August 1, 2024 through September 30, 2025

Comparison of West Virginia Managed Care Organization Encounter Data to Cash Disbursements for Highmark Health Options of West Virginia (HHOWV)

January 22, 2026

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

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STUDY PURPOSE

The West Virginia Department of Human Services, Bureau for Medical Services (BMS) requires that each of the contracted Managed Care Organizations (MCOs) submit encounter data to the BMS' fiscal agent contractor (FAC), Gainwell Technologies (Gainwell). To ensure complete encounter data is being received, Myers and Stauffer performs bi-monthly encounter reconciliations. As part of this process, Myers and Stauffer analyzes encounter data that has been submitted by the MCOs to Gainwell and completes a comparison of the encounters to cash disbursement journals (CDJs) provided by each MCO. For purposes of this analysis, "encounter data" are claims that have been paid by MCOs or delegated vendors (e.g., vision and dental) to health care providers that have rendered health care services to members enrolled with the MCO.

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

Sections 5.9.5.1 and 5.9.5.5 of the contract between BMS and the MCO through June 30, 2026 (the current reporting period) states,

> *"The MCO must submit complete and accurate encounters in the form and manner described in 42 CFR 438.818 and in BMS guidance, including the Encounter Companion Guides for Professional, Institution, and Dental claims posted on the State MMIS website. Encounter data must follow the format and data elements as required by the HIPAA-compliant 837 transaction for medical and dental claims. … The MCO must submit at least ninety-six percent (96%) of all encounter data, including those of Subcontractors, both for the original claim and any adjustment or void within thirty (30) calendar days after the adjudication date."*
>
> *"BMS or its Agent will validate encounter claims submissions according to the Cash Disbursement Journals (CDJ) provided by the MCO and its applicable Subcontractors. If the MCO or its Subcontractors fail to submit complete encounter data, as measured by a minimum completion percentage of ninety-six (96) percent when encounters are compared to cash disbursements for the MCO and its Subcontractors, the MCO may be subject to liquidated damages or other available remedies."*

The bi-monthly encounter reconciliations also help fulfill part of the work requirements set forth in Activity 3 of the Center for Medicare and Medicaid's (CMS) External Quality Review (EQR) Protocol 5, which require a determination of the completeness, accuracy, and quality of the encounter data being submitted by each MCO. CMS' External Quality Review, Protocol 5, is an excellent way to assess whether the encounter data can be used to determine program effectiveness, accurately evaluate utilization, identify service gaps, and make strong management decisions.

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

The results of our engagement and this report are intended only for the internal use of the West Virginia Bureau for Medical Services and should not be used for any other purpose.

SUMMARY

BMS requested that, for this study, we review the MCO's entire plan, each delegated vendor, and fee-for-service (non-vendor) paid encounters to determine if the paid encounters meet the state contract minimum completeness requirement of **96 percent** when compared to the CDJ files. The Mountain Health Trust (MHT) Medicaid and CHIP encounters and CDJ files utilized in this study met the following criteria:

- Encounters were paid within the reporting period of August 1, 2024 through September 30, 2025;
- CDJ transactions had payment dates within the reporting period of August 1, 2024 through September 30, 2025;
- Encounters were received, accepted, and finalized by the FAC and transmitted to Myers and Stauffer through November 21, 2025.

Table A — HHOWV MHT Cumulative Completion Totals and Percentages

			Delegated Vendor	
Description	**Entire Plan**	**Fee-for-Service (Non-Vendor)**	**United Concordia (Dental Services)**	**VSP (Vision Services)**
Encounter Total (FAC reported)	**$31,726,432**	**$30,774,476**	**$878,389**	**$73,566**
Total Encounter Adjustments ($)	*($6,630,843)*	*($6,568,436)*	*($62,407)*	*$0*
Total Encounter Adjustments (%)	*-20.90%*	*-21.34%*	*-7.10%*	*0.00%*
Net Encounter Total	**$25,095,588**	**$24,206,040**	**$815,982**	**$73,566**
CDJ Total	**$25,153,621**	**$24,268,318**	**$811,616**	**$73,687**
Variance	*($58,033)*	*($62,278)*	*$4,365*	*($121)*
Completion (%)	**99.76%**	**99.74%**	**100.53%**	**99.83%**
100% Limited^ Completion (%)	***99.75%***		***100.00%***	
Contract Minimum Completeness Requirement (%)	**96.00%**			

^ - To avoid overstating the Entire Plan MHT results in situations where the MCO or an individual vendor's cumulative completion percentage exceeds 100 percent (or the encounter totals exceed the CDJ totals), we have decreased the encounter totals by the reporting period's variance in comparison with the CDJs. Please see data analysis assumption number 10 on page 22 for further explanation.

Table B — HHOWV MHT CHIP Cumulative Completion Totals and Percentages

			Delegated Vendor	
Description	**Entire Plan**	**Fee-for-Service (Non-Vendor)**	**United Concordia (Dental Services)**	**VSP (Vision Services)**
Encounter Total (FAC reported)	**$2,214,661**	**$1,948,914**	**$241,912**	**$23,835**
Total Encounter Adjustments ($)	*($280,766)*	*($247,095)*	*($33,670)*	*$0*
Total Encounter Adjustments (%)	*-12.67%*	*-12.67%*	*-13.91%*	*0.00%*
Net Encounter Total	**$1,933,895**	**$1,701,818**	**$208,241**	**$23,835**
CDJ Total	**$1,932,855**	**$1,693,242**	**$215,489**	**$24,124**
Variance	*$1,040*	*$8,576*	*($7,248)*	*($288)*
Completion (%)	**100.05%**	**100.50%**	**96.63%**	**98.80%**
100% Limited^ Completion (%)	***99.61%***	***100.00%***		
Contract Minimum Completeness Requirement (%)	**96.00%**			

^ - To avoid overstating the Entire Plan CHIP results in situations where the MCO or an individual vendor's cumulative completion percentage exceeds 100 percent (or the encounter totals exceed the CDJ totals), we have decreased the encounter totals by the reporting period's variance in comparison with the CDJs. Please see data analysis assumption number 10 on page 22 for further explanation.

ENCOUNTER DATA ANALYSIS

For this study, Myers and Stauffer analyzes the encounter data that is submitted by the MCOs to the FAC, Gainwell Technologies, and loaded into the FAC Medicaid Management Information System (MMIS). Encounters submitted by any MCO that were rejected by the FAC for errors in submission or other reasons are not transmitted to Myers and Stauffer.

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

1. Encounters identified as denied by the MMIS with $0 MCO paid amounts are excluded from the encounter totals. Additionally, encounter voids with missing/invalid former ICN values or with original encounters already offset by backouts are excluded from the encounter totals.
2. Myers and Stauffer identified potential duplicate encounters using our encounter review logic. Based on a comparison to the CDJ files, we noted some are actual duplicate submissions, and some are replacement encounter records without a matching void (i.e. calculated voids). We have reviewed HHOWV's calculated void and duplicate response files submitted to us prior to December 02, 2025. The accepted responses have been incorporated into the analysis for this report. Responses requiring further explanation have not been added to this report and will be resubmitted to the MCO.
3. Our potential duplicate and calculated void process attempts to identify and remove encounters that appear to be duplicated. Encounters paid by the MCO, but denied by the FAC were included in both our potential duplicate and calculated void processes. It should be noted that the inclusion of denied encounters by either the FAC or the MCO can artificially inflate the percentages of encounter counts and paid amounts being removed. In the case of encounters denied by the FAC, some of these encounters may have already been identified and flagged by the FAC as being duplicates.

Table C — Myers and Stauffer LC's Adjustments to HHOWV MHT Encounters

Description	Encounter Count	Paid Amount	Paid Amount (% of Total*)
Total Encounter Amount (FAC Reported)	**163,590**	**$31,726,432**	**100.00%**
Adjustment Type			
Denied	*(18,177)*	*$229*	*0.00%*
Calculated Void	*(63,406)*	*($6,630,731)*	*-20.89%*
Duplicate	*(3)*	*($342)*	*0.00%*
Total Adjustments Made	*(81,586)*	*($6,630,843)*	*-20.90%*
Net Encounter Amounts	**82,004**	**$25,095,588**	**79.10%**

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

Description	Encounter Count	Paid Amount	Paid Amount (% of Total*)
Total Encounter Amount (FAC Reported)	**11,117**	**$2,214,661**	**100.00%**
Adjustment Type			
Denied	*(1,694)*	*$0*	*0.00%*
Calculated Void	*(2,171)*	*($280,739)*	*-12.67%*
Duplicate	*(1)*	*($27)*	*0.00%*
Total Adjustments Made	*(3,866)*	*($280,766)*	*-12.67%*
Net Encounter Amounts	**7,251**	**$1,933,895**	**87.33%**

** - Percentage ratios are rounded down for each adjustment type and may not add up to the total percentage of adjustments made for this reporting period. Please see data analysis assumption number 9 on page 22 for further explanation.*

DATA ISSUES AND RECOMMENDATIONS

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

Please reference Tables 1 through 8 starting on page 9 for HHOWV's MHT and CHIP entire plan, delegated vendor, and fee-for-service (non-vendor) reconciliation period tables. These tables contain detailed reconciliation totals, completion percentages, and encounter analysis adjustments made by Myers and Stauffer**.**

SECTION A – Non-vendor and/or vendor data issues that may cause completion percentages outside the targeted range (below 96 percent or above 100 percent):

1. **Fee-for-Service (non-vendor) (Tables 2 and 6):** The fee-for-service CHIP cumulative completion percentage, as well as a few MHT monthly completion percentages, are above 100 percent. The inflated CHIP cumulative completion percentage appears to be due to CDJ records with MHT indicators that have corresponding encounter records being allocated to CHIP. These unmatched program identifiers appear to be causing the recent inflated CHIP monthly completion percentages and may be overstating the MHT CDJ totals for these months. The member eligibility and capitation payment data seems to indicate that these members should be attributed to the CHIP program on the claim incurred date.

    - Additionally, missing or misallocated encounter records, including voids, may be contributing to the inflated CHIP cumulative completion percentage and the inflated MHT monthly completion percentages.

    - We previously noted instances of inpatient encounter records in our Gainwell data extracts without submitter IDs, line MCO paid amounts, and some other claims information. Myers and Stauffer worked with Highmark, Gainwell, and BMS to identify all of these Highmark inpatient encounters with missing data elements and incorporate them into these reports. Change request 53958 has been submitted by BMS for Gainwell and Highmark to correct these missing data elements and this issue has been corrected going forward at the end of June 2025 (see data analysis assumption number 7 on page 22 for further details).

    ➢ **We recommend HHOWV continue to work with Gainwell and BMS to submit any outstanding encounter sequences, and to review their program identification process for the CDJ files.**

2. **United Concordia Dental (Tables 3 and 7):** The United Concordia Dental MHT cumulative completion percentage is above 100 percent, and the July 2025 CHIP monthly completion percentage is low due to potentially mismatched program identifiers. We noted instances of CDJ records with CHIP indicators that have corresponding encounter records being allocated to MHT. These unmatched program identifiers appear to be impacting the monthly completion percentages beginning in May 2025. The member eligibility and capitation payment data seems to indicate that the majority of these members should be attributed to the MHT program on the claim incurred date.

** - Entire plan, fee-for-service, and specific delegated vendor cumulative percentages between 96 and 100 percent and their associated data issues are formatted in **green**, while those outside this range are formatted in **orange**.*

- Additionally, there appear to be potentially missing or misallocated encounter void sequences that are contributing to the inflated monthly completion percentages for February 2025 (CHIP) and April 2025 through May 2025 (MHT).

➢ **We recommend HHOWV work with United Concordia Dental to submit any outstanding encounter records, and to review their program identification process for the CDJ files.**

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

3. **Vision Service Plan (Tables 4 and 8):** The MHT and CHIP VSP cumulative completion percentages are in compliance. However, the May 2025 and September 2025 monthly completion percentages are above 100 percent for MHT and below 96 percent for CHIP due to an unmatched MHT/CHIP program identifiers for a single claim in each of these two months. HHOWV has communicated that the impacted claims have been reprocessed with the updated benefits information.

➢ **We recommend HHOWV and VSP to continue to review their Vision CDJ files to ensure all transactions are being allocated to the appropriate program.**

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

4. **Encounter Data Improvement Projects (Tables 1 through 8):** Gainwell has been working with the MCOs on several change requests to improve the quality of the West Virginia encounter data (e.g., CR 48689 and CR 45225). Gainwell developed detailed 835 response files to provide to the MCOs for improved tracking of their encounter data submissions, including any rejections and denial reasons. These response files are being leveraged to remove duplicate records from the encounter data and assist in correcting any MMIS rejections or denials, where possible. Gainwell has been reviewing MCO feedback on the 835 denials to identify any system or companion guide updates that may be necessary. Recently Gainwell updated the encounter companion guides to further clarify their expectations regarding the patient account numbers and original claim IDs submitted on adjustments and void encounters. The impacted MCOs are currently working to update their systems based on this guidance.

5. **Encounter Replacements and Voids (Tables 1 through 8):** We have noted instances where the MCO submits an encounter as a replacement/adjustment (frequency code 7) or void (frequency code 8), but the associated backout (offsetting negative record) for the original record is not included in our data extracts. Based on our discussions with Gainwell, if the replacement/adjustment or void encounter cannot be tied to a previously submitted encounter record or the original record was denied by the MMIS, a backout is not created. Gainwell also noted that if the patient account number for an adjustment is different than the original encounter, the adjustment will be denied by the MMIS and a backout will not be created. These issues are inflating the number of records we are identifying as calculated voids or potential duplicates and may be contributing to any inflated completion percentages. However, Myers and Stauffer and the MCOs are working with Gainwell to identify and correct duplicate encounter records (as noted in data issue number 4).

6. **Encounter Void Paid Dates (Tables 1 through 8):** The paid dates we receive from the MMIS for encounter voids without associated adjustments reflect the paid dates of the original encounters and not the actual provider recoupment dates. We are currently unable to accurately estimate these void recoupment dates due to inconsistencies in the timing of void encounter submissions. While we will continue to discuss data extract improvements with Gainwell, we are allocating these voids to the MCO paid date provided in the extracts when an adjustment paid date is not available. Although this issue does not seem to impact the cumulative completion percentages, it may contribute to some monthly completion percentages above 100 percent or below 96 percent when the encounter void paid dates do not fall within the same month as the original encounter payments.

7. **Program Identification (Tables 1 through 8):** We have noted instances where the program identification provided by the MCOs in their CDJs (MHT or CHIP) does not match the program information in the encounter data. These mismatched program identifiers may contribute to some of the MHT and MHT CHIP monthly variances and impact the cumulative completion percentages for fee-for-service CHIP and United Concordia Dental for both programs.

HHOWV MHT ENTIRE PLAN MONTHLY TABLE

Table 1 — HHOWV Mountain Health Trust (Entire Plan)							
Paid Month	**Monthly Encounter Total (FAC Reported)**	**Monthly Encounter Total (Adjustments)**	**Percentage of Encounters Adjusted**	**Monthly Encounter Net Total**	**CDJ Monthly Reported Total**	**Monthly Variance**	**Monthly Completion Percentage**
August 2024	$3,210	$0	0.00%	$3,210	$3,065	$144	104.71%
September 2024	$99,846	($850)	-0.85%	$98,996	$100,019	($1,022)	98.97%
October 2024	$582,294	($98,083)	-16.84%	$484,211	$487,504	($3,293)	99.32%
November 2024	$649,349	($37,864)	-5.83%	$611,485	$611,781	($295)	99.95%
December 2024	$975,155	($114,042)	-11.69%	$861,113	$867,156	($6,043)	99.30%
January 2025	$1,450,784	($136,697)	-9.42%	$1,314,087	$1,341,290	($27,203)	97.97%
February 2025	$1,690,430	($67,845)	-4.01%	$1,622,585	$1,602,289	$20,296	101.26%
March 2025	$2,604,216	($138,241)	-5.30%	$2,465,976	$2,477,849	($11,874)	99.52%
April 2025	$2,125,835	($209,532)	-9.85%	$1,916,303	$1,929,310	($13,007)	99.32%
May 2025	$3,003,749	($129,187)	-4.30%	$2,874,562	$2,879,005	($4,444)	99.84%
June 2025	$4,248,737	($1,463,954)	-34.45%	$2,784,783	$2,788,948	($4,165)	99.85%
July 2025	$3,296,389	($391,992)	-11.89%	$2,904,396	$2,874,014	$30,382	101.05%
August 2025	$3,825,675	($562,929)	-14.71%	$3,262,746	$3,279,760	($17,013)	99.48%
September 2025	$7,170,764	($3,279,628)	-45.73%	$3,891,136	$3,911,632	($20,496)	99.47%
Cumulative Totals	**$31,726,432**	**($6,630,843)**	**-20.90%**	**$25,095,588**	**$25,153,621**	**($58,033)**	**99.76%**
100% Limited^ Cumulative Totals				**$25,091,223**	**$25,153,621**	**($62,398)**	**99.75%**
					State Contract Minimum Completeness Percentage Requirement		*96.00%*

^ - Since the MHT cumulative completion percentage for the MCO and/or delegated vendor(s) exceed 100 percent, we have decreased the Entire Plan MHT encounter totals by the total variance in comparison to the CDJs to avoid overstating the Entire Plan results. Please reference data analysis assumption number 10 on page 22 for further explanation.

HHOWV MHT SUMMARY REPORTING CHARTS

Chart 1. Monthly CDJ totals and encounter submissions for HHOWV MHT's entire plan

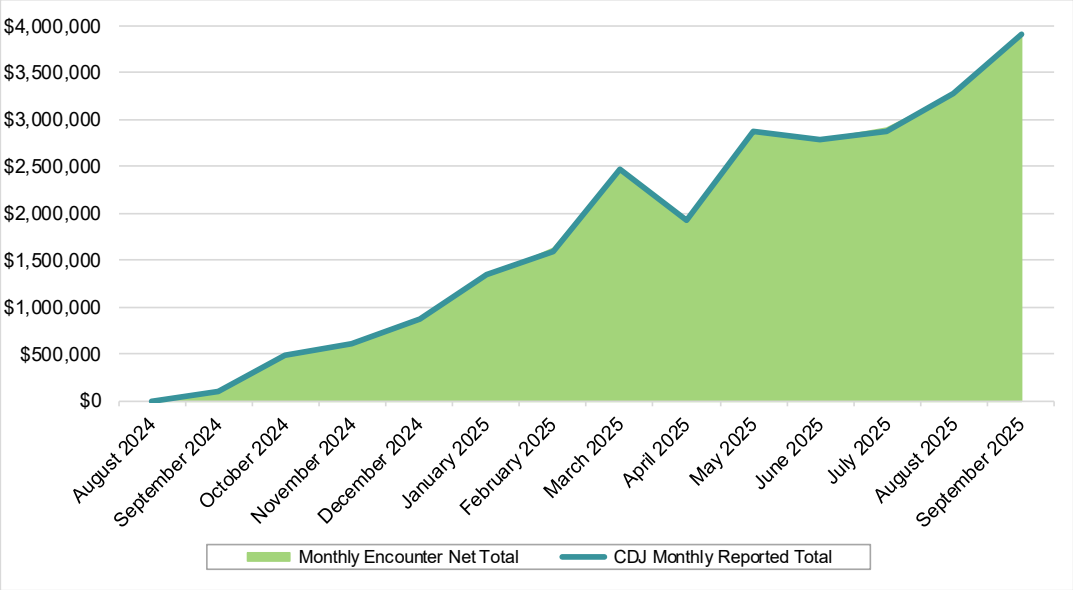
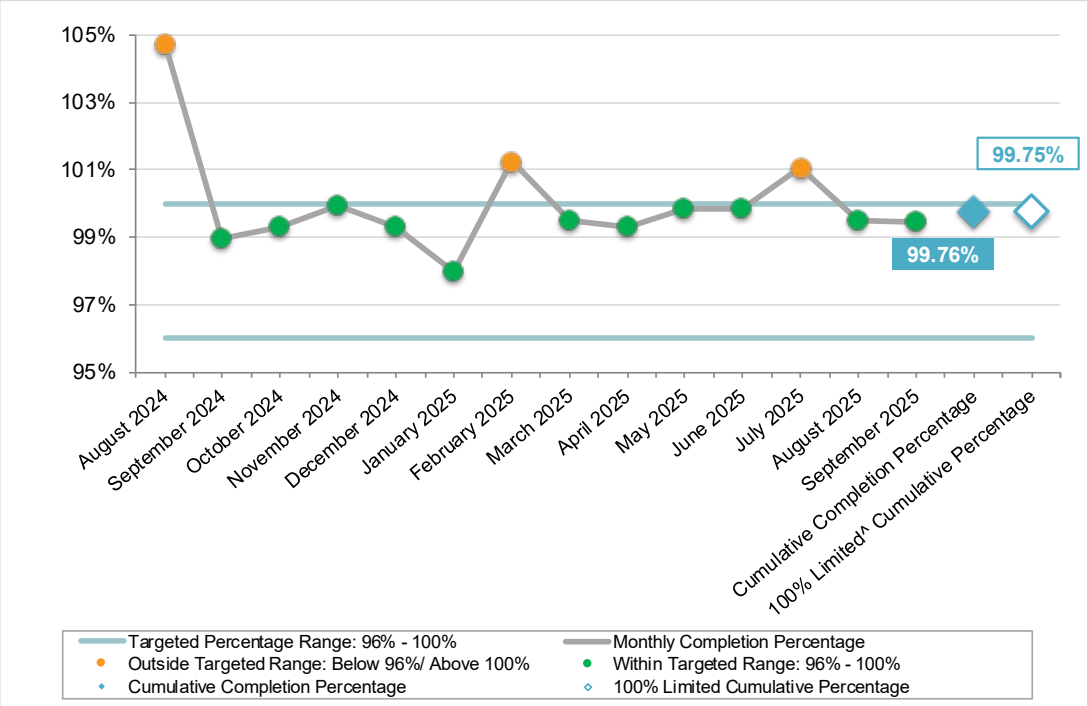


Chart 2. HHOWV MHT's monthly encounter submissions expressed as a percentage of payments submitted to the FAC to reported MCO CDJ payments for the entire plan



^ - To avoid overstating the Entire Plan results in situations when the MCO or an individual vendor's cumulative completion percentage exceeds 100 percent (or the encounter totals exceed the CDJ totals), we have decreased the MHT encounter totals by the reporting period's variance in comparison to the CDJs. Please reference data analysis assumption number 10 on page 22 for further explanation.

HHOWV MHT FEE-FOR-SERVICE MONTHLY TABLE

Table 2 — HHOWV MHT Fee-for-Service (Non-Vendor)							
Paid Month	**Monthly Encounter Total (FAC Reported)**	**Monthly Encounter Total (Adjustments)**	**Percentage of Encounters Adjusted**	**Monthly Encounter Net Total**	**CDJ Monthly Reported Total**	**Monthly Variance**	**Monthly Completion Percentage**
August 2024	$1,986	$0	0.00%	$1,986	$1,842	$144	107.84%
September 2024	$95,128	($850)	-0.89%	$94,279	$95,207	($929)	99.02%
October 2024	$564,269	($98,083)	-17.38%	$466,186	$467,576	($1,390)	99.70%
November 2024	$613,980	($31,620)	-5.15%	$582,360	$581,901	$459	100.07%
December 2024	$937,358	($110,841)	-11.82%	$826,517	$832,368	($5,851)	99.29%
January 2025	$1,417,064	($135,828)	-9.58%	$1,281,235	$1,307,725	($26,490)	97.97%
February 2025	$1,623,986	($54,103)	-3.33%	$1,569,883	$1,547,649	$22,234	101.43%
March 2025	$2,526,312	($131,922)	-5.22%	$2,394,391	$2,405,825	($11,435)	99.52%
April 2025	$2,032,345	($202,117)	-9.94%	$1,830,228	$1,843,625	($13,397)	99.27%
May 2025	$2,899,413	($118,648)	-4.09%	$2,780,765	$2,787,163	($6,399)	99.77%
June 2025	$4,161,038	($1,458,385)	-35.04%	$2,702,654	$2,707,862	($5,208)	99.80%
July 2025	$3,194,654	($388,526)	-12.16%	$2,806,129	$2,780,801	$25,327	100.91%
August 2025	$3,691,094	($559,529)	-15.15%	$3,131,565	$3,149,237	($17,672)	99.43%
September 2025	$7,015,848	($3,277,984)	-46.72%	$3,737,864	$3,759,537	($21,673)	99.42%
Cumulative Totals	**$30,774,476**	**($6,568,436)**	**-21.34%**	**$24,206,040**	**$24,268,318**	**($62,278)**	**99.74%**
						State Contract Minimum Completeness Percentage Requirement	*96.00%*

HHOWV MHT UNITED CONCORDIA DENTAL MONTHLY TABLE

Table 3 — HHOWV MHT United Concordia Dental							
Paid Month	**Monthly Encounter Total (FAC Reported)**	**Monthly Encounter Total (Adjustments)**	**Percentage of Encounters Adjusted**	**Monthly Encounter Net Total**	**CDJ Monthly Reported Total**	**Monthly Variance**	**Monthly Completion Percentage**
August 2024	$987	$0	0.00%	$987	$987	$0	100.00%
September 2024	$2,806	$0	0.00%	$2,806	$2,900	($94)	96.77%
October 2024	$15,806	$0	0.00%	$15,806	$17,709	($1,903)	89.25%
November 2024	$30,000	($6,243)	-20.81%	$23,756	$24,510	($754)	96.92%
December 2024	$33,158	($3,201)	-9.65%	$29,957	$30,149	($192)	99.36%
January 2025	$28,043	($869)	-3.09%	$27,174	$27,887	($713)	97.44%
February 2025	$60,035	($13,742)	-22.89%	$46,293	$48,027	($1,734)	96.38%
March 2025	$71,062	($6,319)	-8.89%	$64,743	$65,169	($425)	99.34%
April 2025	$88,075	($7,415)	-8.41%	$80,659	$80,064	$595	100.74%
May 2025	$97,711	($10,539)	-10.78%	$87,173	$85,423	$1,750	102.04%
June 2025	$81,270	($5,569)	-6.85%	$75,701	$74,659	$1,043	101.39%
July 2025	$98,134	($3,467)	-3.53%	$94,667	$89,612	$5,055	105.64%
August 2025	$125,666	($3,400)	-2.70%	$122,266	$121,608	$659	100.54%
September 2025	$145,636	($1,643)	-1.12%	$143,993	$142,913	$1,080	100.75%
Cumulative Totals	**$878,389**	**($62,407)**	**-7.10%**	**$815,982**	**$811,616**	**$4,365**	**100.53%**
100% Limited^ Cumulative Totals				**$811,616**	**$811,616**	**$0**	**100.00%**
					State Contract Minimum Completeness Percentage Requirement		*96.00%*

^ - The United Concordia Dental MHT cumulative completion percentage was limited to a maximum of 100 percent by decreasing the encounter totals by the reporting period's variance in comparison to the CDJs. Please reference data analysis assumption number 10 on page 22 for further explanation.

HHOWV MHT VSP VISION MONTHLY TABLE

Table 4 — HHOWV MHT VSP Vision							
Paid Month	**Monthly Encounter Total (FAC Reported)**	**Monthly Encounter Total (Adjustments)**	**Percentage of Encounters Adjusted**	**Monthly Encounter Net Total**	**CDJ Monthly Reported Total**	**Monthly Variance**	**Monthly Completion Percentage**
August 2024	$237	$0	0.00%	$237	$237	$0	100.00%
September 2024	$1,912	$0	0.00%	$1,912	$1,912	$0	100.00%
October 2024	$2,219	$0	0.00%	$2,219	$2,219	$0	100.00%
November 2024	$5,370	$0	0.00%	$5,370	$5,370	$0	100.00%
December 2024	$4,638	$0	0.00%	$4,638	$4,638	$0	100.00%
January 2025	$5,678	$0	0.00%	$5,678	$5,678	$0	100.00%
February 2025	$6,408	$0	0.00%	$6,408	$6,613	($204)	96.90%
March 2025	$6,841	$0	0.00%	$6,841	$6,855	($14)	99.79%
April 2025	$5,416	$0	0.00%	$5,416	$5,620	($205)	96.36%
May 2025	$6,624	$0	0.00%	$6,624	$6,419	$205	103.19%
June 2025	$6,428	$0	0.00%	$6,428	$6,428	$0	100.00%
July 2025	$3,600	$0	0.00%	$3,600	$3,600	$0	100.00%
August 2025	$8,915	$0	0.00%	$8,915	$8,915	$0	100.00%
September 2025	$9,280	$0	0.00%	$9,280	$9,182	$97	101.05%
Cumulative Totals	**$73,566**	**$0**	**0.00%**	**$73,566**	**$73,687**	**($121)**	**99.83%**
						State Contract Minimum Completeness Percentage Requirement	*96.00%*

HHOWV MHT CHIP ENTIRE PLAN MONTHLY TABLE

Table 5 — HHOWV Mountain Health Trust CHIP (Entire Plan)							
Paid Month	**Monthly Encounter Total (FAC Reported)**	**Monthly Encounter Total (Adjustments)**	**Percentage of Encounters Adjusted**	**Monthly Encounter Net Total**	**CDJ Monthly Reported Total**	**Monthly Variance**	**Monthly Completion Percentage**
August 2024	$832	$0	0.00%	$832	$832	$0	100.00%
September 2024	$62,183	($230)	-0.37%	$61,953	$62,054	($100)	99.83%
October 2024	$115,070	($38,558)	-33.50%	$76,511	$76,671	($160)	99.79%
November 2024	$81,405	($1,440)	-1.76%	$79,964	$81,371	($1,407)	98.27%
December 2024	$189,406	($42,340)	-22.35%	$147,066	$146,420	$646	100.44%
January 2025	$242,314	($18,644)	-7.69%	$223,671	$224,174	($503)	99.77%
February 2025	$119,861	($1,203)	-1.00%	$118,658	$118,549	$109	100.09%
March 2025	$198,264	($10,586)	-5.33%	$187,678	$187,672	$6	100.00%
April 2025	$224,496	($8,541)	-3.80%	$215,954	$215,502	$452	100.20%
May 2025	$160,935	($14,911)	-9.26%	$146,024	$142,928	$3,095	102.16%
June 2025	$211,355	($71,869)	-34.00%	$139,485	$137,175	$2,310	101.68%
July 2025	$168,501	($20,597)	-12.22%	$147,904	$150,429	($2,525)	98.32%
August 2025	$180,001	($19,446)	-10.80%	$160,555	$161,221	($666)	99.58%
September 2025	$260,039	($32,399)	-12.45%	$227,640	$227,859	($219)	99.90%
Cumulative Totals	**$2,214,661**	**($280,766)**	**-12.67%**	**$1,933,895**	**$1,932,855**	**$1,040**	**100.05%**
100% Limited^ Cumulative Totals				**$1,925,319**	**$1,932,855**	**($7,536)**	**99.61%**
					State Contract Minimum Completeness Percentage Requirement		*96.00%*

^ - Since the CHIP cumulative completion percentage for the MCO and/or delegated vendor(s) exceed 100 percent, we have decreased the Entire Plan CHIP encounter totals by the total variance in comparison to the CDJs to avoid overstating the Entire Plan results. Please reference data analysis assumption number 10 on page 22 for further explanation.

HHOWV MHT CHIP SUMMARY REPORTING CHARTS

Chart 3. Monthly CDJ totals and encounter submissions for HHOWV MHT CHIP's entire plan

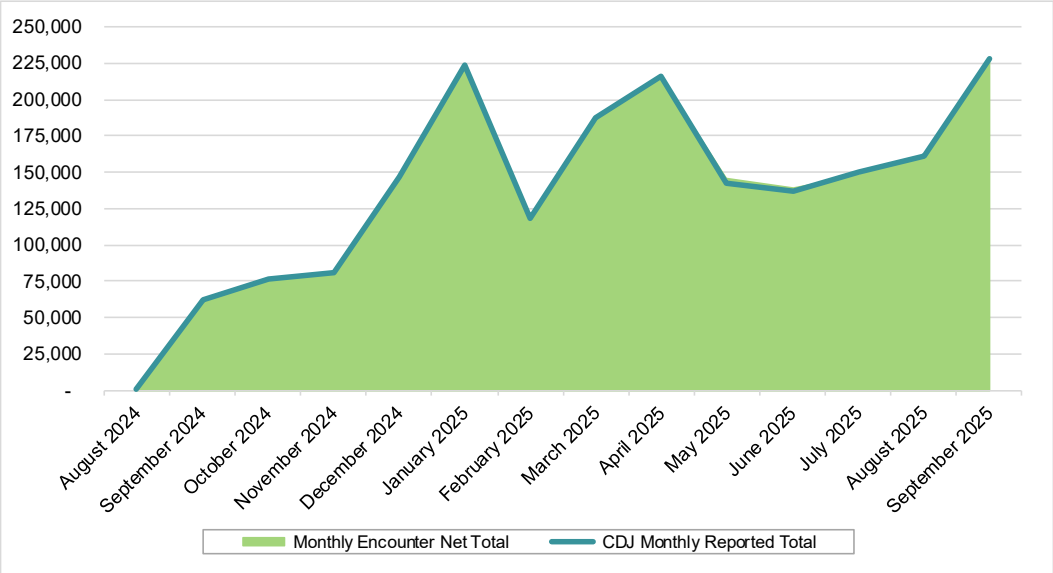


Chart 4. HHOWV MHT CHIP's monthly encounter submissions expressed as a percentage of payments submitted to the FAC to reported MCO CDJ payments for the entire plan

^ - To avoid overstating the Entire Plan results in situations when the MCO or an individual vendor's cumulative completion percentage exceeds 100 percent (or the encounter totals exceed the CDJ totals), we have decreased the CHIP encounter totals by the reporting period's variance in comparison to the CDJs. Please reference data analysis assumption number 10 on page 22 for further explanation.

HHOWV MHT CHIP FEE-FOR-SERVICE MONTHLY TABLE

Table 6 — HHOWV MHT CHIP Fee-for-Service (Non-Vendor)							
Paid Month	**Monthly Encounter Total (FAC Reported)**	**Monthly Encounter Total (Adjustments)**	**Percentage of Encounters Adjusted**	**Monthly Encounter Net Total**	**CDJ Monthly Reported Total**	**Monthly Variance**	**Monthly Completion Percentage**
August 2024	$0	$0		$0	$0	$0	
September 2024	$59,219	($164)	-0.27%	$59,055	$59,055	$0	100.00%
October 2024	$111,317	($38,558)	-34.63%	$72,759	$72,759	$0	100.00%
November 2024	$73,174	($547)	-0.74%	$72,627	$73,744	($1,117)	98.48%
December 2024	$182,496	($42,340)	-23.20%	$140,156	$139,113	$1,042	100.74%
January 2025	$226,369	($18,644)	-8.23%	$207,725	$208,228	($503)	99.75%
February 2025	$102,598	($355)	-0.34%	$102,244	$102,355	($111)	99.89%
March 2025	$173,095	($7,385)	-4.26%	$165,710	$165,704	$6	100.00%
April 2025	$199,020	($8,387)	-4.21%	$190,633	$190,181	$452	100.23%
May 2025	$134,759	($10,241)	-7.59%	$124,518	$120,610	$3,907	103.23%
June 2025	$183,438	($62,497)	-34.06%	$120,941	$118,078	$2,863	102.42%
July 2025	$134,305	($15,698)	-11.68%	$118,606	$116,790	$1,817	101.55%
August 2025	$144,808	($10,013)	-6.91%	$134,795	$135,101	($305)	99.77%
September 2025	$224,316	($32,266)	-14.38%	$192,050	$191,526	$524	100.27%
Cumulative Totals	**$1,948,914**	**($247,095)**	**-12.67%**	**$1,701,818**	**$1,693,242**	**$8,576**	**100.50%**
100% Limited^ Cumulative Totals				**$1,693,242**	**$1,693,242**	**$0**	**100.00%**
						State Contract Minimum Completeness Percentage Requirement	*96.00%*

^ - The Fee-for-Service (Non-Vendor) CHIP cumulative completion percentage was limited to a maximum of 100 percent by decreasing the encounter totals by the reporting period's variance in comparison to the CDJs. Please reference data analysis assumption number 10 on page 22 for further explanation.

HHOWV MHT CHIP UNITED CONCORDIA DENTAL MONTHLY TABLE

Table 7 — HHOWV MHT CHIP United Concordia Dental							
Paid Month	**Monthly Encounter Total (FAC Reported)**	**Monthly Encounter Total (Adjustments)**	**Percentage of Encounters Adjusted**	**Monthly Encounter Net Total**	**CDJ Monthly Reported Total**	**Monthly Variance**	**Monthly Completion Percentage**
August 2024	$832	$0	0.00%	$832	$832	$0	100.00%
September 2024	$2,361	($66)	-2.79%	$2,295	$2,395	($100)	95.80%
October 2024	$2,015	$0	0.00%	$2,015	$2,175	($160)	92.65%
November 2024	$7,911	($893)	-11.29%	$7,018	$7,308	($290)	96.03%
December 2024	$5,999	$0	0.00%	$5,999	$6,395	($396)	93.80%
January 2025	$14,275	$0	0.00%	$14,275	$14,275	$0	100.00%
February 2025	$15,231	($848)	-5.56%	$14,383	$14,163	$220	101.55%
March 2025	$23,519	($3,201)	-13.61%	$20,318	$20,318	$0	100.00%
April 2025	$21,870	($154)	-0.70%	$21,716	$21,716	$0	100.00%
May 2025	$24,545	($4,670)	-19.02%	$19,875	$20,496	($621)	96.97%
June 2025	$25,351	($9,372)	-36.96%	$15,979	$16,532	($553)	96.65%
July 2025	$32,306	($4,899)	-15.16%	$27,407	$31,749	($4,342)	86.32%
August 2025	$32,031	($9,434)	-29.45%	$22,598	$22,958	($361)	98.42%
September 2025	$33,665	($133)	-0.39%	$33,532	$34,178	($646)	98.10%
Cumulative Totals	**$241,912**	**($33,670)**	**-13.91%**	**$208,241**	**$215,489**	**($7,248)**	**96.63%**
						State Contract Minimum Completeness Percentage Requirement	*96.00%*

HHOWV MHT CHIP VSP VISION MONTHLY TABLE

Table 8 — HHOWV MHT CHIP VSP Vision							
Paid Month	**Monthly Encounter Total (FAC Reported)**	**Monthly Encounter Total (Adjustments)**	**Percentage of Encounters Adjusted**	**Monthly Encounter Net Total**	**CDJ Monthly Reported Total**	**Monthly Variance**	**Monthly Completion Percentage**
August 2024	$0	$0		$0	$0	$0	
September 2024	$603	$0	0.00%	$603	$603	$0	100.00%
October 2024	$1,737	$0	0.00%	$1,737	$1,737	$0	100.00%
November 2024	$320	$0	0.00%	$320	$320	$0	100.00%
December 2024	$912	$0	0.00%	$912	$912	$0	100.00%
January 2025	$1,670	$0	0.00%	$1,670	$1,670	$0	100.00%
February 2025	$2,032	$0	0.00%	$2,032	$2,032	$0	100.00%
March 2025	$1,650	$0	0.00%	$1,650	$1,650	$0	100.00%
April 2025	$3,605	$0	0.00%	$3,605	$3,605	$0	100.00%
May 2025	$1,631	$0	0.00%	$1,631	$1,822	($191)	89.51%
June 2025	$2,565	$0	0.00%	$2,565	$2,565	$0	100.00%
July 2025	$1,890	$0	0.00%	$1,890	$1,890	$0	100.00%
August 2025	$3,162	$0	0.00%	$3,162	$3,162	$0	100.00%
September 2025	$2,057	$0	0.00%	$2,057	$2,155	($97)	95.48%
Cumulative Totals	**$23,835**	**$0**	**0.00%**	**$23,835**	**$24,124**	**($288)**	**98.80%**
					State Contract Minimum Completeness Percentage Requirement		*96.00%*

APPENDIX A – DEFINITIONS AND ACRONYMS

The following terms are used throughout this document:

- **Bureau for Medical Services (BMS)** – The division in the Department of Human Services that is responsible for administering Medicaid in West Virginia.
- **Calculated Void Encounter (CV)** – An encounter that Myers and Stauffer LC has identified as being a replacement encounter that does not appear to have a corresponding void of the original encounter in the FAC's data warehouse.
- **Cash Disbursement Journal (CDJ) Monthly Reported Total** – The sum of all payments from a MCO or delegated vendor to service providers for a given month as reported by the MCO.
- **Children's Health Insurance Program (CHIP)** – This program provides insurance coverage for uninsured children up to age 19 and pregnant women whose family does not qualify for Medicaid and whose income does not exceed 300% of the federal poverty level. There are four managed care organizations responsible for the coordinating services for West Virginia CHIP beneficiaries - Aetna Better Health of West Virginia (ABHWV), Highmark Health Options of West Virginia (HHOWV), the Health Plan of West Virginia (THP), and Wellpoint of West Virginia (Wellpoint).
- **Fiscal Agent Contractor (FAC)** – A contractor selected to design, develop, and maintain the claims processing system (Medicaid Management Information System); Gainwell Technologies (Gainwell) is the current FAC.
- **Gainwell Technologies** - State fiscal agent contractor.
- **Managed Care Organization (MCO)** – A private organization that has entered into a risk-based contractual arrangement with the West Virginia Bureau for Medical Services (BMS) to obtain and finance care for enrolled Medicaid members. MCOs receive a capitation or per member per month (PMPM) payment from BMS for each enrolled member. As of August 1, 2024, four MCOs were operating in the state of West Virginia. They are Aetna Better Health of West Virginia (ABHWV), Highmark Health Options of West Virginia (HHOWV), the Health Plan of West Virginia (THP), and Wellpoint of West Virginia (Wellpoint).
- **Medicaid Management Information System (MMIS)** – The claims processing system used by the FAC to adjudicate West Virginia Medicaid claims. MCO submitted encounters are loaded into this system and assigned a unique claim identifier.
- **Monthly Completion Percentage** – The percentage of the monthly encounter total in relation to the CDJ monthly reported total, net of adjustments.
- **Monthly Encounter Net Total** – The sum of the encounter submissions for a given month incorporating the Myers and Stauffer LC encounter data adjustments made to the encounter submissions stored in the FAC's encounter data warehouse.
- **Monthly Encounter Total (Adjustments)** – The sum of all Myers and Stauffer LC adjustments for a given month that were removed from the encounter submissions stored in the FAC's encounter data warehouse.

- **Monthly Encounter Total (FAC Reported)** – The sum of all encounter submissions for a given month stored in the FAC's encounter data warehouse.

- **Monthly Variance** – The difference between the monthly encounter total and the CDJ monthly reported total for a given month, net of adjustments.

- **Mountain Health Promise (MHP)** – The state of West Virginia's specialized managed care program for children and youth. Mountain Health Promise assists children in foster care, kinship care and adoptive care, including members eligible for the Children with Serious Emotional Disorder Waiver (CSEDW) and youth formerly in foster care up to age twenty-six. The sole managed care organization responsible for coordinating services for MHP is Aetna Better Health of West Virginia (ABHWV).

- **Mountain Health Trust (MHT)** – The state of West Virginia's Medicaid managed care program. Populations covered under Mountain Health Trust include most adults and children, pregnant women, and members receiving Supplemental Security Income (SSI) as well as CHIP members effective January 1, 2021. There are four coordinated care organizations responsible for coordinating services for West Virginia Medicaid beneficiaries – Aetna Better Health of West Virginia (ABHWV), Highmark Health Options of West Virginia (HHOWV), the Health Plan of West Virginia (THP), and Wellpoint of West Virginia (Wellpoint).

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

APPENDIX B – ANALYSIS

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

Based on criteria noted in our review of the encounter data, we identified HHOWV encounters as follows:

MCO and Program Identification:

- ***HHOWV MHT Encounters***
  - Submitter ID of HHOWV or blank Submitter ID institutional encounter records with HHOWV MCO claim IDs.*
  - Encounters with a Plan ID of 'BPD000000000030' or Program ID of 'PGMD00000000004'.
  - Members with an eligibility Plan ID of 'BPD000000000030' or Program ID of 'PGMD00000000004' on the encounter date of service
  - All other HHOWV encounters not identified as CHIP are defaulted to MHT

- ***HHOWV MHT CHIP Encounters***
  - Submitter ID of HHOWV or blank Submitter ID institutional encounter records with HHOWV MCO claim IDs.*
  - Encounters with a Plan ID of 'BPD000001171622' or 'BPD000001171623' or Program ID of 'PGMD00000000032'.
  - Members with an eligibility Plan ID of 'BPD000001171622' or 'BPD000001171623' or Program ID of 'PGMD00000000032' on the encounter date of service

Delegated Vendor Identification:

- ***United Concordia - Dental Services***
  - Claims Type Code value of 'DTL'

- ***VSP - Vision Services***
  - Claims Type Code value of 'PR' and MCO Claim ID starts with 'V'

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

** - Please see data analysis assumption number 7 on page 22 for further details.*

APPENDIX C – DATA ANALYSIS ASSUMPTIONS

1. We assume that all data provided to Myers and Stauffer is complete and accurate.

2. Voided encounter records contained within the encounter submissions were coded to match the associated adjustment's paid date to allow for the proper matching of cash disbursements that occurred due to this void transaction. However, we were unable to assign a paid date to the void transactions in which there was not an associated adjustment encounter. This may be contributing to monthly completion percentage variances when the original payment and void do not occur within the same month.

3. We identified that all encounters submitted as voids (frequency code 8) had MCO paid amounts greater than or equal to zero. Based on a review of these records and confirmation from Gainwell, we have ensured that all non-zero voids have negative paid amounts.

4. We have noted instances where the MCO submits an encounter as a replacement/adjustment (frequency code 7) or void (frequency code 8), but the associated backout (offsetting negative record) for the original record is not included in our data extracts. Based on our discussions with Gainwell, if the original claim ID (Loop 2300 REF01 = F8, REF02 = Original Claim ID) on frequency 7 or 8 encounter submissions does not match to a unique claim ID submitted for a previously accepted encounter (Loop 2300 REF01 = D9, REF02 = Claim ID) or the MMIS ICN, backouts are not created.

5. We instructed the MCOs to exclude referral fees, management fees, and other non-encounter related fees in the CDJ data submitted to Myers and Stauffer.

6. Interest amounts do not appear to be included in the MCO paid amounts. We have therefore excluded the separately itemized interest expense from the CDJ totals.

7. Our Gainwell MCO data extracts included several hundred institutional encounter records with blank Submitter_ID values between September 2024 and June 2025. We reviewed these encounters and noted the members appeared to be assigned to Highmark on the claim date of service. After discussions with Gainwell, HHOWV, and BMS, we confirmed that these institutional encounters were submitted by HHOWV, but that there were some missing line adjudication data elements that caused issues with Gainwell's processing of the MCO claims. HHOWV communicated that these encounters were paid at a header or claim level and there was no line adjudication information. HHOWV worked with Gainwell to start submitting the header payor IDs, paid dates, and paid amounts on the first paid line of any encounters paid at a claim level under a change request (CR 53958).

    - While this issue was corrected going forward in June 2025, Myers and Stauffer is also including historical verified Highmark encounters with blank Submitter_ID values in the encounter data to CDJ comparison reports.

8. We have separately identified MHT Medicaid and MHT CHIP program encounters based on the criteria listed in Appendix B and CDJ transactions based on MCO and/or delegated vendor submitted identifiers. However, we have noted some differences between records identified for MHT and MHT CHIP when the encounter data and CDJ files are compared. These mismatched program identifiers may be contributing to some of the completion percentage variances, but do not appear to be impacting compliance cumulatively (except for fee-for-service CHIP).

9. Percentage ratios noted in this report are rounded down. The sum of the percentages may not add up to the percentage sum totals (Tables A through D).

10. Cumulative completion percentages exceeding 100 percent were noted for Highmark's fee-for-service (non-vendor) CHIP and United Concordia MHT totals. So that the impacted amounts do not overstate the Entire Plan CHIP results, we have decreased the encounter monthly reported totals by the

variance between the encounter data and cash disbursement journals. Therefore, the cumulative completion percentages are decreased to a maximum of 100 percent (Tables A, B, 1, 3, 5, and 6; Charts 2 and 4).

11. Opportunities for improving the encounter reconciliation process have been identified during the analysis of the encounter data and cash disbursement journals, as well as frequent interactions with the MCOs, their delegated vendors, BMS, and the FAC. While we have attempted to account for these situations, other potential issues within the data may exist that have not yet been identified which may require us to restate a report or modify reconciliation processes in the future.