

October 8, 2024

Ms. Minnie Andrade
Chief Executive Officer
Molina Complete Care
5055 E Washington St, Ste 210
Phoenix, AZ 85034

Dear Ms. Andrade:

Attached are the final results of the Encounter Data Validation studies for Molina Complete Care for Contract Year Ending (CYE) 2022. The review was conducted in accordance with Section D, Paragraph 61 of Contract YH19-0001-07 and the Encounter Data Validation Technical Document. The review scope included two sections: study "A" for all professional services and study "B" for all facility services. The studies measured:

- Claims included in the Contractor's claim submission and encountered in AHCCCS' Prepaid Medical Management Information System (PMMIS) (Match) – reviewed for accuracy and timeliness.
- Claims included in the Contractor's claim submission but not encountered in PMMIS (NotEnc InCIm) – reviewed for omission.
- Encounters reported in PMMIS but not included in the Contractor's claim submission (InEnc NotCIm) – reviewed for omission from claim submission file.

A preliminary report was provided to allow the Contractor the opportunity to review and submit any additional information that may have affected the final error rate calculations. After considering the Contractor response, the results have been applied to the total population of "A" and "B" encounters.

For study "A" Match, there were 879,493 encounter/claim matches identified from a sample size of 917,319 claims; a subsample of 150 was randomly selected. AHCCCS manually compared the supporting information provided by the Contractor to the adjudicated encounters within PMMIS resulting in 0 accuracy errors and 4 timeliness errors, yielding an overall error rate of 0.00% for accuracy and 2.67% for timeliness. For study "B" Match, there were 48,868 encounter/claim matches identified from a sample size of 50,314 claims; a subsample of 150 was randomly selected. AHCCCS manually compared the supporting information provided by the Contractor to the adjudicated encounters within PMMIS resulting in 4 accuracy errors and 5 timeliness errors, yielding an overall error rate of 2.67% for accuracy and 3.33% for timeliness.

For study “A” NotEnc InCIm, there were 37,826 possible omissions identified from a sample size of 917,319 claims; a subsample of 315 was randomly selected. AHCCCS manually compared the supporting information provided by the Contractor to the adjudicated encounters within PMMIS resulting in 113 omission errors, yielding an overall error rate of 1.48%. For study “B” NotEnc InCIm, there were 1,446 possible omissions identified from a sample size of 50,314 claims; a subsample of 315 was randomly

selected. AHCCCS manually compared the supporting information provided by the Contractor to the adjudicated encounters within PMMIS resulting in 130 omission errors, yielding an overall error rate of 1.19%.

For study “A” InEnc NotCIm, there were 80,169 possible omissions identified from a sample size of 959,662 encounters; a subsample of 315 was randomly selected. AHCCCS manually compared the supporting information provided by the Contractor to the adjudicated encounters within PMMIS resulting in 21 omission errors, yielding an overall error rate of 0.56%. For study “B” InEnc NotCIm, there were 156 possible omissions identified from a sample size of 49,024 encounters; a subsample of 154 was randomly selected. AHCCCS manually compared the supporting information provided by the Contractor to the adjudicated encounters within PMMIS resulting in 128 omission errors, yielding an overall error rate of 0.26%.

For each study, if the error rate falls below the acceptable rate of 5%, no sanction will be applied. The Contractor’s error rates and sanction amounts, if applicable, for each study are as follows:

STUDY	Error Rate	Sanction
A Match Accuracy	0.00%	\$0.00
A Match Timeliness	2.67%	\$0.00
A NotEnc InCIm	1.48%	\$0.00
A InEnc NotCIm	0.56%	\$0.00
B Match Accuracy	2.67%	\$0.00
B Match Timeliness	3.33%	\$0.00
B NotEnc InCIm	1.19%	\$0.00
B InEnc NotCIm	0.26%	\$0.00

Per the terms of the Contract, sanctions are not AHCCCS’ exclusive remedy. In particular and without limiting possible future actions, if any legal action is brought against AHCCCS as the result of your non-compliance with the Contract, AHCCCS will seek compensation from you for any damages arising from such legal action including, but not limited to, AHCCCS’ cost of representation, as well as the cost of any attorneys’ fees and costs payable to the party bringing the action.

If Molina Complete Care disagrees with this decision, the Contractor may file a dispute with the AHCCCS Administration using the process outlined in A.A.C. R9-34-401 et.seq. The dispute must be filed in writing and must be received by the AHCCCS Administration, Office of General Counsel at 801 E. Jefferson Street,



Katie Hobbs, Governor
Carmen Heredia, Director

Phoenix, Arizona 85034, no later than 60 days from the date of this letter. The dispute shall specify the legal and factual bases for the dispute as well as the relief requested.

Thank you for your assistance with this Centers for Medicare and Medicaid Services (CMS) requirement. If you have any questions, please contact Linda Oakley at (602) 417-4308 or linda.oakley@azahcccs.gov.

Sincerely,

DocuSigned by:

A handwritten signature in black ink, appearing to read "M. LaPorte", is enclosed within a blue DocuSign signature box.

6720D03F007E4A8...

Meggan LaPorte CPPO, MSW
Chief Procurement Officer
Division of Business and Finance
Mail Drop #5700

Certificate Of Completion

Envelope Id: 795A5250E7644BE68EC20E17F1527B22	Status: Completed
Subject: Complete with DocuSign: MCC CYE22 final findings.docx	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	anntonia.cota
Time Zone: (UTC-07:00) Arizona	801 E. Jefferson St.
	Phoenix, AZ 85034
	anntonia.cota@azahcccs.gov
	IP Address: 70.163.202.213

Record Tracking

Status: Original	Holder: anntonia.cota	Location: DocuSign
10/8/2024 7:36:41 AM	anntonia.cota@azahcccs.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Arizona Health Care Cost Containment System	Location: DocuSign

Signer Events

Meggan LaPorte
Meggan.LaPorte@azahcccs.gov
Chief Procurement Officer
AHCCCS
Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

6720D03F007E4A8...
Signature Adoption: Uploaded Signature Image
Using IP Address: 13.86.232.74

Timestamp

Sent: 10/8/2024 7:37:58 AM
Viewed: 10/8/2024 9:11:38 AM
Signed: 10/8/2024 9:11:42 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Linda Oakley
linda.oakley@azahcccs.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 10/8/2024 9:11:43 AM
Viewed: 10/8/2024 11:22:58 AM

Electronic Record and Signature Disclosure:

Accepted: 12/7/2023 3:42:23 PM
ID: 4f0df8b4-bfa3-43d2-8594-a9751fb61800
Company Name: Carahsoft OBO Arizona Health Care Cost Containment System

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	10/8/2024 7:37:58 AM
Certified Delivered	Security Checked	10/8/2024 9:11:38 AM

Envelope Summary Events	Status	Timestamps
--------------------------------	---------------	-------------------

Signing Complete	Security Checked	10/8/2024 9:11:42 AM
Completed	Security Checked	10/8/2024 9:11:43 AM

Payment Events	Status	Timestamps
-----------------------	---------------	-------------------

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Arizona Health Care Cost Containment System (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Arizona Health Care Cost Containment System:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: anthony.flot@azahcccs.gov

To advise Arizona Health Care Cost Containment System of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at anthony.flot@azahcccs.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Arizona Health Care Cost Containment System

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to anthony.flot@azahcccs.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Arizona Health Care Cost Containment System

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to anthony.flot@azahcccs.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Arizona Health Care Cost Containment System as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Arizona Health Care Cost Containment System during the course of your relationship with Arizona Health Care Cost Containment System.