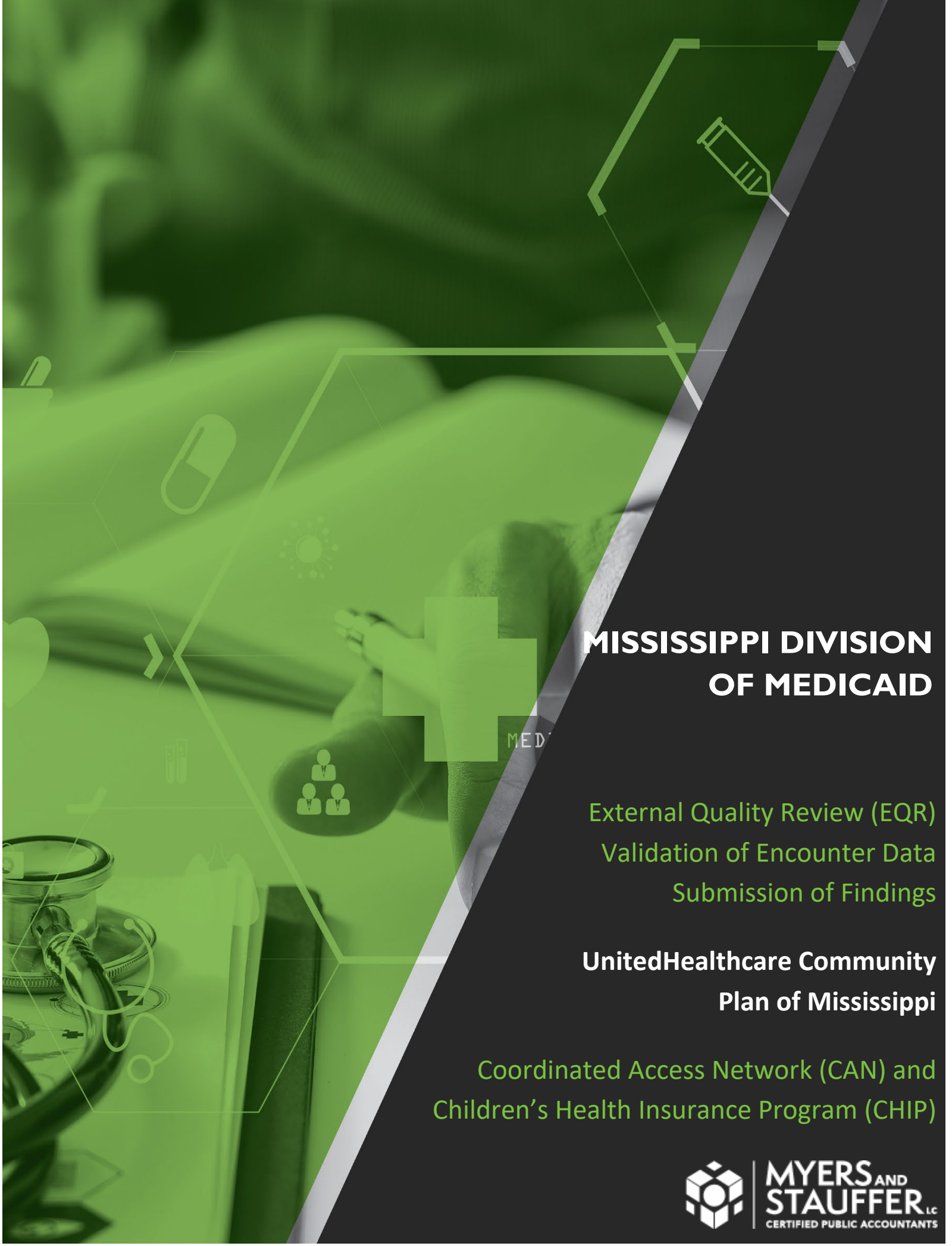

MISSISSIPPI DIVISION OF MEDICAID

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

UnitedHealthcare Community Plan of Mississippi

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

MYERS AND STAUFFER LC
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 UnitedHealthcare Community Plan of Mississippi (UHC) 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

[1] https://www.federalregister.gov/documents/2016/05/06/2016-09581/medicaid-and-childrens-health-insurance-program-chip-programs-medicaid-managed-care-chip-delivered
[2] https://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf

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.

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 Health Information Trust Alliance Common Security Framework (HITRUST CSF) 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.

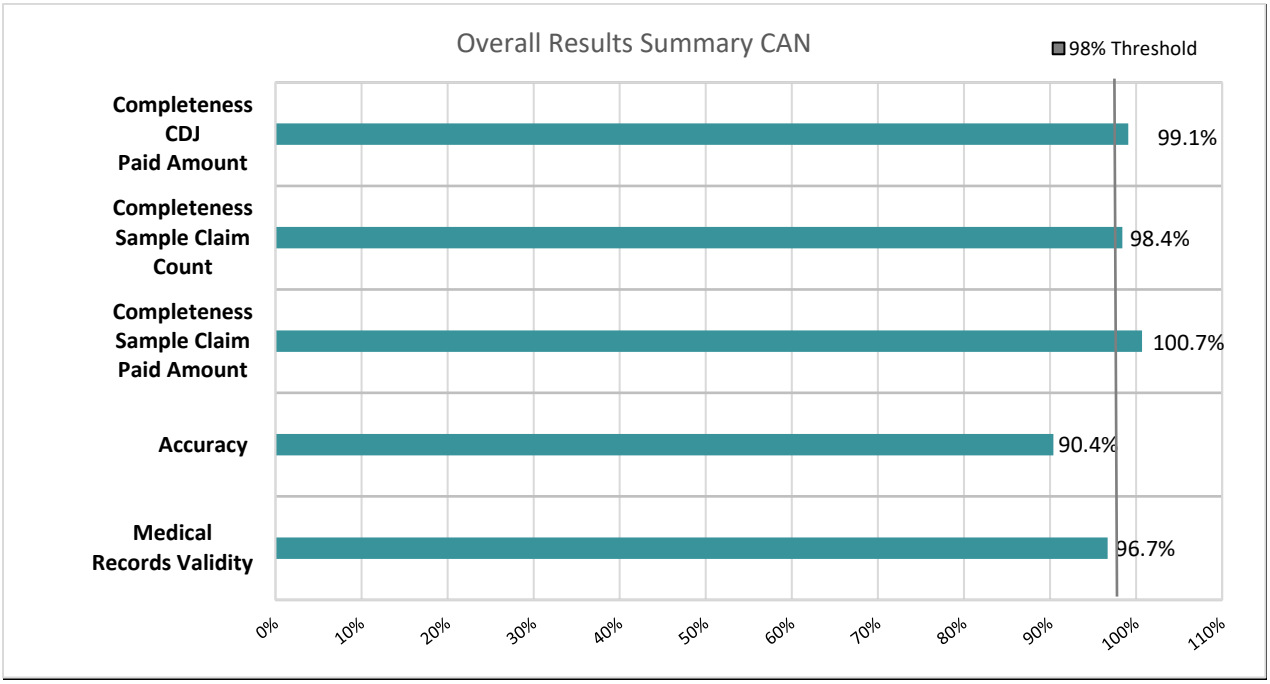
Our findings are summarized below and are based on the information provided and known at the time of the validation. The findings and weaknesses noted may reside with the CCO and/or the FAC. The CCO should work with DOM and the FAC to resolve deficiencies noted within the encounter data.

CAN:

- **Completeness:** Encounter completion percentages were at or above the 98 percent threshold when compared to CDJ paid amounts (99.1 percent) and sample claim counts (98.4 percent) Completion percentages exceeded 100 percent when compared to sample claim paid amounts (100.7 percent).

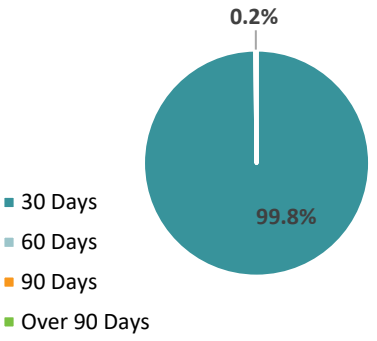
- **Accuracy:** The overall accuracy percentage was below the 98 percent threshold (90.4 percent). Encounter data accuracy issues were related to pharmacy encounter data elements, MMIS/Former Original Claim ICNs and Service Provider NPI/number and Taxonomy.

- **Medical Record Validation Rates:** A total of 108 medical records were requested for review. Seven (7) of the pharmacy encounters selected for review were subsequently voided, and one (1) of the records was unavailable due to an office/pharmacy closure. As a result, the total sample size requested was adjusted from 108 to 100 medical records. Of the 100 records requested, 82 records (82.0 percent) were submitted for review. The validation rate for the medical records tested was below the 98 percent threshold (96.7 percent).

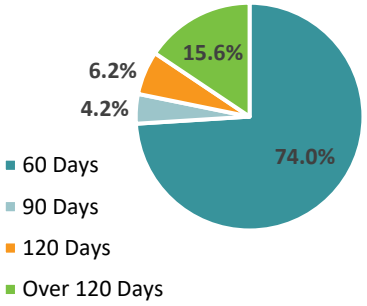


- **Timeliness:** The CCO paid 99.8 percent of claims to providers within 30 days. The CCO did not meet the required level of timeliness for the submission of encounters. The CCO submitted 74.0 percent of encounters within the required 60 day timeframe.

Timely Payment of Claims

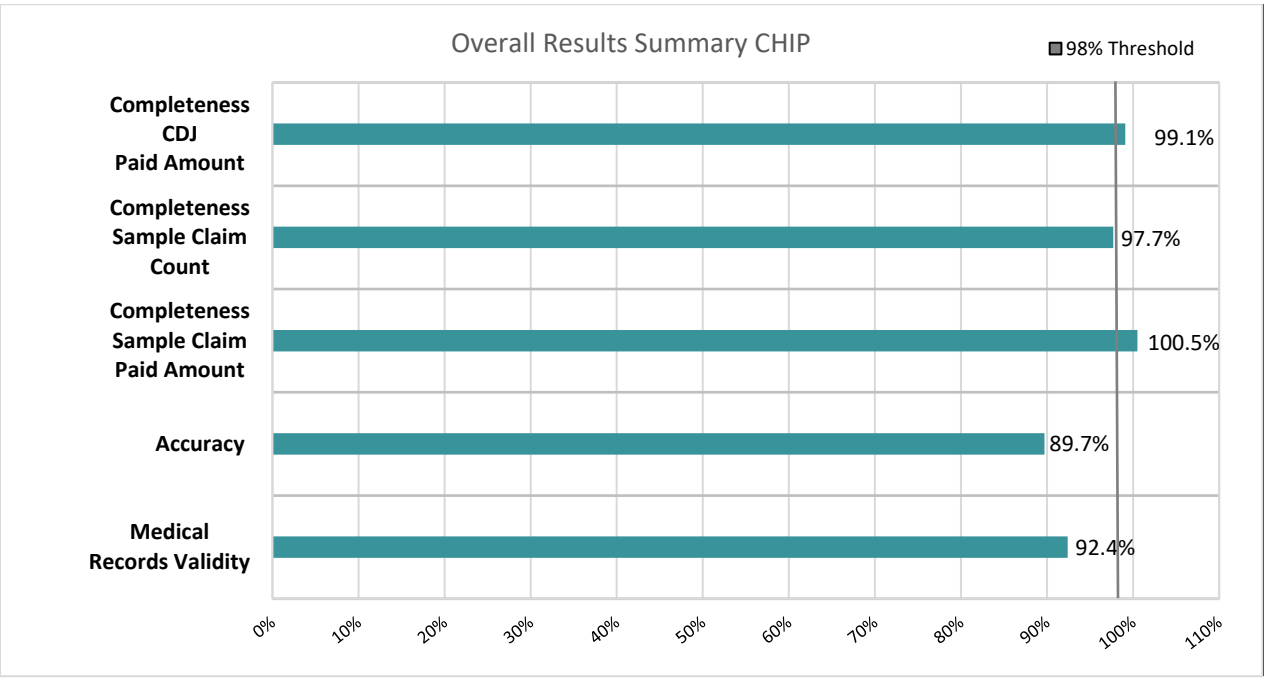


Timely Encounter Submissions

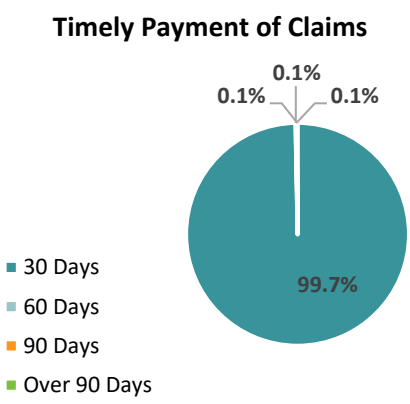


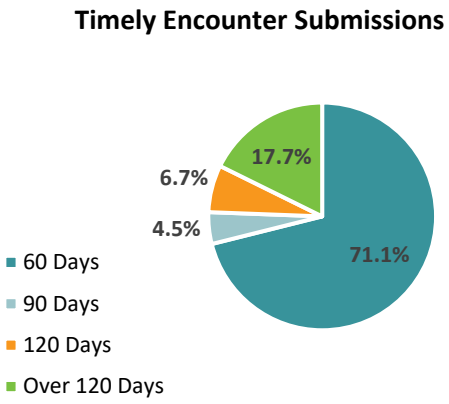
CHIP:

- **Completeness:** Encounter completion percentages were at or above the 98 percent threshold when compared to CDJ paid amounts (99.1 percent), sample claim counts (97.7 percent) and sample claim paid amounts (100.5 percent).
- **Accuracy:** The overall accuracy percentage was below the 98 percent threshold (89.7 percent). Encounter data accuracy issues were related to pharmacy encounter data elements, MMIS/Former Original Claim ICNs and Service Provider NPI/number and Taxonomy.
- **Medical Record Validation Rates:** All 12 medical records requested (100.0 percent) were submitted for review. The validation rate for the medical records tested was below the 98 percent threshold (92.4 percent).



- **Timeliness:** The CCO paid 99.7 percent of claims to providers within 30 days. The CCO did not meet the required level of timeliness for the submission of encounters. The CCO submitted 71.1 percent of encounters within the required 60 day timeframe.





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

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 fee-for-service, Medicaid managed care and Children's Health Insurance Program (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 beneficiaries[3] and contracts with two CCOs to provide healthcare services to CHIP beneficiaries. UHC 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 review[4].

CMS indicated that states could meet the independent audit requirement by conducting an encounter data assessment based on EQR Protocol 5[5]. 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

[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).

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.

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 the UnitedHealthcare Community Plan of Mississippi (UHC), 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 HITECH 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, 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.	

[6] https://medicaid.ms.gov/the-mississippi-medicaid-mmis-replacement-project/

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 mechanisms[7] 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 HITECH report was also conducted. The results were evaluated to

[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. ISCAs 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.

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 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**
There were no findings related to our review of the CCO's capabilities	

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. 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. 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.

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 completeness, accuracy, and truthfulness. 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 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 in the report 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.

CAN Encounter Data and CDJ Completion Percentages

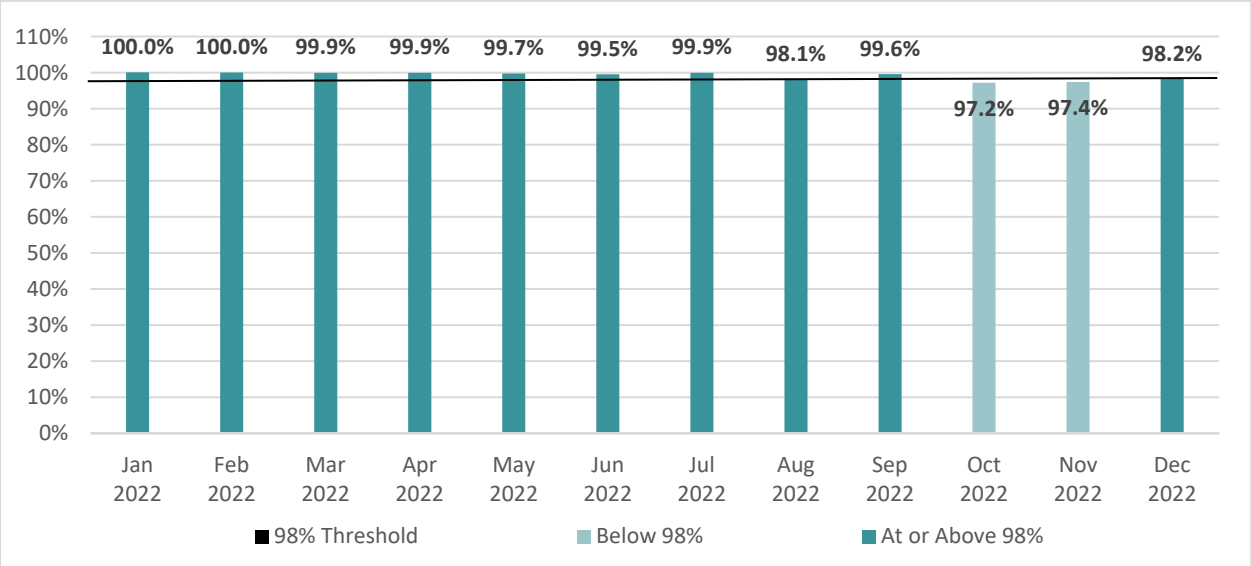


Figure 1 – CAN Encounter Data and CDJ Completion Percentages: The CAN monthly completion percentages were above the 98 percent threshold for ten (10) out of the twelve (12) month measurement period. The average CAN completion percentage for CY 2022, including delegated vendors, was 99.1 percent. Detailed results can be found in the October 31, 2023 Encounter Data Validation Report, Appendix A.

CHIP Encounter Data and CDJ Completion Percentages

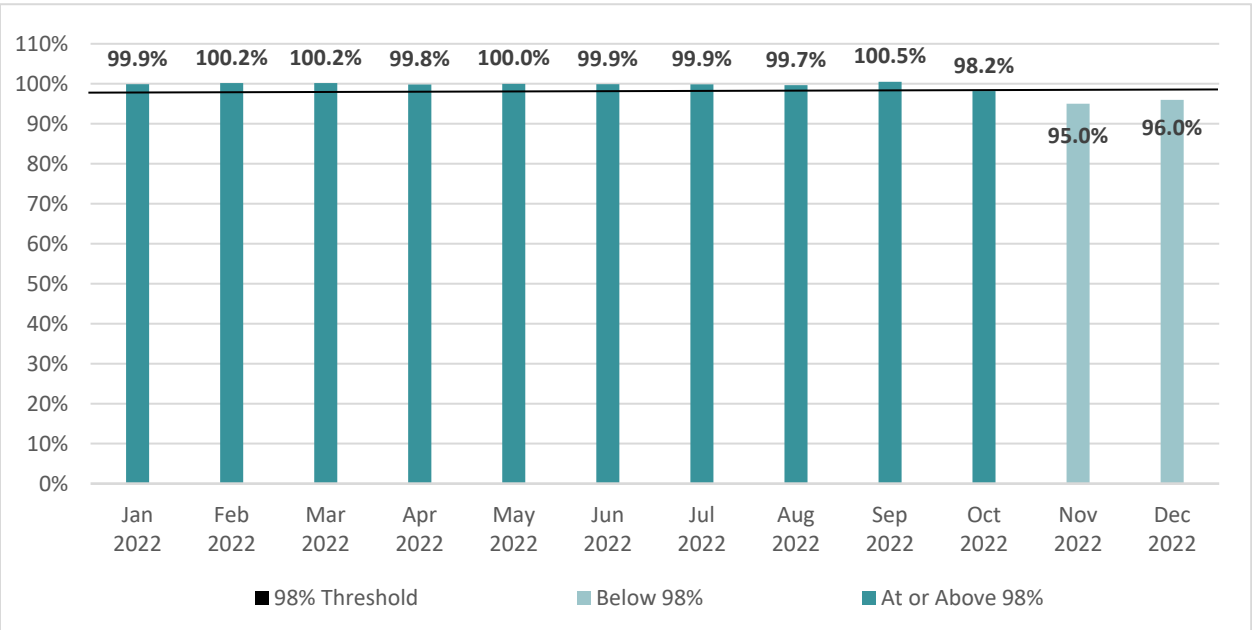


Figure 2 – CHIP Encounter Data and CDJ Completion Percentages: The average CHIP completion percentage for CY 2022, including delegated vendors, was 99.1 percent. Monthly completion percentages were above the 98 percent

threshold for ten (10) out of the twelve (12) month measurement period. Detailed results can be found in the October 31, 2023 Encounter Data Validation Report, Appendix A.

Sample Claims

The comparison of the sample claims data to the encounter data sought to ensure that all claims were included in the encounter data. 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 that were identified in 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 in the encounters and the comparison of the sample claim counts and paid amounts to encounter counts and paid amounts.

CAN Encounter Data and Sample Claims Data Completion Percentages

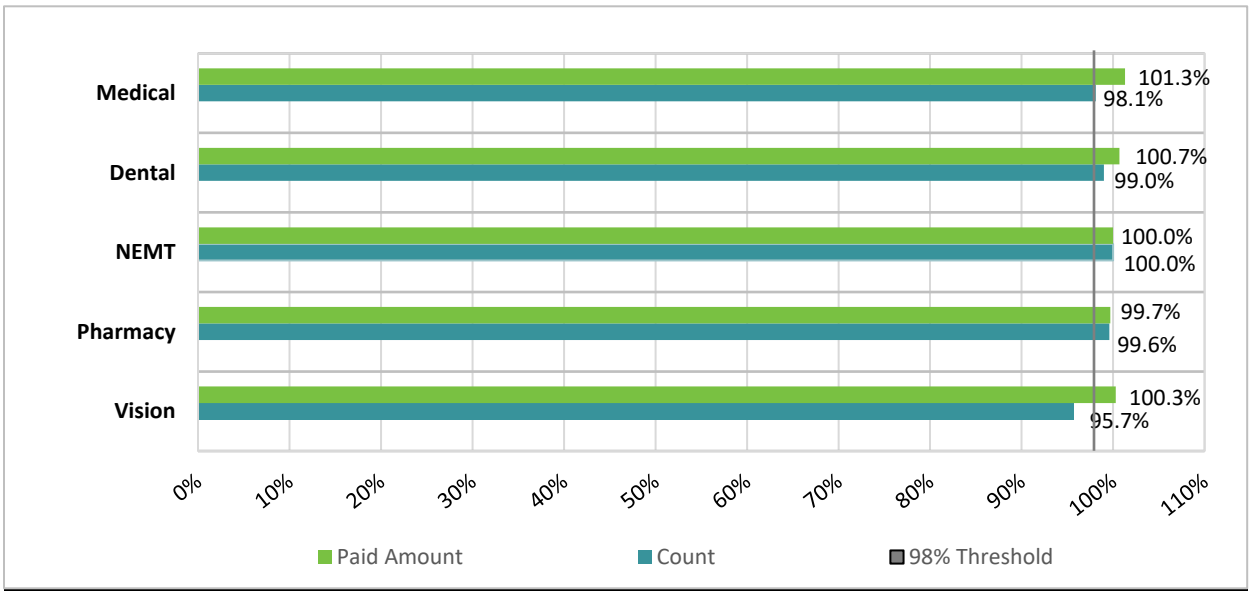


Figure 2 – CAN Encounter Data and Sample Claims Data Completion Percentages: Values reflect the two CAN sample months combined. Detailed results can be found in Appendix B.

CAN completion percentages based on sample claim counts were at or above the 98 percent threshold for medical, dental, non-emergency medical transportation (NEMT) and pharmacy encounters. When compared to sample claim paid amounts, medical, dental, and vision encounters exceeded 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.

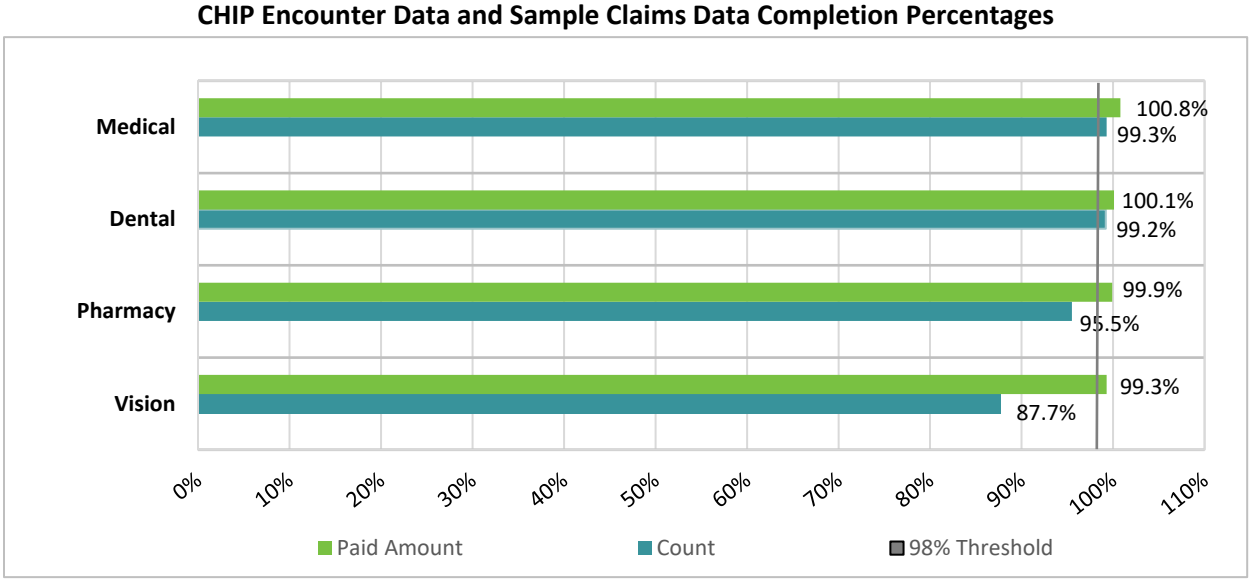


Figure 3 – CHIP Encounter Data and Sample Claims Data Completion Percentages: Values reflect the two CHIP sample months combined. Detailed results can be found in Appendix H.

CHIP completion percentages based upon our review of the sample claim counts were at or above the 98 percent threshold for medical and dental encounters. When compared to sample claim paid amounts, pharmacy and vision encounter paid amounts were above the 98 percent threshold and medical and dental encounter paid amounts 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 for testing. The key data elements of the encounters traced to the sample claims data were compared to the corresponding key data components on the sample claim. 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, and 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	90.8%	90.4%
Dental	92.1%	90.1%
NEMT	99.6%	N/A
Vision	93.9%	89.3%
Pharmacy	87.9%	88.0%
Total Average	***90.4%***	***89.7%***

Table 1 – Key Data Elements Accuracy Percentages – Valid Values: Values reflect the two sample months combined. The total average accuracy rate was below the 98 percent threshold 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 CHIP encounter data accuracy issues were primarily related to inaccurate or unpopulated sample claim data values, pharmacy encounter data elements, MMIS/Former Original Claim ICNs and Service Provider NPI/number and Taxonomy.

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 99.1 percent.	The CCO, in conjunction with the FAC, should investigate and identify the causes of surplus and/or missing encounters present or absent in the encounter data. Any issues noted during the investigation requiring encounter data revisions

Findings and Recommendations		
	Findings	**Recommendations**
3-B	**Completeness – Sample Claim Count:** CAN vision (95.7 percent) encounter completion percentage and CHIP pharmacy (95.5 percent) and vision (87.7 percent) encounter completion percentages were below the 98 percent threshold.	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 addressed in the encounter data.
3-C	**Completeness – Sample Claim Paid Amount:** All CAN and CHIP encounters were above the 98 percent threshold**.**	
3-D	**Accuracy – Diagnosis Related Group (DRG):** Medical (inpatient) CAN and CHIP – The CCO submitted sample claims data reflected a 3-digit or less DRG value. The encounter data reflects a 4-digit DRG value. Additionally, some of the sample claim values appeared to be invalid values.	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-E	**Accuracy – Former/Original Claim ICN:** Medical CAN and CHIP, Dental CAN and CHIP, NEMT CAN, Vision CAN and CHIP, and Pharmacy CAN and CHIP – The sample claim data reflects a value while the encounter was not populated, or vice versa; or both the sample claim and the encounter reflect a value, but do not agree.	The CCO should ensure that appropriate audit trails are in place for all adjusted, replaced, and void claims. The original ICN should be linked to the replacement, adjustment and/or void claim and be available to trace the replacement or adjustment back to the original claim.
3-F	**CCO Paid Date:** Medical CAN and CHIP, Pharmacy CAN and CHIP - Both the claim sample data and the encounter data reflect valid values, but they do not agree.	The CCO/delegated vendor should ensure it is properly maintaining paid dates in its claims system and data warehouse and ensure the paid dates are being captured and included in the encounter submissions, as required by the NCPDP, 837I and/or 837P Encounter Submission Guide, as appropriate.

Findings and Recommendations		
	Findings	**Recommendations**
3-G	**Accuracy –** **Billed Charges:** Pharmacy CAN and CHIP **National Drug Code (NDC):** Pharmacy CAN and CHIP **Quantity Dispensed:** Pharmacy CAN and CHIP Both the claim sample data and the encounter data reflect valid values, but do not agree. **CCO Paid Amount:** Pharmacy CAN and CHIP – Sample claim values reflect an amount other than $0.00, while the encounter reflects an amount of $0.00.	The CCO/delegated vendor should review its pharmacy encounter submission procedures to ensure pharmacy encounter data elements are submitted in accordance with encounter submission requirements and ensure accurate data elements 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 data elements 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.
3-H	**Accuracy – MMIS ICN:** Medical CAN and CHIP, Vision CAN – Both the claim sample data and the encounter data reflect valid values, but do not agree. Vision CHIP – The sample claim data was not populated for the non-matching values.	The CCO/delegated vendor 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 response (999 or proprietary) file(s).
3-I	The finding has been removed from report.	
3-J	**Accuracy – Prescribing Provider NPI:** Pharmacy CHIP - Both the claim sample data and the encounter data reflect valid values, but do not agree.	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 National Council for Prescription Drug Programs (NCPDP) or 837 Encounter Submission Guidelines, as appropriate. Additionally, the FAC should review its processes to ensure it is capturing prescribing provider 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.
3-K	**Accuracy - Service Provider NPI/Number and Taxonomy:** Medical CAN and CHIP, Dental CAN and CHIP, Vision CAN and CHIP Both the sample claim data and the encounter data reflect valid values, but do not agree; and/or the values are inconsistently populated in the sample claims data and/or encounter data.	

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 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 data[10] 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[11] Utilization and Paid Amounts by Service Type

Service Type	Mississippi CAN		UHC CAN		Variance	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Ancillary	5.7	$373	5.8	$392	1.8%	5.1%
Dental	4.4	$221	4.7	$229	6.8%	3.6%
Inpatient	3.0	$1,032	3.0	$1,005	0.0%	-2.6%
Outpatient	11.0	$816	11.0	$804	0.0%	-1.5%
Primary Care	13.6	$588	13.5	$583	-0.7%	-0.9%
Specialty Care	3.2	$170	3.7	$197	15.6%	15.9%
Vision	1.4	$50	1.4	$42	0.0%	-16.0%
NEMT	0.5	$30	0.6	$29	20.0%	-3.3%
Pharmacy	14.4	$892	16.8	$1,235	16.7%	38.5%
Telehealth	0.4	$32	0.4	$29	0.0%	-9.4%
Behavioral Health	3.0	$384	2.8	$302	-6.7%	-21.4%
Total	***60.6***	***$4,588***	***63.7***	***$4,847***	***5.1%***	***5.6%***

Table 3 - CAN Per Member Utilization and Paid Amount Statistics: The CCO's overall PMPY utilization was 5.1 percent higher than the Mississippi CAN overall PMPY utilization and the CCO's PMPY paid amount was 5.6 percent higher. Telehealth services include behavioral health telehealth visits. Detailed statistics are available in Appendix D.

[10] All CCOs contracted to provide healthcare services for Mississippi Medicaid managed care CAN or CHIP eligible beneficiaries were combined, as appropriate, for comparative purposes.
[11] 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		UHC CHIP		Variance	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Ancillary	2.5	$143	2.5	$130	0.0%	-9.1%
Dental	6.4	$337	6.6	$349	3.1%	3.6%
Inpatient	0.3	$231	0.3	$188	0.0%	-18.6%
Outpatient	4.6	$591	4.7	$614	2.2%	3.9%
Primary Care	8.5	$425	8.7	$412	2.4%	-3.1%
Specialty Care	3.7	$162	4.2	$170	13.5%	4.9%
Vision	1.8	$50	1.8	$49	0.0%	-2.0%
NEMT	N/A	N/A	N/A	N/A	N/A	N/A
Pharmacy	9.6	$590	11.0	$616	14.6%	4.4%
Telehealth	0.3	$19	0.3	$17	0.0%	-10.5%
Behavioral Health	1.4	$131	1.4	$111	0.0%	-15.3%
Total	***39.1***	***$2,679***	***41.5***	***$2,656***	***6.1%***	***-0.9%***

Table 4 - CHIP Per Member Utilization and Paid Amount Statistics: The CCO's overall PMPY utilization was 6.1 percent higher than the Mississippi CHIP overall PMPY utilization and the CCO's PMPY paid amount was 0.9 percent lower. Telehealth services include behavioral health telehealth visits. 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	99.9%	100.0%	100.0%	7
Dental	100.0%	100.0%	100.0%	7
NEMT	95.7%	99.8%	99.9%	12
Pharmacy	99.8%	99.9%	100.0%	3
Vision	97.9%	99.6%	99.9%	16
Overall Average	***99.8%***	***100.0%***	***100.0%***	***6***

Table 5 - CAN Timely Payment of Claims: The CCO adjudicated 99.8 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	99.9%	100.0%	100.0%	7
Dental	100.0%	100.0%	100.0%	6
NEMT	N/A	N/A	N/A	N/A
Pharmacy	99.8%	99.9%	99.9%	3
Vision	94.1%	96.8%	99.1%	18
Overall Average	***99.7%***	***99.9%***	***100.0%***	***6***

Table 6 - CHIP Timely Payment of Claims: The CCO paid 99.7 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][12] adjudicated clean claims as encounters no later than the sixtieth (60th) calendar day after the date the CCO adjudicated the claim.[13.]

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.

[12] 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.
[13] 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	80.1%	87.9%	96.3%	30
Dental	83.4%	90.8%	99.9%	26
NEMT	77.8%	86.8%	95.5%	49
Pharmacy	66.9%	66.9%	70.6%	62
Vision	78.6%	88.3%	95.9%	45
Overall Average	***74.0%***	***78.1%***	***84.4%***	***45***

Table 7 – CAN Timely Encounter Submissions: The CCO submitted 74.0 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	78.4%	87.6%	96.4%	33
Dental	75.4%	81.3%	91.0%	38
NEMT	N/A	N/A	N/A	N/A
Pharmacy	63.6%	63.6%	68.0%	67
Vision	82.0%	89.9%	96.4%	43
Overall Average	***71.1%***	***75.6%***	***82.3%***	***50***

Table 8 – CHIP Timely Encounter Submissions: The CCO submitted 71.1 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	**Timeliness – Encounter Submissions:** The CCO did not meet the required level of timeliness for the submission of encounters. Less than 75% of all CY 2022 encounters were submitted within the 60 day timeframe. The overall percentage was influenced by the pharmacy delegated vendor's lower submissions of 66.9% of CAN and 63.6% of CHIP encounters 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.	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.

Review of Medical Records

A review of medical records confirms or provides supporting information for the findings from the analysis of encounters, but is not a medical necessity review. Certain key data elements from encounters selected for review were traced to the provider medical record, as the medical record is the primary source of information. Encounter data with dates of service during the measurement period were used as the population for the selection of medical records. A sample size of 120 total medical records was specified by DOM for testing. One non-statistical[14], proportionate random sampling of CAN and CHIP records, was drawn from the encounter data 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. Due to the low response rate and difficulties the CCO incurred with obtaining the requested medical records, the CCO's due date was extended to September 5, 2023. Medical records submitted after the extended due date, records with incorrect dates of service, and incomplete medical records were excluded from the validation.

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	57	3	1	47	108
Voided Transactions/unavailable records	0	0	0	8	8
Net Records Requested	**57**	**3**	**1**	**39**	**100**
Missing	18	0	0	0	18
Medical Records Received and Tested	**39**	**3**	**1**	**39**	**82**
Percentage of Requested Records Tested	***68.4%***	***100.0%***	***100.0%***	***100.0%***	***82.0%***

Table 9 – CAN Medical Records Summary: The CCO indicated that multiple attempts were made to obtain all of the medical records requested. The missing records were primarily a result of non-responsive providers and providers asking to be compensated for the files requested.

Seven (7) of the CAN pharmacy encounters selected for review were subsequently voided, and one (1) of the records was unavailable due to an office/pharmacy closure. As a result, the total sample size requested was adjusted from 108 to 100 medical records. A total of 82 medical records (82.0 percent)

[14] 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

were submitted for testing.

CHIP Medical Records Summary					
Description	**Medical**	**Dental**	**Vision**	**Pharmacy**	**Total**
Total Records Requested	5	1	1	5	12
Missing	0	0	0	0	0
Medical Records Received and Tested	***5***	***1***	***1***	***5***	***12***
Percentage of Requested Records Tested	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***

Table 10 – CHIP Medical Records Summary: All 12 of the medical records requested were submitted for review. Medical includes inpatient, outpatient and professional

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 overall supported validation rates were below the 98 percent threshold for both CAN and CHIP.

Supported Medical Record Validation Rates		
Encounter Type	**CAN**	**CHIP**
Medical	94.7%	95.7%
Dental	100.0%	100.0%
Vision	83.3%	46.2%
Pharmacy	99.2%	100.0%
Total Average	***96.7%***	***92.4%***

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	82 of the 100 (82.0 percent) medical records requested were submitted by the CCO.	The CCO should work with its providers to ensure medical records are available and that providers are contractually obligated to submit medical records upon request and within the specified time frame(s).
4-B	The validation rate for the 82 CAN medical records tested was below the 98 percent threshold (96.7 percent). The validation rate for the 12 CHIP medical records tested was below the 98 percent threshold (92.4 percent).	The health plan 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		
There were no findings related to our review of the State's requirements.		
Analyze Electronic Encounter Data		
3-A	**Completeness – CDJs**: Completion percentages were above the 98 percent threshold for both CAN and CHIP at 99.1 percent.	The CCO, in conjunction with the FAC, should investigate and identify the causes of 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 addressed in the encounter data.
3-B	**Completeness – Sample Claim Count:** CAN vision (95.7 percent) encounter completion percentages and CHIP pharmacy (95.5 percent) and vision (87.7 percent) encounter completion percentages were below the 98 percent threshold.	
3-C	**Completeness – Sample Claim Paid Amount:** All CAN and CHIP encounters were above the 98 percent threshold**.**	
3-D	**Accuracy – Diagnosis Related Group (DRG):** Medical (inpatient) CAN and CHIP – The CCO submitted sample claims data reflected a 3-digit or less DRG value. The encounter data reflects a 4-digit DRG value. Additionally, some of the sample claim values appeared to be invalid values.	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-E	**Accuracy – Former/Original Claim ICN:** Medical CAN and CHIP, Dental CAN and CHIP, NEMT CAN, Vision CAN and CHIP, and Pharmacy CAN and CHIP – The sample claim data reflects a value, while the encounter was not populated, or vice versa; or both the sample claim and the encounter reflect a value, but do not agree.	The CCO should ensure that appropriate audit trails are in place for all adjusted, replaced, and void claims. The original ICN should be linked to the replacement, adjustment and/or void claim and be available to trace the replacement or adjustment back to the original claim.
3-F	**CCO Paid Date:** Medical CAN and CHIP, Pharmacy CAN and CHIP - Both the claim	The CCO/delegated vendor should ensure it is properly maintaining paid dates in its claims system and data warehouse and ensure the paid dates are

Findings and Recommendations		
	Findings	**Recommendations**
	sample data and the encounter data reflect valid values, but they do not agree.	being captured and included in the encounter submissions, as required by the NCPDP, 837I and/or 837P Encounter Submission Guide, as appropriate.
3-G	**Accuracy –** **Billed Charges:** Pharmacy CAN and CHIP **National Drug Code (NDC):** Pharmacy CAN and CHIP **Quantity Dispensed:** Pharmacy CAN and CHIP Both the claim sample data and the encounter data reflect valid values but do not agree. **CCO Paid Amount:** Pharmacy CAN and CHIP – Sample claim values reflect an amount other than $0.00, while the encounter reflects an amount of $0.00.	The CCO/delegated vendor should review its pharmacy encounter submission procedures to ensure pharmacy encounter data elements are submitted in accordance with encounter submission requirements and ensure accurate data elements 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 data elements 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.
3-H	**Accuracy – MMIS ICN:** Medical CAN and CHIP, Vision CAN – Both the claim sample data and the encounter data reflect valid values, but do not agree. Vision CHIP – The sample claim data was not populated for the non-matching values.	The CCO/delegated vendor 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 response (999 or proprietary) file(s).
3-I	The finding has been removed from report.	
3-J	**Accuracy – Prescribing Provider NPI:** Pharmacy CHIP - Both the claim sample data and the encounter data reflect valid values, but do not agree.	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 National Council for Prescription Drug Programs (NCPDP) or 837 Encounter Submission Guidelines, as appropriate. Additionally, the FAC should review its processes to ensure it is capturing prescribing provider 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.
3-K	**Accuracy - Service Provider NPI/Number and Taxonomy:** Medical CAN and CHIP, Dental CAN and CHIP, Vision CAN and CHIP Both the sample claim data and the encounter data reflect valid values but do not agree and/or the values are inconsistently populated in the sample claims data and/or encounter data.	
3-L	**Timeliness – Encounter Submissions:** The CCO did not meet the required level of timeliness for the submission of encounters. Less than 75% of all CY 2022 encounters were submitted within the 60 day timeframe. The overall percentage was influenced by the pharmacy delegated vendor's lower submission of 66.9% of CAN and	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.

Findings and Recommendations		
	Findings	**Recommendations**
	63.6% of CHIP encounters 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.	
Review of Medical Records		
4-A	82 of the 100 (82.0 percent) medical records requested were submitted by the CCO.	The CCO should work with its providers to ensure medical records are available and that providers are contractually obligated to submit medical records upon request and within the specified time frame(s).
4-B	The validation rate for the 82 CAN medical records tested was below the 98 percent threshold (96.7 percent). The validation rate for the 12 CHIP medical records tested was below the 98 percent threshold (92.4 percent).	The health plan 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 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).

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.

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

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).

HITRUST CSF – gives organizations a way to show evidence of compliance with HIPAA-mandated security controls. HITRUST takes the requirements of HIPAA and builds on them, incorporating them into a framework based on security and risk.

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.

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 UNITEDHEALTHCARE COMMUNITY PLAN

OCTOBER 31, 2023

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS
DEDICATED TO GOVERNMENT HEALTH PROGRAMS

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STUDY PURPOSE

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 another 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.

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 — UHC CAN Cumulative Completion Totals and Percentages

			Delegated Vendor			
Description	**Entire Plan***	**Fee-for-Service (Non-Vendor)**	**OptumRx (Pharmacy Benefits)**	**UHC Dental (Dental Services)**	**March Vision (Vision Services)**	**MTM (NET)**
Encounter Total (FAC reported)	**$1,653,827,547**	**$1,072,500,706**	**$370,549,921**	**$183,599,690**	**$17,738,676**	**$9,438,553**
Total Encounter Adjustments ($)	*($206,831,184)*	*($70,637,003)*	*($18,548,113)*	*($112,365,677)*	*($4,923,528)*	*($356,863)*
Total Encounter Adjustments (%)	*-12.50%*	*-6.58%*	*-5.00%*	*-61.20%*	*-27.75%*	*-3.78%*
Net Encounter Total	**$1,446,996,363**	**$1,001,863,703**	**$352,001,808**	**$71,234,014**	**$12,815,148**	**$9,081,691**
CDJ Total	**$1,459,769,266**	**$1,009,557,969**	**$357,402,609**	**$70,926,338**	**$12,797,706**	**$9,084,644**
Variance	*($12,772,903)*	*($7,694,266)*	*($5,400,801)*	*$307,676*	*$17,442*	*($2,953)*
Completion (%)	**99.12%**	**99.23%**	**98.48%**	**100.43%**	**100.13%**	**99.96%**
100% Limited^ Completion (%)	***99.10%***			***100.00%***	***100.00%***	
Contract Minimum Completeness Requirement (%)	**98.00%**					

Table B — UHC CHIP Cumulative Completion Totals and Percentages

			Delegated Vendor		
Description	**Entire Plan***	**Fee-for-Service (Non-Vendor)**	**OptumRx (Pharmacy Benefits)**	**UHC Dental (Dental Services)**	**March Vision (Vision Services)**
Encounter Total (FAC reported)	**$197,613,917**	**$109,866,435**	**$33,555,171**	**$49,848,016**	**$4,344,295**
Total Encounter Adjustments ($)	*($52,830,152)*	*($17,833,167)*	*($2,958,862)*	*($30,483,134)*	*($1,554,988)*
Total Encounter Adjustments (%)	*-26.73%*	*-16.23%*	*-8.81%*	*-61.15%*	*-35.79%*
Net Encounter Total	**$144,783,765**	**$92,033,268**	**$30,596,309**	**$19,364,881**	**$2,789,306**
CDJ Total	**$146,415,800**	**$92,518,851**	**$31,700,868**	**$19,351,637**	**$2,844,444**
Variance	*($1,632,036)*	*($485,583)*	*($1,104,559)*	*$13,244*	*($55,138)*
Completion (%)	**98.88%**	**99.47%**	**96.51%**	**100.06%**	**98.06%**
100% Limited^ Completion (%)	***98.87%***			***100.00%***	
Contract Minimum Completeness Requirement (%)	**98.00%**				
Non-Compliant (%)			**-1.49%**		

^ - 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 9 on page 24 for further explanation.

ENCOUNTER DATA ANALYSIS

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 UHC for examination. We have reviewed UHC's disputed duplicate response files submitted to us prior to August 25, 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 process attempts 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 UHC CAN Encounters

Description	Encounter Count	Paid Amount	Paid Amount (% of Total*)
Total Encounter Amount (FAC Reported)	**15,134,819**	**$1,653,827,547**	**100.00%**
Adjustment Type			
Denied	*(1,846,461)*	*($18,430,792)*	*-1.11%*
Calculated Void	*(1,637,091)*	*($188,046,780)*	*-11.37%*
Duplicate	*(1,037)*	*($353,611)*	*-0.02%*
Total Adjustments Made	*(3,484,589)*	*($206,831,184)*	*-12.50%*
Net Encounter Amounts	**11,650,230**	**$1,446,996,363**	**87.50%**

Table D — Myers and Stauffer LC 's Adjustments to UHC CHIP Encounters

Description	Encounter Count	Paid Amount	Paid Amount (% of Total*)
Total Encounter Amount (FAC Reported)	**1,853,795**	**$197,613,917**	**100.00%**
Adjustment Type			
Denied	*(218,528)*	*($2,934,642)*	*-1.48%*
Calculated Void	*(387,292)*	*($49,853,711)*	*-25.22%*
Duplicate	*(133)*	*($41,799)*	*-0.02%*
Total Adjustments Made	*(605,953)*	*($52,830,152)*	*-26.73%*
Net Encounter Amounts	**1,247,842**	**$144,783,765**	**73.27%**

** - 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 8 on page 24 for further explanation.*

DATA ISSUES AND RECOMMENDATIONS

During the course of this analysis, Myers and Stauffer identified potential data issues that may impact the completion percentages for specific delegated vendors and/or fee-for-service (non-vendor). **Section A** details payor specific issues related to completion percentages outside the targeted range. **Section B** notes outstanding payor specific data issues that UHC 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 11 starting on page 8 for UHC'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. **OptumRx (Tables 3 and 9):** The OptumRx CHIP cumulative completion percentage and several monthly CAN completion percentages are below 98 percent due to potentially missing encounter sequences, particularly for the most recent months in the reporting period (October 2022 through June 2023).

    - Additionally, the September 2022 CAN and CHIP completion percentages appear to be inflated due to potentially missing encounter voids. Pharmacy encounter voids allocated to their original paid dates also appear to be contributing to some of the earlier inflated monthly completion percentages for the void paid months.

    - We noted instances of mismatched paid dates when the OptumRx encounter data and CDJ files are compared. These mismatched paid dates appear to be causing many CAN and CHIP monthly completion percentages through September 2021 to fluctuate from above 100 percent to below 98 percent. However, OptumRx implemented final paid date corrections for their on-going pharmacy encounter submissions in September 2021.

    ➢ **We recommend that UHC continue to work with DOM and Gainwell to submit any outstanding pharmacy encounter records, including voids.**

2. **UHC Dental (Tables 4 and 10):** The Dental CAN and CHIP cumulative completion percentages are above 100 percent. These inflated monthly percentages appear to be mostly due to unmatched void and adjustment transactions when the CDJ files and encounter data are compared. We noted instances of potentially missing and/or misallocated encounter voids when compared to the CDJ files (e.g., potentially missing encounters voids for the June 30, 2023 paid date).

    ➢ **We recommend UHC continue to work to identify and correct any missing Dental payment sequences in the CDJ and/or encounter data.**

3. **March Vision (Tables 5 and 11):** The March Vision CAN cumulative completion percentage and several monthly CHIP completion percentages are inflated. This appears to be due to potentially misallocated encounter voids and potentially duplicate encounter records when the CDJ files and encounter data are compared. In particular, March Vision encounter voids being allocated to their original paid dates may contribute to the inflated monthly completion percentages.

    - Additionally, the January 2023 CHIP monthly completion percentage is below 98 percent due to potentially missing encounter sequences, particularly for the January 17, 2023 paid date, when compared to the CDJ files. This one very low monthly completion percentage (77.65 percent) is causing the low CHIP cumulative completion percentage.

- **UHC communicated the January 2023 encounters were being held while waiting on response information for the previous version from Gainwell. We recommend UHC continue to work with March Vision to submit any potentially missing encounter sequences.**

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

4. **Fee-for-Service (non-vendor) and Optum Behavioral Health (Tables 2 and 8):** The fee-for-service (including behavioral health) cumulative completion percentages are currently in compliance for CAN and CHIP. However, the monthly completion percentages appear to be low for a few months due to potentially missing encounters, including adjustments, when compared to the CDJ files.

    - Additionally, we noted potentially misallocated fee-for-service, including behavioral health, paid amounts between months due to duplicate submissions of earlier encounters. The final paid amounts for the encounters appear to match the CDJ data totals with the use of potential duplicate identification logic. However, due to these potential submission issues, the payment amounts related to a claim sequence may be allocated to one month in the encounters and a different month in the CDJ transactions. This issue is causing the CAN and CHIP encounter totals for a few months to be understated and the encounter totals for some other months, including those prior to the current report period, to be overstated.

    - **We recommend UHC continue to work with DOM to submit any outstanding encounter sequences.**

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

5. **Calculated Voids and Potential Duplicates (Tables 1 through 11):** There appear to be an increased number of calculated voids and potential duplicates identified starting in August 2022 related to the FAC transition.

6. **Encounter Voids (Tables 1 through 11):** 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 amount, these encounter void amounts are being set to zero. However, we are working with Gainwell to examine the relationship between the frequency codes submitted by the MCOs and the transaction codes found on the encounter records.

UHC CAN ENTIRE PLAN MONTHLY TABLE

Table 1 — UHC 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	$67,638,658	($242,884)	-0.35%	$67,395,774	$67,606,736	($210,963)	99.68%
August 2021	$62,463,935	($685,530)	-1.09%	$61,778,405	$61,992,037	($213,633)	99.65%
September 2021	$65,811,642	($217,320)	-0.33%	$65,594,322	$66,040,054	($445,732)	99.32%
October 2021	$69,048,443	($141,822)	-0.20%	$68,906,621	$69,058,091	($151,470)	99.78%
November 2021	$59,206,546	($547,630)	-0.92%	$58,658,916	$59,012,419	($353,503)	99.40%
December 2021	$63,461,025	($134,155)	-0.21%	$63,326,870	$63,384,231	($57,361)	99.90%
January 2022	$53,969,325	($679,671)	-1.25%	$53,289,654	$53,263,038	$26,616	100.04%
February 2022	$59,352,400	($977,690)	-1.64%	$58,374,711	$58,362,369	$12,342	100.02%
March 2022	$58,709,808	($1,200,297)	-2.04%	$57,509,511	$57,542,152	($32,640)	99.94%
April 2022	$63,708,517	($964,138)	-1.51%	$62,744,379	$62,778,159	($33,780)	99.94%
May 2022	$55,854,908	($1,155,959)	-2.06%	$54,698,949	$54,840,062	($141,113)	99.74%
June 2022	$57,115,727	($1,390,593)	-2.43%	$55,725,134	$55,986,669	($261,536)	99.53%
July 2022	$58,161,995	($2,103,672)	-3.61%	$56,058,324	$56,102,034	($43,710)	99.92%
August 2022	$61,334,512	($3,868,555)	-6.30%	$57,465,957	$58,605,386	($1,139,428)	98.05%
September 2022	$81,214,355	($19,339,094)	-23.81%	$61,875,261	$62,129,258	($253,997)	99.59%
October 2022	$79,859,326	($23,150,618)	-28.98%	$56,708,709	$58,364,636	($1,655,927)	97.16%
November 2022	$81,190,493	($23,019,721)	-28.35%	$58,170,772	$59,725,935	($1,555,163)	97.39%
December 2022	$68,262,497	($21,017,293)	-30.78%	$47,245,203	$48,093,205	($848,002)	98.23%
January 2023	$69,568,344	($20,569,026)	-29.56%	$48,999,318	$50,113,360	($1,114,042)	97.77%
February 2023	$91,064,323	($21,023,553)	-23.08%	$70,040,770	$70,741,697	($700,927)	99.00%
March 2023	$98,213,808	($21,710,337)	-22.10%	$76,503,471	$77,488,477	($985,006)	98.72%
April 2023	$78,941,232	($17,742,809)	-22.47%	$61,198,423	$62,072,265	($873,843)	98.59%
May 2023	$76,761,369	($13,079,264)	-17.03%	$63,682,104	$64,453,821	($771,716)	98.80%
June 2023	$72,914,357	($11,869,551)	-16.27%	$61,044,806	$62,013,175	($968,369)	98.43%
Cumulative Totals	**$1,653,827,547**	**($206,831,184)**	**-12.50%**	**$1,446,996,363**	**$1,459,769,266**	**($12,772,903)**	**99.12%**
100% Limited^ Cumulative Totals				**$1,446,671,245**	**$1,459,769,266**	**($13,098,021)**	**99.10%**
					State Contract Minimum Completeness Percentage Requirement		*98.00%*

^ - Since the CAN cumulative completion percentage for the CCO and/or delegated vendor(s) exceed 100 percent, we have decreased the Entire Plan CAN encounter totals by the total variance in comparison to the CDJs for each payor to avoid overstating the Entire Plan results. Please reference data analysis assumption number 9 on page 24 for further explanation.

UHC COMMUNITY PLAN CAN SUMMARY REPORTING CHARTS

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

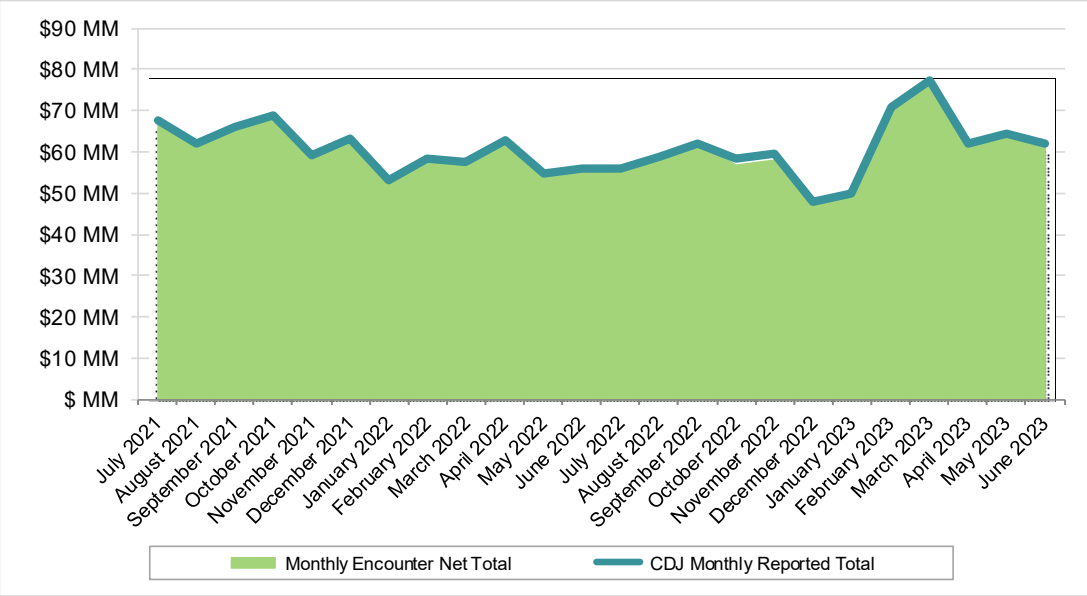
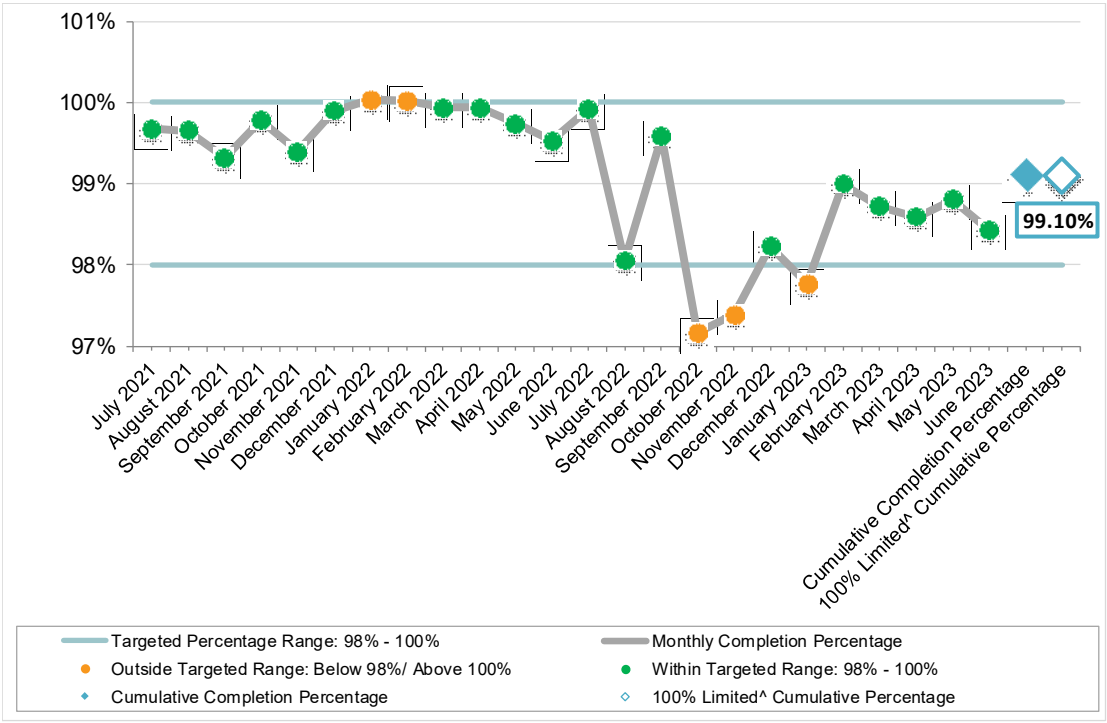


Chart 2. UHC CAN's monthly encounter submissions expressed as a percentage of payments submitted to the FAC to reported CCO CDJ payments for the entire plan



^ - To avoid overstating the Entire Plan results in situations when the CCO or an individual vendor's cumulative completion percentage exceeds 100 percent, we have decreased the CAN encounter totals by the reporting period's variance in comparison with the CDJs. Please reference data analysis assumption number 9 on page 24 for further explanation.

UHC CAN FEE-FOR-SERVICE MONTHLY TABLE

Table 2 — UHC 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	$47,631,041	($232,986)	-0.48%	$47,398,055	$47,582,214	($184,159)	99.61%
August 2021	$43,042,479	($638,731)	-1.48%	$42,403,748	$42,799,458	($395,710)	99.07%
September 2021	$47,513,370	($188,014)	-0.39%	$47,325,356	$47,508,068	($182,712)	99.61%
October 2021	$49,597,909	($112,814)	-0.22%	$49,485,095	$49,506,534	($21,439)	99.95%
November 2021	$40,203,656	($521,288)	-1.29%	$39,682,369	$40,046,715	($364,347)	99.09%
December 2021	$44,869,539	($116,505)	-0.25%	$44,753,034	$44,796,445	($43,412)	99.90%
January 2022	$36,293,516	($95,700)	-0.26%	$36,197,815	$36,175,579	$22,236	100.06%
February 2022	$41,509,138	($442,747)	-1.06%	$41,066,391	$41,059,100	$7,291	100.01%
March 2022	$39,794,119	($490,336)	-1.23%	$39,303,783	$39,306,292	($2,509)	99.99%
April 2022	$44,172,099	($397,600)	-0.90%	$43,774,499	$43,785,661	($11,162)	99.97%
May 2022	$37,244,809	($680,268)	-1.82%	$36,564,540	$36,704,662	($140,122)	99.61%
June 2022	$39,106,884	($601,294)	-1.53%	$38,505,589	$38,725,537	($219,948)	99.43%
July 2022	$38,960,110	($431,695)	-1.10%	$38,528,415	$38,538,858	($10,442)	99.97%
August 2022	$41,001,661	($2,410,981)	-5.88%	$38,590,681	$39,616,560	($1,025,879)	97.41%
September 2022	$44,169,122	($4,091,323)	-9.26%	$40,077,799	$42,147,583	($2,069,784)	95.08%
October 2022	$45,344,553	($4,929,046)	-10.87%	$40,415,508	$41,248,093	($832,585)	97.98%
November 2022	$46,709,147	($6,321,730)	-13.53%	$40,387,417	$41,007,497	($620,080)	98.48%
December 2022	$33,357,315	($3,835,168)	-11.49%	$29,522,147	$29,764,380	($242,233)	99.18%
January 2023	$39,083,496	($6,936,270)	-17.74%	$32,147,227	$32,267,104	($119,877)	99.62%
February 2023	$60,757,494	($8,912,268)	-14.66%	$51,845,225	$51,946,616	($101,390)	99.80%
March 2023	$65,117,107	($9,108,333)	-13.98%	$56,008,774	$56,509,783	($501,010)	99.11%
April 2023	$50,828,362	($8,369,808)	-16.46%	$42,458,554	$42,652,195	($193,641)	99.54%
May 2023	$50,886,779	($6,345,648)	-12.47%	$44,541,131	$44,768,755	($227,623)	99.49%
June 2023	$45,307,000	($4,426,451)	-9.76%	$40,880,549	$41,094,277	($213,727)	99.47%
Cumulative Totals	**$1,072,500,706**	**($70,637,003)**	**-6.58%**	**$1,001,863,703**	**$1,009,557,969**	**($7,694,266)**	**99.23%**
						State Contract Minimum Completeness Percentage Requirement	*98.00%*

** - The Fee-for-Service table above includes Optum Behavioral Health CDJ and encounter totals.*

UHC CAN OPTUMRX MONTHLY TABLE

Table 3 — UHC CAN OptumRx (Pharmacy Benefits)							
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	$15,363,864	($7,904)	-0.05%	$15,355,960	$15,369,937	($13,977)	99.90%
August 2021	$14,807,628	($45,743)	-0.30%	$14,761,885	$14,574,300	$187,585	101.28%
September 2021	$14,633,213	($24,144)	-0.16%	$14,609,069	$14,865,612	($256,542)	98.27%
October 2021	$14,439,424	($20,569)	-0.14%	$14,418,855	$14,502,881	($84,026)	99.42%
November 2021	$15,282,886	($21,412)	-0.14%	$15,261,474	$15,245,829	$15,645	100.10%
December 2021	$14,598,664	($12,933)	-0.08%	$14,585,731	$14,601,474	($15,743)	99.89%
January 2022	$13,935,764	($16,929)	-0.12%	$13,918,835	$13,914,201	$4,634	100.03%
February 2022	$13,960,184	($9,669)	-0.06%	$13,950,515	$13,945,822	$4,693	100.03%
March 2022	$14,514,015	($8,234)	-0.05%	$14,505,781	$14,536,860	($31,079)	99.78%
April 2022	$14,671,056	($28,793)	-0.19%	$14,642,264	$14,645,071	($2,807)	99.98%
May 2022	$15,087,041	($16,863)	-0.11%	$15,070,178	$15,071,577	($1,399)	99.99%
June 2022	$13,972,011	($11,312)	-0.08%	$13,960,699	$14,001,635	($40,936)	99.70%
July 2022	$13,532,925	($2,717)	-0.02%	$13,530,208	$13,532,453	($2,245)	99.98%
August 2022	$15,158,950	($25,790)	-0.17%	$15,133,160	$15,246,747	($113,587)	99.25%
September 2022	$19,106,181	($1,756,833)	-9.19%	$17,349,348	$15,585,809	$1,763,539	111.31%
October 2022	$14,382,503	($1,712,665)	-11.90%	$12,669,838	$13,505,822	($835,984)	93.81%
November 2022	$16,332,533	($1,999,698)	-12.24%	$14,332,835	$15,290,190	($957,355)	93.73%
December 2022	$15,744,625	($1,604,943)	-10.19%	$14,139,682	$14,784,206	($644,523)	95.64%
January 2023	$15,347,155	($1,745,790)	-11.37%	$13,601,365	$14,606,261	($1,004,896)	93.12%
February 2023	$16,354,284	($1,769,531)	-10.81%	$14,584,753	$15,196,013	($611,260)	95.97%
March 2023	$18,058,368	($1,859,351)	-10.29%	$16,199,017	$16,759,785	($560,768)	96.65%
April 2023	$16,473,834	($1,640,633)	-9.95%	$14,833,201	$15,527,191	($693,990)	95.53%
May 2023	$17,399,719	($2,006,104)	-11.52%	$15,393,615	$15,961,047	($567,432)	96.44%
June 2023	$17,393,095	($2,199,555)	-12.64%	$15,193,540	$16,131,888	($938,348)	94.18%
Cumulative Totals	**$370,549,921**	**($18,548,113)**	**-5.00%**	**$352,001,808**	**$357,402,609**	**($5,400,801)**	**98.48%**
						State Contract Minimum Completeness Percentage Requirement	*98.00%*

UHC CAN DENTAL MONTHLY TABLE

Table 4 — UHC CAN Dental (Dental)							
Paid Month	**Monthly Encounter Total (FAC Reported)**	**Monthly Encounter Total (Adjustments)**	**Percentage of Encounters Adjusted**	**Monthly Encounter Net Total**	**CDJ Monthly Reported Total**	**Monthly Variance**	**Monthly Completion Percentage**
July 2021	$3,697,376	($1,994)	-0.05%	$3,695,382	$3,707,002	($11,620)	99.68%
August 2021	$3,474,426	($1,056)	-0.03%	$3,473,369	$3,475,221	($1,852)	99.94%
September 2021	$2,708,988	($5,163)	-0.19%	$2,703,825	$2,707,732	($3,907)	99.85%
October 2021	$4,067,745	($3,518)	-0.08%	$4,064,227	$4,108,273	($44,046)	98.92%
November 2021	$2,765,923	($4,789)	-0.17%	$2,761,134	$2,764,947	($3,813)	99.86%
December 2021	$3,143,175	($4,717)	-0.15%	$3,138,458	$3,135,729	$2,729	100.08%
January 2022	$3,032,769	($542,045)	-17.87%	$2,490,724	$2,491,374	($650)	99.97%
February 2022	$3,059,382	($491,711)	-16.07%	$2,567,670	$2,567,045	$625	100.02%
March 2022	$3,375,719	($666,408)	-19.74%	$2,709,311	$2,708,342	$969	100.03%
April 2022	$3,929,547	($490,476)	-12.48%	$3,439,070	$3,437,509	$1,562	100.04%
May 2022	$2,687,381	($421,315)	-15.67%	$2,266,066	$2,266,063	$3	100.00%
June 2022	$3,176,118	($735,041)	-23.14%	$2,441,077	$2,441,759	($682)	99.97%
July 2022	$4,814,238	($1,625,132)	-33.75%	$3,189,106	$3,220,386	($31,280)	99.02%
August 2022	$3,977,625	($1,367,320)	-34.37%	$2,610,305	$2,610,630	($325)	99.98%
September 2022	$15,909,225	($12,441,629)	-78.20%	$3,467,595	$3,436,608	$30,987	100.90%
October 2022	$18,379,611	($15,603,582)	-84.89%	$2,776,029	$2,767,643	$8,387	100.30%
November 2022	$16,449,157	($13,892,504)	-84.45%	$2,556,653	$2,536,219	$20,434	100.80%
December 2022	$17,621,756	($14,894,771)	-84.52%	$2,726,986	$2,707,774	$19,212	100.70%
January 2023	$13,816,699	($11,366,052)	-82.26%	$2,450,648	$2,441,496	$9,152	100.37%
February 2023	$12,629,477	($9,911,086)	-78.47%	$2,718,391	$2,706,912	$11,479	100.42%
March 2023	$13,709,951	($10,434,056)	-76.10%	$3,275,895	$3,200,498	$75,397	102.35%
April 2023	$10,581,880	($7,600,352)	-71.82%	$2,981,528	$2,967,123	$14,405	100.48%
May 2023	$7,347,705	($4,620,775)	-62.88%	$2,726,930	$2,703,108	$23,822	100.88%
June 2023	$9,243,819	($5,240,187)	-56.68%	$4,003,632	$3,816,943	$186,689	104.89%
Cumulative Totals	**$183,599,690**	**($112,365,677)**	**-61.20%**	**$71,234,014**	**$70,926,338**	**$307,676**	**100.43%**
100% Limited^ Cumulative Totals				**$70,926,338**	**$70,926,338**	**$0**	**100.00%**
					State Contract Minimum Completeness Percentage Requirement		*98.00%*

^ - The UHC Dental CAN cumulative completion percentage was limited to a maximum of 100 percent by decreasing the encounter totals by the reporting period's variance in comparison to the CDJs. Please reference data analysis assumption number 9 on page 24 for further explanation.

UHC CAN MARCH VISION MONTHLY TABLE

Table 5 — UHC CAN March Vision (Vision)							
Paid Month	**Monthly Encounter Total (FAC Reported)**	**Monthly Encounter Total (Adjustments)**	**Percentage of Encounters Adjusted**	**Monthly Encounter Net Total**	**CDJ Monthly Reported Total**	**Monthly Variance**	**Monthly Completion Percentage**
July 2021	$517,695	$0	0.00%	$517,695	$518,901	($1,206)	99.76%
August 2021	$782,426	$0	0.00%	$782,426	$786,081	($3,655)	99.53%
September 2021	$565,725	$0	0.00%	$565,725	$568,297	($2,571)	99.54%
October 2021	$601,021	($4,922)	-0.81%	$596,099	$598,058	($1,959)	99.67%
November 2021	$617,184	($141)	-0.02%	$617,043	$618,031	($988)	99.84%
December 2021	$480,065	$0	0.00%	$480,065	$481,001	($936)	99.80%
January 2022	$421,580	($1,506)	-0.35%	$420,074	$419,679	$395	100.09%
February 2022	$503,323	($6,644)	-1.31%	$496,680	$496,947	($267)	99.94%
March 2022	$611,457	($7,652)	-1.25%	$603,805	$603,826	($21)	99.99%
April 2022	$546,265	($9,369)	-1.71%	$536,897	$558,268	($21,372)	96.17%
May 2022	$483,643	($10,816)	-2.23%	$472,827	$472,422	$405	100.08%
June 2022	$425,212	($7,818)	-1.83%	$417,394	$417,363	$31	100.00%
July 2022	$458,398	($9,473)	-2.06%	$448,925	$448,669	$256	100.05%
August 2022	$795,846	($24,563)	-3.08%	$771,283	$770,919	$363	100.04%
September 2022	$1,607,190	($1,029,253)	-64.04%	$577,936	$556,678	$21,258	103.81%
October 2022	$1,379,228	($881,492)	-63.91%	$497,736	$493,481	$4,255	100.86%
November 2022	$1,321,190	($787,784)	-59.62%	$533,406	$531,567	$1,838	100.34%
December 2022	$1,066,648	($659,748)	-61.85%	$406,900	$387,357	$19,543	105.04%
January 2023	$960,752	($512,071)	-53.29%	$448,682	$447,103	$1,579	100.35%
February 2023	$927,644	($422,476)	-45.54%	$505,168	$504,924	$244	100.04%
March 2023	$849,338	($308,597)	-36.33%	$540,741	$539,367	$1,374	100.25%
April 2023	$655,421	($132,017)	-20.14%	$523,404	$524,020	($616)	99.88%
May 2023	$712,860	($106,737)	-14.97%	$606,123	$606,605	($483)	99.92%
June 2023	$448,564	($450)	-0.10%	$448,114	$448,142	($28)	99.99%
Cumulative Totals	**$17,738,676**	**($4,923,528)**	**-27.75%**	**$12,815,148**	**$12,797,706**	**$17,442**	**100.13%**
100% Limited^ Cumulative Totals				**$12,797,706**	**$12,797,706**	**$0**	**100.00%**
					State Contract Minimum Completeness Percentage Requirement		*98.00%*

^ - The March Vision CAN cumulative completion percentage was limited to a maximum of 100 percent by decreasing the encounter totals by the reporting period's variance in comparison to the CDJs. Please reference data analysis assumption number 9 on page 24 for further explanation.

UHC CAN MTM MONTHLY TABLE

Table 6 — UHC 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	$428,682	$0	0.00%	$428,682	$428,682	$0	100.00%
August 2021	$356,976	$0	0.00%	$356,976	$356,976	$0	100.00%
September 2021	$390,346	$0	0.00%	$390,346	$390,346	$0	100.00%
October 2021	$342,344	$0	0.00%	$342,344	$342,344	$0	100.00%
November 2021	$336,897	($1)	0.00%	$336,896	$336,897	($1)	99.99%
December 2021	$369,582	$0	0.00%	$369,582	$369,582	$0	100.00%
January 2022	$285,697	($23,491)	-8.22%	$262,205	$262,205	$0	100.00%
February 2022	$320,374	($26,919)	-8.40%	$293,455	$293,455	$0	100.00%
March 2022	$414,498	($27,667)	-6.67%	$386,831	$386,831	$0	100.00%
April 2022	$389,550	($37,900)	-9.72%	$351,650	$351,650	$0	100.00%
May 2022	$352,034	($26,698)	-7.58%	$325,337	$325,337	$0	100.00%
June 2022	$435,503	($35,128)	-8.06%	$400,375	$400,375	$0	100.00%
July 2022	$396,324	($34,655)	-8.74%	$361,669	$361,669	$0	100.00%
August 2022	$400,430	($39,901)	-9.96%	$360,529	$360,529	$0	100.00%
September 2022	$422,638	($20,055)	-4.74%	$402,582	$402,580	$3	100.00%
October 2022	$373,431	($23,834)	-6.38%	$349,597	$349,597	$0	100.00%
November 2022	$378,467	($18,006)	-4.75%	$360,461	$360,461	$0	100.00%
December 2022	$472,152	($22,664)	-4.80%	$449,488	$449,488	$0	100.00%
January 2023	$360,241	($8,844)	-2.45%	$351,397	$351,397	$0	100.00%
February 2023	$395,424	($8,191)	-2.07%	$387,232	$387,232	$0	100.00%
March 2023	$479,044	$0	0.00%	$479,044	$479,044	$0	100.00%
April 2023	$401,736	$0	0.00%	$401,736	$401,736	$0	100.00%
May 2023	$414,305	$0	0.00%	$414,305	$414,305	$0	100.00%
June 2023	$521,878	($2,908)	-0.55%	$518,970	$521,926	($2,955)	99.43%
Cumulative Totals	**$9,438,553**	**($356,863)**	**-3.78%**	**$9,081,691**	**$9,084,644**	**($2,953)**	**99.96%**
						State Contract Minimum Completeness Percentage Requirement	*98.00%*

UHC CHIP ENTIRE PLAN MONTHLY TABLE

Table 7 — UHC 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	$6,913,828	($59,061)	-0.85%	$6,854,767	$6,911,668	($56,902)	99.17%
August 2021	$6,261,236	($2,132)	-0.03%	$6,259,103	$6,159,110	$99,993	101.62%
September 2021	$6,406,928	($1,727)	-0.02%	$6,405,201	$6,509,439	($104,237)	98.39%
October 2021	$6,669,558	($7,665)	-0.11%	$6,661,893	$6,667,292	($5,399)	99.91%
November 2021	$5,789,938	($10,648)	-0.18%	$5,779,290	$5,793,427	($14,137)	99.75%
December 2021	$6,259,635	($2,172)	-0.03%	$6,257,463	$6,256,965	$498	100.00%
January 2022	$6,567,665	($1,170,434)	-17.82%	$5,397,230	$5,403,263	($6,033)	99.88%
February 2022	$7,769,874	($1,908,922)	-24.56%	$5,860,952	$5,850,819	$10,133	100.17%
March 2022	$7,944,195	($2,209,461)	-27.81%	$5,734,735	$5,724,881	$9,854	100.17%
April 2022	$8,774,956	($2,613,584)	-29.78%	$6,161,372	$6,171,710	($10,339)	99.83%
May 2022	$7,082,084	($1,701,653)	-24.02%	$5,380,432	$5,381,516	($1,084)	99.97%
June 2022	$7,825,999	($2,367,027)	-30.24%	$5,458,972	$5,463,411	($4,439)	99.91%
July 2022	$9,094,278	($3,251,804)	-35.75%	$5,842,474	$5,849,631	($7,157)	99.87%
August 2022	$7,862,880	($2,510,219)	-31.92%	$5,352,660	$5,370,614	($17,954)	99.66%
September 2022	$10,949,916	($4,021,385)	-36.72%	$6,928,532	$6,895,329	$33,203	100.48%
October 2022	$9,450,764	($3,452,548)	-36.53%	$5,998,216	$6,109,096	($110,880)	98.18%
November 2022	$10,140,812	($3,792,739)	-37.40%	$6,348,073	$6,681,979	($333,906)	95.00%
December 2022	$8,061,802	($3,438,363)	-42.65%	$4,623,438	$4,817,652	($194,214)	95.96%
January 2023	$8,891,323	($3,350,065)	-37.67%	$5,541,258	$5,778,699	($237,441)	95.89%
February 2023	$11,159,475	($4,286,445)	-38.41%	$6,873,030	$7,000,091	($127,060)	98.18%
March 2023	$11,282,963	($4,312,550)	-38.22%	$6,970,413	$7,132,947	($162,534)	97.72%
April 2023	$8,351,253	($2,302,029)	-27.56%	$6,049,224	$6,209,497	($160,273)	97.41%
May 2023	$9,085,009	($3,406,006)	-37.49%	$5,679,003	$5,830,403	($151,400)	97.40%
June 2023	$9,017,547	($2,651,514)	-29.40%	$6,366,033	$6,446,361	($80,329)	98.75%
Cumulative Totals	**$197,613,917**	**($52,830,152)**	**-26.73%**	**$144,783,765**	**$146,415,800**	**($1,632,036)**	**98.88%**
100% Limited^ Cumulative Totals				**$144,770,520**	**$146,415,800**	**($1,645,280)**	**98.87%**
					State Contract Minimum Completeness Percentage Requirement		*98.00%*

^ - Since the CHIP cumulative completion percentage for the CCO and/or delegated vendor(s) exceed 100 percent, we have decreased the Entire Plan CHIP encounter totals by the total variance in comparison to the CDJs for each payor to avoid overstating the Entire Plan results. Please reference data analysis assumption number 9 on page 24 for further explanation.

UHC COMMUNITY PLAN CHIP SUMMARY REPORTING CHARTS

Chart 3. Monthly CDJ totals and encounter submissions for the UHC CHIP's entire plan

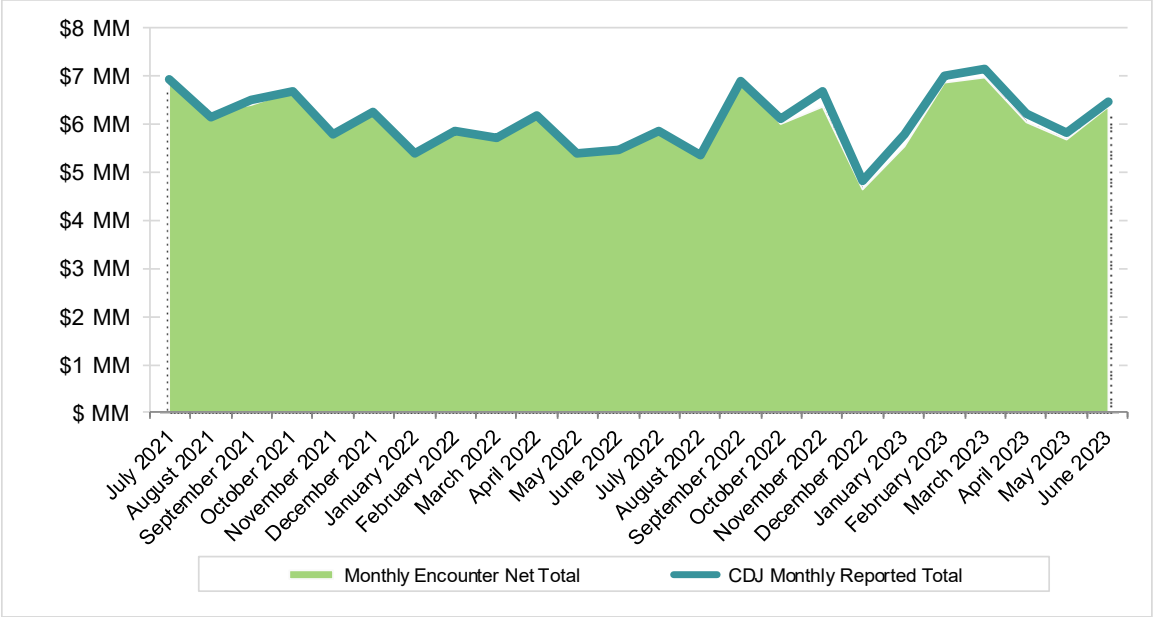
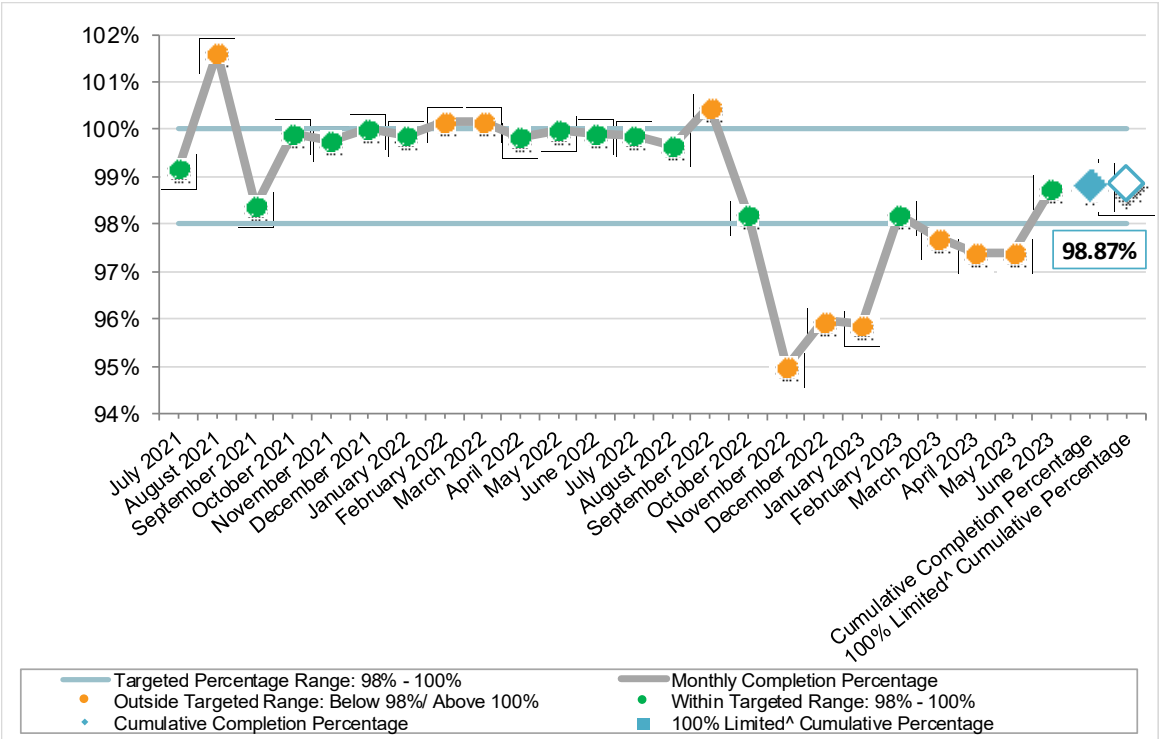


Chart 4. UHC CHIP's monthly encounter submissions expressed as a percentage of payments submitted to the FAC to reported CCO CDJ payments for the entire plan



^ - To avoid overstating the Entire Plan results in situations when the CCO or an individual vendor's cumulative completion percentage exceeds 100 percent, we have decreased the CHIP encounter totals by the reporting period's variance in comparison with the CDJs. Please reference data analysis assumption number 9 on page 24 for further explanation.

UHC CHIP FEE-FOR-SERVICE MONTHLY TABLE

Table 8 — UHC 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	$4,401,807	($59,033)	-1.34%	$4,342,774	$4,395,352	($52,579)	98.80%
August 2021	$3,659,217	($1,688)	-0.04%	$3,657,530	$3,659,207	($1,678)	99.95%
September 2021	$4,409,698	($1,354)	-0.03%	$4,408,344	$4,409,606	($1,262)	99.97%
October 2021	$4,234,845	($5,791)	-0.13%	$4,229,053	$4,236,087	($7,034)	99.83%
November 2021	$3,782,419	($10,302)	-0.27%	$3,772,117	$3,775,402	($3,284)	99.91%
December 2021	$4,100,591	($1,835)	-0.04%	$4,098,756	$4,099,817	($1,061)	99.97%
January 2022	$3,728,519	($287,384)	-7.70%	$3,441,135	$3,442,223	($1,087)	99.96%
February 2022	$4,505,337	($639,796)	-14.20%	$3,865,541	$3,861,503	$4,038	100.10%
March 2022	$4,064,981	($647,497)	-15.92%	$3,417,484	$3,419,450	($1,966)	99.94%
April 2022	$4,636,524	($794,613)	-17.13%	$3,841,911	$3,842,763	($852)	99.97%
May 2022	$3,926,518	($661,811)	-16.85%	$3,264,707	$3,265,064	($357)	99.98%
June 2022	$4,106,509	($750,636)	-18.27%	$3,355,872	$3,358,988	($3,116)	99.90%
July 2022	$4,262,018	($811,851)	-19.04%	$3,450,167	$3,451,202	($1,035)	99.97%
August 2022	$3,647,988	($694,016)	-19.02%	$2,953,972	$2,971,703	($17,732)	99.40%
September 2022	$5,950,770	($1,715,241)	-28.82%	$4,235,529	$4,306,479	($70,950)	98.35%
October 2022	$5,320,365	($1,336,401)	-25.11%	$3,983,964	$3,991,838	($7,874)	99.80%
November 2022	$5,843,506	($1,469,467)	-25.14%	$4,374,039	$4,532,808	($158,769)	96.49%
December 2022	$3,789,530	($1,038,868)	-27.41%	$2,750,662	$2,789,981	($39,319)	98.59%
January 2023	$4,418,337	($845,441)	-19.13%	$3,572,896	$3,580,381	($7,485)	99.79%
February 2023	$6,613,950	($1,770,927)	-26.77%	$4,843,023	$4,854,330	($11,307)	99.76%
March 2023	$5,898,001	($1,292,372)	-21.91%	$4,605,629	$4,626,112	($20,483)	99.55%
April 2023	$4,525,474	($502,065)	-11.09%	$4,023,410	$4,041,787	($18,377)	99.54%
May 2023	$5,533,149	($1,874,608)	-33.87%	$3,658,542	$3,713,631	($55,089)	98.51%
June 2023	$4,506,382	($620,171)	-13.76%	$3,886,211	$3,893,135	($6,924)	99.82%
Cumulative Totals	**$109,866,435**	**($17,833,167)**	**-16.23%**	**$92,033,268**	**$92,518,851**	**($485,583)**	**99.47%**
						State Contract Minimum Completeness Percentage Requirement	*98.00%*

** - The Fee-for-Service table above includes Optum Behavioral Health CDJ and encounter totals.*

UHC CHIP OPTUMRX MONTHLY TABLE

Table 9 — UHC CHIP OptumRx (Pharmacy Benefits)							
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	$1,375,383	($28)	0.00%	$1,375,355	$1,380,588	($5,233)	99.62%
August 2021	$1,459,201	($103)	0.00%	$1,459,098	$1,356,484	$102,614	107.56%
September 2021	$1,198,956	($73)	0.00%	$1,198,883	$1,300,779	($101,896)	92.16%
October 2021	$1,307,361	($288)	-0.02%	$1,307,072	$1,293,947	$13,125	101.01%
November 2021	$1,195,566	($71)	0.00%	$1,195,495	$1,205,451	($9,956)	99.17%
December 2021	$1,239,969	($37)	0.00%	$1,239,931	$1,237,992	$1,939	100.15%
January 2022	$1,159,994	($338)	-0.02%	$1,159,656	$1,164,966	($5,309)	99.54%
February 2022	$1,149,551	($46)	0.00%	$1,149,505	$1,143,010	$6,494	100.56%
March 2022	$1,356,843	($128)	0.00%	$1,356,714	$1,344,445	$12,270	100.91%
April 2022	$1,258,123	($276)	-0.02%	$1,257,846	$1,266,971	($9,125)	99.27%
May 2022	$1,399,789	($12)	0.00%	$1,399,777	$1,401,812	($2,035)	99.85%
June 2022	$1,234,811	($230)	-0.01%	$1,234,581	$1,236,293	($1,711)	99.86%
July 2022	$1,205,684	($68)	0.00%	$1,205,615	$1,208,500	($2,885)	99.76%
August 2022	$1,463,092	($465)	-0.03%	$1,462,627	$1,462,469	$158	100.01%
September 2022	$1,886,885	($270,402)	-14.33%	$1,616,482	$1,516,029	$100,454	106.62%
October 2022	$1,559,272	($378,158)	-24.25%	$1,181,114	$1,286,200	($105,087)	91.82%
November 2022	$1,626,955	($337,833)	-20.76%	$1,289,122	$1,467,134	($178,012)	87.86%
December 2022	$1,468,000	($348,883)	-23.76%	$1,119,117	$1,278,956	($159,839)	87.50%
January 2023	$1,382,361	($314,747)	-22.76%	$1,067,615	$1,244,190	($176,575)	85.80%
February 2023	$1,524,496	($319,151)	-20.93%	$1,205,345	$1,323,380	($118,035)	91.08%
March 2023	$1,557,124	($290,949)	-18.68%	$1,266,175	$1,412,966	($146,791)	89.61%
April 2023	$1,566,298	($316,986)	-20.23%	$1,249,312	$1,394,947	($145,635)	89.55%
May 2023	$1,507,303	($252,210)	-16.73%	$1,255,093	$1,353,670	($98,577)	92.71%
June 2023	$1,472,154	($127,377)	-8.65%	$1,344,777	$1,419,690	($74,913)	94.72%
Cumulative Totals	**$33,555,171**	**($2,958,862)**	**-8.81%**	**$30,596,309**	**$31,700,868**	**($1,104,559)**	**96.51%**
						State Contract Minimum Completeness Percentage Requirement	98.00%
						Non-Compliant	***-1.49%***

UHC CHIP DENTAL MONTHLY TABLE

Table 10 — UHC CHIP Dental (Dental)							
Paid Month	**Monthly Encounter Total (FAC Reported)**	**Monthly Encounter Total (Adjustments)**	**Percentage of Encounters Adjusted**	**Monthly Encounter Net Total**	**CDJ Monthly Reported Total**	**Monthly Variance**	**Monthly Completion Percentage**
July 2021	$1,014,476	$0	0.00%	$1,014,476	$1,013,724	$752	100.07%
August 2021	$938,230	$0	0.00%	$938,230	$939,437	($1,207)	99.87%
September 2021	$682,716	($300)	-0.04%	$682,416	$682,961	($545)	99.92%
October 2021	$1,003,838	$0	0.00%	$1,003,838	$1,015,077	($11,239)	98.89%
November 2021	$690,540	($275)	-0.03%	$690,265	$691,000	($735)	99.89%
December 2021	$826,609	($300)	-0.03%	$826,309	$826,545	($236)	99.97%
January 2022	$1,575,708	($870,787)	-55.26%	$704,922	$704,241	$681	100.09%
February 2022	$1,966,703	($1,225,225)	-62.29%	$741,477	$741,402	$75	100.01%
March 2022	$2,318,179	($1,501,913)	-64.78%	$816,266	$816,716	($450)	99.94%
April 2022	$2,699,067	($1,751,384)	-64.88%	$947,682	$948,039	($357)	99.96%
May 2022	$1,599,963	($988,348)	-61.77%	$611,615	$610,428	$1,187	100.19%
June 2022	$2,335,410	($1,559,702)	-66.78%	$775,708	$775,285	$423	100.05%
July 2022	$3,439,425	($2,372,807)	-68.98%	$1,066,618	$1,069,855	($3,237)	99.69%
August 2022	$2,408,772	($1,684,732)	-69.94%	$724,040	$723,624	$416	100.05%
September 2022	$2,880,042	($1,923,571)	-66.78%	$956,471	$953,685	$2,786	100.29%
October 2022	$2,420,423	($1,660,165)	-68.58%	$760,258	$758,479	$1,779	100.23%
November 2022	$2,563,177	($1,917,615)	-74.81%	$645,561	$643,303	$2,258	100.35%
December 2022	$2,734,359	($2,015,646)	-73.71%	$718,714	$716,524	$2,190	100.30%
January 2023	$2,730,332	($2,026,367)	-74.21%	$703,964	$700,716	$3,248	100.46%
February 2023	$2,817,510	($2,095,526)	-74.37%	$721,984	$719,744	$2,240	100.31%
March 2023	$3,598,935	($2,620,349)	-72.80%	$978,586	$974,451	$4,135	100.42%
April 2023	$2,067,081	($1,401,347)	-67.79%	$665,735	$661,734	$4,001	100.60%
May 2023	$1,679,607	($1,049,031)	-62.45%	$630,576	$626,875	$3,701	100.59%
June 2023	$2,856,914	($1,817,743)	-63.62%	$1,039,171	$1,037,792	$1,379	100.13%
Cumulative Totals	**$49,848,016**	**($30,483,134)**	**-61.15%**	**$19,364,881**	**$19,351,637**	**$13,244**	**100.06%**
100% Limited^ Cumulative Totals				**$19,351,637**	**$19,351,637**	**$0**	**100.00%**
					State Contract Minimum Completeness Percentage Requirement		*98.00%*

^ - The UHC Dental CHIP cumulative completion percentage was limited to a maximum of 100 percent by decreasing the encounter totals by the reporting period's variance in comparison to the CDJs. Please reference data analysis assumption number 9 on page 24 for further explanation.

UHC CHIP MARCH VISION MONTHLY TABLE

Table 11 — UHC CHIP March Vision (Vision)							
Paid Month	**Monthly Encounter Total (FAC Reported)**	**Monthly Encounter Total (Adjustments)**	**Percentage of Encounters Adjusted**	**Monthly Encounter Net Total**	**CDJ Monthly Reported Total**	**Monthly Variance**	**Monthly Completion Percentage**
July 2021	$122,162	$0	0.00%	$122,162	$122,004	$158	100.12%
August 2021	$204,587	($341)	-0.16%	$204,246	$203,981	$265	100.12%
September 2021	$115,558	$0	0.00%	$115,558	$116,092	($534)	99.54%
October 2021	$123,515	($1,586)	-1.28%	$121,929	$122,180	($251)	99.79%
November 2021	$121,413	$0	0.00%	$121,413	$121,574	($162)	99.86%
December 2021	$92,467	$0	0.00%	$92,467	$92,611	($145)	99.84%
January 2022	$103,443	($11,926)	-11.52%	$91,517	$91,834	($317)	99.65%
February 2022	$148,284	($43,855)	-29.57%	$104,429	$104,904	($475)	99.54%
March 2022	$204,193	($59,922)	-29.34%	$144,270	$144,270	$0	100.00%
April 2022	$181,243	($67,310)	-37.13%	$113,933	$113,938	($5)	99.99%
May 2022	$155,814	($51,481)	-33.04%	$104,333	$104,212	$121	100.11%
June 2022	$149,268	($56,458)	-37.82%	$92,810	$92,844	($35)	99.96%
July 2022	$187,151	($67,078)	-35.84%	$120,074	$120,074	$0	100.00%
August 2022	$343,027	($131,005)	-38.19%	$212,022	$212,818	($796)	99.62%
September 2022	$232,219	($112,170)	-48.30%	$120,049	$119,135	$914	100.76%
October 2022	$150,704	($77,823)	-51.64%	$72,880	$72,578	$303	100.41%
November 2022	$107,174	($67,823)	-63.28%	$39,350	$38,734	$617	101.59%
December 2022	$69,913	($34,967)	-50.01%	$34,946	$32,192	$2,754	108.55%
January 2023	$360,293	($163,510)	-45.38%	$196,783	$253,412	($56,629)	77.65%
February 2023	$203,519	($100,841)	-49.54%	$102,678	$102,636	$42	100.04%
March 2023	$228,903	($108,880)	-47.56%	$120,023	$119,418	$605	100.50%
April 2023	$192,399	($81,631)	-42.42%	$110,768	$111,030	($262)	99.76%
May 2023	$364,950	($230,157)	-63.06%	$134,793	$136,228	($1,436)	98.94%
June 2023	$182,096	($86,223)	-47.35%	$95,873	$95,744	$129	100.13%
Cumulative Totals	**$4,344,295**	**($1,554,988)**	**-35.79%**	**$2,789,306**	**$2,844,444**	**($55,138)**	**98.06%**
						State Contract Minimum Completeness Percentage Requirement	*98.00%*

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 Health 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 on 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.

- **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 for a given month.
- **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.

APPENDIX B – ANALYSIS

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 was summarized by paid date, CCO program identifier, and delegated vendor to create a matching table. These matching tables were combined using common fields and were used to produce the results.

Based on criteria provided by the CCO, we identified UHC encounters as follows:

- ***UHC CAN Encounters***
  - Truven submitter ID equal to '91474' or Gainwell submitter ID equal to 'TP000174'.
  - Truven MC Prov ID equal to '02821762' or Gainwell Encounter Prov ID equal to '002821762'.
  - Pay to Provider Number equal to '02821762' or first COB Payer ID equal to '002821762' for Truven pharmacy encounters only.

- ***UHC CHIP Encounters***
  - Truven submitter ID equal to '93552' or Gainwell submitter ID equal to 'TP000175'.
  - Truven MC Prov ID equal to '09974046' or Gainwell Encounter Prov ID equal to '009974046'.
  - Pay to Provider Number equal to '09974046' or first COB Payer ID equal to '009974046' for Truven for pharmacy encounters only.

- ***UHC Dental – Dental Services***
  - Claims Type Code value of 'D'.

- ***March Vision – Vision Services***
  - Plan TCN has 8 characters and claim type is not T.
  - First character of the Plan TCN is '1' or first two characters of the Plan TCN are 'MA'.

- ***MTM – Non-Emergency Transportation (NET)***
  - First three characters of the Plan TCN are 'MIS', 'UOM' 'UMM', or 'MMU'.
  - Plan TCN or Patient Account Number field contains 'Q0' in the first and second positions and the third position does not contain a number.

- ***OptumRx – Pharmacy Benefit***
  - These encounters are contained in separate data warehouse tables as a result of pharmacy encounter submissions processing.

- ***UHC – Fee-for-Service (Non-Vendor)***
  - All other plan submitted encounters that do not meet the listed criteria. This includes UHC non-vendor (fee-for-service) and Optum Behavioral Health.

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. UHC submitted supplemental records for some of these encounter voids (e.g., OptumRx), 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. There are adjustment instances in the encounter data where the associated backout/void record is successfully accepted and created. However, the corresponding replacement transaction is denied by the FAC, which may be impacting the monthly completion percentages.
6. National Med Trans (NET) was replaced by MTM as UHC's NET delegated vendor effective August 1, 2019. Since NMT is no longer an active vendor, DOM instructed Myers and Stauffer to remove National Med Trans from the vendor encounters and CDJ totals beginning with the December 2021 report and any subsequent reports.
7. There appear to be instances of Truven encounters for which a paid date was not provided in the monthly data extracts transmitted to Myers and Stauffer LC by the FAC. UHC provided a list of encounter paid dates, which was used to allocate encounters for this report. When a valid CCO paid date was not available for an encounter in the data extracts or supplemental file(s), we attempted to estimate the paid date by adding seven days to the CCO received date.
8. Percentage ratios noted in this report are rounded down. The sum of the percentages may not add up to the percentage sum totals (Tables A through D).
9. Cumulative completion percentages exceeding 100 percent were noted for UHC's CAN Dental, CHIP Dental, and CAN March Vision totals. So that the impacted amounts do not overstate the Entire Plan CAN and CHIP results, we have decreased the encounter monthly reported totals by the variance between the encounter data and cash disbursement journals for all of these vendors. Therefore, the cumulative completion percentages are decreased to a maximum of 100 percent (Tables A, B, 1, 4, 5; 7, and 10; Charts 2 and 4).
10. 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 issues within the data may exist that have not yet been identified which may require us to restate a report 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	749,349	$39,305,336	751,814	$41,007,307	1,501,163	$80,312,643	63,462	$2,661,581	53,044	$2,519,706	116,506	$5,181,288
Reconciling Adjustment	0	$0	0	$0	0	$0	0	$0	0	$0	0	$0
Net Claims Sample Total	***749,349***	***$39,305,336***	***751,814***	***$41,007,307***	***1,501,163***	***$80,312,643***	***63,462***	***$2,661,581***	***53,044***	***$2,519,706***	***116,506***	***$5,181,288***
Encounter Data												
Total Matched Encounters	749,322	$39,744,885	723,513	$46,699,475	1,472,835	$86,444,360	63,325	$2,667,022	52,057	$2,555,207	115,382	$5,222,229
Less Surplus Encounters	(63)	($3,732)	0	$0	(63)	($3,732)	0	$0	0	$0	0	$0
Payment Adjustments	0	($432,667)	0	($4,646,906)	0	($5,079,573)	0	($16)	0	($6,265)	0	($6,282)
Net Matched Encounters	***749,259***	***$39,308,486***	***723,513***	***$42,052,569***	***1,472,772***	***$81,361,055***	***63,325***	***$2,667,006***	***52,057***	***$2,548,941***	***115,382***	***$5,215,947***
Encounter Completeness Percentage	***100.0%***	***100.0%***	***96.2%***	***102.5%***	***98.1%***	***101.3%***	***99.8%***	***100.2%***	***98.1%***	***101.2%***	***99.0%***	***100.7%***

Description	Vision						NEMT					
	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	23,897	$592,928	18,363	$524,852	42,260	$1,117,780	8,480	$386,831	8,201	$360,351	16,681	$747,182
Reconciling Adjustment	0	$0	0	$0	0	$0	0	$0	0	$0	0	$0
Net Claims Sample Total	***23,897***	***$592,928***	***18,363***	***$524,852***	***42,260***	***$1,117,780***	***8,480***	***$386,831***	***8,201***	***$360,351***	***16,681***	***$747,182***
Encounter Data												
Total Matched Encounters	22,984	$592,886	17,459	$535,177	40,443	$1,128,063	8,480	$386,831	8,201	$360,351	16,681	$747,182
Less Surplus Encounters	0	$0	0	$0	0	$0	0	$0	0	$0	0	$0
Payment Adjustments	0	$83	0	($7,250)	0	($7,167)	0	$0	0	$0	0	$0
Net Matched Encounters	***22,984***	***$592,969***	***17,459***	***$527,928***	***40,443***	***$1,120,896***	***8,480***	***$386,831***	***8,201***	***$360,351***	***16,681***	***$747,182***
Encounter Completeness Percentage	***96.2%***	***100.0%***	***95.1%***	***100.6%***	***95.7%***	***100.3%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***

Description	Pharmacy					
	March 2022		November 2022		Total	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Claims Sample Data						
Claims Sample Total	208,481	$22,945,644	227,504	$20,247,224	435,985	$43,192,867
Reconciling Adjustment	0	$0	0	$0	0	$0
Net Claims Sample Total	***208,481***	***$22,945,644***	***227,504***	***$20,247,224***	***435,985***	***$43,192,867***
Encounter Data						
Total Matched Encounters	242,810	$22,031,709	226,670	$15,109,566	469,480	$37,141,275
Less Surplus Encounters	(35,113)	($12,620,484)	(132)	($1,708)	(35,245)	($12,622,192)
Payment Adjustments	0	$13,429,487	0	$5,125,099	0	$18,554,586
Net Matched Encounters	***207,697***	***$22,840,712***	***226,538***	***$20,232,957***	***434,235***	***$43,073,669***
Encounter Completeness Percentage	***99.6%***	***99.5%***	***99.6%***	***99.9%***	***99.6%***	***99.7%***

Description	Total					
	March 2022		November 2022		Total	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Claims Sample Data						
Claims Sample Total	1,053,669	$65,892,321	1,058,926	$64,659,440	2,112,595	$130,551,761
Reconciling Adjustment	0	$0	0	$0	0	$0
Net Claims Sample Total	***1,053,669***	***$65,892,321***	***1,058,926***	***$64,659,440***	***2,112,595***	***$130,551,761***
Encounter Data						
Total Matched Encounters	1,086,921	$65,423,332	1,027,900	$65,259,776	2,114,821	$130,683,108
Less Surplus Encounters	(35,176)	($12,624,216)	(132)	($1,708)	(35,308)	($12,625,924)
Payment Adjustments	0	$12,996,887	0	$464,678	0	$13,461,565
Net Matched Encounters	***1,051,745***	***$65,796,003***	***1,027,768***	***$65,722,746***	***2,079,513***	***$131,518,749***
Encounter Completeness Percentage	***99.8%***	***99.9%***	***97.1%***	***101.6%***	***98.4%***	***100.7%***

Appendix C: CAN Key Data Element Matching

Medical																					
Key Data Element	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	35,865	35,865	100.0%	0	0.0%	0	0.0%	22,662	22,662	100.0%	0	0.0%	0	0.0%	58,527	58,527	100.0%	0	0.0%	0	0.0%
Bill Type (digits 1 and 2)	350,636	350,636	100.0%	0	0.0%	0	0.0%	181,867	181,867	100.0%	0	0.0%	0	0.0%	532,503	532,503	100.0%	0	0.0%	0	0.0%
Billed Charges	749,322	749,322	100.0%	0	0.0%	0	0.0%	723,513	723,513	100.0%	0	0.0%	0	0.0%	1,472,835	1,472,835	100.0%	0	0.0%	0	0.0%
Billing Provider NPI/Number	749,322	749,277	100.0%	0	0.0%	45	0.0%	723,513	720,634	99.6%	2,309	0.3%	570	0.1%	1,472,835	1,469,911	99.8%	2,309	0.2%	615	0.0%
Date of Service	749,322	749,322	100.0%	0	0.0%	0	0.0%	723,513	723,513	100.0%	0	0.0%	0	0.0%	1,472,835	1,472,835	100.0%	0	0.0%	0	0.0%
Diagnosis Codes	749,322	749,322	100.0%	0	0.0%	0	0.0%	723,513	723,513	100.0%	0	0.0%	0	0.0%	1,472,835	1,472,835	100.0%	0	0.0%	0	0.0%
Diagnosis Related Group (DRG)	35,615	31,914	89.6%	1,182	3.3%	2,519	7.1%	22,650	18,480	81.6%	812	3.6%	3,358	14.8%	58,265	50,394	86.5%	1,994	3.4%	5,877	10.1%
Former/Original Claim ICN	749,322	455,780	60.8%	0	0.0%	293,542	39.2%	723,513	580,796	80.3%	0	0.0%	142,717	19.7%	1,472,835	1,036,576	70.4%	0	0.0%	436,259	29.6%
CCO Paid Amount	749,322	748,693	99.9%	0	0.0%	629	0.1%	723,513	722,482	99.9%	0	0.0%	1,031	0.1%	1,472,835	1,471,175	99.9%	0	0.0%	1,660	0.1%
CCO Plan Paid Date	749,322	614,119	82.0%	0	0.0%	135,203	18.0%	723,513	635,842	87.9%	0	0.0%	87,671	12.1%	1,472,835	1,249,961	84.9%	0	0.0%	222,874	15.1%
MMIS ICN	749,322	587,535	78.4%	0	0.0%	161,787	21.6%	723,513	583,566	80.7%	0	0.0%	139,947	19.3%	1,472,835	1,171,101	79.5%	0	0.0%	301,734	20.5%
Member ID (Medicaid)	749,322	749,020	100.0%	48	0.0%	254	0.0%	723,513	723,310	100.0%	0	0.0%	203	0.0%	1,472,835	1,472,330	100.0%	48	0.0%	457	0.0%
Place of Service	398,686	398,686	100.0%	0	0.0%	0	0.0%	541,646	541,646	100.0%	0	0.0%	0	0.0%	940,332	940,332	100.0%	0	0.0%	0	0.0%
Procedure Code	713,457	713,457	100.0%	0	0.0%	0	0.0%	700,851	700,851	100.0%	0	0.0%	0	0.0%	1,414,308	1,414,308	100.0%	0	0.0%	0	0.0%
Procedure Modifiers	713,457	713,457	100.0%	0	0.0%	0	0.0%	700,851	700,851	100.0%	0	0.0%	0	0.0%	1,414,308	1,414,308	100.0%	0	0.0%	0	0.0%
Revenue Code	350,636	350,636	100.0%	0	0.0%	0	0.0%	181,867	181,867	100.0%	0	0.0%	0	0.0%	532,503	532,503	100.0%	0	0.0%	0	0.0%
Service Provider NPI/Number	749,322	658,376	87.9%	45	0.0%	90,901	12.1%	723,513	394,706	54.6%	327,793	45.3%	1,014	0.1%	1,472,835	1,053,082	71.5%	327,838	22.3%	91,915	6.2%
Service Provider Specialty/Taxonomy	749,322	632,485	84.4%	1,087	0.1%	115,750	15.4%	723,513	273,234	37.8%	147,182	20.3%	303,097	41.9%	1,472,835	905,719	61.5%	148,269	10.1%	418,847	28.4%
Surgical Procedure Codes	35,865	35,865	100.0%	0	0.0%	0	0.0%	22,662	22,662	100.0%	0	0.0%	0	0.0%	58,527	58,527	100.0%	0	0.0%	0	0.0%
Total	***10,876,759***	***10,073,767***	***92.6%***	***2,362***	***0.0%***	***800,630***	***7.4%***	***10,333,699***	***9,175,995***	***88.8%***	***478,096***	***4.6%***	***679,608***	***6.6%***	***21,210,458***	***19,249,762***	***90.8%***	***480,458***	***2.3%***	***1,480,238***	***7.0%***

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	63,325	100.0%	0	0.0%	0	0.0%	52,057	100.0%	0	0.0%	0	0.0%	115,382	100.0%	0	0.0%	0	0.0%
Billing Provider NPI/Number	62,975	99.4%	350	0.6%	0	0.0%	50,138	96.3%	1,253	2.4%	666	1.3%	113,113	98.0%	1,603	1.4%	666	0.6%
Date of Service	63,325	100.0%	0	0.0%	0	0.0%	52,057	100.0%	0	0.0%	0	0.0%	115,382	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	56,177	88.7%	N/A		7,148	11.3%	3,498	6.7%	N/A		48,559	93.3%	59,675	51.7%	N/A		55,707	48.3%
CCO Paid Amount	62,967	99.4%	0	0.0%	358	0.6%	52,026	99.9%	0	0.0%	31	0.1%	114,993	99.7%	0	0.0%	389	0.3%
CCO Plan Paid Date	63,325	100.0%	0	0.0%	0	0.0%	52,057	100.0%	0	0.0%	0	0.0%	115,382	100.0%	0	0.0%	0	0.0%
MMIS ICN	63,325	100.0%	0	0.0%	0	0.0%	50,429	96.9%	0	0.0%	1,628	3.1%	113,754	98.6%	0	0.0%	1,628	1.4%
Member ID (Medicaid)	63,321	100.0%	0	0.0%	4	0.0%	52,044	100.0%	0	0.0%	13	0.0%	115,365	100.0%	0	0.0%	17	0.0%
Place of Service	61,207	96.7%	0	0.0%	2,118	3.3%	52,057	100.0%	0	0.0%	0	0.0%	113,264	98.2%	0	0.0%	2,118	1.8%
Procedure Code	63,325	100.0%	0	0.0%	0	0.0%	52,056	100.0%	0	0.0%	1	0.0%	115,381	100.0%	0	0.0%	1	0.0%
Service Provider NPI/Number	61,565	97.2%	1,758	2.8%	2	0.0%	34,683	66.6%	17,374	33.4%	0	0.0%	96,248	83.4%	19,132	16.6%	2	0.0%
Service Provider Specialty/Taxonomy	55,970	88.4%	1,758	2.8%	5,597	8.8%	12,997	25.0%	17,374	33.4%	21,686	41.7%	68,967	59.8%	19,132	16.6%	27,283	23.6%
Tooth Number	63,325	100.0%	N/A		0	0.0%	52,057	100.0%	N/A		0	0.0%	115,382	100.0%	N/A		0	0.0%
Tooth Surface	63,325	100.0%	N/A		0	0.0%	52,057	100.0%	N/A		0	0.0%	115,382	100.0%	N/A		0	0.0%
Total	***867,457***	***97.8%***	***3,866***	***0.4%***	***15,227***	***1.7%***	***620,213***	***85.1%***	***36,001***	***4.9%***	***72,584***	***10.0%***	***1,487,670***	***92.1%***	***39,867***	***2.5%***	***87,811***	***5.4%***
Total Records in the Encounter Dataset	63,325						52,057						115,382					
Number of Key Data Element Evaluated	14						14						14					
Maximum Count	886,550	100.0%					728,798	100.0%					1,615,348	100.0%				

Vision																		
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	22,984	100.0%	0	0.0%	0	0.0%	17,459	100.0%	0	0.0%	0	0.0%	40,443	100.0%	0	0.0%	0	0.0%
Billing Provider NPI/Number	22,984	100.0%	0	0.0%	0	0.0%	17,272	98.9%	187	1.1%	0	0.0%	40,256	99.5%	187	0.5%	0	0.0%
Date of Service	22,984	100.0%	0	0.0%	0	0.0%	17,459	100.0%	0	0.0%	0	0.0%	40,443	100.0%	0	0.0%	0	0.0%
Diagnosis Codes	22,984	100.0%	0	0.0%	0	0.0%	17,459	100.0%	0	0.0%	0	0.0%	40,443	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	22,559	98.2%	N/A		425	1.8%	10,423	59.7%	N/A		7,036	40.3%	32,982	81.6%	N/A		7,461	18.4%
CCO Paid Amount	22,954	99.9%	0	0.0%	30	0.1%	17,162	98.3%	0	0.0%	297	1.7%	40,116	99.2%	0	0.0%	327	0.8%
CCO Plan Paid Date	22,984	100.0%	0	0.0%	0	0.0%	17,459	100.0%	0	0.0%	0	0.0%	40,443	100.0%	0	0.0%	0	0.0%
MMIS ICN	22,812	99.3%	0	0.0%	172	0.7%	10,665	61.1%	0	0.0%	6,794	38.9%	33,477	82.8%	0	0.0%	6,966	17.2%
Member ID (Medicaid)	22,984	100.0%	0	0.0%	0	0.0%	17,459	100.0%	0	0.0%	0	0.0%	40,443	100.0%	0	0.0%	0	0.0%
Place of Service	22,984	100.0%	0	0.0%	0	0.0%	17,459	100.0%	0	0.0%	0	0.0%	40,443	100.0%	0	0.0%	0	0.0%
Procedure Code	22,984	100.0%	0	0.0%	0	0.0%	17,459	100.0%	0	0.0%	0	0.0%	40,443	100.0%	0	0.0%	0	0.0%
Procedure Modifiers	22,984	100.0%	N/A		0	0.0%	17,459	100.0%	N/A		0	0.0%	40,443	100.0%	N/A		0	0.0%
Service Provider NPI/Number	22,984	100.0%	0	0.0%	0	0.0%	10,950	62.7%	6,509	37.3%	0	0.0%	33,934	83.9%	6,509	16.1%	0	0.0%
Service Provider Specialty/Taxonomy	16,391	71.3%	232	1.0%	6,361	27.7%	10,724	61.4%	694	4.0%	6,041	34.6%	27,115	67.0%	926	2.3%	12,402	30.7%
Total	***314,556***	***97.8%***	***232***	***0.1%***	***6,988***	***2.2%***	***216,868***	***88.7%***	***7,390***	***3.0%***	***20,168***	***8.3%***	***531,424***	***93.9%***	***7,622***	***1.3%***	***27,156***	***4.8%***
Total Records in the Encounter Dataset	22,984						17,459						40,443					
Number of Key Data Element Evaluated	14						14						14					
Maximum Count	321,776	100.0%					244,426	100.0%					566,202	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	8,480	100.0%	0	0.0%	0	0.0%	8,201	100.0%	0	0.0%	0	0.0%	16,681	100.0%	0	0.0%	0	0.0%
Billing Provider NPI/Number	8,480	100.0%	0	0.0%	0	0.0%	8,201	100.0%	0	0.0%	0	0.0%	16,681	100.0%	0	0.0%	0	0.0%
Date of Service	8,480	100.0%	0	0.0%	0	0.0%	8,201	100.0%	0	0.0%	0	0.0%	16,681	100.0%	0	0.0%	0	0.0%
Diagnosis Codes	8,480	100.0%	0	0.0%	0	0.0%	8,201	100.0%	0	0.0%	0	0.0%	16,681	100.0%	0	0.0%	0	
Former/Original Claim ICN	7,946	93.7%	N/A		534	6.3%	8,053	98.2%	N/A		148	1.8%	15,999	95.9%	N/A		682	4.1%
CCO Paid Amount	8,480	100.0%	0	0.0%	0	0.0%	8,201	100.0%	0	0.0%	0	0.0%	16,681	100.0%	0	0.0%	0	0.0%
CCO Plan Paid Date	8,480	100.0%	0	0.0%	0	0.0%	8,201	100.0%	0	0.0%	0	0.0%	16,681	100.0%	0	0.0%	0	0.0%
MMIS ICN	8,480	100.0%	0	0.0%	0	0.0%	8,193	99.9%	0	0.0%	8	0.1%	16,673	100.0%	0	0.0%	8	0.0%
Member ID (Medicaid)	8,476	100.0%	0	0.0%	4	0.0%	8,189	99.9%	0	0.0%	12	0.1%	16,665	99.9%	0	0.0%	16	0.1%
Place of Service	8,480	100.0%	0	0.0%	0	0.0%	8,201	100.0%	0	0.0%	0	0.0%	16,681	100.0%	0	0.0%	0	
Procedure Code	8,480	100.0%	0	0.0%	0	0.0%	8,201	100.0%	0	0.0%	0	0.0%	16,681	100.0%	0	0.0%	0	0.0%
Procedure Modifiers	8,480	100.0%	N/A		0	0.0%	8,201	100.0%	N/A		0	0.0%	16,681	100.0%	N/A		0	0.0%
Total	***101,222***	***99.5%***	***0***	***0.0%***	***538***	***0.5%***	***98,244***	***99.8%***	***0***	***0.0%***	***168***	***0.2%***	***199,466***	***99.6%***	***0***	***0.0%***	***706***	***0.4%***
Total Records in the Encounter Dataset	8,480						8,201						16,681					
Number of Key Data Element Evaluated	12						12						12					
Maximum Count	101,760	100.0%					98,412	100.0%					200,172	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
Billed Charges	28,174	11.6%	12	0.0%	214,624	88.4%	26,601	11.7%	27,841	12.3%	172,228	76.0%	54,775	11.7%	27,853	5.9%	386,852	82.4%
Date of Service	242,810	100.0%	0	0.0%	0	0.0%	226,670	100.0%	0	0.0%	0	0.0%	469,480	100.0%	0	0.0%	0	0.0%
Days Supply	237,532	97.8%	0	0.0%	5,278	2.2%	226,306	99.8%	0	0.0%	364	0.2%	463,838	98.8%	0	0.0%	5,642	1.2%
Former/Original Claim ICN	205,995	84.8%	N/A		36,815	15.2%	198,439	87.5%	N/A		28,231	12.5%	404,434	86.1%	N/A		65,046	13.9%
CCO Paid Amount	201,981	83.2%	0	0.0%	40,829	16.8%	158,362	69.9%	0	0.0%	68,308	30.1%	360,343	76.8%	0	0.0%	109,137	23.2%
CCO Plan Paid Date	212,151	87.4%	0	0.0%	30,659	12.6%	203,296	89.7%	378	0.2%	22,996	10.1%	415,447	88.5%	378	0.1%	53,655	11.4%
MMIS ICN	237,689	97.9%	0	0.0%	5,121	2.1%	226,662	100.0%	0	0.0%	8	0.0%	464,351	98.9%	0	0.0%	5,129	1.1%
Member ID (Medicaid)	242,774	100.0%	5	0.0%	31	0.0%	224,958	99.2%	1,662	0.7%	50	0.0%	467,732	99.6%	1,667	0.4%	81	0.0%
National Drug Code (NDC)	228,940	94.3%	0	0.0%	13,870	5.7%	225,777	99.6%	0	0.0%	893	0.4%	454,717	96.9%	0	0.0%	14,763	3.1%
Prescribing Provider NPI	242,795	100.0%	0	0.0%	15	0.0%	218,815	96.5%	0	0.0%	7,855	3.5%	461,610	98.3%	0	0.0%	7,870	1.7%
Prescription Number	242,810	100.0%	0	0.0%	0	0.0%	226,670	100.0%	0	0.0%	0	0.0%	469,480	100.0%	0	0.0%	0	0.0%
Quantity Dispensed	183,944	75.8%	54,835	22.6%	4,031	1.7%	224,876	99.2%	17	0.0%	1,777	0.8%	408,820	87.1%	54,852	11.7%	5,808	1.2%
Refill Number	242,770	100.0%	0	0.0%	40	0.0%	226,670	100.0%	0	0.0%	0	0.0%	469,440	100.0%	0	0.0%	40	0.0%
Total	***2,750,365***	***87.1%***	***54,852***	***1.7%***	***351,313***	***11.1%***	***2,614,102***	***88.7%***	***29,898***	***1.0%***	***302,710***	***10.3%***	***5,364,467***	***87.9%***	***84,750***	***1.4%***	***654,023***	***10.7%***
Total Records in the Encounter Dataset	242,810						226,670						469,480					
Number of Key Data Element Evaluated	13						13						13					
Maximum Count	3,156,530	100.0%					2,946,710	100.0%					6,103,240	100.0%				

Total																						
Key Data Element	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	35,865	35,865	100.0%	0	0.0%	0	0.0%	22,662	22,662	100.0%	0	0.0%	0	0.0%	58,527	58,527	100.0%	0	0.0%	0	0.0%
Bill Type (digits 1 and 2)	350,636	350,636	100.0%	0	0.0%	0	0.0%	181,867	181,867	100.0%	0	0.0%	0	0.0%	532,503	532,503	100.0%	0	0.0%	0	0.0%
Billed Charges	1,086,921	872,285	80.3%	12	0.0%	214,624	19.7%	1,027,900	827,831	80.5%	27,841	2.7%	172,228	16.8%	2,114,821	1,700,116	80.4%	27,853	1.3%	386,852	18.3%
Billing Provider NPI/Number	844,111	843,716	100.0%	350	0.0%	45	0.0%	801,230	796,245	99.4%	3,749	0.5%	1,236	0.2%	1,645,341	1,639,961	99.7%	4,099	0.2%	1,281	0.1%
Date of Service	1,086,921	1,086,921	100.0%	0	0.0%	0	0.0%	1,027,900	1,027,900	100.0%	0	0.0%	0	0.0%	2,114,821	2,114,821	100.0%	0	0.0%	0	0.0%
Diagnosis Codes	780,786	780,786	100.0%	0	0.0%	0	0.0%	749,173	749,173	100.0%	0	0.0%	0	0.0%	1,529,959	1,529,959	100.0%	0	0.0%	0	0.0%
Diagnosis Related Group (DRG)	35,615	31,914	89.6%	1,182	3.3%	2,519	7.1%	22,650	18,480	81.6%	812	3.6%	3,358	14.8%	58,265	50,394	86.5%	1,994	3.4%	5,877	10.1%
Former/Original Claim ICN	1,086,921	748,457	68.9%	0	0.0%	338,464	31.1%	1,027,900	801,209	77.9%	0	0.0%	226,691	22.1%	2,114,821	1,549,666	73.3%	0	0.0%	565,155	26.7%
CCO Paid Amount	1,086,921	1,045,075	96.2%	0	0.0%	41,846	3.8%	1,027,900	958,233	93.2%	0	0.0%	69,667	6.8%	2,114,821	2,003,308	94.7%	0	0.0%	111,513	5.3%
CCO Plan Paid Date	1,086,921	921,059	84.7%	0	0.0%	165,862	15.3%	1,027,900	916,855	89.2%	378	0.0%	110,667	10.8%	2,114,821	1,837,914	86.9%	378	0.0%	276,529	13.1%
MMIS ICN	1,086,921	919,841	84.6%	0	0.0%	167,080	15.4%	1,027,900	879,515	85.6%	0	0.0%	148,385	14.4%	2,114,821	1,799,356	85.1%	0	0.0%	315,465	14.9%
Member ID (Medicaid)	1,086,921	1,086,575	100.0%	53	0.0%	293	0.0%	1,027,900	1,025,960	99.8%	1,662	0.2%	278	0.0%	2,114,821	2,112,535	99.9%	1,715	0.1%	571	0.0%
Place of Service	493,475	491,357	99.6%	0	0.0%	2,118	0.4%	619,363	619,363	100.0%	0	0.0%	0	0.0%	1,112,838	1,110,720	99.8%	0	0.0%	2,118	0.2%
Procedure Code	808,246	808,246	100.0%	0	0.0%	0	0.0%	778,568	778,567	100.0%	0	0.0%	1	0.0%	1,586,814	1,586,813	100.0%	0	0.0%	1	0.0%
Procedure Modifiers	744,921	744,921	100.0%	0	0.0%	0	0.0%	726,511	726,511	100.0%	0	0.0%	0	0.0%	1,471,432	1,471,432	100.0%	0	0.0%	0	0.0%
Revenue Code	350,636	350,636	100.0%	0	0.0%	0	0.0%	181,867	181,867	100.0%	0	0.0%	0	0.0%	532,503	532,503	100.0%	0	0.0%	0	0.0%
Service Provider NPI/Number	835,631	742,925	88.9%	1,803	0.2%	90,903	10.9%	793,029	440,339	55.5%	351,676	44.3%	1,014	0.1%	1,628,660	1,183,264	72.7%	353,479	21.7%	91,917	5.6%
Service Provider Specialty/Taxonomy	835,631	704,846	84.3%	3,077	0.4%	127,708	15.3%	793,029	296,955	37.4%	165,250	20.8%	330,824	41.7%	1,628,660	1,001,801	61.5%	168,327	10.3%	458,532	28.2%
Surgical Procedure Codes	35,865	35,865	100.0%	0	0.0%	0	0.0%	22,662	22,662	100.0%	0	0.0%	0	0.0%	58,527	58,527	100.0%	0	0.0%	0	0.0%
Tooth Number	63,325	63,325	100.0%	0	0.0%	0	0.0%	52,057	52,057	100.0%	0	0.0%	0	0.0%	115,382	115,382	100.0%	0	0.0%	0	0.0%
Tooth Surface	63,325	63,325	100.0%	0	0.0%	0	0.0%	52,057	52,057	100.0%	0	0.0%	0	0.0%	115,382	115,382	100.0%	0	0.0%	0	0.0%
Days Supply	242,810	237,532	97.8%	0	0.0%	5,278	2.2%	226,670	226,306	99.8%	0	0.0%	364	0.2%	469,480	463,838	98.8%	0	0.0%	5,642	1.2%
National Drug Code (NDC)	242,810	228,940	94.3%	0	0.0%	13,870	5.7%	226,670	225,777	99.6%	0	0.0%	893	0.4%	469,480	454,717	96.9%	0	0.0%	14,763	3.1%
Prescribing Provider NPI	242,810	242,795	100.0%	0	0.0%	15	0.0%	226,670	218,815	96.5%	0	0.0%	7,855	3.5%	469,480	461,610	98.3%	0	0.0%	7,870	1.7%
Prescription Number	242,810	242,810	100.0%	0	0.0%	0	0.0%	226,670	226,670	100.0%	0	0.0%	0	0.0%	469,480	469,480	100.0%	0	0.0%	0	0.0%
Quantity Dispensed	242,810	183,944	75.8%	54,835	22.6%	4,031	1.7%	226,670	224,876	99.2%	17	0.0%	1,777	0.8%	469,480	408,820	87.1%	54,852	11.7%	5,808	1.2%
Refill Number	242,810	242,770	100.0%	0	0.0%	40	0.0%	226,670	226,670	100.0%	0	0.0%	0	0.0%	469,480	469,440	100.0%	0	0.0%	40	0.0%
Total	***15,343,375***	***14,107,367***	***91.9%***	***61,312***	***0.4%***	***1,174,696***	***7.7%***	***14,352,045***	***12,725,422***	***88.7%***	***551,385***	***3.8%***	***1,075,238***	***7.5%***	***29,695,420***	***26,832,789***	***90.4%***	***612,697***	***2.0%***	***2,249,934***	***7.6%***

Appendix D: CAN Per Member Utilization and Paid Amounts

CY 2022										
Description	**Mississippi**				**UHC**				**Percentage of Mississippi**	
Members										
Total member Months	4,526,034				1,760,335				38.9%	
Average Number of Members[1]	377,170				146,695					
		***PMPY*[2]**	***Paid***	***PMPY*[2]**		***PMPY*[2]**	***Paid***	***PMPY*[2]**	**Percentage Variance**	
Service Type	***Count***	**Count**	***Amount***	**Amount**	***Count***	**Count**	***Amount***	**Amount**	**Count**	**Amount**
Ancillary	2,141,445	5.7	$140,534,243	$373	848,263	5.8	$57,501,473	$392	1.8%	5.1%
Dental	1,660,698	4.4	$83,341,349	$221	689,106	4.7	$33,624,499	$229	6.8%	3.6%
Inpatient	1,144,643	3.0	$389,184,722	$1,032	438,876	3.0	$147,450,083	$1,005	0.0%	-2.6%
Outpatient	4,160,524	11.0	$307,926,742	$816	1,615,647	11.0	$117,952,191	$804	0.0%	-1.5%
Primary Care	5,137,258	13.6	$221,931,374	$588	1,984,974	13.5	$85,535,316	$583	-0.7%	-0.9%
Specialty	1,198,150	3.2	$63,935,069	$170	538,664	3.7	$28,827,927	$197	15.6%	15.9%
Vision	545,910	1.4	$18,791,282	$50	202,752	1.4	$6,112,163	$42	0.0%	-16.0%
NEMT	171,335	0.5	$11,365,783	$30	93,532	0.6	$4,306,385	$29	20.0%	-3.3%
Pharmacy	5,437,589	14.4	$336,277,580	$892	2,468,211	16.8	$181,226,882	$1,235	16.7%	38.5%
Telehealth[3]	154,448	0.4	$11,987,925	$32	53,995	0.4	$4,250,177	$29	0.0%	-9.4%
Behavioral Health	1,115,089	3.0	$145,009,170	$384	411,708	2.8	$44,373,121	$302	-6.7%	-21.4%
***Total Services*[4]**	***22,867,089***	***60.6***	***$1,730,285,238***	***$4,588***	***9,345,728***	***63.7***	***$711,160,217***	***$4,847***	***5.1%***	***5.6%***

[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
		Percentage		Percentage			Percentage			Percentage			
	Count	Absolute	Count	Absolute	Cumulative	Count	Absolute	Cumulative	Count	Absolute	Cumulative		
Medical	2,365,064	99.9%	1,117	0.0%	100.0%	41	0.0%	100.0%	86	0.0%	100.0%	2,366,308	7
Dental	220,926	100.0%	105	0.0%	100.0%	0	0.0%	100.0%	0	0.0%	100.0%	221,031	7
NEMT	89,847	95.7%	3,893	4.1%	99.8%	85	0.1%	99.9%	63	0.1%	100.0%	93,888	12
Pharmacy	2,426,847	99.8%	2,761	0.1%	99.9%	687	0.0%	100.0%	1,031	0.0%	100.0%	2,431,326	3
Vision	58,745	97.9%	1,071	1.8%	99.6%	159	0.3%	99.9%	53	0.1%	100.0%	60,028	16
Total	***5,161,429***	***99.8%***	***8,947***	***0.2%***	***100.0%***	***972***	***0.0%***	***100.0%***	***1,233***	***0.0%***	***100.0%***	***5,172,581***	***6***

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	1,741,796	73.6%	154,280	6.5%	80.1%	183,651	7.8%	87.9%	199,963	8.5%	96.3%	86,618	3.7%	100.0%	2,366,308	30
Dental	172,602	78.1%	11,726	5.3%	83.4%	16,277	7.4%	90.8%	20,264	9.2%	99.9%	162	0.1%	100.0%	221,031	26
NEMT	22,157	23.6%	50,918	54.2%	77.8%	8,422	9.0%	86.8%	8,204	8.7%	95.5%	4,187	4.5%	100.0%	93,888	49
Pharmacy	1,626,562	66.9%	157	0.0%	66.9%	345	0.0%	66.9%	88,623	3.6%	70.6%	715,639	29.4%	100.0%	2,431,326	62
Vision	20,614	34.3%	26,584	44.3%	78.6%	5,830	9.7%	88.3%	4,553	7.6%	95.9%	2,447	4.1%	100.0%	60,028	45
Total	***3,583,731***	***69.3%***	***243,665***	***4.7%***	***74.0%***	***214,525***	***4.2%***	***78.2%***	***321,607***	***6.2%***	***84.5%***	***809,053***	***15.6%***	***100.0%***	***5,172,581***	***45***

Appendix G: CAN Medical Records Validity Rate

	Medical					Dental					Vision				
		Supported Elements		Unsupported Elements			Supported Elements		Unsupported Elements			Supported Elements		Unsupported Elements	
Key Data Element	Total Elements Sampled	Count	Percent	Count	Percent	Total Elements Sampled	Count	Percent	Count	Percent	Total Elements Sampled	Count	Percent	Count	Percent
Member Name	39	39	100.0%	0	0.0%	3	3	100.0%	0	0.0%	1	1	100.0%	0	0.0%
Member DOB	39	37	94.9%	2	5.1%	3	3	100.0%	0	0.0%	1	1	100.0%	0	0.0%
Admit Date	0	0	0.0%	0	0.0%	N/A					N/A				
Date of Service	39	38	97.4%	1	2.6%	3	3	100.0%	0	0.0%	1	1	100.0%	0	0.0%
Billing Provider	39	36	92.3%	3	7.7%	3	3	100.0%	0	0.0%	1	1	100.0%	0	0.0%
Type of Bill Code	6	6	100.0%	0	0.0%	N/A					N/A				
Revenue Code	44	44	100.0%	0	0.0%	N/A					N/A				
Procedure Code	102	97	95.1%	5	4.9%	13	13	100.0%	0	0.0%	6	4	66.7%	2	33.3%
Procedure Modifiers	43	39	90.7%	4	9.3%	N/A					0	0	0.0%	0	0.0%
Tooth Number	N/A					9	9	100.0%	0	0.0%	N/A				
Tooth Surface	N/A					8	8	100.0%	0	0.0%	N/A				
Diagnosis Codes	65	57	87.7%	8	12.3%	N/A					1	1	100.0%	0	0.0%
Servicing Provider	33	32	97.0%	1	3.0%	2	2	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	***449***	***425***	***94.7%***	***24***	***5.3%***	***44***	***44***	***100.0%***	***0***	***0.0%***	***12***	***10***	***83.3%***	***2***	***16.7%***

Note: 82 of the 100 CAN medical records requested were submitted and tested.

	Pharmacy					Total				
	Total Elements Sampled	Supported Elements		Unsupported Elements		Total Elements Sampled	Supported Elements		Unsupported Elements	
Key Data Element		Count	Percent	Count	Percent		Count	Percent	Count	Percent
Member Name	39	39	100.0%	0	0.0%	82	82	100.0%	0	0.0%
Member DOB	39	39	100.0%	0	0.0%	82	80	97.6%	2	2.4%
Admit Date			N/A			0	0	-	0	-
Date of Service	39	39	100.0%	0	0.0%	82	81	98.8%	1	1.2%
Billing Provider	39	39	100.0%	0	0.0%	82	79	96.3%	3	3.7%
Type of Bill Code			N/A			6	6	100.0%	0	0.0%
Revenue Code			N/A			44	44	100.0%	0	0.0%
Procedure Code			N/A			121	114	94.2%	7	5.8%
Procedure Modifiers			N/A			43	39	90.7%	4	9.3%
Tooth Number			N/A			9	9	100.0%	0	0.0%
Tooth Surface			N/A			8	8	100.0%	0	0.0%
Diagnosis Codes			N/A			66	58	87.9%	8	12.1%
Servicing Provider			N/A			36	35	97.2%	1	2.8%
Surgical Procedure Codes			N/A			0	0	0.0%	0	0.0%
Date Prescribed	39	39	100.0%	0	0.0%	39	39	100.0%	0	0.0%
Prescription Number	39	39	100.0%	0	0.0%	39	39	100.0%	0	0.0%
National Drug Code (NDC)	39	38	97.4%	1	2.6%	39	38	97.4%	1	2.6%
Quantity Dispensed	39	38	97.4%	1	2.6%	39	38	97.4%	1	2.6%
Days Supply	39	38	97.4%	1	2.6%	39	38	97.4%	1	2.6%
Prescribing Provider	26	26	100.0%	0	0.0%	26	26	100.0%	0	0.0%
Total	***377***	***374***	***99.2%***	***3***	***0.8%***	***882***	***853***	***96.7%***	***29***	***3.3%***

Note: 82 of the 100 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	50,261	$3,419,450	66,033	$4,532,755	116,294	$7,952,205	16,719	$816,840	13,069	$644,327	29,788	$1,461,167
Reconciling Adjustment	0	$0	0	$0	0	$0	0	$0	0	$0	0	$0
Net Claims Sample Total	***50,261***	***$3,419,450***	***66,033***	***$4,532,755***	***116,294***	***$7,952,205***	***16,719***	***$816,840***	***13,069***	***$644,327***	***29,788***	***$1,461,167***
Encounter Data												
Total Matched Encounters	50,246	$3,438,590	65,215	$4,787,584	115,461	$8,226,174	16,686	$816,934	12,856	$648,581	29,542	$1,465,515
Less Surplus Encounters	0	$0	0	$0	0	$0	0	$0	0	$0	0	$0
Payment Adjustments	0	($18,911)	0	($193,276)	0	($212,187)	0	($494)	0	($1,836)	0	($2,330)
Net Matched Encounters	***50,246***	***$3,419,679***	***65,215***	***$4,594,308***	***115,461***	***$8,013,987***	***16,686***	***$816,440***	***12,856***	***$646,745***	***29,542***	***$1,463,185***
Encounter Completeness Percentage	***100.0%***	***100.0%***	***98.8%***	***101.4%***	***99.3%***	***100.8%***	***99.8%***	***100.0%***	***98.4%***	***100.4%***	***99.2%***	***100.1%***

Description	Vision						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	5,106	$143,373	5,939	$38,956	11,045	$182,330	24,968	$1,682,068	32,138	$1,422,739	57,106	$3,104,808
Reconciling Adjustment	0	$0	0	$0	0	$0	0	$0	0	$0	0	$0
Net Claims Sample Total	***5,106***	***$143,373***	***5,939***	***$38,956***	***11,045***	***$182,330***	***24,968***	***$1,682,068***	***32,138***	***$1,422,739***	***57,106***	***$3,104,808***
Encounter Data												
Total Matched Encounters	5,033	$144,119	4,656	$39,205	9,689	$183,323	28,680	$2,109,276	30,718	$1,334,151	59,398	$3,443,426
Less Surplus Encounters	0	$0	0	$0	0	$0	(4,840)	($1,346,084)	0	$0	(4,840)	($1,346,084)
Payment Adjustments	0	($494)	0	($1,836)	0	($2,330)	0	$916,919	0	$88,347	0	$1,005,266
Net Matched Encounters	***5,033***	***$143,625***	***4,656***	***$37,369***	***9,689***	***$180,994***	***23,840***	***$1,680,111***	***30,718***	***$1,422,498***	***54,558***	***$3,102,608***
Encounter Completeness Percentage	***98.6%***	***100.2%***	***78.4%***	***95.9%***	***87.7%***	***99.3%***	***95.5%***	***99.9%***	***95.6%***	***100.0%***	***95.5%***	***99.9%***

Description	Total					
	March 2022		November 2022		Total	
	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Claims Sample Data						
Claims Sample Total	97,054	$6,061,731	117,179	$6,638,777	214,233	$12,700,509
Reconciling Adjustment	0	$0	0	$0	0	$0
Net Claims Sample Total	***97,054***	***$6,061,731***	***117,179***	***$6,638,777***	***214,233***	***$12,700,509***
Encounter Data						
Total Matched Encounters	100,645	$6,508,918	113,445	$6,809,520	214,090	$13,318,439
Less Surplus Encounters	(4,840)	($1,346,084)	0	$0	(4,840)	($1,346,084)
Payment Adjustments	0	$897,020	0	($108,600)	0	$788,420
Net Matched Encounters	***95,805***	***$6,059,854***	***113,445***	***$6,700,920***	***209,250***	***$12,760,775***
Encounter Completeness Percentage	***98.7%***	***100.0%***	***96.8%***	***100.9%***	***97.7%***	***100.5%***

Appendix I: CHIP Key Data Element Matching

Medical																					
Key Data Element	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	671	671	100.0%	0	0.0%	0	0.0%	625	625	100.0%	0	0.0%	0	0.0%	1,296	1,296	100.0%	0	0.0%	0	0.0%
Bill Type (digits 1 and 2)	11,710	11,710	100.0%	0	0.0%	0	0.0%	13,899	13,899	100.0%	0	0.0%	0	0.0%	25,609	25,609	100.0%	0	0.0%	0	0.0%
Billed Charges	50,246	50,246	100.0%	0	0.0%	0	0.0%	65,215	65,215	100.0%	0	0.0%	0	0.0%	115,461	115,461	100.0%	0	0.0%	0	0.0%
Billing Provider NPI/Number	50,246	50,194	99.9%	51	0.1%	1	0.0%	65,215	65,076	99.8%	95	0.1%	44	0.1%	115,461	115,270	99.8%	146	0.1%	45	0.0%
Date of Service	50,246	50,246	100.0%	0	0.0%	0	0.0%	65,215	65,215	100.0%	0	0.0%	0	0.0%	115,461	115,461	100.0%	0	0.0%	0	0.0%
Diagnosis Codes	50,246	50,246	100.0%	0	0.0%	0	0.0%	65,215	65,215	100.0%	0	0.0%	0	0.0%	115,461	115,461	100.0%	0	0.0%	0	0.0%
Diagnosis Related Group (DRG)	647	12	1.9%	635	98.1%	0	0.0%	602	53	8.8%	28	4.7%	521	86.5%	1,249	65	5.2%	663	53.1%	521	41.7%
Former/Original Claim ICN	50,246	33,828	67.3%	0	0.0%	16,418	32.7%	65,215	55,597	85.3%	0	0.0%	9,618	14.7%	115,461	89,425	77.5%	0	0.0%	26,036	22.5%
CCO Paid Amount	50,246	50,216	99.9%	0	0.0%	30	0.1%	65,215	65,177	99.9%	0	0.0%	38	0.1%	115,461	115,393	99.9%	0	0.0%	68	0.1%
CCO Paid Date	50,246	48,185	95.9%	0	0.0%	2,061	4.1%	65,215	63,658	97.6%	0	0.0%	1,557	2.4%	115,461	111,843	96.9%	0	0.0%	3,618	3.1%
MMIS ICN	50,246	36,306	72.3%	0	0.0%	13,940	27.7%	65,215	54,804	84.0%	0	0.0%	10,411	16.0%	115,461	91,110	78.9%	0	0.0%	24,351	21.1%
Member ID (Medicaid)	50,246	50,246	100.0%	0	0.0%	0	0.0%	65,215	65,215	100.0%	0	0.0%	0	0.0%	115,461	115,461	100.0%	0	0.0%	0	0.0%
Place of Service	38,536	38,536	100.0%	0	0.0%	0	0.0%	51,316	51,316	100.0%	0	0.0%	0	0.0%	89,852	89,852	100.0%	0	0.0%	0	0.0%
Procedure Code	49,575	49,575	100.0%	0	0.0%	0	0.0%	64,590	64,590	100.0%	0	0.0%	0	0.0%	114,165	114,165	100.0%	0	0.0%	0	0.0%
Procedure Modifiers	49,575	49,575	100.0%	0	0.0%	0	0.0%	64,590	64,590	100.0%	0	0.0%	0	0.0%	114,165	114,165	100.0%	0	0.0%	0	0.0%
Revenue Code	11,710	11,710	100.0%	0	0.0%	0	0.0%	13,899	13,899	100.0%	0	0.0%	0	0.0%	25,609	25,609	100.0%	0	0.0%	0	0.0%
Service Provider NPI/Number	50,246	46,381	92.3%	356	0.7%	3,509	7.0%	65,215	22,683	34.8%	42,559	65.3%	(27)	0.0%	115,461	69,064	59.8%	42,915	37.2%	3,482	3.0%
Service Provider Specialty/Taxonomy	50,246	44,424	88.4%	496	1.0%	5,326	10.6%	65,215	15,539	23.8%	28,344	43.5%	21,332	32.7%	115,461	59,963	51.9%	28,840	25.0%	26,658	23.1%
Surgical Procedure Codes	671	671	100.0%	0	0.0%	0	0.0%	625	625	100.0%	0	0.0%	0	0.0%	1,296	1,296	100.0%	0	0.0%	0	0.0%
Total	***715,801***	***672,978***	***94.0%***	***1,538***	***0.2%***	***41,285***	***5.8%***	***927,511***	***812,991***	***87.7%***	***71,026***	***7.7%***	***43,494***	***4.7%***	***1,643,312***	***1,485,969***	***90.4%***	***72,564***	***4.4%***	***84,779***	***5.2%***

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	16,686	100.0%	0	0.0%	0	0.0%	12,856	100.0%	0	0.0%	0	0.0%	29,542	100.0%	0	0.0%	0	0.0%
Billing Provider NPI/Number	16,619	99.6%	27	0.2%	40	0.2%	12,396	96.4%	326	2.5%	134	1.0%	29,015	98.2%	353	1.2%	174	0.6%
Date of Service	16,686	100.0%	0	0.0%	0	0.0%	12,856	100.0%	0	0.0%	0	0.0%	29,542	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	9,432	56.5%	N/A		7,254	43.5%	5,154	40.1%	N/A		7,702	59.9%	14,586	49.4%	N/A		14,956	50.6%
CCO Paid Amount	16,678	100.0%	0	0.0%	8	0.0%	12,853	100.0%	0	0.0%	3	0.0%	29,531	100.0%	0	0.0%	11	0.0%
CCO Paid Date	16,686	100.0%	0	0.0%	0	0.0%	12,856	100.0%	0	0.0%	0	0.0%	29,542	100.0%	0	0.0%	0	0.0%
MMIS ICN	16,686	100.0%	0	0.0%	0	0.0%	12,485	97.1%	0	0.0%	371	2.9%	29,171	98.7%	0	0.0%	371	1.3%
Member ID (Medicaid)	16,686	100.0%	0	0.0%	0	0.0%	12,856	100.0%	0	0.0%	0	0.0%	29,542	100.0%	0	0.0%	0	0.0%
Place of Service	16,348	98.0%	0	0.0%	338	2.0%	12,856	100.0%	0	0.0%	0	0.0%	29,204	98.9%	0	0.0%	338	1.1%
Procedure Code	16,686	100.0%	0	0.0%	0	0.0%	12,856	100.0%	0	0.0%	0	0.0%	29,542	100.0%	0	0.0%	0	0.0%
Service Provider NPI/Number	13,938	83.5%	2,748	16.5%	0	0.0%	6,949	54.1%	5,907	45.9%	0	0.0%	20,887	70.7%	8,655	29.3%	0	0.0%
Service Provider Specialty/Taxonomy	11,109	66.6%	2,748	16.5%	2,829	17.0%	2,411	18.8%	5,907	45.9%	4,538	35.3%	13,520	45.8%	8,655	29.3%	7,367	24.9%
Tooth Number	16,686	100.0%	N/A		0	0.0%	12,856	100.0%	N/A		0	0.0%	29,542	100.0%	N/A		0	0.0%
Tooth Surface	16,686	100.0%	N/A		0	0.0%	12,856	100.0%	N/A		0	0.0%	29,542	100.0%	N/A		0	0.0%
Total	***217,612***	***93.2%***	***5,523***	***2.4%***	***10,469***	***4.5%***	***155,096***	***86.2%***	***12,140***	***6.7%***	***12,748***	***7.1%***	***372,708***	***90.1%***	***17,663***	***4.3%***	***23,217***	***5.6%***
Total Records in the Encounter Dataset	16,686						12,856						29,542					
Number of Key Data Element Evaluated	14						14						14					
Maximum Count	233,604	100.0%					179,984	100.0%					413,588	100.0%				

Vision																		
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	5,033	100.0%	0	0.0%	0	0.0%	4,656	100.0%	0	0.0%	0	0.0%	9,689	100.0%	0	0.0%	0	0.0%
Billing Provider NPI/Number	5,033	100.0%	0	0.0%	0	0.0%	4,656	100.0%	0	0.0%	0	0.0%	9,689	100.0%	0	0.0%	0	0.0%
Date of Service	5,033	100.0%	0	0.0%	0	0.0%	4,656	100.0%	0	0.0%	0	0.0%	9,689	100.0%	0	0.0%	0	0.0%
Diagnosis Codes	5,033	100.0%	0	0.0%	0	0.0%	4,656	100.0%	0	0.0%	0	0.0%	9,689	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	4,192	83.3%	N/A		841	16.7%	1,740	37.4%	N/A		2,916	62.6%	5,932	61.2%	N/A		3,757	38.8%
CCO Paid Amount	5,015	99.6%	0	0.0%	18	0.4%	4,649	99.8%	0	0.0%	7	0.2%	9,664	99.7%	0	0.0%	25	0.3%
CCO Paid Date	5,033	100.0%	0	0.0%	0	0.0%	4,656	100.0%	0	0.0%	0	0.0%	9,689	100.0%	0	0.0%	0	0.0%
MMIS ICN	4,213	83.7%	0	0.0%	820	16.3%	1,899	40.8%	0	0.0%	2,757	59.2%	6,112	63.1%	0	0.0%	3,577	36.9%
Member ID (Medicaid)	5,033	100.0%	0	0.0%	0	0.0%	4,656	100.0%	0	0.0%	0	0.0%	9,689	100.0%	0	0.0%	0	0.0%
Place of Service	5,033	100.0%	0	0.0%	0	0.0%	4,656	100.0%	0	0.0%	0	0.0%	9,689	100.0%	0	0.0%	0	0.0%
Procedure Code	5,033	100.0%	0	0.0%	0	0.0%	4,656	100.0%	0	0.0%	0	0.0%	9,689	100.0%	0	0.0%	0	0.0%
Procedure Modifiers	5,033	100.0%	N/A		0	0.0%	4,656	100.0%	N/A		0	0.0%	9,689	100.0%	N/A		0	0.0%
Service Provider NPI/Number	5,033	100.0%	0	0.0%	0	0.0%	788	16.9%	3,868	83.1%	0	0.0%	5,821	60.1%	3,868	39.9%	0	0.0%
Service Provider Specialty/Taxonomy	3,575	71.0%	6	0.1%	1,452	28.8%	2,844	61.1%	1,329	28.5%	483	10.4%	6,419	66.3%	1,335	13.8%	1,935	20.0%
Total	***67,325***	***95.5%***	***6***	***0.0%***	***3,131***	***4.4%***	***53,824***	***82.6%***	***5,197***	***8.0%***	***6,163***	***9.5%***	***121,149***	***89.3%***	***5,203***	***3.8%***	***9,294***	***6.9%***
Total Records in the Encounter Dataset	5,033						4,656						9,689					
Number of Key Data Element Evaluated	14						14						14					
Maximum Count	70,462	100.0%					65,184	100.0%					135,646	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
Billed Charges	3,859	13.5%	0	0.0%	24,821	86.5%	4,228	13.8%	4,641	15.1%	21,849	71.1%	8,087	13.6%	4,641	7.8%	46,670	78.6%
Date of Service	28,680	100.0%	0	0.0%	0	0.0%	30,718	100.0%	0	0.0%	0	0.0%	59,398	100.0%	0	0.0%	0	0.0%
Days Supply	27,963	97.5%	0	0.0%	717	2.5%	30,661	99.8%	0	0.0%	57	0.2%	58,624	98.7%	0	0.0%	774	1.3%
Former/Original Claim ICN	23,367	81.5%	N/A		5,313	18.5%	26,349	85.8%	N/A		4,369	14.2%	49,716	83.7%	N/A		9,682	16.3%
CCO Paid Amount	25,260	88.1%	0	0.0%	3,420	11.9%	22,346	72.7%	0	0.0%	8,372	27.3%	47,606	80.1%	0	0.0%	11,792	19.9%
CCO Paid Date	24,872	86.7%	0	0.0%	3,808	13.3%	27,497	89.5%	24	0.1%	3,197	10.4%	52,369	88.2%	24	0.0%	7,005	11.8%
MMIS ICN	28,655	99.9%	0	0.0%	25	0.1%	30,718	100.0%	0	0.0%	0	0.0%	59,373	100.0%	0	0.0%	25	0.0%
Member ID (Medicaid)	28,677	100.0%	0	0.0%	3	0.0%	29,550	96.2%	1,161	3.8%	7	0.0%	58,227	98.0%	1,161	2.0%	10	0.0%
National Drug Code (NDC)	26,500	92.4%	0	0.0%	2,180	7.6%	30,610	99.6%	0	0.0%	108	0.4%	57,110	96.1%	0	0.0%	2,288	3.9%
Prescribing Provider NPI	28,676	100.0%	0	0.0%	4	0.0%	29,032	94.5%	0	0.0%	1,686	5.5%	57,708	97.2%	0	0.0%	1,690	2.8%
Prescription Number	28,680	100.0%	0	0.0%	0	0.0%	30,718	100.0%	0	0.0%	0	0.0%	59,398	100.0%	0	0.0%	0	0.0%
Quantity Dispensed	22,645	79.0%	5,483	19.1%	552	1.9%	29,606	96.4%	0	0.0%	1,112	3.6%	52,251	88.0%	5,483	9.2%	1,664	2.8%
Refill Number	28,678	100.0%	0	0.0%	2	0.0%	30,718	100.0%	0	0.0%	0	0.0%	59,396	100.0%	0	0.0%	2	0.0%
Total	***326,512***	***87.6%***	***5,483***	***1.5%***	***40,845***	***11.0%***	***352,751***	***88.3%***	***5,826***	***1.5%***	***40,757***	***10.2%***	***679,263***	***88.0%***	***11,309***	***1.5%***	***81,602***	***10.6%***
Total Records in the Encounter Dataset	28,680						30,718						59,398					
Number of Key Data Element Evaluated	13						13						13					
Maximum Count	372,840	100.0%					399,334	100.0%					772,174	100.0%				

Total																						
Key Data Element	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	671	671	100.0%	0	0.0%	0	0.0%	625	625	100.0%	0	0.0%	0	0.0%	1,296	1,296	100.0%	0	0.0%	0	0.0%
Bill Type (digits 1 and 2)	11,710	11,710	100.0%	0	0.0%	0	0.0%	13,899	13,899	100.0%	0	0.0%	0	0.0%	25,609	25,609	100.0%	0	0.0%	0	0.0%
Billed Charges	100,645	75,824	75.3%	0	0.0%	24,821	24.7%	113,445	86,955	76.6%	4,641	4.1%	21,849	19.3%	214,090	162,779	76.0%	4,641	2.2%	46,670	21.8%
Billing Provider NPI/Number	71,965	71,846	99.8%	78	0.1%	41	0.1%	82,727	82,128	99.3%	421	0.5%	178	0.2%	154,692	153,974	99.5%	499	0.3%	219	0.1%
Date of Service	100,645	100,645	100.0%	0	0.0%	0	0.0%	113,445	113,445	100.0%	0	0.0%	0	0.0%	214,090	214,090	100.0%	0	0.0%	0	0.0%
Diagnosis Codes	55,279	55,279	100.0%	0	0.0%	0	0.0%	69,871	69,871	100.0%	0	0.0%	0	0.0%	125,150	125,150	100.0%	0	0.0%	0	0.0%
Diagnosis Related Group (DRG)	647	12	1.9%	635	98.1%	0	0.0%	602	53	8.8%	28	4.7%	521	86.5%	1,249	65	5.2%	663	53.1%	521	41.7%
Former/Original Claim ICN	100,645	70,819	70.4%	0	0.0%	29,826	29.6%	113,445	88,840	78.3%	0	0.0%	24,605	21.7%	214,090	159,659	74.6%	0	0.0%	54,431	25.4%
CCO Paid Amount	100,645	97,169	96.5%	0	0.0%	3,476	3.5%	113,445	105,025	92.6%	0	0.0%	8,420	7.4%	214,090	202,194	94.4%	0	0.0%	11,896	5.6%
CCO Paid Date	100,645	94,776	94.2%	0	0.0%	5,869	5.8%	113,445	108,667	95.8%	24	0.0%	4,754	4.2%	214,090	203,443	95.0%	24	0.0%	10,623	5.0%
MMIS ICN	100,645	85,860	85.3%	0	0.0%	14,785	14.7%	113,445	99,906	88.1%	0	0.0%	13,539	11.9%	214,090	185,766	86.8%	0	0.0%	28,324	13.2%
Member ID (Medicaid)	100,645	100,642	100.0%	0	0.0%	3	0.0%	113,445	112,277	99.0%	1,161	1.0%	7	0.0%	214,090	212,919	99.5%	1,161	0.5%	10	0.0%
Place of Service	60,255	59,917	99.4%	0	0.0%	338	0.6%	68,828	68,828	100.0%	0	0.0%	0	0.0%	129,083	128,745	99.7%	0	0.0%	338	0.3%
Procedure Code	71,294	71,294	100.0%	0	0.0%	0	0.0%	82,102	82,102	100.0%	0	0.0%	0	0.0%	153,396	153,396	100.0%	0	0.0%	0	0.0%
Procedure Modifiers	54,608	54,608	100.0%	0	0.0%	0	0.0%	69,246	69,246	100.0%	0	0.0%	0	0.0%	123,854	123,854	100.0%	0	0.0%	0	0.0%
Revenue Code	11,710	11,710	100.0%	0	0.0%	0	0.0%	13,899	13,899	100.0%	0	0.0%	0	0.0%	25,609	25,609	100.0%	0	0.0%	0	0.0%
Service Provider NPI/Number	71,965	65,352	90.8%	3,104	4.3%	3,509	4.9%	82,727	30,420	36.8%	52,334	63.3%	(27)	0.0%	154,692	95,772	61.9%	55,438	35.8%	3,482	2.3%
Service Provider Specialty/Taxonomy	71,965	59,108	82.1%	3,250	4.5%	9,607	13.3%	82,727	20,794	25.1%	35,580	43.0%	26,353	31.9%	154,692	79,902	51.7%	38,830	25.1%	35,960	23.2%
Surgical Procedure Codes	671	671	100.0%	0	0.0%	0	0.0%	625	625	100.0%	0	0.0%	0	0.0%	1,296	1,296	100.0%	0	0.0%	0	0.0%
Tooth Number	16,686	16,686	100.0%	0	0.0%	0	0.0%	12,856	12,856	100.0%	0	0.0%	0	0.0%	29,542	29,542	100.0%	0	0.0%	0	0.0%
Tooth Surface	16,686	16,686	100.0%	0	0.0%	0	0.0%	12,856	12,856	100.0%	0	0.0%	0	0.0%	29,542	29,542	100.0%	0	0.0%	0	0.0%
Days Supply	28,680	27,963	97.5%	0	0.0%	717	2.5%	30,718	30,661	99.8%	0	0.0%	57	0.2%	59,398	58,624	98.7%	0	0.0%	774	1.3%
National Drug Code (NDC)	28,680	26,500	92.4%	0	0.0%	2,180	7.6%	30,718	30,610	99.6%	0	0.0%	108	0.4%	59,398	57,110	96.1%	0	0.0%	2,288	3.9%
Prescribing Provider NPI	28,680	28,676	100.0%	0	0.0%	4	0.0%	30,718	29,032	94.5%	0	0.0%	1,686	5.5%	59,398	57,708	97.2%	0	0.0%	1,690	2.8%
Prescription Number	28,680	28,680	100.0%	0	0.0%	0	0.0%	30,718	30,718	100.0%	0	0.0%	0	0.0%	59,398	59,398	100.0%	0	0.0%	0	0.0%
Quantity Dispensed	28,680	22,645	79.0%	5,483	19.1%	552	1.9%	30,718	29,606	96.4%	0	0.0%	1,112	3.6%	59,398	52,251	88.0%	5,483	9.2%	1,664	2.8%
Refill Number	28,680	28,678	100.0%	0	0.0%	2	0.0%	30,718	30,718	100.0%	0	0.0%	0	0.0%	59,398	59,396	100.0%	0	0.0%	2	0.0%
Total	***1,392,707***	***1,284,427***	***92.2%***	***12,550***	***0.9%***	***95,730***	***6.9%***	***1,572,013***	***1,374,662***	***87.4%***	***94,189***	***6.0%***	***103,162***	***6.6%***	***2,964,720***	***2,659,089***	***89.7%***	***106,739***	***3.5%***	***198,892***	***6.7%***

Appendix J: CHIP Per Member Utilization and Paid Amounts

CY 2022										
Description	**Mississippi**				**UHC**				**Percentage of Mississippi**	
Members										
Total member Months	500,389				327,948				65.5%	
Average Number of Members[1]	41,699				27,329					
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	69,239	2.5	$3,541,985	$130	0.0%	-9.1%
Dental	267,979	6.4	$14,071,931	$337	181,456	6.6	$9,531,351	$349	3.1%	3.6%
Inpatient	11,933	0.3	$9,647,630	$231	7,467	0.3	$5,136,644	$188	0.0%	-18.6%
Outpatient	190,576	4.6	$24,661,884	$591	127,644	4.7	$16,791,334	$614	2.2%	3.9%
Primary Care	356,255	8.5	$17,708,911	$425	237,182	8.7	$11,246,177	$412	2.4%	-3.1%
Specialty	154,301	3.7	$6,740,514	$162	114,939	4.2	$4,643,064	$170	13.5%	4.9%
Vision	73,117	1.8	$2,078,158	$50	49,670	1.8	$1,340,929	$49	0.0%	-2.0%
NEMT	308	0.0	$13,596	$0	0	0.0	$0	$0	-	-
Pharmacy	401,813	9.6	$24,607,400	$590	299,457	11.0	$16,835,867	$616	14.6%	4.4%
Telehealth[3]	11,537	0.3	$774,502	$19	7,584	0.3	$460,337	$17	0.0%	-10.5%
Behavioral Health	59,495	1.4	$5,446,714	$131	38,846	1.4	$3,043,466	$111	0.0%	-15.3%
Total Services [4]	***1,631,529***	***39.1***	***$111,725,037***	***$2,679***	***1,133,484***	***41.5***	***$72,571,155***	***$2,656***	***6.1%***	***-0.9%***

[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
		Percentage		Percentage			Percentage			Percentage			
	Count	Absolute	Count	Absolute	Cumulative	Count	Absolute	Cumulative	Count	Absolute	Cumulative		
Medical	258,004	99.9%	180	0.1%	100.0%	11	0.0%	100.0%	7	0.0%	100.0%	258,202	7
Dental	51,008	100.0%	12	0.0%	100.0%	0	0.0%	100.0%	0	0.0%	100.0%	51,020	6
Pharmacy	299,033	99.8%	318	0.1%	99.9%	135	0.0%	99.9%	156	0.1%	100.0%	299,642	3
Vision	13,327	94.1%	387	2.7%	96.8%	326	2.3%	99.1%	126	0.9%	100.0%	14,166	18
Total	***621,372***	***99.7%***	***897***	***0.1%***	***99.9%***	***472***	***0.1%***	***100.0%***	***289***	***0.0%***	***100.0%***	***623,030***	***6***

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 Absolute	Count	Percentage Absolute	Percentage Cumulative	Count	Percentage Absolute	Percentage Cumulative	Count	Percentage Absolute	Percentage Cumulative	Count	Percentage Absolute	Percentage Cumulative		
Medical	182,025	70.5%	20,476	7.9%	78.4%	23,579	9.1%	87.6%	22,871	8.9%	96.4%	9,251	3.6%	100.0%	258,202	33
Dental	35,624	69.8%	2,823	5.5%	75.4%	3,051	6.0%	81.3%	4,926	9.7%	91.0%	4,596	9.0%	100.0%	51,020	38
Pharmacy	190,517	63.6%	34	0.0%	63.6%	52	0.0%	63.6%	13,257	4.4%	68.0%	95,782	32.0%	100.0%	299,642	67
Vision	5,548	39.2%	6,072	42.9%	82.0%	1,117	7.9%	89.9%	917	6.5%	96.4%	512	3.6%	100.0%	14,166	43
Total	***413,714***	***66.4%***	***29,405***	***4.7%***	***71.1%***	***27,799***	***4.5%***	***75.6%***	***41,971***	***6.7%***	***82.3%***	***110,141***	***17.7%***	***100.0%***	***623,030***	***50***

Appendix M: CHIP Medical Records Validity Rate

	Medical					Dental					Vision				
		Supported Elements		Unsupported Elements			Supported Elements		Unsupported Elements			Supported Elements		Unsupported Elements	
Key Data Element	Total Elements Sampled	Count	Percent	Count	Percent	Total Elements Sampled	Count	Percent	Count	Percent	Total Elements Sampled	Count	Percent	Count	Percent
Member Name	5	5	100.0%	0	0.0%	1	1	100.0%	0	0.0%	1	1	100.0%	0	0.0%
Member DOB	5	5	100.0%	0	0.0%	1	1	100.0%	0	0.0%	1	0	0.0%	1	100.0%
Admit Date	1	1	100.0%	0	0.0%	N/A					N/A				
Date of Service (First)	5	5	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	5	4	80.0%	1	20.0%	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	7	7	100.0%	0	0.0%	N/A					N/A				
Procedure Code	4	4	100.0%	0	0.0%	4	4	100.0%	0	0.0%	4	2	50.0%	2	50.0%
Procedure Modifiers	1	1	100.0%	0	0.0%	N/A					2	0	0.0%	2	100.0%
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	8	8	100.0%	0	0.0%	N/A					2	0	0.0%	2	100.0%
Servicing Provider	3	2	66.7%	1	33.3%	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	***47***	***45***	***95.7%***	***2***	***4.3%***	***9***	***9***	***100.0%***	***0***	***0.0%***	***13***	***6***	***46.2%***	***7***	***53.8%***

Note: All 12 of the CHIP medical records requested were submitted and tested.

	Pharmacy					Total				
		Supported Elements		Unsupported Elements			Supported Elements		Unsupported Elements	
Key Data Element	Total Elements Sampled	Count	Percent	Count	Percent	Total Elements Sampled	Count	Percent	Count	Percent
Member Name	5	5	100.0%	0	0.0%	12	12	100.0%	0	0.0%
Member DOB	5	5	100.0%	0	0.0%	12	11	91.7%	1	8.3%
Admit Date	N/A					1	1	100.0%	0	0.0%
Date of Service (First)	5	5	100.0%	0	0.0%	12	12	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%	12	11	91.7%	1	8.3%
Type of Bill Code	N/A					2	2	100.0%	0	0.0%
Revenue Code	N/A					7	7	100.0%	0	0.0%
Procedure Code	N/A					12	10	83.3%	2	16.7%
Procedure Modifiers	N/A					3	1	33.3%	2	66.7%
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					10	8	80.0%	2	20.0%
Servicing Provider	N/A					5	4	80.0%	1	20.0%
Surgical Procedure Codes	N/A					0	0	0.0%	0	0.0%
Date Prescribed	5	5	100.0%	0	0.0%	5	5	100.0%	0	0.0%
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	5	100.0%	0	0.0%	5	5	100.0%	0	0.0%
Prescribing Provider	5	5	100.0%	0	0.0%	5	5	100.0%	0	0.0%
Total	***50***	***50***	***100.0%***	***0***	***0.0%***	***119***	***110***	***92.4%***	***9***	***7.6%***

Note: All 12 of the CHIP medical records requested were submitted and tested.

Appendix N: CCO's Responses to Report Findings

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March 29th, 2024

Kevin Buchser, CPA
Senior Manager
Myers & Stauffer

RE: Calendar 2022 EQR P5 Draft Reports-UHC

Dear Mr. Buchser,

Please see the enclosed formal response to the EQR Draft Report from the UnitedHealthcare Community Plan of Mississippi. Thank you for the opportunity to respond to the report. Please reach out to me if there are additional questions as a result of the Health Plans response.

Respectfully,

Charles Lechmaier

Charles Lechmaier
Compliance Officer
UnitedHealthcare Community Plan of Mississippi

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	Findings	Recommendations	UHC MS Response
Analyze Electronic Encounter Data			
3-A	**Completeness – CDJs:** Completion percentages were above the 98 percent threshold for both CAN and CHIP at 99.1 percent.	The CCO, in conjunction with the FAC, should investigate and identify the causes of 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 addressed in the encounter data.	This was driven by a known issue with Gainwell not sending responses in some scenarios for replacement submissions. Gainwell was working to research individually and provide the correct MMIS ICN for missing response. UHC has now received all missing MMIS ICNs and manually loaded these into our encounter system with a denied status so the following iteration of the claim can be submitted.
3-B	**Completeness – Sample Claim Count:** CAN vision (95.7 percent) encounter completion percentages and CHIP pharmacy (95.5 percent) and vision (87.7 percent) encounter completion percentages were below the 98 percent threshold.		
3-C	**Completeness –** Sample Claim Paid Amount: All CAN and CHIP encounters were above the 98 percent threshold.		
3-D	**Accuracy –** Diagnosis Related Group (DRG): Medical (inpatient) CAN and CHIP – The CCO submitted sample claims data reflected a 3-digit or less DRG value. The encounter data reflects a 4-digit DRG value. Additionally, some of the sample claim values appeared to be invalid values.	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.	The sample claims report utilized a calculated APR DRG from another data warehouse, rather than using the information sent on the encounter.
3-E	**Accuracy – Former/Original Claim ICN:** Medical CAN and CHIP, Dental CAN and	The CCO should ensure that appropriate audit trails are in place for all adjusted, replaced, and void claims. The original ICN	Is Myers and Stauffer seeing the missing former/original claim ICN on claims that were submitted after the transition to

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	CHIP, NEMT CAN, Vision CAN and CHIP, and Pharmacy CAN and CHIP – The sample claim data reflects a value, while the encounter was not populated, or vice versa; or both the sample claim and the encounter reflect a value, but do not agree.	should be linked to the replacement, adjustment and/or void claim and be available to trace the replacement or adjustment back to the original claim.	Gainwell? UHC has noticed that there are some encounters that are being submitted as replacement but are being processed as a new day by Gainwell. UHC is seeing this when replacements are denied, but also saw some when the replacement was accepted. In addition, it appears that the sample claims file has the wrong Former_MMIS_CLM_ICN when the encounter has been adjusted multiple times.
3-F	**CCO Paid Date:** Medical CAN and CHIP, Pharmacy CAN and CHIP - Both the claim sample data and the encounter data reflect valid values, but they do not agree.	The CCO/delegated vendor should ensure it is properly maintaining paid dates in its claims system and data warehouse and ensure the paid dates are being captured and included in the encounter submissions, as required by the NCPDP, 837I and/or 837P Encounter Submission Guide, as appropriate.	On the Medical CAN and CHIP claims, UHC sees that the paid dates match. There could be some variances on the paid dates if comparing the original claim to the reversal line. The reversal line would have the paid date that the claim is adjusted. For Pharmacy CAN and CHIP claims, it appears that the filled date was used for the CCO_Paid_Date on the sample claims reports.
3-G	**Accuracy –** **Billed Charges:** Pharmacy CAN and CHIP **National Drug Code (NDC):** Pharmacy CAN and CHIP **Quantity Dispensed:** Pharmacy CAN and CHIP Both the claim sample data and the encounter data reflect valid values but do not agree.	The CCO/delegated vendor should review its pharmacy encounter submission procedures to ensure pharmacy encounter data elements are submitted in accordance with encounter submission requirements and ensure accurate data elements 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 data elements as submitted by the CCO/delegated vendor, on all submitted encounters. The CCO,	Billed Charges - It appears that the paid amount was copied in for the billed amount in the sample claims files. NDC Codes and Quantity Dispensed: UHC does not see any variances between encounters and the sample data file. CCO Paid Amount: UHC sends B3 transactions with a $0 paid when a claim is reversed instead of sending a B2 transaction. This is to ensure Myers and Stauffer

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	CCO Paid Amount: Pharmacy CAN and CHIP – Sample claim values reflect an amount other than $0.00, while the encounter reflects an amount of $0.00.	delegated vendor and the FAC should work together to resolve this issue.	gets the most current paid date when the claim is reversed. The B2 transaction set doesn't allow for the current paid date to be sent.
3-H	**Accuracy – MMIS ICN:** Medical CAN and CHIP, Vision CAN – Both the claim sample data and the encounter data reflect valid values, but do not agree. **Vision CHIP** – The sample claim data was not populated for the non-matching values.	The CCO/delegated vendor 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 response (999 or proprietary) file(s).	For Vision CHIP, these are claims that were submitted and had not received a response yet. This was due to a known issue at Gainwell that was not returning responses for replacements in certain scenarios.
3-I	**Accuracy – Procedure Code:** Medical (Outpatient) CAN and CHIP - The November 2022 sample claim data was populated with revenue codes instead of procedure codes. Medical (Professional) CAN and CHIP, NEMT CAN – The November 2022 sample claim values were not populated. Vision CAN and CHIP – The sample claim values were not populated.	The CCO/delegated vendor should ensure it is properly maintaining procedure codes used in its claims system and data warehouse and ensure the procedure code is being captured and included in the encounter submissions, as required by the 837I and/or 837P Encounter Submission Guide, as appropriate.	Based on the screenshot below it appears that the Procedure_code field was correctly populated. The screenshot includes examples of vision and medical claims. UHC confirmed all other claim types mentioned have procedure code populated.

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Myers and Stauffer Note: We redacted the image of the claims detail included by UHC in order to include this letter in the EQR report and comply with HIPPA. We have maintained a copy of the detail submitted by UHC and provided an unredacted copy to DOM.

3-J	**Accuracy – Prescribing Provider NPI:** Pharmacy CHIP - Both the claim sample data and the encounter data reflect valid values, but do not agree.	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 National Council for Prescription Drug Programs (NCPDP) or 837 Encounter Submission Guidelines, as appropriate. Additionally, the FAC should review its processes to ensure it is capturing prescribing provider 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.	UHC reviewed the three examples that were provided. In all three cases, UHC submitted the prescribing NPI that matched to the sample claim file. When looking at the NCPDP D.0 that was submitted to Gainwell, it appears that the NPI that Myers and Stauffer is showing as the encounter NPI was the prescribing NPI of the record above the ICN in question. The audited Pharmacy medical record findings indicate that sample 84 in the encounter shows WALGREENS store #15018, and sample 113 in the encounter shows the date prescribed as 10/4/22. UHC does not agree with these findings, as UHC has confirmed that our encounter to the state did not show this information. For record 84, UHC confirmed the encounter only contained the pharmacy NPI, not the pharmacy name or store number. For record 113, we confirmed our encounter shows date prescribed 10/4/21.
3-K	**Accuracy –** Prescribing Provider NPI: Pharmacy CHIP - Both the claim sample data and the encounter data reflect valid values, but do not agree.		
3-L	**Timeliness – Encounter Submissions:** The CCO did not meet the required level of timeliness for the	The CCO should review and regularly monitor its claims adjudication practices and encounter submission procedures	This was driven by the migration of the MMIS system to Gainwell. UHC was directed to stop sending encounters to

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	submission of encounters. Less than 75% of all CY 2022 encounters were submitted within the 60 day timeframe. The overall percentage was influenced by the pharmacy delegated vendor's lower submission of 66.9% of CAN and 63.6% of CHIP encounters 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.	to ensure claims processing is timely and all encounter submissions are meeting contractual requirements.	Conduent as of September 15th, 2023, and did not resume submitting encounters until January 2024 for 837P, 837I, and 837D. NCPDP submissions did not go into production until March 2024 due to issues identified during and throughout testing. UHC follows a weekly extract process from the claim adjudication system, where the claims are extracted and loaded into the encounter system for generation on a weekly basis. This practice helps to ensure that UHC is submitting claims in a timely manner.
Review of Medical Records			
4-A	82 of the 100 (82.0 percent) medical records requested were submitted by the CCO.	The CCO should work with its providers to ensure medical records are available and that providers are contractually obligated to submit medical records upon request and within the specified time frame(s).	UHC will work with providers to ensure they are aware of the contractual obligation to submit medical records upon request and within the time frame requested. Documentation of the requirement is also within the provider contract and manual. UHC also has a process in place to send notification letters, and to perform call campaigns to provider offices to ensure the records are received by the requested due date.
4-B	The validation rate for the 82 CAN medical records tested was below the 98 percent threshold (96.4 percent). The validation rate for the 12 CHIP medical records tested was below the 98 percent	The health plan 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	UHC will continue to work with providers to ensure it receives medical records for the requested members and/or dates of service, appropriate elements values are submitted and captured in the claims and encounter submissions, and

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	threshold (92.4 percent).	record(s).	that the data elements submitted are supported by the medical record. Of note UHC reviewed the medical records findings and found information that was cited as unsupported: •Sample 7: Revenue Code was identified on the medical records as 0403, on page 1 of the record and included documentation to support the revenue code used.

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:

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

We acknowledge the CCO's root cause of the issue.

3-D Accuracy – Diagnosis Related Group (DRG)

We acknowledge the CCO's root cause of the issue.

3-E Accuracy – Former/Original Claim ICN

We do not see that this issue was limited to the claims submitted subsequent to the Gainwell transition as both of the sample months, one prior to the transition and one post transition, have accuracy rates below the 98 percent threshold. We would recommend the CCO continue to work with the FI and DOM to resolve the issue moving forward.

3-F CCO Paid Date

- **Medical –** We observed error rates from 2 percent to 21 percent with the paid dates when comparing the sample claims to the encounters. As such, we do not have enough additional support to update the finding.
- **Pharmacy –** We acknowledge the CCO's root cause of the issue.

3-G Accuracy – Billed Charges, National Drug Code (NDC), Quantity Dispensed and CCO Paid Amount

- **Billed Charges –**We acknowledge the CCO's root cause of the issue.
- **NDC Codes and Quantity Dispensed –** We do not have enough additional support to update the finding for NDC or Quantity Dispensed. We are observing NDC error rates from 3 percent to 4 percent and Quantity dispensed missing values between 9 percent and 12 percent for each population.
- **CCO Paid Amount-** We acknowledge the CCO's root cause of the issue.

3-H Accuracy – MMIS ICN, Vision CHIP

We acknowledge the CCO's root cause of the issue.

3-I Accuracy – Procedure Code

We were able to reload the data without the text encapsulation and have updated the procedure code accuracy percentages. Based on the updated accuracy percentages, the procedure code finding from the draft report has been removed from the final report.

3-J Accuracy – Prescribing Provider NPI

We further compared the examples sent to the CCO to the original encounter data from Gainwell and the prescriber NPI sent in the examples matches the data sent to Myers and Stauffer from Gainwell. We recommend the CCO work with Gainwell and DOM to ensure that the prescriber NPI is accurately reflected in the encounters stored at Gainwell.

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

The CCO's response is related to the medical record review rather than the claims accuracy analysis. Based upon the CCO response, we have updated the two medical records, samples 84 and 113, to "supported". We reviewed the service provider accuracy analysis and made a minor update in the coding logic, which resulted in small increases in the percentages reported for service provider NPI accuracy rates; however, the percentages still fall below the 98 percent threshold and therefore the original finding remains.

3-L Timeliness – Encounter Submissions

We acknowledge the CCO's root causes of the issue.

4-A Medical Records Request and Not Submitted

We acknowledge the CCO's response and corrective actions noted.

4-B Medical Records Accuracy

We reviewed sample 7 based on the CCO's response and noted that Revenue Code 0403 was used on both lines of the claim. We have updated the second line of sample 7 to "supported" and updated the Medical Record Accuracy results for the CAN population. Additionally, we have updated samples 84 and 113 based upon the response provided for finding 3-K. There is no change to the overall finding, as the overall percentage remains below the 98 percent threshold.