541)	(1)	(\$357)	(10)	(\$1,898)
Payment Adjustments	0	(\$2,990)	0	(\$287)	0	(\$3,277)	0	\$32	0	\$1,124	0	\$1,156
Net Matched Encounters	5,619	\$569,891	6,790	\$632,902	12,409	\$1,202,793	8,160	\$412,211	6,488	\$323,997	14,648	\$736,208
Encounter Completeness Percentage	63.2%	100.0%	100.0%	100.0%	79.1%	100.0%	99.2%	99.0%	99.9%	100.0%	99.5%	99.5%

¹ The CCO-submitted claim sample data included claims with paid (adjudication) dates outside of the requested sample months.



Description	NEMT						Pharmacy					
	March 2022 ²		November 2022		Total		March 2022		November 2022		Total	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Claims Sample Data												
Claims Sample Total	22	\$1,328	24	\$1,256	46	\$2,584	18,271	\$592,223	27,717	\$656,768	45,988	\$1,248,991
Reconciling Adjustment ¹	(22)	(\$1,328)	(18)	(\$1,186)	(40)	(\$2,514)	(9,683)	\$0	(17,261)	\$0	(26,944)	\$0
Net Claims Sample Total	0	\$0	6	\$70	6	\$70	8,588	\$592,223	10,456	\$656,768	19,044	\$1,248,991
Encounter Data												
Total Matched Encounters	0	\$0	6	\$70	6	\$70	8,071	\$648,904	9,815	\$663,398	17,886	\$1,312,302
Less Surplus Encounters	0	\$0	0	\$0	0	\$0	0	\$0	(2)	(\$116)	(2)	(\$116)
Payment Adjustments	0	\$0	0	\$0	0	\$0	0	(\$19,948)	0	(\$25)	0	(\$19,973)
Net Matched Encounters	0	\$0	6	\$70	6	\$70	8,071	\$628,956	9,813	\$663,257	17,884	\$1,292,213
Encounter Completeness Percentage	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	94.0%	106.2%	93.9%	101.0%	93.9%	103.5%

¹ The CCO-submitted claim sample data included claims with paid (adjudication) dates outside of the requested sample months.

² All CHIP NEMT claims submitted reflected a paid (adjudication) date outside of March 2022.



Description	Total					
	March 2022		November 2022		Total	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Claims Sample Data						
Claims Sample Total	42,031	\$2,253,697	48,127	\$2,418,320	90,158	\$4,672,017
Reconciling Adjustment ¹	(16,324)	(\$675,394)	(24,380)	(\$804,595)	(40,704)	(\$1,479,989)
Net Claims Sample Total	25,707	\$1,578,303	23,747	\$1,613,725	49,454	\$3,192,028
Encounter Data						
Total Matched Encounters	27,615	\$1,946,965	32,414	\$2,015,994	60,029	\$3,962,959
Less Surplus Encounters	(5,765)	(\$313,001)	(9,317)	(\$396,580)	(15,082)	(\$709,581)
Payment Adjustments	0	(\$22,906)	0	\$812	0	(\$22,094)
Net Matched Encounters	21,850	\$1,611,058	23,097	\$1,620,226	44,947	\$3,231,284
Encounter Completeness Percentage	85.0%	102.1%	97.3%	100.4%	90.9%	101.2%

¹ The CCO-submitted claim sample data included claims with paid (adjudication) dates outside of the requested March 2022 and November 2022 sample months



Appendix I: CHIP Key Data Element Matching

Key Data Element	Medical																				
	March 2022								November 2022								Total				
	Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/Invalid)		Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/Invalid)		Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/Invalid)	
		Count	Percent	Count	Percent	Count	Percent		Count	Percent	Count	Percent	Count	Percent		Count	Percent	Count	Percent	Count	Percent
Admission Date	69	69	100.0%	0	0.0%	0	0.0%	3	3	100.0%	0	0.0%	0	0.0%	72	72	100.0%	0	0.0%	0	0.0%
Bill Type (digits 1 and 2)	2,245	2,245	100.0%	0	0.0%	0	0.0%	3,009	3,009	100.0%	0	0.0%	0	0.0%	5,254	5,254	100.0%	0	0.0%	0	0.0%
Billed Charges	11,375	11,261	99.0%	7	10.1%	107	0.9%	16,104	16,104	100.0%	0	0.0%	0	0.0%	27,479	27,365	99.6%	7	0.0%	107	0.4%
Billing Provider NPI/Number	11,375	11,280	99.2%	0	0.0%	95	0.8%	16,104	16,009	99.4%	0	0.0%	95	0.6%	27,479	27,289	99.3%	0	0.0%	190	0.7%
CCO Paid Amount	11,375	11,128	97.8%	0	0.0%	247	2.2%	16,104	15,978	99.2%	0	0.0%	126	0.8%	27,479	27,106	98.6%	0	0.0%	373	1.4%
CCO Paid Date	11,375	11,375	100.0%	0	0.0%	0	0.0%	16,104	16,104	100.0%	0	0.0%	0	0.0%	27,479	27,479	100.0%	0	0.0%	0	0.0%
Date of Service	11,375	11,375	100.0%	0	0.0%	0	0.0%	16,104	16,104	100.0%	0	0.0%	0	0.0%	27,479	27,479	100.0%	0	0.0%	0	0.0%
Diagnosis Codes	11,375	9,130	80.3%	0	0.0%	2,245	19.7%	16,104	13,095	81.3%	0	0.0%	3,009	18.7%	27,479	22,225	80.9%	0	0.0%	5,254	19.1%
Diagnosis Related Group (DRG)	69	0	0.0%	69	100.0%	0	0.0%	3	3	100.0%	0	0.0%	0	0.0%	72	3	4.2%	69	95.8%	0	0.0%
Former/Original Claim ICN	11,375	11,375	100.0%	0	0.0%	0	0.0%	16,104	16,104	100.0%	0	0.0%	0	0.0%	27,479	27,479	100.0%	0	0.0%	0	0.0%
ICN	11,375	10,794	94.9%	0	0.0%	581	5.1%	16,104	15,718	97.6%	0	0.0%	386	2.4%	27,479	26,512	96.5%	0	0.0%	967	3.5%
Member ID (Medicaid)	11,375	11,375	100.0%	0	0.0%	0	0.0%	16,104	16,103	100.0%	0	0.0%	1	0.0%	27,479	27,478	100.0%	0	0.0%	1	0.0%
Place of Service	9,130	9,129	100.0%	0	0.0%	1	0.0%	13,095	13,095	100.0%	0	0.0%	0	0.0%	22,225	22,224	100.0%	0	0.0%	1	0.0%
Procedure Code	11,306	11,164	98.7%	0	0.0%	142	1.3%	16,101	16,062	99.8%	0	0.0%	39	0.2%	27,407	27,226	99.3%	0	0.0%	181	0.7%
Procedure Modifiers	11,306	11,295	99.9%	0	0.0%	11	0.1%	16,101	16,101	100.0%	0	0.0%	0	0.0%	27,407	27,396	100.0%	0	0.0%	11	0.0%
Revenue Code	2,245	2,185	97.3%	0	0.0%	60	2.7%	3,009	3,009	100.0%	0	0.0%	0	0.0%	5,254	5,194	98.9%	0	0.0%	60	1.1%
Service Provider NPI/Number	11,375	11,296	99.3%	10	14.5%	69	0.6%	16,104	6,083	37.8%	10,021	62.2%	0	0.0%	27,479	17,379	63.2%	10,031	36.5%	69	0.3%
Service Provider Specialty/Taxonomy	11,375	11,162	98.1%	10	14.5%	203	1.8%	16,104	5,150	32.0%	7,049	43.8%	3,905	24.2%	27,479	16,312	59.4%	7,059	25.7%	4,108	14.9%
Surgical Procedure Codes	69	69	100.0%	0	0.0%	0	0.0%	3	3	100.0%	0	0.0%	0	0.0%	72	72	100.0%	0	0.0%	0	0.0%
Total	161,564	157,707	97.6%	96	0.1%	3,761	2.3%	228,468	203,837	89.2%	17,070	7.5%	7,561	3.3%	390,032	361,544	92.7%	17,166	4.4%	11,322	2.9%



Dental																		
Key Data Element	March 2022						November 2022						Total					
	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Billed Charges	8,169	100.0%	0	0.0%	0	0.0%	6,489	100.0%	0	0.0%	0	0.0%	14,658	100.0%	0	0.0%	0	0.0%
Billing Provider NPI/Number	1,386	17.0%	0	0.0%	6,783	83.0%	3,851	59.3%	2,638	40.7%	0	0.0%	5,237	35.7%	2,638	18.0%	6,783	46.3%
CCO Paid Amount	8,151	99.8%	0	0.0%	18	0.2%	6,478	99.8%	0	0.0%	11	0.2%	14,629	99.8%	0	0.0%	29	0.2%
CCO Paid Date	8,154	99.8%	0	0.0%	15	0.2%	6,486	100.0%	0	0.0%	3	0.0%	14,640	99.9%	0	0.0%	18	0.1%
Date of Service	8,169	100.0%	0	0.0%	0	0.0%	6,489	100.0%	0	0.0%	0	0.0%	14,658	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	8,145	99.7%	N/A		24	0.3%	6,486	100.0%	N/A		3	0.0%	14,631	99.8%	N/A		27	0.2%
ICN	5,957	72.9%	0	0.0%	2,212	27.1%	6,489	100.0%	0	0.0%	0	0.0%	12,446	84.9%	0	0.0%	2,212	15.1%
Member ID (Medicaid)	8,127	99.5%	0	0.0%	42	0.5%	6,488	100.0%	0	0.0%	1	0.0%	14,615	99.7%	0	0.0%	43	0.3%
Place of Service	8,169	100.0%	0	0.0%	0	0.0%	6,489	100.0%	0	0.0%	0	0.0%	14,658	100.0%	0	0.0%	0	0.0%
Procedure Code	8,169	100.0%	0	0.0%	0	0.0%	6,489	100.0%	0	0.0%	0	0.0%	14,658	100.0%	0	0.0%	0	0.0%
Service Provider NPI/Number	8,070	98.8%	0	0.0%	99	1.2%	3,851	59.3%	2,638	40.7%	0	0.0%	11,921	81.3%	2,638	18.0%	99	0.7%
Service Provider Specialty/Taxonomy	3,167	38.8%	0	0.0%	5,002	61.2%	1,095	16.9%	2,638	40.7%	2,756	42.5%	4,262	29.1%	2,638	18.0%	7,758	52.9%
Tooth Number	8,166	100.0%	N/A		3	0.0%	6,484	99.9%	N/A		5	0.1%	14,650	99.9%	N/A		8	0.1%
Tooth Surface	8,169	100.0%	N/A		0	0.0%	6,489	100.0%	N/A		0	0.0%	14,658	100.0%	N/A		0	0.0%
Total	100,168	87.6%	0	0.0%	14,198	12.4%	80,153	88.2%	7,914	8.7%	2,779	3.1%	180,321	87.9%	7,914	3.9%	16,977	8.3%
Total Records in the Encounter Dataset	8,169						6,489						14,658					
Number of Key Data Element Evaluated	14						14						14					
Maximum Count	114,366	100.0%					90,846	100.0%					205,212	100.0%				



Key Data Element	NEMT																	
	March 2022 ¹						November 2022						Total					
	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/Invalid)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Billed Charges	0	0.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%
Billing Provider NPI/Number	0	0.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%
CCO Paid Amount	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%	6	100.0%
CCO Paid Date	0	0.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%
Date of Service	0	0.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%
Diagnosis Codes	0	0.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	0	0.0%	N/A		0	0.0%	6	100.0%	N/A		0	0.0%	6	100.0%	N/A		0	0.0%
ICN	0	0.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%
Member ID (Medicaid)	0	0.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%
Place of Service	0	0.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%
Procedure Code	0	0.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%
Procedure Modifiers	0	0.0%	N/A		0	0.0%	6	100.0%	N/A		0	0.0%	6	100.0%	N/A		0	0.0%
Total	0	0.0%	0	0.0%	0	0.0%	66	91.7%	0	0.0%	6	8.3%	66	91.7%	0	0.0%	6	8.3%
Total Records in the Encounter Dataset	0						6						6					
Number of Key Data Element Evaluated	12						12						12					
Maximum Count	0	0.0%					72	100.0%					72	100.0%				

¹The CCO-submitted claim sample data included claims with paid (adjudication) dates outside of the requested March 2022 and November 2022 sample months. All CHIP NEMT claims submitted reflected an adjudication date outside of March 2022.



Pharmacy																		
Key Data Element	March 2022						November 2022						Total					
	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)		Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/ Invalid)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Billed Charges	3,588	44.5%	0	0.0%	4,483	55.5%	4,985	50.8%	0	0.0%	4,830	49.2%	8,573	47.9%	0	0.0%	9,313	52.1%
CCO Paid Amount	8,066	99.9%	0	0.0%	5	0.1%	9,799	99.8%	0	0.0%	16	0.2%	17,865	99.9%	0	0.0%	21	0.1%
CCO Paid Date	7	0.1%	0	0.0%	8,064	99.9%	0	0.0%	0	0.0%	9,815	100.0%	7	0.0%	0	0.0%	17,879	100.0%
Date of Service	8,071	100.0%	0	0.0%	0	0.0%	9,815	100.0%	0	0.0%	0	0.0%	17,886	100.0%	0	0.0%	0	0.0%
Days Supply	8,069	100.0%	0	0.0%	2	0.0%	9,811	100.0%	0	0.0%	4	0.0%	17,880	100.0%	0	0.0%	6	0.0%
Former/Original Claim ICN	8,071	100.0%	N/A		0	0.0%	9,815	100.0%	N/A		0	0.0%	17,886	100.0%	N/A		0	0.0%
ICN	0	0.0%	0	0.0%	8,071	100.0%	0	0.0%	0	0.0%	9,815	100.0%	0	0.0%	0	0.0%	17,886	100.0%
Member ID (Medicaid)	8,071	100.0%	0	0.0%	0	0.0%	9,815	100.0%	0	0.0%	0	0.0%	17,886	100.0%	0	0.0%	0	0.0%
National Drug Code (NDC)	8,070	100.0%	0	0.0%	1	0.0%	9,811	100.0%	0	0.0%	4	0.0%	17,881	100.0%	0	0.0%	5	0.0%
Prescribing Provider NPI	8,071	100.0%	0	0.0%	0	0.0%	9,815	100.0%	0	0.0%	0	0.0%	17,886	100.0%	0	0.0%	0	0.0%
Prescription Number	8,071	100.0%	0	0.0%	0	0.0%	9,815	100.0%	0	0.0%	0	0.0%	17,886	100.0%	0	0.0%	0	0.0%
Quantity Dispensed	7,894	97.8%	9	0.1%	168	2.1%	9,807	99.9%	0	0.0%	8	0.1%	17,701	99.0%	9	0.1%	176	1.0%
Refill Number	8,071	100.0%	0	0.0%	0	0.0%	9,815	100.0%	0	0.0%	0	0.0%	17,886	100.0%	0	0.0%	0	0.0%
Total	84,120	80.2%	9	0.0%	20,794	19.8%	103,103	80.8%	0	0.0%	24,492	19.2%	187,223	80.5%	9	0.0%	45,286	19.5%
Total Records in the Encounter Dataset	8,071						9,815						17,886					
Number of Key Data Element Evaluated	13						13						13					
Maximum Count	104,923	100.0%					127,595	100.0%					232,518	100.0%				

Key Data Element	Total																							
	March 2022								November 2022								Total							
	Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/Invalid)		Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/Invalid)		Number of Encounters Evaluated	Valid Values (Matching)		Missing Values (Invalid)		Erroneous Values (Non-matching/Invalid)				
		Count	Percent	Count	Percent	Count	Percent		Count	Percent	Count	Percent	Count	Percent		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
Admission Date	69	69	100.0%	0	0.0%	0	0.0%	3	3	100.0%	0	0.0%	0	0.0%	72	72	100.0%	0	0.0%	0	0.0%			
Bill Type (digits 1 and 2)	2,245	2,245	100.0%	0	0.0%	0	0.0%	3,009	3,009	100.0%	0	0.0%	0	0.0%	5,254	5,254	100.0%	0	0.0%	0	0.0%			
Billed Charges	27,615	23,018	83.4%	7	0.0%	4,590	16.6%	32,414	27,584	85.1%	0	0.0%	4,830	14.9%	60,029	50,602	84.3%	7	0.0%	9,420	15.7%			
Billing Provider NPI/Number	19,544	12,666	64.8%	0	0.0%	6,878	35.2%	22,599	19,866	87.9%	2,638	11.7%	95	0.4%	42,143	32,532	77.2%	2,638	6.3%	6,973	16.5%			
CCO Paid Amount	27,615	27,345	99.0%	0	0.0%	270	1.0%	32,414	32,255	99.5%	0	0.0%	159	0.5%	60,029	59,600	99.3%	0	0.0%	429	0.7%			
CCO Paid Date	27,615	19,536	70.7%	0	0.0%	8,079	29.3%	32,414	22,596	69.7%	0	0.0%	9,818	30.3%	60,029	42,132	70.2%	0	0.0%	17,897	29.8%			
Date of Service	27,615	27,615	100.0%	0	0.0%	0	0.0%	32,414	32,414	100.0%	0	0.0%	0	0.0%	60,029	60,029	100.0%	0	0.0%	0	0.0%			
Diagnosis Codes	11,375	9,130	80.3%	0	0.0%	2,245	19.7%	16,110	13,101	81.3%	0	0.0%	3,009	18.7%	27,485	22,231	80.9%	0	0.0%	5,254	19.1%			
Diagnosis Related Group (DRG)	69	0	0.0%	69	100.0%	0	0.0%	3	3	100.0%	0	0.0%	0	0.0%	72	3	4.2%	69	95.8%	0	0.0%			
Former/Original Claim ICN	27,615	27,591	99.9%	0	0.0%	24	0.1%	32,414	32,411	100.0%	0	0.0%	3	0.0%	60,029	60,002	100.0%	0	0.0%	27	0.0%			
ICN	27,615	16,751	60.7%	0	0.0%	10,864	39.3%	32,414	22,213	68.5%	0	0.0%	10,201	31.5%	60,029	38,964	64.9%	0	0.0%	21,065	35.1%			
Member ID (Medicaid)	27,615	27,573	99.8%	0	0.0%	42	0.2%	32,414	32,412	100.0%	0	0.0%	2	0.0%	60,029	59,985	99.9%	0	0.0%	44	0.1%			
Place of Service	17,299	17,298	100.0%	0	0.0%	1	0.0%	19,590	19,590	100.0%	0	0.0%	0	0.0%	36,889	36,888	100.0%	0	0.0%	1	0.0%			
Procedure Code	19,475	19,333	99.3%	0	0.0%	142	0.7%	22,596	22,557	99.8%	0	0.0%	39	0.2%	42,071	41,890	99.6%	0	0.0%	181	0.4%			
Procedure Modifiers	11,306	11,295	99.9%	0	0.0%	11	0.1%	16,107	16,107	100.0%	0	0.0%	0	0.0%	27,413	27,402	100.0%	0	0.0%	11	0.0%			
Revenue Code	2,245	2,185	97.3%	0	0.0%	60	2.7%	3,009	3,009	100.0%	0	0.0%	0	0.0%	5,254	5,194	98.9%	0	0.0%	60	1.1%			
Service Provider NPI/Number	19,544	19,366	99.1%	10	0.1%	168	0.9%	22,599	9,934	44.0%	12,659	56.0%	6	0.0%	42,143	29,300	69.5%	12,669	30.1%	174	0.4%			
Service Provider Specialty/Taxonomy	19,544	14,329	73.3%	10	0.1%	5,205	26.6%	22,599	6,245	27.6%	9,687	42.9%	6,667	29.5%	42,143	20,574	48.8%	9,697	23.0%	11,872	28.2%			
Surgical Procedure Codes	69	69	100.0%	0	0.0%	0	0.0%	3	3	100.0%	0	0.0%	0	0.0%	72	72	100.0%	0	0.0%	0	0.0%			
Tooth Number	8,169	8,166	100.0%	0	0.0%	3	0.0%	6,489	6,484	99.9%	0	0.0%	5	0.1%	14,658	14,650	99.9%	0	0.0%	8	0.1%			
Tooth Surface	8,169	8,169	100.0%	0	0.0%	0	0.0%	6,489	6,489	100.0%	0	0.0%	0	0.0%	14,658	14,658	100.0%	0	0.0%	0	0.0%			
Days Supply	8,071	8,069	100.0%	0	0.0%	2	0.0%	9,815	9,811	100.0%	0	0.0%	4	0.0%	17,886	17,880	100.0%	0	0.0%	6	0.0%			
National Drug Code (NDC)	8,071	8,070	100.0%	0	0.0%	1	0.0%	9,815	9,811	100.0%	0	0.0%	4	0.0%	17,886	17,881	100.0%	0	0.0%	5	0.0%			
Prescribing Provider NPI	8,071	8,071	100.0%	0	0.0%	0	0.0%	9,815	9,815	100.0%	0	0.0%	0	0.0%	17,886	17,886	100.0%	0	0.0%	0	0.0%			
Prescription Number	8,071	8,071	100.0%	0	0.0%	0	0.0%	9,815	9,815	100.0%	0	0.0%	0	0.0%	17,886	17,886	100.0%	0	0.0%	0	0.0%			
Quantity Dispensed	8,071	7,894	97.8%	9	0.1%	168	2.1%	9,815	9,807	99.9%	0	0.0%	8	0.1%	17,886	17,701	99.0%	9	0.1%	176	1.0%			
Refill Number	8,071	8,071	100.0%	0	0.0%	0	0.0%	9,815	9,815	100.0%	0	0.0%	0	0.0%	17,886	17,886	100.0%	0	0.0%	0	0.0%			
Total	380,853	341,995	89.8%	105	0.0%	38,753	10.2%	446,993	387,159	86.6%	24,984	5.6%	34,850	7.8%	827,846	729,154	88.1%	25,089	3.0%	73,603	8.9%			



Appendix J: CHIP Per Member Utilization and Paid Amounts

CY 2022										
Description	Mississippi CHIP				Molina CHIP				Percentage of Mississippi CHIP	
Members										
Total member Months	500,389				172,441				34.5%	
Average Number of Members ¹	41,699				14,370					
Service Type	Count	PMPY ² Count	Paid Amount	PMPY ² Amount	Count	PMPY ² Count	Paid Amount	PMPY ² Amount	Percentage Variance	
									Count	Amount
Ancillary	104,215	2.5	\$5,973,797	\$143	34,976	2.4	\$2,431,811	\$169	-4.0%	18.2%
Dental	267,979	6.4	\$14,071,931	\$337	86,424	6.0	\$4,540,580	\$316	-6.3%	-6.2%
Inpatient	11,933	0.3	\$9,647,630	\$231	4,466	0.3	\$4,510,986	\$314	0.0%	35.9%
Outpatient	190,576	4.6	\$24,661,884	\$591	62,932	4.4	\$7,870,550	\$548	-4.3%	-7.3%
Primary Care	356,255	8.5	\$17,708,911	\$425	119,073	8.3	\$6,462,734	\$450	-2.4%	5.9%
Specialty	154,301	3.7	\$6,740,514	\$162	39,362	2.7	\$2,097,451	\$146	-27.0%	-9.9%
Vision	73,117	1.8	\$2,078,158	\$50	23,382	1.6	\$737,228	\$51	-11.1%	2.0%
NEMT	308	0.0	\$13,596	\$0	308	0.0	\$13,596	\$1	0.0%	0.0%
Pharmacy	401,813	9.6	\$24,607,400	\$590	102,356	7.1	\$7,771,533	\$541	-26.0%	-8.3%
Telehealth ³	11,537	0.3	\$774,502	\$19	3,953	0.3	\$314,165	\$22	0.0%	15.8%
Behavioral Health	59,495	1.4	\$5,446,714	\$131	20,649	1.4	\$2,403,248	\$167	0.0%	27.5%
Total Services⁴	1,631,529	39.1	\$111,725,037	\$2,679	497,881	34.5	\$39,153,882	\$2,725	-11.8%	1.7%

¹ Total member months divided by the number of months in the measurement period.

² Per member per year counts and/or paid amount divided by the average number of members.

³ Includes behavioral health telehealth visits.

⁴ Differences are due to rounding.



Appendix K: CHIP Timely Payment of Claims

CY 2022													
Encounter Type	30 Days		60 Days			90 Days			Over 90 Days			Total Count	Average Days
	Count	Percentage	Count	Percentage		Count	Percentage		Count	Percentage			
		Absolute		Absolute	Cumulative		Absolute	Cumulative		Absolute	Cumulative		
Medical	133,625	99.4%	492	0.4%	99.7%	138	0.1%	99.8%	206	0.2%	100.0%	134,461	5
Dental	24,199	100.0%	0	0.0%	100.0%	0	0.0%	100.0%	0	0.0%	100.0%	24,199	3
Vision	6,871	91.7%	229	3.1%	94.7%	262	3.5%	98.2%	132	1.8%	100.0%	7,494	20
NEMT	227	67.4%	76	22.6%	89.9%	19	5.6%	95.5%	15	4.5%	100.0%	337	32
Pharmacy	106,247	99.9%	97	0.1%	99.9%	24	0.0%	100.0%	34	0.0%	100.0%	106,402	4
Total	271,169	99.4%	894	0.3%	99.7%	443	0.2%	99.9%	387	0.1%	100.0%	272,893	5



Appendix L: CHIP Timely Encounter Submissions

CY 2022																
Encounter Type	30 Days		60 Days			90 Days			120 Days			Over 120 Days			Total Count	Average Days
	Count	Percentage	Count	Percentage		Count	Percentage		Count	Percentage		Count	Percentage			
		Absolute		Absolute	Cumulative		Absolute	Cumulative		Absolute	Cumulative		Absolute	Cumulative		
Medical	104,473	77.7%	17,792	13.2%	90.9%	2,525	1.9%	92.8%	885	0.7%	93.5%	8,786	6.5%	100.0%	134,461	28
Dental	14,989	61.9%	4,788	19.8%	81.7%	3,433	14.2%	95.9%	989	4.1%	100.0%	0	0.0%	100.0%	24,199	31
Vision	5,073	67.7%	1,118	14.9%	82.6%	750	10.0%	92.6%	153	2.0%	94.7%	400	5.3%	100.0%	7,494	39
NEMT	153	45.4%	65	19.3%	64.7%	28	8.3%	73.0%	14	4.2%	77.2%	77	22.8%	100.0%	337	119
Pharmacy	61,453	57.8%	9	0.0%	57.8%	10	0.0%	57.8%	3,813	3.6%	61.4%	41,117	38.6%	100.0%	106,402	74
Total	186,141	68.2%	23,772	8.7%	76.9%	6,746	2.5%	79.4%	5,854	2.1%	81.5%	50,380	18.5%	100.0%	272,893	46



Appendix M: CHIP Medical Records Validity Rate

Key Data Element	Medical					Dental					Vision				
	Total Elements Sampled	Supported Elements		Unsupported Elements		Total Elements Sampled	Supported Elements		Unsupported Elements		Total Elements Sampled	Supported Elements		Unsupported Elements	
		Count	Percent	Count	Percent		Count	Percent	Count	Percent		Count	Percent	Count	Percent
Member Name	8	8	100.0%	0	0.0%	1	1	100.0%	0	0.0%	1	1	100.0%	0	0.0%
Member DOB	8	8	100.0%	0	0.0%	1	1	100.0%	0	0.0%	1	1	100.0%	0	0.0%
Admit Date	1	1	100.0%	0	0.0%	N/A					N/A				
Date of Service (First)	8	8	100.0%	0	0.0%	1	1	100.0%	0	0.0%	1	1	100.0%	0	0.0%
Date of Service (Last)	1	1	100.0%	0	0.0%	N/A					N/A				
Billing Provider	8	6	75.0%	2	25.0%	1	1	100.0%	0	0.0%	1	1	100.0%	0	0.0%
Type of Bill Code	2	2	100.0%	0	0.0%	N/A					N/A				
Revenue Code	16	15	93.8%	1	6.3%	N/A					N/A				
Procedure Code	7	7	100.0%	0	0.0%	5	5	100.0%	0	0.0%	4	2	50.0%	2	50.0%
Procedure Modifiers	4	4	100.0%	0	0.0%	N/A					0	0	0.0%	0	0.0%
Tooth Number	N/A					0	0	0.0%	0	0.0%	N/A				
Tooth Surface	N/A					0	0	0.0%	0	0.0%	N/A				
Diagnosis Codes	13	12	92.3%	1	7.7%	N/A					2	2	100.0%	0	0.0%
Servicing Provider	5	5	100.0%	0	0.0%	1	1	100.0%	0	0.0%	1	1	100.0%	0	0.0%
Surgical Procedure Codes	0	0	0.0%	0	0.0%	N/A					N/A				
Total	81	77	95.1%	4	4.9%	10	10	100.0%	0	0.0%	11	9	81.8%	2	18.2%

Note: All 15 of the CHIP medical records requested were submitted and tested.



Key Data Element	Pharmacy					Total				
	Total Elements Sampled	Supported Elements		Unsupported Elements		Total Elements Sampled	Supported Elements		Unsupported Elements	
		Count	Percent	Count	Percent		Count	Percent	Count	Percent
Member Name	5	5	100.0%	0	0.0%	15	15	100.0%	0	0.0%
Member DOB	5	4	80.0%	1	20.0%	15	14	93.3%	1	6.7%
Admit Date		N/A				1	1	100.0%	0	0.0%
Date of Service (First)	5	5	100.0%	0	0.0%	15	15	100.0%	0	0.0%
Date of Service (Last)		N/A				1	1	100.0%	0	0.0%
Billing Provider	5	5	100.0%	0	0.0%	15	13	86.7%	2	13.3%
Type of Bill Code		N/A				2	2	100.0%	0	0.0%
Revenue Code		N/A				16	15	93.8%	1	6.3%
Procedure Code		N/A				16	14	87.5%	2	12.5%
Procedure Modifiers		N/A				4	4	100.0%	0	0.0%
Tooth Number		N/A				0	0	0.0%	0	0.0%
Tooth Surface		N/A				0	0	0.0%	0	0.0%
Diagnosis Codes		N/A				15	14	93.3%	1	6.7%
Servicing Provider		N/A				7	7	100.0%	0	0.0%
Surgical Procedure Codes		N/A				0	0	0.0%	0	0.0%
Date Prescribed	5	2	40.0%	3	60.0%	5	2	40.0%	3	60.0%
Prescription Number	5	5	100.0%	0	0.0%	5	5	100.0%	0	0.0%
National Drug Code (NDC)	5	5	100.0%	0	0.0%	5	5	100.0%	0	0.0%
Quantity Dispensed	5	5	100.0%	0	0.0%	5	5	100.0%	0	0.0%
Days Supply	5	4	80.0%	1	20.0%	5	4	80.0%	1	20.0%
Prescribing Provider	4	4	100.0%	0	0.0%	4	4	100.0%	0	0.0%
Total	49	44	89.8%	5	10.2%	151	140	92.7%	11	7.3%

Note: All 15 of the CHIP medical records requested were submitted and tested.



Appendix N: CCO's Responses to Report Findings



Molina Healthcare of Mississippi, Inc.
1020 Highland Colony Parkway, Ste. 602
Ridgeland, Mississippi 39157

Myers and Stauffer LC
1349 W Peachtree St. NE, Suite 1600
Atlanta, GA 30309

March 29, 2024

Dear Myers and Stauffer,

Thank you for reviewing Molina Healthcare of Mississippi's Encounter operations. This letter is in response to the draft EQR Protocol 5 Encounters review submitted to Molina on March 19, 2024, for the review period of January 1, 2022- December 31, 2022. We appreciate the opportunity to provide a response. We will work to improve our Encounters operations based on the recommendations provided by Myers and Stauffer.

Enclosed you will find detailed responses to the findings for every section of the draft report.

- Molina's response to finding 2.A.
 - Molina Enrollment uses a quality audit processes to validate enrollment processing accuracy. When errors are found, job aids are reviewed to ensure the correct approach is properly documented and the team member who made the error is coached accordingly.
- Molina's response to findings 3-A, 3.B, 3.C.
 - November 2022 reflected a transition from the Conduent MMIS system to Gainwell. Pharmacy data submissions were not live in the Gainwell system until March 2023. Thus, impacting the completeness measurement for the Medical and Pharmacy data completeness.
- Molina's response to finding 3-D.
 - Molina will conduct a review its outbound Encounter data submissions logic to ensure all diagnosis codes. are submitted on outbound to the state.
- Molina's response to finding 3-E.
 - DRGs used to adjudicate a claim is submitted on the 837I Encounter file to the state. In scenarios of single case agreements, Conduent's guidance was for a dummy DRG value of 999 be submitted on the Encounter.
- Molina's response to finding 3-F.
 - Molina will conduct a review its outbound Encounter data submissions logic with its PBM to ensure are submitted on outbound to the state.
- Molina's response to finding 3-G.

- Molina will conduct a review its outbound Encounter data submissions logic to ensure all revenues codes are submitted on outbound to the state.
- Molina's response to finding 3-H.
 - NEMT paid amount are received and stored by Molina from its transportation vendor.
- Molina's response to finding 3-I.
 - Molina will conduct a review its outbound Encounter data submissions logic with its PBM to ensure are submitted on outbound to the state.
- Molina's response to finding 3-J.
 - Molina will conduct a review its outbound Encounter data submissions logic to ensure all diagnosis codes are submitted on outbound to the state.
- Molina's response to finding 3-K.
 - The transition from Conduent to Gainwell delayed submission of paid Encounters as a result of the pause of Encounter data submissions in October 2022.
- Molina's response to finding 3-L.
 - The transition from Conduent to Gainwell delayed submission of paid Encounters as a result of the pause of Encounter data submissions in October 2022.
- Molina's response to finding 4-A.
 - Molina Healthcare Inc. is currently in the process of developing a full program for clinical documentation review and provider education, led by our Clinical Documentation Integrity team. The program will be deployed in 2024 and will include review of submitted education on complete and accurate coding practices and encounter submission.

If you have any questions regarding Molina's responses, please feel free to reach out to us.

Sincerely,

Latasha Almeida
AVP, Compliance

Latasha Almeida

cc: Bridget Galatas, MOL
Jeremy Ketchum, MOL
Edward Mohr, MOL



Appendix O: Myers and Stauffer Response to CCO's Responses in Appendix N

Below is Myers and Stauffer's response to comments from the CCO on the findings in the MS External Quality Review (EQR) Validation of Encounter Data Submission of Findings report.

List of Findings with Myers and Stauffer's follow-up response to the CCO's response:

2-A There is no mechanism in place for review and approval of manual changes made to enrollment data before it is loaded into the CCO's system.

We acknowledge the CCO's response. However, enrollment staff indicated during the interviews that there were no reviews completed specifically on manual changes prior to the loading of enrollment data. Based on the response provided during the interview, we believe that the finding is accurately stated.

3-A, 3-B, 3-C Completeness – CDJs/Sample Claim Count/Sample Claim Paid Amount

We acknowledge the CCO's response as to the root cause of the errors.

3-D Accuracy – Diagnosis Codes

We acknowledge the CCO's response and agree with their approach on future outbound data submissions.

3-E Accuracy – Diagnosis Related Group (DRG)

We acknowledge the CCO's response; however, the issue noted scenarios where the claims data included DRG values, while the encounter data was null (i.e., no DRG value was in the encounter data) not 999.

3-F Accuracy – Former/Original Claim ICN

We acknowledge the CCO's response and agree with their approach on future outbound data submissions.

3-G Accuracy – Revenue Code

We acknowledge the CCO's response and agree with their approach on future outbound data submissions.

3-H Accuracy – CCO Paid Amount

We acknowledge the CCO's response on the receipt and storage of paid amounts, however we still observed discrepancies between the claims data and the encounters data as noted in the body of the report.



3-I Accuracy – Billed Charges and CCO Paid Date

We acknowledge the CCO’s response and agree with their approach on future outbound data submissions.

3-J Accuracy – MMIS ICN:

No updates to finding 3-J are necessary, as the CCO’s response does not appear to directly address the finding. Finding 3-J was related to MMIS ICNs, while the CCO’s response is referring to diagnosis codes.

3-K Accuracy – Billing Provider NPI/Number and Service Provider NPI/Number and Taxonomy

No updates to finding 3-K are necessary, as the CCO’s response does not appear to directly address the finding. Finding 3-K was related to billing and servicing provider identifiers, while the CCO’s response is referring to the timeliness of encounter submissions.

3-L Timeliness – Encounter Submissions

We acknowledge the CCO’s response and root cause of the issue.

4-A Validation Rate of Medical Records Tested

We acknowledge the CCO’s corrective action plan.