



DEPARTMENT OF COMMUNITY HEALTH

GEORGIA FAMILIES

REPORT #14: CARE MANAGEMENT

ORGANIZATIONS ENCOUNTER CLAIM SAMPLE

VALIDATION

MARCH 17, 2010

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REPORT GLOSSARY

The following listing of terminology and references may be used throughout this report:

- ***Affiliated Computer Services, Inc. (ACS)*** – State fiscal agent claims processor.
- ***Care Management Organization (CMO)*** – An organization that has entered into a risk-based contractual arrangement with the Department to obtain and finance care for enrolled Medicaid and PeachCare for Kids™ members. CMOs receive a per capita or capitation claim payment from the Department for each enrolled member. Three Care Management Organizations currently operate in Georgia. These organizations include AMERIGROUP Community Care (AMERIGROUP or AMGP), Peach State Health Plan (PSHP), and WellCare of Georgia (WellCare).
- ***Cash Disbursement Journal (CDJ)*** – A listing of payments made to providers by a CMO or by a CMO's subcontractor for a given month, as reported by a CMO. Cash in this case refers to amounts paid via cash, check, or electronic funds transfer.
- ***Category of Service (CoS)*** – A unique category assigned to each claim by the Department based on the type of service delivered and/or the location of service.
- ***Claim*** – A claim may be a fee-for-service claim payment made to a provider, a capitation claim payment made to a care management organization, an administrative fee paid to a provider, or a patient management fee made to a provider or a vendor. A claim may either be a full claim including all line items or a single line item on a claim, depending on the CoS assigned to that claim.
- ***Claims Processing System*** – A computer system or set of systems that adjudicates claims, determines the reimbursement amount for services billed by a health care provider, generates capitation claims and kick payments in accordance with the applicable coverage and payment policies.
- ***Claims Universe*** – The population parameters for claims to be tested, including the type of claim, the categories of service, and paid dates.
- ***CMS 1500*** – Professional services are billed on the Health Insurance Claim Form (Centers for Medicare and Medicaid Services [CMS]) 1500.
- ***Current Procedural Terminology (CPT)*** – A comprehensive list of descriptive terms and codes published by the American Medical Association and used for reporting diagnostic and therapeutic procedures and other medical services

performed by physicians.

- **Department of Community Health (DCH or Department)** – the Department within the state of Georgia that oversees and administers the Medicaid and PeachCare for Kids™ programs.
- **DentaQuest (formerly Doral)** – The dental services subcontractor for AMERIGROUP Community Care and WellCare of Georgia. DentaQuest became the dental services subcontractor for Peach State Health Plan for services on or after June 1, 2009. Effective December 1, 2009, Doral changed their name to DentaQuest.
- **Encounter Claim (Encounter)** – A record of a health care service that was delivered to an eligible member and submitted for payment by a CMO or subcontractor that is subsequently submitted by the CMO or subcontractor to the Medicaid fiscal agent contractor to load and maintain in the Georgia Medicaid and PeachCare for Kids™ MMIS. The Medicaid fiscal agent contractor does not generate a payment for the encounter claim, but rather it is maintained for program management, rate setting, and a variety of program oversight functions.
- **Encounter Process(es)** – The stages that encounter claims undergo as they are transmitted to the fiscal agent contractor, received by the fiscal agent contractor, incorporated into the Medicaid Management Information System, stored within the Medicaid Management Information System, extracted from the Medicaid Management Information System, or otherwise utilized by the fiscal agent contractor, the Department, or Department contractors for analyses, rate setting, reporting, or other purposes deemed appropriate by the Department, the CMS, law enforcement or other governmental agencies.
- **Fee-for-Service (FFS)** – A health care services delivery system in which a provider submits a claim to a CMO or CMO subcontractor for specific services rendered to members of that CMO or CMO subcontractor.
- **Fiscal Agent Contractor (FAC)** – The entity contracted with the Department to process Medicaid and PeachCare for Kids™ claim and other non-claim specific payments. With the exception of pharmacy claims, Affiliated Computer Services, Inc. is the FAC for the Department.
- **Georgia Families (GF)** – The risk-based managed care delivery program for Medicaid and PeachCare for Kids™ where the Department contracts with Care Management Organizations to manage and finance the care of eligible members.
- **Healthcare Common Procedure Coding System (HCPCS)** – A three-level

classification system introduced in 1983 to standardize the coding systems used to process Medicare and Medicaid claims.

- **International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)** – A classification system used in the United States to report morbidity information.
- **Medicaid Management Information System (MMIS)** – Computerized system used for the processing, collecting, analyzing and reporting of Information needed to support Medicaid and PeachCare for Kids™ functions. The MMIS consists of all required subsystems as specified in the State Medicaid Manuals.
- **Member** – An individual who is eligible for Medicaid or PeachCare for Kids™ benefits. An individual who is eligible for Medicaid or PeachCare for Kids™ benefits might also be eligible to participate in the Georgia Families program.
- **National Drug Code (NDC)** – A unique 11-digit code that is used to identify a drug product. The number identifies the manufacturer or labeler, the drug product and the package size for each medication.
- **National Provider Identifier** – The standard unique health identifier for health care providers.
- **PeachCare for Kids™ Program (PCK)** – The State Children’s Health Insurance Program (SCHIP) funded by Title XXI of the Social Security Act, as amended.
- **Pharmacy Benefits Manager (PBM)** – The fiscal agent contractor that is responsible for processing Georgia Medicaid and PeachCare for Kids™ fee-for-service pharmacy claims.
- **State Fiscal Year (SFY)** – The fiscal period used by the State of Georgia that runs from July 1 of one year to June 30 of the following year.
- **Subcontractor** – An entity that contracts with a CMO to administer the provision of some or all of the health care services for which that CMO is responsible.
- **UB-04** – The claim form required for billing inpatient and outpatient hospital services is the National Uniform Billing Form (UB-04).

PROJECT BACKGROUND

Myers and Stauffer LC (MSLC) was engaged to assist the Department of Community Health (DCH or the Department) in its efforts to assess the policies and procedures of the Georgia Families (GF) program, including an evaluation of issues presented by providers, selected claims paid or denied by Care Management Organizations (CMOs), and selected GF policies and procedures. Previously issued reports are available online at <http://dch.georgia.gov>. These reports include the payment and denial trends of hospital, physician, and dental claims, the payment accuracy of selected claims, an analysis of certain CMO policies and procedures, and other special studies authorized by the Department.

Because of the Department's reliance on CMO encounter claims (encounters) and cash disbursement journals (CDJs), which may be used to assess medical loss ratios, completion rates for encounters, quality of care evaluations, and CMO encounter policies and procedures, as well as for rate setting and reporting, the Department authorized a study to confirm the accuracy and completeness of encounter data information submitted to the fiscal agent contractor (FAC) by each of the CMOs. A separate analysis of the accuracy and completeness of CDJs was completed and the results are described in Report #11, Cash Disbursement Journal Sample Validation, dated October 29, 2009. This report is available online at <http://dch.georgia.gov>.

OBJECTIVE AND METHODOLOGY

OBJECTIVE

The Department requested that MSLC perform certain analyses to confirm that 1) the CMOs have submitted accurate and complete encounter information to the fiscal agent contractor (FAC); and that 2) the CMOs have submitted accurate and complete CDJ data to the Department. This report addresses Item #1 - testing the accuracy and completeness of the encounter information. Item #2, testing the CDJ information, was addressed in Report #11, Cash Disbursement Journal Sample Validation, dated October 29, 2009. See Exhibit A for additional detail regarding these studies.

METHODOLOGY

The CMOs submit encounters to the FAC on a frequent basis. To assist the Department in the analysis of the accuracy and completeness of the encounter data, this validation study analyzed a sample of encounters maintained in the FAC's Medicaid Management Information System (MMIS) database and confirmed selected data elements on the encounter with the health care provider. The service types listed in Table I below were eligible for the study and were stratified as follows:

Table 1: Stratum

Stratum	Description of Type of Service
1	Inpatient Hospital
2	Outpatient Hospital
3	Physician Services
4	Home and Community Based Services
5	Ancillary Facility Services
6	Other Ancillary Services
7	Pharmacy
8	Consolidated Services
9	Dental Services
10	Behavioral / Mental Health Services

Using encounter data submitted to the FAC by the CMOs, we randomly selected 100 encounters per CMO from each stratum. A total of 1,000 encounters per CMO were

sampled with the objective of confirming at least 800 encounters, or 80 percent, per CMO. We anticipated that approximately 20 percent of the sample would be excluded for provider non-response or for other provider related issues (e.g., provider no longer in business or unable to locate based on the address available to us).

The encounters and providers for the service types in Table 1 were eligible for selection. The probability of selecting a given encounter was proportionate to the provider's representation within a given stratum. A stratified, random sample was selected for each CMO. The population of encounters from which the sample was selected was encounters paid or denied in State Fiscal Year (SFY) 2009. It is important to note that not all denied encounters were submitted by the CMOs to the MMIS. Encounters that were rejected by the CMOs, rejected by the FAC, or permanently returned to the CMOs by the FAC were not eligible for selection. We followed up with providers to encourage participation, as necessary, in an effort to achieve an approximate 80 percent target response rate. In order to encourage provider participation, the Department sent notification of the study to a number of provider industry associations in May 2009.

There were two justifications for using 80 responses per stratum irrespective of population size (i.e., number of encounters within each stratum). The first is that the margin of error would likely only be slightly larger using this approach as opposed to a sampling method that included responses that were proportionate to the population. Second, information was not available to suggest that the potential error rates, if any, were the same across strata. Therefore, selecting 80 responses per stratum was a way to obtain a sufficient number of observations in any stratum that could potentially have a large error rate.

Information from a sample of encounters was used to pre-fill a survey form that was sent via an encrypted compact disk (CD) to the provider that rendered the services. Providers were asked to review the data on the pre-filled form and identify any discrepancies when compared to their medical and billing records detailing the services provided.

Surveys were distributed in stages between August 21, 2009 and September 18, 2009. We requested that providers respond within two weeks of the date of the survey, although responses received after the due-date were accepted through November, 2009 as authorized by the Department. Please refer to Exhibit B for a blank copy of the survey form sent to providers. The following data fields were pre-populated with shadow claims data submitted by the CMO for each sampled encounter, and were submitted to the health care provider for confirmation:

- Member identification number
- Provider identification number

- ICD-9-CM diagnosis code(s), (UB04 Encounters)
- ICD-9-CM procedure code(s), (UB04 Encounters)
- Revenue code(s), (UB04 Encounters)
- HCPCS/CPT procedure code(s), (CMS1500 Encounters)
- National drug code
- Procedure modifier(s), (CMS1500 Encounters)
- Units of service
- Service dates
- Amount paid
- Date paid

Additional encounter data elements were supplied to the providers, when necessary, to assist them with the identification of their encounters. Examples of additional encounter data elements included CMO encounter claim number, prescription number or patient account number, if available.

The survey form was designed so that as a provider researched their records and confirmed that the information on the survey agreed with their records, they could simply write the word “Yes” to indicate their agreement for a given claim. In the event a provider was not able to confirm a particular data element, the survey form included an area where the provider could explain the difference and provide supporting detail.

The survey form that the providers received may have included more than one encounter, depending on the sample selection. Once the provider confirmed or explained all conflicting information (if any), they were instructed to fax or e-mail the response to MSLC. As a final step, providers were asked to sign an attestation form affirming the accuracy of the information they provided.

As provider responses were received, they were recorded in a database to facilitate analysis. Negative responses, or those sampled encounters for which a provider could not confirm that one or more data elements on the encounter matched their internal records, were sent to the respective CMO for a response and for additional documentation or clarification, as necessary, for the encounter claim record.

For each CMO, we prepared an encounter claim error rate equal to the following:

$$\frac{\text{Number of Incorrect Encounter Claims}}{\text{Number of Encounter Claims in the Sample}}$$

A 95 percent confidence interval was prepared for each CMO. The margins of error depend upon the error rate and, in the absence of prior information, a 5 percent error rate was assumed. With 800 encounters per CMO, this would imply a target margin of

error of 1.5 percent. This value declines as the sample size increase or as the error rate declines. Because this study had not previously been completed, source data was not available for use to determine the minimum sample size necessary to achieve the desired margin of error.

ASSUMPTIONS AND LIMITATIONS

The assumptions and limitations summarized below should be noted when reviewing this report.

- In consultation with DCH, we analyzed the data and documentation received from the CMOs and health care providers. Unless otherwise specified, we did not independently validate or verify the information. Each CMO and provider attested and warranted that the information they provided was “accurate, complete, and truthful, and consistent with the ethics statements and policies of DCH”.
- The encounter universes for each CMO were known to be less than 100 percent complete at the time of the sample selection. At the time the sample of encounters was selected, AMERIGROUP and Peach State had submitted approximately 97 percent of their encounters and WellCare had submitted 89 percent. In a separate initiative, DCH and Myers and Stauffer are working with each of the CMOs and the CMO subcontracted vendors to attain completion goals for encounters.
- Providers who disputed the information submitted by the CMO were required to submit a signed attestation form indicating the data, documentation, reports or other information submitted by them were true and accurate to the best of their knowledge. Only disputed encounters that were accompanied by an attestation statement were used in our analysis.
- WellCare of Georgia (WellCare) advised MSLC that the encounter claim numbers provided were not the actual claim numbers used during processing (i.e., the remittance statement to the provider contained a different claim number than WellCare submitted to the FAC). Therefore, potential errors related to the WellCare encounter claim number were not considered.
- The FAC confirmed that they adjudicate all medical and institutional (non-pharmacy) encounters. We learned through the providers’ responses that although the FAC does not alter the units submitted by the CMOs, the units included in the encounter sample were the result of the FAC’s adjudication

process. Therefore, potential errors related to units for non-pharmacy encounters were not considered.

- The FAC confirmed that units submitted by AMERIGROUP Community Care (AMERIGROUP) for pharmacy encounters may be incorrect. The file format requires three implied decimal points and AMERIGROUP appears to only be submitting two. Therefore, the units could be truncated (i.e., 150 would appear as 15). AMERIGROUP confirmed the units reported by the provider were correct and the units reported in the encounter data are incorrect. AMERIGROUP advised they would research and correct the issue with the encounter data. Therefore, the incorrect units for AMERIGROUP are considered errors for purposes of this report.
- Encounters with multiple errors were counted only one time for purposes of computing the encounter sample error rate.
- Surveys returned as undeliverable were researched and re-sent if a valid address could be identified.

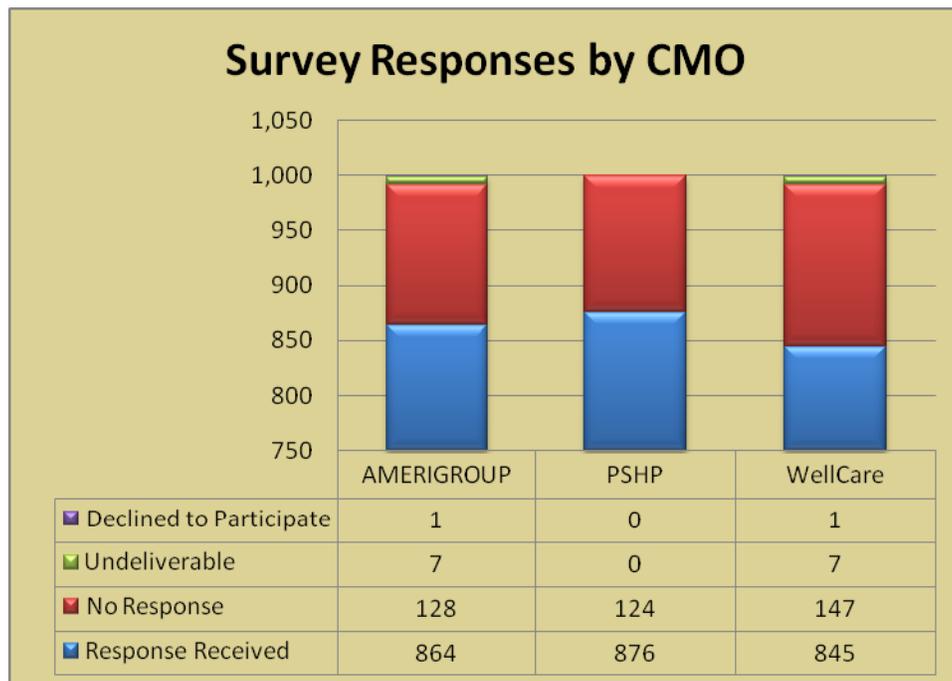
SURVEY FINDINGS

RESPONSE RATES

The sample included 3,000 encounters for 1,557 distinct GF provider identification (provider ID) numbers. An individual GF provider may have appeared more than once in the sample if they had more than one Medicaid and PeachCare for Kids™ Provider ID and operated in multiple locations.

Completed survey responses were received for 2,585, or 86.17 percent, of the 3,000 encounters included in the sample. A response was not received for 399 encounters or 13.30 percent. Two providers or 0.17 percent, with one encounter each, declined to participate in the survey. Fourteen encounter samples, or 0.47 percent, were returned as undeliverable. A list of providers who were sent a survey but for whom we did not get a response is included in Exhibit C.

Figure 1: Survey Responses by CMO



Peach State Health Plan (PSHP) providers had the highest overall response rate with 87.60 percent followed by AMERIGROUP providers with 86.40 percent and WellCare providers with 84.50 percent. AMERIGROUP and WellCare each had seven encounters returned as undeliverable. In all instances, the overall response rate for each CMO exceeded the target response rate of 80 percent. However, the response

rate for certain strata, most notably pharmacy, fell below the 80 percent threshold. The response rate for the pharmacy strata was approximately 74 percent for AMERIGROUP providers, 70 percent for PSHP providers and 77 percent for WellCare providers. More than half of the pharmacy encounters without responses were associated with pharmacies located in mass retail locations, (i.e., Walmart or Publix). Despite the lower than desired response rate for certain strata, the Department indicated that no additional sampling was required.

SURVEY RESULTS

Provider responses were analyzed and tabulated. In certain circumstances, potential errors were resolved upon further review of the documentation. The issues and the dispositions are as follows:

- Provider indicated the encounter claim number did not match their records. However, the CMO encounter claim number may change during the processing of the encounter and is irrelevant to the actual payment of the encounter. WellCare confirmed the encounter claim number reported in the encounters is different from the encounter claim number reported to the provider for encounters.
- In some instances, the provider indicated the Provider ID was incorrect. The encounter data contains the Medicaid and PeachCare for Kids™ Provider ID. Some of the CMOs and their subcontractors may assign a unique Provider ID which corresponds to the Medicaid and PeachCare for Kids™ Provider ID. During the encounter data submission, the CMO's specific provider ID is mapped to the Medicaid and PeachCare for Kids™ Provider ID using the National Provider Identifier (NPI) and other matching criteria. Since the mapping is performed outside of the system, we were not able to confirm that the CMO specific provider ID was appropriately mapped to the Medicaid and PeachCare for Kids™ Provider ID.
- It appeared that in some provider survey responses, the provider may have reviewed the encounter paid date in the survey and indicated the date was incorrect as they received the payment on a different date. It is likely the date reported by the provider will vary from the date the CMO submitted the payment to the provider. If the paid date reported by the provider was within three business days of the paid date reported by the CMO, the paid date was considered correct for purposes of this survey.

- In certain situations, we received responses from providers that were for encounter claim lines other than those included in the sample. While we reviewed the responses, these encounter claim lines were not included in the error rate calculations.

A list of the provider-reported potential errors and the supporting documentation was submitted to the applicable CMO for responses. The CMOs were given an opportunity to review the reported errors and confirm or dispute the errors. If the CMO provided adequate documentation to support their adjudication, the error was removed.

The overall response and accuracy rates are identified in the following table.

Table 2: Overall Survey Accuracy Rates, by CMO

CMO	Encounters Confirmed as Correct	Encounters Identified as Incorrect	Encounters Surveyed with No Response	Total Encounters	Percent of Encounters Confirmed as Correct	Encounter Claim Error Rate	Margin of Error*
AMERIGROUP	817	47	136	1,000	94.56%	5.44%	±1.5
PSHP	810	66	124	1,000	92.47%	7.53%	±1.8
WellCare	808	37	155	1,000	95.62%	4.38%	±1.4
Total	2,435	150	415	3,000	94.20%	5.80%	±0.9

*Margin of error is based on a 95 percent confidence interval.

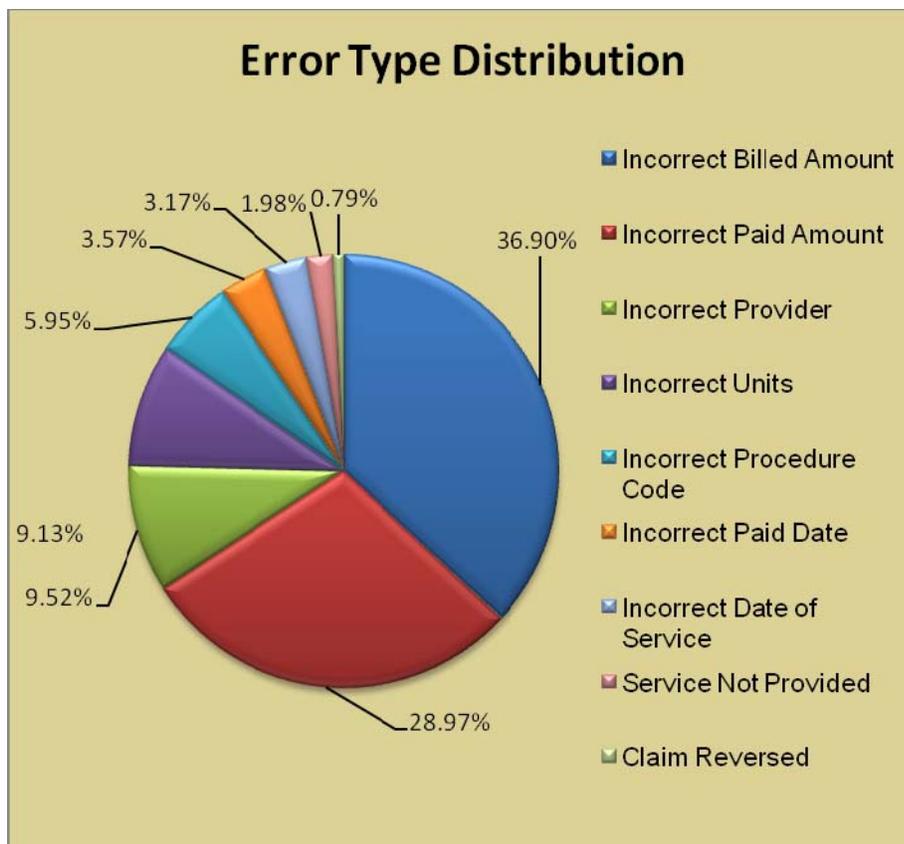
WellCare had the highest overall accuracy rate at 95.62 percent while PSHP had the lowest overall accuracy rate with 92.47 percent. AMERIGROUP’s overall accuracy rate was 94.56 percent. In many cases, the payment to the provider was correct (i.e., the provider confirmed that the payment amount they received matched the encounter record) but some other element of the encounter was incorrect. The issues identified as incorrect varied by CMO. The following table and figure detail and illustrate the distribution of errors as a percentage of all reported errors.

Table 3: Error Type Distribution

Description of Error as Indicated by the Provider	Number of Errors	Percentage of Total Errors
Incorrect Billed Amount	93	36.90%
Incorrect Paid Amount	73	28.97%
Incorrect Provider	24	9.52%
Incorrect Units	23	9.13%
Incorrect Procedure Code	15	5.95%
Incorrect Paid Date	9	3.57%
Incorrect Date of Service	8	3.17%
Service Not Provided	5	1.98%
Claim Reversed	2	0.79%
Total	252	100.00%

Note: A total of 150 unique encounters were reported to be in error. Some of the encounters contained multiple errors. The total number of errors reported was 252.

Figure 2: Error Type Distribution

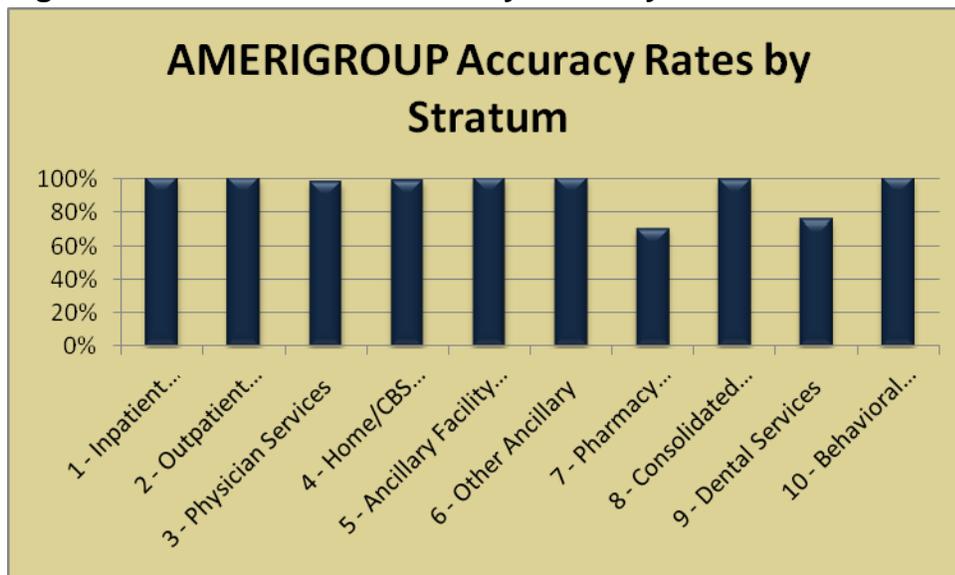


The encounter validation study analyzed 100 encounters from each of the 10 service types or strata listed in Table 1, above. The type of service was determined by the category of service (CoS) listed on the encounter. The categories of service for each stratum are defined in the individual sections below. Please note that encounters did not exist in the encounter claims universe for all categories of service that were eligible for selection.

All encounters and providers within the encounter claim universe paid during SFY 2009 were eligible for selection. The survey responses and accuracy rates by stratum for each CMO are illustrated below. Detailed information regarding the errors identified within each stratum is described in the following section.

AMERIGROUP Community Care (AMERIGROUP)

Figure 3: AMERIGROUP Accuracy Rates by Stratum



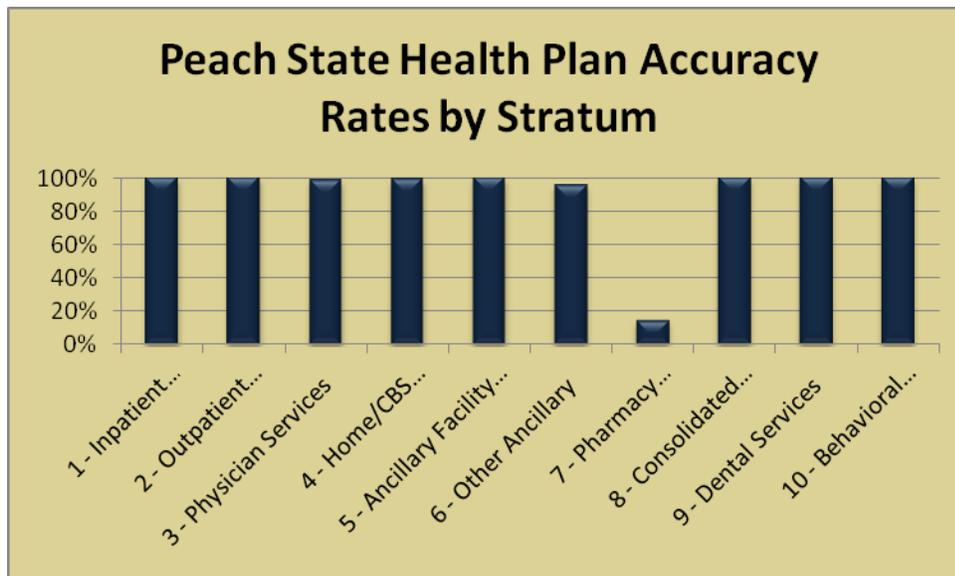
Accuracy rate is based on the percentage of incorrect encounters to the correct encounters. Nonresponses have been excluded. Encounters with more than one error reported are counted as one.

Table 4: AMERIGROUP Survey Responses and Accuracy by Stratum

Stratum	Encounters Confirmed as Correct	Encounters Identified as Incorrect	Encounters Surveyed with No Response	Total Encounters	Percent of Encounters Confirmed as Correct	Percent of Encounters with Responses
1 - Inpatient Hospital Services	87	0	13	100	100.00%	87.00%
2 - Outpatient Hospital Services	84	0	16	100	100.00%	84.00%
3 - Physician Services	81	2	17	100	97.59%	83.00%
4 - Home/CBS Services	85	1	14	100	98.84%	86.00%
5 - Ancillary Facility Services	96	0	4	100	100.00%	96.00%
6 - Other Ancillary	84	0	16	100	100.00%	84.00%
7 - Pharmacy Services	52	22	26	100	70.27%	74.00%
8 - Consolidated Services	93	1	6	100	98.94%	94.00%
9 - Dental Services	64	21	15	100	75.29%	85.00%
10 - Behavioral Health Services	91	0	9	100	100.00%	91.00%
TOTAL	817	47	136	1,000	94.56%	86.40%

Peach State Health Plan (PSHP)

Figure 4: PSHP Accuracy Rates by Stratum



Accuracy rate is based on the percentage of incorrect encounters to the correct encounters. Nonresponses have been excluded. Encounters with more than one error reported are counted as one.

Table 5: PSHP Survey Responses and Accuracy by Stratum

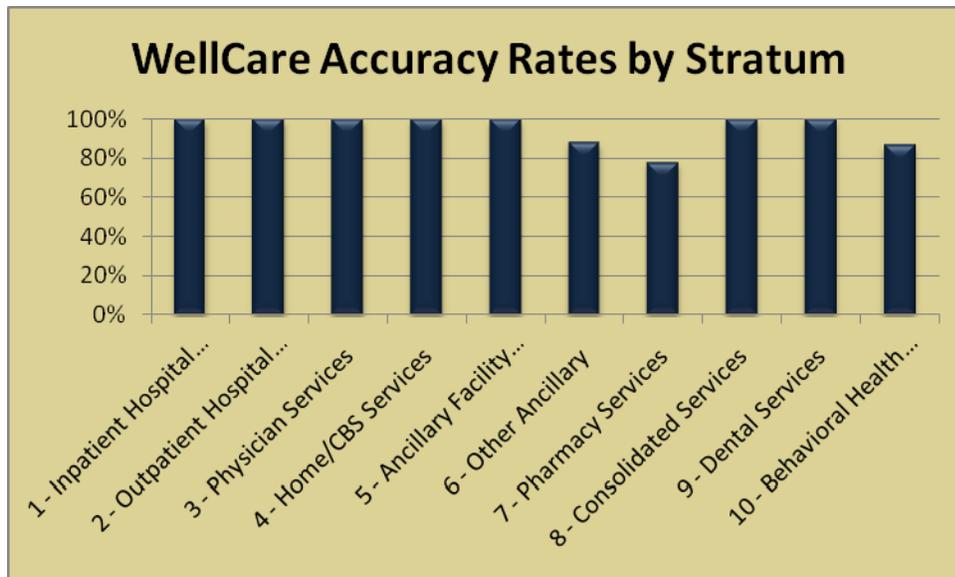
Stratum	Encounters Confirmed as Correct	Encounters Identified as Incorrect	Encounters Surveyed with No Response	Total Encounters	Percent of Encounters Confirmed as Correct	Percent of Encounters with Responses
1 - Inpatient Hospital Services	96	0	4	100	100.00%	96.00%
2 - Outpatient Hospital Services	94	0	6	100	100.00%	94.00%
3 - Physician Services	85	1	14	100	98.84%	86.00%
4 - Home/CBS Services	87	1	12	100	98.86%	88.00%
5 - Ancillary Facility Services	97	0	3	100	100.00%	97.00%
6 - Other Ancillary	81	4	15	100	95.29%	85.00%
7 - Pharmacy Services	10	60	30	100	14.29%	70.00%

Table 5: PSHP Survey Responses and Accuracy by Stratum

Stratum	Encounters Confirmed as Correct	Encounters Identified as Incorrect	Encounters Surveyed with No Response	Total Encounters	Percent of Encounters Confirmed as Correct	Percent of Encounters with Responses
8 - Consolidated Services	93	0	7	100	100.00%	93.00%
9 - Dental Services	81	0	19	100	100.00%	81.00%
10 - Behavioral Health Services	86	0	14	100	100.00%	86.00%
TOTAL	810	66	124	1,000	92.47%	87.60%

WellCare of Georgia (WellCare)

Figure 5: WellCare Accuracy Rates by Stratum



Accuracy rate is based on the percentage of incorrect encounters to the correct encounters. Nonresponses have been excluded. Encounters with more than one error reported are counted as one.

Table 6: WellCare Survey Responses and Accuracy by Stratum

Stratum	Encounters Confirmed as Correct	Encounters Identified as Incorrect	Encounters Surveyed with No Response	Total Encounters	Percent of Encounters Confirmed as Correct	Percent of Encounters with Responses
1 - Inpatient Hospital Services	88	0	12	100	100.00%	88.00%
2 - Outpatient Hospital Services	87	0	13	100	100.00%	87.00%
3 - Physician Services	80	0	20	100	100.00%	80.00%
4 - Home/CBS Services	86	0	14	100	100.00%	86.00%
5 - Ancillary Facility Services	97	0	3	100	100.00%	97.00%
6 - Other Ancillary	74	10	16	100	88.10%	84.00%
7 - Pharmacy Services	60	17	23	100	77.92%	77.00%
8 - Consolidated Services	87	0	13	100	100.00%	87.00%
9 - Dental Services	82	0	18	100	100.00%	82.00%
10 - Behavioral Health Services	67	10	23	100	87.01%	77.00%
TOTAL	808	37	155	1,000	95.62%	84.50%

STRATUM ONE - INPATIENT

Stratum One included inpatient hospital encounters with category of service 010 – Inpatient Hospital Services. One hundred encounters were randomly selected for each CMO. Of the 300 encounters selected, we received 271 responses, or a 90.33 percent response rate. The respondents confirmed the accuracy of all 271 encounters.

Table 7: Stratum One

CMO	Stratum	Encounters Confirmed as Correct	Encounters Identified as Incorrect	Encounters Surveyed with No Response	Total Encounters	Percent of Encounters Confirmed as Correct	Encounter Claim Error Rate
AMERIGROUP	Inpatient	87	0	13	100	100.00%	0.00%
PSHP	Inpatient	96	0	4	100	100.00%	0.00%
WellCare	Inpatient	88	0	12	100	100.00%	0.00%
Total		271	0	29	300	100.00%	0.00%

STRATUM TWO - OUTPATIENT

Stratum Two included outpatient hospital encounters with category of service 070 – Outpatient Hospital Services. One hundred encounters were randomly selected for each CMO. Of the 300 encounters selected, we received 265 responses, or an 88.33 percent response rate. The respondents confirmed the accuracy of all 265 encounters.

Table 8: Stratum Two

CMO	Stratum	Encounters Confirmed as Correct	Encounters Identified as Incorrect	Encounters Surveyed with No Response	Total Encounters	Percent of Encounters Confirmed as Correct	Encounter Claim Error Rate
AMERIGROUP	Outpatient	84	0	16	100	100.00%	0.00%
PSHP	Outpatient	94	0	6	100	100.00%	0.00%
WellCare	Outpatient	87	0	13	100	100.00%	0.00%
Total		265	0	35	300	100.00%	0.00%

STRATUM THREE - PHYSICIAN

Stratum Three included medical encounters with one of the following categories of service:

- 430 – Physician Services,
- 431 – Physician Assistant Services,
- 470 – Vision Care,
- 480 – Nurse Midwifery,
- 550 – Podiatry, or
- 740 – Advanced Nurse Practitioner Services.

One hundred encounters were randomly selected for each CMO. Of the 300 encounters selected, we received 249 responses, or an 83.00 percent response rate. The respondents confirmed the accuracy of 246 encounters, or approximately 98.80 percent.

Table 9: Stratum Three

CMO	Stratum	Encounters Confirmed as Correct	Encounters Identified as Incorrect	Encounters Surveyed with No Response	Total Encounters	Percent of Encounters Confirmed as Correct	Encounter Claim Error Rate
AMERIGROUP	Physician	81	2	17	100	97.59%	2.41%
PSHP	Physician	85	1	14	100	98.84%	1.16%
WellCare	Physician	80	0	20	100	100.00%	0.00%
Total		246	3	51	300	98.80%	1.20%

One encounter for PSHP was reported with an incorrect paid date and an incorrect paid amount. PSHP responded that the encounter was correct because the encounter had been adjusted. However, the date and amount reported was inconsistent with both the original encounter data and the adjusted encounter data. Therefore, the potential error was confirmed.

Two encounters for AMERIGROUP were reported as incorrect, including one with an incorrect provider number and one where the provider indicated that the service was not provided. For one of these encounters, AMERIGROUP indicated that the provider had submitted the incorrect NPI associated with the provider on the encounter. However, the provider reported in the encounter data was still inconsistent with the provider who received payment. Therefore, the potential error was confirmed.

STRATUM FOUR – HOME AND COMMUNITY BASED SERVICES

Stratum Four included home and community based service encounters with one of the following categories of service:

- 100 – Dedicated Case Management Service,
- 200 – Home Health Services,
- 501 – HIV Case Management,
- 510 – Interconceptional Care Waiver,
- 590 – Community Care Services,
- 600 – Health Check Services (EPSDT),
- 660 – Independent Care Waiver Services,
- 680 – Mental Retardation Waiver Program,
- 681 – Community Habilitation and Sup (CHSS),
- 690 – Hospice,
- 700 – Cystic Fibrosis Waiver Program,

- 760 – Children at Targeted Risk,
- 761 – Perinatal Targeted Case Management,
- 762 – Targeted Case Management for AIDS,
- 763 – At Risk of Incarceration Targeted Case Management,
- 764 – Child Protective Services Targeted Case Management,
- 765 – Adult Protective Services Targeted Case Management,
- 770 – Waivered Home Care Services,
- 800 – Early Intervention Case Management,
- 840 – Children’s Intervention Services,
- 851 – Source Case Management,
- 910 – Childbirth Education Program,
- 930 – Source,
- 960 – Children’s Intervention School,
- 970 – Georgia Pediatric Program,
- 971 – GAAP In-home Private Duty Nursing, or
- 972 – GAAP Medically Fragile Daycare.

One hundred encounters were randomly selected for each CMO. Of the 300 encounters selected, we received 260 responses, or an 86.67 percent response rate. The respondents confirmed the accuracy of 258 encounters, or approximately 99.23 percent.

Table 10: Stratum Four

CMO	Stratum	Encounters Confirmed as Correct	Encounters Identified as Incorrect	Encounters Surveyed with No Response	Total Encounters	Percent of Encounters Confirmed as Correct	Encounter Claim Error Rate
AMERIGROUP	Home/CBS	85	1	14	100	98.84%	1.16%
PSHP	Home/CBS	87	1	12	100	98.86%	1.14%
WellCare	Home/CBS	86	0	14	100	100.00%	0.00%
Total		258	2	40	300	99.23%	.77%

One encounter for PSHP was reported with an incorrect date of service. PSHP indicated that there were two paid encounters for the member included on the encounter in question and that the date of service indicated by the provider was for the other encounter rather than the one in the sample. The actual date of service was still inconsistent with the dates reported on the encounter so the potential error was confirmed.

One encounter for AMERIGROUP was reported with an incorrect paid amount. AMERIGROUP indicated that the encounter paid correctly under the Vaccine for Children (VCF) program. However, the payment reported in the encounter data was inconsistent with the amount actually paid to the provider so the potential error was confirmed.

STRATUM FIVE – INDEPENDENT LAB

Stratum Five included ancillary facility encounters with a category of service of:

- 230 – Independent Laboratory Services, or
- 720 – Dialysis Services Technical.

One hundred encounters were randomly selected for each CMO. Of the 300 encounters selected, we received 290 responses, or a 96.67 percent response rate. The respondents confirmed the accuracy of all 290 encounters.

Table 11: Stratum Five

CMO	Stratum	Encounters Confirmed as Correct	Encounters Identified as Incorrect	Encounters Surveyed with No Response	Total Encounters	Percent of Encounters Confirmed as Correct	Encounter Claim Error Rate
AMERIGROUP	Independent Lab	96	0	4	100	100.00%	0.00%
PSHP	Independent Lab	97	0	3	100	100.00%	0.00%
WellCare	Independent Lab	97	0	3	100	100.00%	0.00%
Total		290	0	10	300	100.00%	0.00%

STRATUM SIX – OTHER ANCILLARY SERVICES

Stratum Six included other ancillary services with a category of service of:

- 270 – Family Planning,
- 320 – Durable Medical Equipment,
- 321 – Pharmacy DME Supplier,
- 330 – Orthotics and Prosthetics,
- 370 – Emergency Ground Ambulance Services,
- 371 – Emergency Air Ambulance Services,
- 380 – Non-Emergency Transportation Services,
- 721 – Dialysis Services Professional,
- 730 – Pregnancy Related Services,
- 790 – Diagnostic Screening and Prevention Services,
- 870 – Therapeutic Residential Intervention Services, or
- 990 – Unknown.

One hundred encounters were randomly selected for each CMO. Of the 300 encounters selected, we received 253 responses, or an 84.33 percent response rate. The respondents confirmed the accuracy of 239 encounters, or approximately 94.47 percent.

Table 12: Stratum Six

CMO	Stratum	Encounters Confirmed as Correct	Encounters Identified as Incorrect	Encounters Surveyed with No Response	Total Encounters	Percent of Encounters Confirmed as Correct	Encounter Claim Error Rate
AMERIGROUP	Other Ancillary	84	0	16	100	100.00%	0.00%
PSHP	Other Ancillary	81	4	15	100	95.29%	4.71%
WellCare	Other Ancillary	74	10	16	100	88.10%	11.90%
Total		239	14	47	300	94.47%	5.53%

Three PSHP encounters were reported with incorrect billed and paid amounts and one encounter was reported with an incorrect paid date, billed and paid amounts. All of these errors are the result of reporting the incorrect billed and paid amounts by PSHP and their subcontractor, CareCentrix. PSHP appears to have reported the contracted fee schedule amount billed by CareCentrix and paid by PSHP, rather than the amounts billed by and paid to providers. We provided PSHP with a list of the potential errors related to this matter first on 11/4/09 and again on 12/10/09. On 12/16/09 we received the following response from PSHP:

“All DME encounters will be resubmitted as replacements, reporting the amount billed by and paid to the provider, and not the contracted rate paid by the CMO.”

The above e-mail communication is included with this report as Exhibit D. In addition, representatives from PSHP participated in a conference call on 11/19/09 with MSLC and DCH to discuss this issue. We understand the Department has not yet determined whether they will require PSHP to submit replacement encounters for the DME encounters. Therefore, these potential errors were confirmed.

A total of ten WellCare encounters were reported as potential errors. Some encounters had more than one issue. Those errors were as follows:

- Incorrect provider ID: 5 encounters
- Incorrect paid dates: 4 encounter

- Incorrect billed and paid amounts: 2 encounters
- Incorrect procedure codes: 2 encounters
- Service not provided by the facility: 1 encounter
- Incorrect units: 3 encounters

In reviewing WellCare’s responses to the potential issues with these encounters, it appears that in many cases, the errors relate to encounters from an institutional provider (UB-04) containing the provider name of an affiliated professional (CMS-1500) provider instead. It is not clear if this error occurs prior to submission of the encounter data to the FAC, or as a result of the FAC’s shadow adjudication process. Therefore, these potential errors were confirmed.

STRATUM SEVEN – PHARMACY

Stratum Seven included pharmacy encounters with category of service 300 – Pharmacy. One hundred encounters were randomly selected for each CMO. Of the 300 encounters selected, we received 221 responses, or a 73.67 percent response rate. The respondents confirmed the accuracy of 122 encounters, or approximately 55.20 percent.

Table 13: Stratum Seven

CMO	Stratum	Encounters Confirmed as Correct	Encounters Identified as Incorrect	Encounters Surveyed with No Response	Total Encounters	Percent of Encounters Confirmed as Correct	Encounter Claim Error Rate
AMERIGROUP	Pharmacy	52	22	26	100	70.27%	29.73%
PSHP	Pharmacy	10	60	30	100	14.29%	85.71%
WellCare	Pharmacy	60	17	23	100	77.92%	22.08%
Total		122	99	79	300	55.20%	44.80%

In total, 22 encounters for AMERIGROUP were reported as errors. The distribution of errors was as follows:

- Incorrect units: 9 encounters
- Incorrect billed amount: 9 encounters
- Service not provided by the facility: 1 encounter
- Incorrect billed and paid amount: 1 encounter
- Encounter was reversed: 1 encounter

The FAC reviewed a number of the encounters in question and suggested that there appeared to be an issue with the units field of an encounter submission file they receive from AMERIGROUP. The FAC indicated that AMERIGROUP might not be allotting the appropriate number of digits for the third implied decimal in the file layout for the units of service field. AMERIGROUP reviewed the reported errors and confirmed the data was correct in their system. AMERIGROUP indicated they would research the issue further. Therefore, these potential errors were confirmed.

PSHP providers reported 60 encounters or approximately 85.71 percent of the sample as potential errors. Three encounters were reported with an incorrect provider ID, billed and paid amounts. There were 57 encounters where the paid amounts reported by the survey respondents did not agree to the amount included on the encounter in the MMIS. Based on follow-up discussions with the Department and PSHP on 11/19/09, it appears that PSHP reported the contracted rates and administrative fees that PSHP pays to their PBM, US Script, Inc.¹, instead of reporting the amounts actually billed by and paid to providers. US Script pays a negotiated amount to the provider that may vary from the amount paid as reported by PSHP. These variances ranged from -\$5.26 to + \$27.47 for the 57 potential errors reported. In response to our inquiries on 11/4/09 and again on 12/10/09 regarding these encounters, PSHP provided the following response on 12/16/09:

“Peach State contracts with US Script for specific rates for pharmacy prescriptions. US Script separately negotiates prices with pharmacies across all lines of business. The contracted pharmacy rates will frequently differ from the amount Peach State is billed. This is commonly referred to as a traditional pricing arrangement and is a common industry practice.

Peach State’s encounter submissions have always consisted of the amounts Peach State paid its pharmacy provider, US Script, and has not been what US Script reimbursed its contracted, dispensing pharmacy. We believe this practice to be consistent with Version 1.14 of the Georgia Families NCPDP Encounter Companion Guide (Companion Guide) and consistent with industry standard practices; in the seven other states in which US Script prepares encounter files for submission to the state regulatory agency, the amount submitted is the amount the health plan was billed by and paid to its Pharmacy Benefit Manager.

The above e-mail communication is included with this report as Exhibit D.

Seventeen encounters for WellCare were reported as potential errors. One encounter was reported as “reversed” or “backed out”. One encounter was reported as “no record

¹ We noted that the parent organization of US Script, Inc. (Centene Corporation) is also the parent organization of PSHP.

of service at the facility”. For the remainder of the encounters, it appears that WellCare is reporting the ingredient cost as the billed amount in the encounters data submitted to the FAC rather than the usual and customary amount billed by the pharmacy. Therefore, these potential errors were confirmed.

STRATUM EIGHT – CONSOLIDATED SERVICES

Stratum Eight included consolidated service encounters with categories of service of:

- 400 – Speech Therapy,
- 410 – Physical Therapy,
- 420 – Rehab Therapy,
- 540 – Federally Qualified Health Centers,
- 541 – Hospital Based Rural Health Centers,
- 542 – Free Standing Rural Health Centers,
- 560 – Chiropractics, or
- 670 – Ambulatory Surgical Centers.

One hundred encounters were randomly selected for each CMO. Of the 300 encounters selected, we received 274 responses, or a 91.33 percent response rate. The respondents confirmed the accuracy of 273 encounters, approximately 99.64 percent. One encounter for AMERIGROUP was reported with an incorrect provider ID. AMERIGROUP confirmed the provider reported in the encounter data was not the provider who received payment.

Table 14: Stratum Eight

CMO	Stratum	Encounters Confirmed as Correct	Encounters Identified as Incorrect	Encounters Surveyed with No Response	Total Encounters	Percent of Encounters Confirmed as Correct	Encounter Claim Error Rate
AMERIGROUP	Consolidated	93	1	6	100	98.94%	1.06%
PSHP	Consolidated	93	0	7	100	100.00%	0.00%
WellCare	Consolidated	87	0	13	100	100.00%	0.00%
Total		273	1	26	300	99.64%	0.36%

STRATUM NINE - DENTAL

Stratum Nine included dental service encounters with categories of service of:

- 450 – Children’s Dental Program,
- 460 – Adult Dental Program, or
- 490 – Oral Maxillofacial Surgery.

One hundred encounters were randomly selected for each CMO. Of the 300 encounters selected, we received 248 responses, or an 82.67 percent response rate. The respondents confirmed the accuracy of 227 encounters, or approximately 91.53 percent.

Table 15: Stratum Nine

CMO	Stratum	Encounters Confirmed as Correct	Encounters Identified as Incorrect	Encounters Surveyed with No Response	Total Encounters	Percent of Encounters Confirmed as Correct	Encounter Claim Error Rate
AMERIGROUP	Dental	64	21	15	100	75.29%	24.71%
PSHP	Dental	81	0	19	100	100.00%	0.00%
WellCare	Dental	82	0	18	100	100.00%	0.00%
Total		227	21	52	300	91.53%	8.47%

A total of twenty-one AMERIGROUP encounters were reported as potential errors by the providers. In some instances, the encounter had more than one issue identified. The distribution of these errors is as follows:

- Procedure code not billed: 10 encounters
- Incorrect provider ID: 7 encounters
- Incorrect date of service: 6 encounters
- Incorrect paid date: 3 encounters
- Service not provided: 1 encounter
- Incorrect billed amount: 4 encounters

AMERIGROUP confirmed with DentaQuest that the encounters were paid correctly (i.e., the CMO/subcontractor’s data matched the provider’s records) but nonetheless agreed that the information in the MMIS is incorrect. AMERIGROUP and DentaQuest are researching this matter to determine the cause of the incorrect encounter data in the FAC’s MMIS.

STRATUM TEN – BEHAVIORAL HEALTH

Stratum Ten included behavioral/mental health service encounters with categories of service

- 440 – Community mental Health Service,
- 570 – Psychological Services,
- 766 – Pregnant Women Substance Abuse, and
- 820 – Licensed Clinical Social Worker.

One hundred encounters were randomly selected for each CMO. Of the 300 encounters selected, we received 254 responses, or an 84.67 percent response rate. The respondents confirmed the accuracy of 244 encounters, or approximately 96.06 percent.

Table 16: Stratum Ten

CMO	Stratum	Encounters Confirmed as Correct	Encounters Identified as Incorrect	Encounters Surveyed with No Response	Total Encounters	Percent of Encounters Confirmed as Correct	Encounter Claim Error Rate
AMERIGROUP	Behavioral Health	91	0	9	100	100.00%	0.00%
PSHP	Behavioral Health	86	0	14	100	100.00%	0.00%
WellCare	Behavioral Health	67	10	23	100	87.01%	12.99%
Total		244	10	46	300	96.06%	3.94%

Three encounters for WellCare were reported with an incorrect procedure code. WellCare provided the following response regarding the process utilized by Magellan, WellCare’s contracted administrator of behavioral health services:

“Magellan’s coding converted the valid HIPAA compliant code into a default code of 90899 upon the submission of the encounter data to WellCare. Magellan corrected this encounter coding error in Nov[ember] 2009, therefore encounter data submitted by Magellan with paid dates after 10/1/09 accurately reflect the valid HIPAA compliance code.”

Seven encounters for WellCare were reported with an incorrect provider ID. WellCare provided the following response in regards to these encounters:

“Magellan doesn’t process or pay claims based on Medicaid ID. Magellan encounter data is submitted to WellCare with only the NPI as required (no [M]edicaid ID). The [M]edicaid ID assigned to each encounter is established by ACS during the [shadow] adjudication process.”

The FAC reported that within the MMIS, there is a complex hierarchy in the matching process of encounters to providers when multiple providers have the same NPI, and that ACS can typically match 90 percent or more of the encounters.

It was also noted during the course of onsite fieldwork at WellCare that a potential issue with the NPI numbers on the encounters being submitted by Magellan may exist and may also be responsible for errors related to incorrect provider IDs.

Recommendations

Recommendations Applicable to the CMOs

- 1) The CMOs and their subcontracted vendors should develop procedures to ensure that the amounts billed by and paid to the provider are reported in the amount billed and amount paid fields in their encounter submissions to the FAC
- 2) The CMOs should identify all instances where encounters may have included the incorrect amounts billed and paid to providers as a result of reporting the subcontractor billed and paid amounts and submit replacement encounters to the FAC.
- 3) The CMOs should ensure that the provider Medicaid and PeachCare for Kids™ ID number is included with each encounter to ensure that the data reflects the correct provider.
- 4) The CMOs should work with their vendors to ensure that the correct provider Medicaid and PeachCare for Kids™ ID number is included on every encounter.
- 5) WellCare should work with Magellan to identify encounters which inappropriately included procedure code 90899 (a non-HIPAA compliant default behavioral health code), and submit replacement encounters with the correct valid HIPPA-compliant codes to the FAC.
- 6) AMERIGROUP should develop procedures to ensure that encounter data, specifically units billed, is submitted in the appropriate format to ensure correct reporting of all the encounter data elements.
- 7) AMERIGROUP and DentaQuest should work together to determine the cause of the incorrect/missing encounter data in the FAC's MMIS identified in Strata Nine and submit corrected data.
- 8) WellCare should work with WHI to ensure that the billed amount in the encounters data submitted to the FAC includes the usual and customary amount billed by the pharmacy rather than the ingredient cost.
- 9) WellCare should develop procedures to ensure that all encounters that are "reversed" or "backed out" are appropriately reported in the FAC's MMIS.

Exhibits

Exhibit A

**Georgia Department of Community Health
Georgia Families Assessment
Encounter Claim and Cash Disbursement Journal Entry Validation Study
April 22, 2009**

Objective: To confirm 1) that AMERIGROUP Community Care, Peach State Health Plan, and WellCare of Georgia (the Care Management Organizations (CMOs)) have submitted accurate and complete encounter information to the Fiscal Agent Contractor (FAC); and, 2) confirm that the CMOs have submitted accurate and complete cash disbursement journal (CDJ) data to the Department of Community Health (“Department”).

The encounter study will analyze a sample of encounter claims on file with the FAC and confirm selected data elements on the claim with the health care provider. The disbursement study will analyze a sample of CDJ entries submitted to the Department and confirm with the health care provider that they received the disbursement and that the amount corresponds to the amount in the CDJ.

Part I: Encounter Validation Study

Service Types Included: All types of service (ToS) as described below will be included. Claims will be stratified according to their ToS and sampling unit, as follows:

Description of ToS	Sample Unit	Stratum
Inpatient Hospital	Claim	1
Outpatient Hospital	Claim	2
Physician Services	Line	3
Home and Community Based Services	Line	4
Ancillary Facility Services	Claim	5
Other Ancillary Services	Line	6
Pharmacy	Line	7
Consolidated Services	Claim	8
Dental Services	Line	9
Behavioral / Mental Health Services	Line	10

All ToS, claims, and providers within the encounter claim files will be eligible for selection. The probability of selecting a given claim will be proportionate to the

provider's representation within a given stratum. A stratified, random sample will be selected for each CMO.

Sampling Unit: Encounter claims paid at the header level will be sampled and confirmed at the header level of the claim. Claims paid at the detail line level will be sampled and confirmed at the detail line level.

Encounter Claim Population: The population of claims from which the sample will be selected is encounter claims paid or denied in State Fiscal Year (SFY) 2008¹. Only claims that have not been rejected or permanently returned to the CMOs will be eligible for selection.

Data Elements to Confirm: The following data fields on the sampling unit will be confirmed with the health care provider.

Data Elements to Confirm	UB04 Claims	Medical Claims
Member identification number	√	√
Provider identification number	√	√
ICD-9-CM diagnosis code(s)	√	
ICD-9-CM procedure code(s)	√	
Revenue code(s)	√	
HCPCS/CPT procedure code(s)		√
National Drug Code	√	√
Procedure modifier(s)		√
Units of service	√	√
Service dates	√	√
Amount paid	√	√
Date paid	√	√

Additional claim data elements may be supplied to the providers to assist them with the review of their claim sample. Examples of additional claim data elements include items such as the CMO claim number or patient account number, if available.

Sample Sizes: We proposed to sample 100 claims from each stratum, per CMO. Therefore, 1,000 claims per CMO will be sampled with the objective of confirming 800 claims per CMO. We anticipate that approximately 20 percent of the sample will be removed for provider non-response or for other provider related issues (e.g., cannot

¹ Based on subsequent discussion with DCH prior to selecting the sample, the sample was selected from encounter claims paid or denied in State Fiscal Year 2009.

locate a provider), thus we are sampling 100 observations with the goal of receiving 80 responses (i.e., 80 percent response rate) per stratum, and 800 observations per CMO. We will follow-up with providers, as necessary, in an effort to achieve an 80 percent response rate. No effort will be made to limit the number of providers selected.

There are two justifications for using 80 responses per stratum irrespective of population size (i.e., number of claims within each stratum). The first is that the margin of error will likely be only slightly larger for this scheme as opposed to sampling proportionate to the population. Second, we do not have information to suggest that the error rates are the same across strata. Therefore, selecting 80 responses per stratum is a way of insuring that we obtain enough observations on any strata that happens to have a very large error rate.

Upon receipt of responses and compilation of information from providers, we will provide each CMO with a listing of claims for which providers have indicated that the data in the survey does not match their records. We may incorporate CMO response and additional information from providers in the deliverable, if the information leads us to conclude that the provider response is not accurate.

Deliverable: For each CMO, we will prepare an encounter claim error rate equal to the following:

$$\frac{\text{Number of Missing or Incorrect Claims}}{\text{Number of Claims in the Sample}}$$

A 95 percent confidence interval will be prepared for each CMO. The corresponding margin of error depends upon the claim error rate within each specialty. Under the assumption of 80 claims per stratum and a 5 percent claim error rate within each stratum, the target margin of error would be approximately ± 1.5 percent. If the claim error rate is 10 percent across all strata, the target margin of error would be approximately ± 2.1 percent. Please note that the margin of error rises as the claim error rate within any specialty increases and will therefore be a function of the estimated error rates. Because this study has not been completed previously, there is no source data available to use to determine the minimum sample size necessary to achieve the desired margin of error.

Part II: Disbursement Validation Study

Provider Selection: Using the CDJs supplied by the CMOs, we will randomly select and attempt to confirm 375 entries per CMO. The CDJs will include both electronic fund

transfers (EFTs) and manual checks. When applicable, entries from behavioral / mental health, dental, and vision vendors will be eligible for selection and confirmation. Similar to Part I, above, we anticipate that approximately 20 percent of the sample will be removed for provider non-responses or when providers cannot be located, thus we are sampling 375 observations with the goal of receiving 300 responses per CMO. We will follow-up with providers, as necessary, in an effort to achieve an 80percent response rate.

Sampling Unit: Each CDJ entry will be considered a sampling unit.

CDJ Entry Population: The population from which the sample will be selected is cash disbursements issued during State Fiscal Year (SFY) 2009.

Data Elements to Confirm: The following data fields on the sampling unit will be confirmed with the health care provider.

- Date of cash disbursement
- Amount of cash disbursement
- Check number / EFT number
- Tax identification number

Upon receipt of responses and compilation of information from providers, we will provide each CMO with a listing of CDJ entries for which providers have indicated that the data in the survey does not match their records. We may incorporate CMO response and additional information from providers in the deliverable, if the information leads us to conclude that the provider response is not accurate.

Deliverable: For each CMO, we will prepare a CDJ entry error rate equal to the following:

$$\frac{\text{Number of Missing or Incorrect CDJ Entries}}{\text{Number of CDJ Entries in the Sample}}$$

A 95 percent confidence interval will be prepared for each CMO. The corresponding margin of error depends upon the CDJ entry error rate. Please note that the margin of error rises as the error rate increases and will therefore be a function of the estimated error rates.

Sample Sizes: Three hundred seventy-five (375) CDJ entries will be selected per CMO.

Procedures for Encounter Claim and CDJ Confirmation:

- 1) Send notices to CMOs and provider association(s).
- 2) Prepare universe counts and random sample for each CMO.
- 3) Construct database for claims and confirmation steps.
- 4) Telephone calls will be made to each provider to obtain the fax#, confirm address, timelines, contacts, and information needs. We will use this call as an opportunity to introduce ourselves and the project we are conducting on DCH's behalf to the providers. We will answer any questions that the providers have or direct them to DCH as appropriate.
- 5) Complete confirmation:
 - a. Fax list of claims/CDJ entries to provider. List will include pre-filled data elements from claims/CDJ entries selected for confirmation. (Note that, for providers that are part of a retail chain or large corporation, we may submit their sample information to their headquarters instead of the individual provider.)
 - b. Provider researches their records and determines if their records agree to the information on the list.
 - c. If provider confirms the data elements, provider checks a box to indicate agreement. If provider cannot confirm data element, or has conflicting information, provider must explain differences and provide supporting detail.
 - d. Provider returns completed list, via fax, and attestation statement (see #8 below).
 - e. Follow-up meetings will be held with providers, as necessary, in order to ascertain that we have an adequate understanding of the providers responses
- 6) Providers will be given 15 calendar days to complete the confirmation and return completed list. In order to achieve the desired response rate, we will contact providers for which no response has been received in order to answer any questions they might have and determine what barriers they might be facing in providing a response.
- 7) Claims/CDJ entries where any data element could not be confirmed will be considered errors. Note, it may be necessary to make adjustments to findings for providers that do not respond or that cannot be located. In most situations, these cases will be dropped. However, a decision to make such changes will be made on a case by case basis, depending on the unique circumstances. It may be

necessary to consult the Department on certain situations. In the event that potential fraud or abuse is discovered, we will work closely with the Department to determine the appropriate course of action. At the request of the Department, we will provide to the Department the list of providers that do not respond or that cannot be located.

In the event that the response rate is less than the projected response rate (i.e., 80 percent), or to minimize the final margin of error on the estimate, it may be necessary to select boost sample of claims or CDJ entries.

- 8) Ethics and attestation statements will be required for each provider included in the sample.

Exhibit B



September 18, 2009

Dear Provider:

As part of their continuing efforts to monitor the Georgia Families Program, the Georgia Department of Community Health has contracted with Myers and Stauffer LC to analyze and compile information regarding the payment of claims by the Care Management Organizations (CMOs). Please refer to the attached letter from the Department of Community Health regarding the scope of our work. Please also refer to the Frequently Asked Questions document, enclosed.

As part of that effort, we have randomly selected a sample of claim encounters reported by AMERIGROUP, Peach State Health Plan, and WellCare. The enclosed CD contains a record of one or more claim encounters reported by the CMO as having been billed by your office. Please review the data elements reported and verify if the information is consistent with your records by **October 2, 2009**.

Because the records contain protected health information (PHI), the CD has been encrypted and password protected. Please contact Kathy Haley or Terri McLean of Myers and Stauffer LC at (800) 877-6927 for your password. You will be asked to provide your Medicaid Provider ID when you call. Once you have completed the form, please fax the form along with the attached provider attestation to Myers and Stauffer at 317-571-8481.

Sincerely,

Myers and Stauffer LC

Enclosures

9265 Counselors Row, Suite 200 • Indianapolis, Indiana 46240-6419
(317) 846-9521 • (800) 877-6927 • Fax (317) 571-8481

GEORGIA FAMILIES PROGRAM

Myers and Stauffer on behalf of the Georgia Department of Community Health
Encounter Claim Survey

Instructions: THIS SURVEY APPLIES ONLY TO YOUR CLAIMS WITH GEORGIA FAMILIES CMOs AND DOES NOT INCLUDE CLAIMS SUBMITTED TO ACS FOR TRADITIONAL FEE-FOR-SERVICE MEDICAID. Please review the following data elements from the claims you previously submitted with the Care Management Organization(s) listed below and verify whether the information below is correct. If correct, please indicate "YES" in the "Correct" field. If any data element is incorrect or the service was not provided, please circle the incorrect information, indicate "NO" in the "Correct" field, and provide the correct information.

If additional space is needed, indicate "see attached" and attach the correct information on a separate sheet. When attaching additional information, please include a reference to the specific claim number. Once the information below has been verified as correct or incorrect and the correct information has been provided, please fax the form along with the provider attestation to Myers and Stauffer at 317-571-8481. Please follow appropriate procedures for handling protected health information in accordance with all state and federal laws and regulations. *If you have any questions regarding the survey, please contact Kathy Haley or Terri McLean at 800-877-6927.*

Provider Name:					
	Claim 1	Claim 2	Claim 3	Claim 4	Claim 5
	<Sample ID>				
CMO:					
Provider ID:					
CMO Claim Number:					
Claim Line Number:					
Member First Name:					
Member Middle Initial:					
Member Last Name:					
Member Gender:					
Member DoB:					
CMO Member ID:					
First Date of Service:					
Last Date of Service:					
Date Paid:					
Primary ICD-9 Diagnosis:					
Revenue Code:					
HCPCS/CPT:					
Modifier 1:					
Modifier 2:					
Modifier 3:					
Modifier 4:					
NDC:					
Units Billed:					
Billed Amount:					
Paid Amount:					
Claim Appealed (Yes/No):					
Correct (Yes/No):					
If incorrect, please circle incorrect data, above, and place correct information here:					



ATTESTATION

I, _____, as a legal representative of and on behalf of _____, do hereby attest that all documentation, data, and other reports or information submitted by _____ to the Department of Community Health (DCH) or its agents, including Myers and Stauffer LC, pursuant to any request for information regarding the Georgia Families program or the DCH contracted Care Management Organizations (CMOs), is true and correct to the best of my knowledge. I also acknowledge that I am aware that DCH requires that all providers enrolled in the Georgia Medicaid program and other health plans, and other contractors to DCH must adhere to the applicable standards, duties and responsibilities set forth in the provider Statement of Participation and the laws, policies and procedures of the Georgia Medicaid program, including but not limited to the legal duty to provide accurate information that is subject to verification by DCH or the Medicaid Fraud Control Unit, and the duties to avoid making false representations and to refrain from use of undue influence or coercion.

I attest that I am aware that my continued participation as a provider enrolled in the Medicaid program is contingent upon my compliance with the duties and responsibilities referenced above, which compliance shall be determined by DCH.

I acknowledge and understand that I may be subject to a fine of not more than \$1000 or imprisonment for not less than one or more than five years, or both, if I knowingly and willfully make a false or fraudulent statement or representation to the Department or its agents, including Myers and Stauffer, regarding Enrollment information, Encounter Data, Financial, or other information pursuant to O.C.G.A. Section 16-10-20.

Printed Name of Provider

Printed Name of Signatory

Date

Signature

Title

9265 Counselors Row, Suite 200 • Indianapolis, Indiana 46240-6419
(317) 846-9521 • (800) 877-6927 • Fax (317) 571-8481



Encounter Survey - Frequently Asked Questions

Am I being audited by Myers and Stauffer or the Department of Community Health?

The Department of Community Health has engaged Myers and Stauffer to *confirm a sample of the claim encounters reported by the Care Management Organizations* to verify the accuracy of the encounter data. This survey is *not* an audit.

Am I required to complete this survey?

The information gathered will assist the Department of Community Health as they assess the performance of the Care Management Organizations. Any information you provide will help with that endeavor, but you are not required to complete the survey.

Can you provide the patient account number or medical record number for the patients referenced?

The patient account number and/or medical record number were not included in the encounter data submitted by the Care Management Organizations and therefore we do not have access to this information. In lieu of this member data, we have attempted to provide as much additional information as possible to help you identify the patient.

What if I cannot locate the payment or patient?

If you are unable to locate the patient or payment, please indicate that you are unable to locate the payment or patient in the comments section of the survey.

What will happen to the information I report to you?

Myers and Stauffer will gather the information returned to us by all providers, aggregate the information, and provide a report of our findings to the Department of Community Health.

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Exhibit C

Table 14: Surveys for Which No Response Was Received

Provider ID	Provider Name	Encounters	Status
000339248A	1st America Pres. Drugs, Inc.	1	No response to survey
690655726A	2 Footprints	7	No response to survey
000261841A	Acme Pharmacy	1	No response to survey
000809817N	Akber H. Hashim	1	No response to survey
000050949B	Alan B. Goldman	1	No response to survey
000046747A	Alex Howell	1	No response to survey
000695879C	Alexandra M. Phipps	1	No response to survey
987163439A	Amanda Richardson	1	No response to survey
000766741H	Amer M. Al-Rafati	1	No response to survey
000019104A	Anne Jacques	1	No response to survey
000542066H	Annie V. Varghese	1	No response to survey
805353909A	Anthony H. Lau	1	No response to survey
616035323G	Antonia R. Fisher-Mclin	1	No response to survey
201305592A	Ar Medical, LLC	1	No response to survey
000611861A	Armuchee Pharmacy	1	No response to survey
735642371C	Bennett's Hometown Pharm. Waynesville LLC	1	No response to survey
735642371A	Bennett's Hometown Pharmacy, LLC	2	No response to survey
000000272A	Bulloch Memorial Hospital	4	Mail Undeliverable
000749515B	Candan Ozbek	1	No response to survey
000022778B	Canton Northside Pharmacy , Inc .Dme	1	No response to survey
000887763D	Carl J. Kappes	1	No response to survey
000887763E	Carl J. Kappes	1	No response to survey
708306595A	Carlos A. Garza-Gongora	1	No response to survey
708306595C	Carlos A. Garza-Gongora	1	No response to survey
865263766A	Carol D.Thompson-Armant	1	Mail Undeliverable

Provider ID	Provider Name	Encounters	Status
000104101A	Carolinas Medical Center	1	Mail Undeliverable
000382159C	Carter's Pharmacy, Inc., Rincon	1	No response to survey
000022998A	Center Pharmacy	1	No response to survey
160393582D	Charles P. Read	1	Mail Undeliverable
000001636A	Children's Healthcare Of Atlanta	24	No response to survey
679095880A	Chin A. Yoo	2	No response to survey
608406833B	Clara M. Picayo	1	No response to survey
000918838A	Claude P. Daniel	1	No response to survey
000025088A	Clinic Drug Store	1	No response to survey
063857143A	Colleen P. Panunzio	2	No response to survey
000606372P	Colquitt County Mental Health Day Treatment Services	1	No response to survey
000472128B	Community Medical Center of Palmetto	1	No response to survey
000472128C	Community Medical Center of Palmetto	1	Mail Undeliverable
000606317B	Community Service Board Of East Central Georgia	2	No response to survey
000606284B	Community Service Board of Middle Georgia	1	No response to survey
000606284K	Community Service Board of Middle Georgia	2	No response to survey
000383666A	Corley Drugs #4	1	No response to survey
000601565L	Cornerstone Crisis Stablization	3	No response to survey
736341296A	Courtney Wilson	1	No response to survey
000735193C	Craig L. Lebish	1	No response to survey
000305511M	Curless A. Patterson-Barnett	1	No response to survey
000326774A	Curtis L. Pickard	1	No response to survey
000463922A	Curtis V. Cooper Primary Healthcare	2	No response to survey
000407107A	Darryal K. Donerlson-Mccullough	1	No response to survey
000442604E	Daryl C. Wiley	1	No response to survey
514725717B	David A. Skoglund	5	No response to survey
842821836A	David B. Gandy	1	No response to survey
376933122C	David G. Markwell	1	No response to survey
000443671F	David L. Dinges	1	No response to survey
000430064A	David M. Harris	1	No response to survey
816899842A	David P. Carlton	1	No response to survey
000471798B	David T. Busch	2	No response to survey
000811181C	David W. Howington	1	No response to survey
000346233C	Davis Lee S	1	No response to survey

Provider ID	Provider Name	Encounters	Status
000025803A	Dawson Pharmacy	1	No response to survey
000083388A	Dekalb Co Emergency Medical Services	1	No response to survey
055002315A	Dekalb Community	1	No response to survey
000947944C	Demetris E. Rush	1	No response to survey
431441627A	Denise Morrison	1	No response to survey
000025649A	Dennard Drugs	1	No response to survey
000286371E	Dennis A. Robinson	1	No response to survey
000343428A	Dennis L. Holwerda	1	No response to survey
000841992AA	Dennis Wiles	2	No response to survey
000603369C	Developmental Services	1	No response to survey
407765685K	Dewayne Shaw	1	No response to survey
000905583B	Dharmesh Parbhoo	1	No response to survey
959033244A	Dharmeshkumar C. Patel	1	No response to survey
000851727B	Diane C. Kelly	1	No response to survey
950348552A	Divya B. Joshi	1	No response to survey
327980256A	Doctor's Pharmacy-Vital Care, Inc.	1	No response to survey
000000591B	Dodge County EMS	1	No response to survey
000603369U	Douglas County Community Service Building	1	Mail Undeliverable
090634775B	Douglas County CSB	1	Mail Undeliverable
000937307D	Fulton Dekalb Hospital Authority	1	No response to survey
000934986A	Gabriella R. Kacsoh	1	No response to survey
627284503C	Gail M. Weaver	1	No response to survey
000292168A	Gailya L. Axam	1	No response to survey
000488386F	Gaye J. Cook	1	Mail Undeliverable
000830563B	Gena D. Alexander-Albert	2	No response to survey
000867633C	Gena H. Volas-Redd	1	No response to survey
000660162B	Genzyme Corporation	1	No response to survey
000478057C	Genzyme Genetics	3	No response to survey
000723984A	George J. Lechacz	3	No response to survey
000811247B	Geri A. Gill	1	No response to survey
000387472A	Gwinnett County EMS	1	No response to survey
000009589A	Hal M. Herd	1	No response to survey
000456761A	Halbert C. Capuy	1	No response to survey
000029323A	Hines Prescription Shop	1	No response to survey

Provider ID	Provider Name	Encounters	Status
000048914A	Howard M. Warren	1	No response to survey
000001757B	Hughes Spalding Childrens Hosp	7	No response to survey
000679808A	Hughes Spalding Childrens Hosp	7	No response to survey
000001075A	Hutcheson Medical Center	4	No response to survey
858480563D	Hyun W. Park	1	No response to survey
000682327A	J. H. Harvey Co, LLC	1	No response to survey
000856259A	J. H. Harvey Co, LLC	1	No response to survey
300034609A	J. L. Burch LLC	1	No response to survey
000045625A	J. R. Dubrow	1	Declined to participate in survey
000762099A	Jack N. Haney	1	Declined to participate in survey
000868953A	Jason P. Holloway	4	No response to survey
000907398A	Jason R. Levy	1	No response to survey
000770316E	Jawanna S. Wilkins	1	No response to survey
000296612A	Jones Prescription Shop	1	No response to survey
000704954A	Josiah S. Matthews	1	No response to survey
000616371A	Joy L. Smith	1	No response to survey
752529620A	Julie M. Dennard	1	No response to survey
000486571F	Julio E. Pajaro	1	No response to survey
000217797B	Keith S. Crawford	1	No response to survey
670845258B	Kelli Paniagua	2	No response to survey
000001119A	Kennestone Hospital	11	No response to survey
000821378C	Kenneth F. Menchion	1	No response to survey
000794912C	Kenneth W. Harper	2	No response to survey
000208282A	Kmart Pharmacy #4451	1	No response to survey
000682173D	Kristen E. Basinger	1	No response to survey
000191001A	Krupavathi Maramreddy	1	No response to survey
241705612A	Kyendria K. Banks	1	No response to survey
000030456B	Lakeland Drug Co. DME	1	No response to survey
000598452A	Lawrenceville MH/MR/SA Svcs	4	No response to survey
000687794A	Leah J. McFerren	1	No response to survey
000717505A	Leah M. Cook	1	No response to survey
000188537A	Lee Medical Arts Center	11	No response to survey
000403928A	Lee-Goodrum Eastside Pharmacy	2	No response to survey
622508818C	Lela F. Allen	1	No response to survey

Provider ID	Provider Name	Encounters	Status
165398699A	Living Well Pharmacy	1	No response to survey
422264874A	Mark R. Johnson	1	No response to survey
000289363C	Martin C. Michaels	1	No response to survey
000614545A	Mary G.Thomas	2	No response to survey
000924448A	Matria Women's and Children's Health	3	No response to survey
000162863A	Max Kuo	2	No response to survey
000601609A	McIntosh Trail Community Service Board	1	No response to survey
000001086A	Meadows Regional Medical Center, Inc.	4	No response to survey
539994613A	Medical Diagnostic Lab LLC	3	No response to survey
000924998A	Medtox Laboratories	3	No response to survey
918809059A	Meridian Educational Resource Group	9	No response to survey
000910555A	Metro Atlanta Ambulance Service	1	No response to survey
260568973A	Michael A. Rossitch	1	No response to survey
000431527A	Michael D. Marable	1	No response to survey
000364064E	Michael D. Poole	1	No response to survey
000204641C	Michael F. Roberts	1	No response to survey
000729473A	Michael J. Jackson	1	No response to survey
000462745A	Michael L. Maley	2	No response to survey
181268695A	Michael T. Cooper	2	No response to survey
000944391A	Michael W. Lee li	1	No response to survey
000754344M	Michelle R. Presley	1	No response to survey
186794814D	Michelle S. Harmon	1	No response to survey
000434948A	Milton S.Grisham	2	No response to survey
724584735K	Mindy Simms	1	No response to survey
000617691F	Misael Rodriguez	1	No response to survey
000262457A	Moye's Pharmacy	1	No response to survey
296279991A	Muhammad Chauhan	1	No response to survey
292851707A	Mujtaba S. Sheikh	1	No response to survey
214304224A	Murali Yelugapuri	1	No response to survey
589248573A	N. Allred Robert , D.D.S., PC	1	No response to survey
729402027F	Nagendra S. Kodali	1	No response to survey
000001416A	Palmyra Park Hospital, Inc.	1	No response to survey
000913877A	Pamela L. Collier	1	No response to survey
000552681A	Paresh R. Patel	1	No response to survey

Provider ID	Provider Name	Encounters	Status
960015756F	Paula L. Coates	1	No response to survey
960015756G	Paula L. Coates	1	No response to survey
960015756H	Paula L. Coates	1	No response to survey
000587672E	Payne-Pamphile Roslyn	1	No response to survey
000384282B	Peggy R. Sinkoe	1	No response to survey
000766752B	Peter S. Cimino	1	No response to survey
000045251A	Philip W. Cooper	1	No response to survey
175583131A	Phoebe G. Thorpe	1	No response to survey
000001493A	Piedmont Mountainside Medical Center	3	No response to survey
000000492A	Piedmont Newnan Hospital	2	No response to survey
000456453L	Pike County Board of Health	1	No response to survey
000212066A	Plaza Discount Pharmacy	1	No response to survey
000323419A	Professional Pharmacy	1	No response to survey
000519406A	Publix Pharmacy # 0089	1	No response to survey
000745709A	Publix Pharmacy #0596	1	No response to survey
000763606A	Publix Pharmacy #0617	1	No response to survey
000864905A	Publix Pharmacy #0730	1	No response to survey
000698882A	Publix Pharmacy#0560	1	No response to survey
000209866A	Quick RX Drugs, Inc.	1	No response to survey
000954346B	Rajeshkumar M. Miniyar	2	Mail Undeliverable
000245407H	Richard D. Molina	1	Mail Undeliverable
000942719A	Riverstone Pharmacy, Inc.	1	No response to survey
305328035A	Savannah Area Behavioral Health COL	1	No response to survey
352258385A	Scott E. Hannah	1	No response to survey
000890436A	Scott V. Chappell	1	No response to survey
000455892B	Screven County Health Dept	1	No response to survey
000804647A	Secure Care Inc.	1	No response to survey
000776289A	Shirlene M. Williams	1	No response to survey
000226443A	Shoppers Pharmacy	1	No response to survey
000050179B	Silas D. McCaslin	1	No response to survey
857665599A	Sing Y. Chang	1	No response to survey
303492116A	Small Smiles Of Atlanta, Inc.	2	No response to survey
000764728A	Soft Touch Medical LLC DME	2	No response to survey
000905011H	Sonya W. Cage	4	No response to survey

Provider ID	Provider Name	Encounters	Status
300033715A	Southern Orthopedic and Sports	1	No response to survey
000087997A	Tallapoosa Drug Co, Inc.	2	No response to survey
000608253H	Tammy G. Smith	1	No response to survey
000001867A	Tanner Medical Center	3	No response to survey
000862089C	Target Store T-1779 Pharmacy	1	No response to survey
000806803A	The Apothecary Shoppe Pharmacy	1	No response to survey
300030166B	The Emory Clinic	4	No response to survey
000148233A	The Medical Center Hospital Authority	1	No response to survey
000809971A	The Prescription Shop PHCY	1	No response to survey
977942825A	The Vashti Center Inc.	5	No response to survey
000769953D	Thomas D. Ho	2	No response to survey
000767786B	Thomas K. Pedigo	2	No response to survey
000307161H	Thomas W. Hinz	1	No response to survey
000759448M	Three Rivers GA Highlands CSB	3	No response to survey
000759448Q	Three Rivers GA Highlands CSB	1	No response to survey
000357552A	Thrif-D Discount Pharmacy #1892	1	No response to survey
000373436A	Turner Pharmacy	1	No response to survey
000908289B	Tyler S. Hensley	1	No response to survey
000809454A	U Save It Pharmacy #8	1	No response to survey
130139164A	UHS of Anchor, LP	1	No response to survey
000554298X	USA Doctors Hospital	1	No response to survey
000601246J	Valdosta Community Service Center	1	No response to survey
000617196A	Valley Healthcare System, Inc.	2	No response to survey
756997856B	Vallier C. Ojadi	1	No response to survey
874346206A	Vera C. Garcia	1	No response to survey
000230546D	Victor E. Payton	1	No response to survey
000844555B	Victoria S. Spinks	1	No response to survey
000601609Z	Vistas	3	No response to survey
000786882A	Vivian S. Lennon	2	No response to survey
000164502A	Wa'El D Hammad	1	No response to survey
000396723A	Wal Mart Pharmacy #10-0548	1	No response to survey
000312166A	Wal Mart Pharmacy #10-0843	1	No response to survey
000893186D	Wal Mart Pharmacy #10-3201	1	No response to survey
000318887A	Wal Mart Pharmacy 10 0862	1	No response to survey

Provider ID	Provider Name	Encounters	Status
890489463A	Walmart Pharmacy # 10-3874	1	No response to survey
000364009A	Wal-Mart Pharmacy #10-0003	1	No response to survey
000352404A	Wal-Mart Pharmacy #10-0593	1	No response to survey
000350204A	Wal-Mart Pharmacy #10-0594	1	No response to survey
000507559A	Wal-Mart Pharmacy #10-0639	1	No response to survey
000353515A	Wal-Mart Pharmacy #10-0722	1	No response to survey
000472293A	Wal-Mart Pharmacy #10-0754	2	No response to survey
000329997A	Wal-Mart Pharmacy #10-0952	1	No response to survey
000335299A	Walmart Pharmacy #10-1011-Corp	1	No response to survey
000409857A	Wal-Mart Pharmacy #10-1363	1	No response to survey
000427699A	Wal-Mart Pharmacy #10-1400	1	No response to survey
000718957A	Wal-Mart Pharmacy #10-2475	1	No response to survey
000806759A	Wal-Mart Pharmacy #10-2615	1	No response to survey
000847877A	Wal-Mart Pharmacy #10-2754	1	No response to survey
000869954A	Wal-Mart Pharmacy #10-2860	1	No response to survey
662067209A	Wal-Mart Pharmacy #10-3389	1	No response to survey
398275168A	Wal-Mart Pharmacy #10-5392	1	No response to survey
637323330A	Wal-Mart Pharmacy #10-5482	1	No response to survey
000460842A	Wal-Mart Pharmacy 10-0555	1	No response to survey
000659755A	Wal-Mart Pharmacy 10-0614	1	No response to survey
000493864A	Wal-Mart Pharmacy 10-0756	1	No response to survey
000536346A	Wal-Mart Pharmacy 10-0855	1	No response to survey
000447532A	Wal-Mart Pharmacy 10-0932	1	No response to survey
000608605A	Wal-Mart Pharmacy 10-1070	1	No response to survey
000415302A	Wal-Mart Pharmacy 10-1403	1	No response to survey
000456673A	Wal-Mart Pharmacy 10-1658	2	No response to survey
000838923A	Wal-Mart Pharmacy 10-2733	1	No response to survey
085000189G	Wellstar E Paulding Primary Care	1	No response to survey
085000586G	Wellstar Pediatric & Adolescent Center	1	No response to survey
000950045B	Wendy V. Seay	1	No response to survey
085000528G	Westside Pediatrics, PC	1	No response to survey
085000055G	White's Pediatrics	1	No response to survey
000545498A	Winn Dixie Pharmacy #172	1	No response to survey
000278858A	Winn Dixie Prescription Shop #140	1	No response to survey

Provider ID	Provider Name	Encounters	Status
085002984G	Womens Health at Blue Ridge PC	1	No response to survey
915406162A	Xin Wei	1	No response to survey
611368026A	Yanghee Yun	1	No response to survey
626625104A	Yejin Kim	1	No response to survey
000931301D	Zelda M. Pittman	1	No response to survey
233833432D	Zenia I. Fleming	1	No response to survey

Exhibit D

From: "Dawn Rock" <DROCK@CENTENE.COM>
To: "Kathy Haley" <khaley@mslc.com>
CC: "Beverly Kelly" <BKelly@mslc.com>
Date: 12/16/2009 6:14 PM
Subject: RE: PSHP Encounter Survey Follow Up
Attachments: PSHP Encounter ValidationResponse - Pharmacy Only - MS Follow Up 12.16.09.xls;
PSHP Encounter ValidationResponse - Excludes Pharmacy - MS Follow Up 12.16.09.xls

Kathy,

Peach State's responses are attached. With regard to the pharmacy encounters, we provide a single response for each of the sixty (60) identified cases:

Peach State contracts with US Script for specific rates for pharmacy prescriptions. US Script separately negotiates prices with pharmacies across all lines of business. The contracted pharmacy rates will frequently differ from the amount Peach State is billed. This is commonly referred to as a traditional pricing arrangement and is a common industry practice.

Peach State's encounter submissions have always consisted of the amounts Peach State paid its pharmacy provider, US Script and has not been what US Script reimbursed its contracted, dispensing pharmacy. We believe this practice to be consistent with Version 1.14 of the Georgia Families NCPDP Encounter Companion Guide (Companion Guide) and consistent with industry standard practices; in the seven other states in which US Script prepares encounter files for submission to the state regulatory agency, the amount submitted is the amount the health plan was billed by and paid to its Pharmacy Benefit Manager.

Likewise, we provide a single response for each of the four (4) non-pharmacy DME cases identified on the spreadsheet:

All DME encounters will be resubmitted as replacements, reporting the amount billed by and paid to the provider, and not the contracted rate paid by the CMO.

Detailed responses are provided for the remaining two (2) non-pharmacy cases identified on the spreadsheet.

As always, if you have questions or require additional information, please do not hesitate to contact me directly at the telephone number or email address provided below.

Dawn D. Rock, J.D., CHC, CCEP
Vice President, Compliance
Peach State Health Plan
Phone/Fax: 678-556-2439
Cellular: 678-231-3914
Email: drock@centene.com<mailto:drock@centene.com>

Compliance without compromise.

From: Kathy Haley [mailto:khaley@MSLC.COM]
Sent: Thursday, December 10, 2009 9:52 AM
To: Dawn Rock
Cc: Beverly Kelly
Subject: PSHP Encounter Survey Follow Up

Dawn,

After reviewing your attached responses to the encounter validation survey, we have a few follow up questions to complete our analyses. Please have your responses to us by COB 12/16/09. If you have questions or would like to discuss further, please let us know.

Thanks,
Kathy

Kathy Haley, MPL, CFE
Myers & Stauffer LC
9265 Counselors Row, Suite 200
Indianapolis, IN 46240
317-846-9521 ext 371

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